



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 256757-00 - 2014/07

213.11

Lakeside Nursing & Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
11411 ARMSDALE ROAD	1/1/2012-12/31/2012	Number of Beds: 122	Superior: 0
JACKSONVILLE, FL 32218	Days in CR 366	Maximum: 44,652	Standard: 184
County: Duval [16]	First Used : 2013/07	Max Annualized: 44,530	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 37,639	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 10,791	Inflation
Current Class North Large	Initial CR? False	Medicaid: 23,559	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	62.59199%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	84.29410%	Cost: 1.04963363
Open Date: 12/10/1997	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/10/1997	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 01/21/1998	Low Occupancy Adjustment Factor:	107.31116%	DC Sem Index: 1.24200000
Med # Active Date: 09/23/2002	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 213420			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	892,988	1,882,891	1,116,915	496,153		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	39.7856	82.5477	49.7624				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	39.7856	82.5477	49.7624	21.0600		193.1557	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	42.2448		51.2053				
7	Provider Target Rate	43.1250		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	39.7856	82.5477	49.7624	13.6500		185.7457	
12/13	Medical Adjustment Rate		1.1694	0.7049				
14	Prospective Per Diem 11	39.7856	83.7171	50.4673	13.6500		187.6200	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 256757-00 - 2014/07

213.11

Rate Semester 07/01/2014 through 12/31/2014

Lakeside Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/21/1998	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	5,063,742	10.6433
RS to Start Calcs:	1997/07	<60% of Base:	True	20% ROE(2):	1,265,936	0.4605
Indexed Asset Value	6,329,678	Interest Rate:	8.5000%	Insurance Cost(3):	36,090	0.9588
FRVS Base Asset:	2,222,460	Chase Rate:	8.5000%	Taxes Cost(3):	67,545	1.7945
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	13,206	0.3509
ROE Factor	0.014580	Interest Only:	True	Replacement(3&4):	66,121	0.0000
		Yearly Payment:	426,552	Total FRVS PD:		14.2080

- (1) 80% Capital (\$5,063,742) amortized at 8.5000 % for 20 years Interest of \$426,552 divided by annual available days (44530) divided by Occup. Adj. (0.90) = \$10.6433
- (2) 20% ROE (\$1,265,936) times the ROE factor (0.014580) divided by annual available days (44530) divided by Occup. Adj. (0.90) = \$0.4605
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 01/01/1997	Current RS PBS:	51,883
Comparison Bed 60	Effective PBS Limitation	2,222,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	39.7856	39.7856	0.7064	39.0792
Direct Care	83.7171	83.7171	1.4864	82.2307
Indirect Care	50.4673	50.4673	0.8961	49.5712
Property	13.6500	14.2080	0.2523	13.9557
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.3746
Supplemental Rate Add-on				9.9025
Totals	187.6200	188.1780	3.3412	213.1139

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 256757-00 - 2014/07

213.11

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	4,167,139	0.00	1.0917	1.0917		60	54.46	2,222,460	2,222,460	1
1998/01		0.10	1.1663	1.1663		60	54.46	2,225,026	2,272,920	
1998/07		0.10	1.0794	1.0794		60	54.46	2,227,403	2,297,460	
1999/01		0.20	1.4499	1.4499		60	54.46	2,233,799	2,330,760	
1999/07		0.20	1.2299	1.2299		60	54.46	2,239,240	2,359,440	
2000/01		0.30	1.3356	1.3356		60	54.46	2,248,125	2,390,940	
2000/07		0.30	1.1129	1.1129		60	54.46	2,255,558	2,417,520	
2001/01		0.40	1.2976	1.2976		60	64.59	2,267,264	2,448,900	
2001/07		0.40	0.9615	0.9615		60	64.59	2,275,984	2,472,420	
2002/01		0.50	1.0301	1.0301		60	66.68	2,287,708	2,497,860	
2002/07	16,003	0.50	0.8337	0.8337		60	67.15	2,313,248	2,518,680	
2003/01	34,118	0.60	1.3271	1.3271		60	67.15	2,365,786	2,552,100	
2003/07		0.60	1.1664	1.1664		60	67.15	2,382,342	2,581,860	
2004/01		0.70	1.1103	1.1103		60	67.15	2,400,858	2,610,540	
2004/07		0.70	0.8378	0.8378		60	67.15	2,414,939	2,632,440	
2005/01		0.80	0.8595	0.8595		60	64.47	2,431,544	2,655,060	
2005/07		0.80	0.7364	0.7364		60	64.47	2,445,868	2,674,620	
2006/01		0.90	0.9068	0.9068		60	64.47	2,465,829	2,698,860	
2006/07		0.90	0.8133	0.8133		60	59.35	2,483,879	2,720,820	
2007/01	3,950,580	1.00	1.0133	1.0133		122	61.42	5,588,332	5,588,332	8
2007/07		1.00	1.1050	1.1050		122	61.42	5,588,332	5,650,064	5
2008/01		1.00	0.8556	0.8556		122	64.72	5,698,376	5,698,376	8
2008/07		1.00	0.6104	0.6104		122	64.13	5,733,146	5,733,146	8
2009/01		1.00	1.3268	1.3268		122	64.13	5,809,213	5,809,274	
2009/07		1.00	0.6841	0.6841		122	64.13	5,848,954	5,849,046	
2010/01		1.00	0.8643	0.8643		122	61.13	5,899,507	5,899,554	
2010/07	25,251	1.00	0.7107	0.7107		122	61.35	5,941,522	5,941,522	8
2011/01		1.00	0.9198	0.9198		122	61.35	5,996,172	5,996,178	
2011/07		1.00	0.9028	0.9028		122	63.27	6,050,305	6,050,346	
2012/01		1.00	0.3865	0.3865		122	63.27	6,073,689	6,073,770	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 256757-00 - 2014/07

213.11

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07	24,657	1.00	0.9417	0.9417		122	62.21	6,130,988	6,130,988	8
2013/01		1.00	0.4901	0.4901		122	62.21	6,161,000	6,161,000	8
2013/07	52,114	1.00	0.6196	0.6196		122	62.59	6,199,186	6,199,186	8
2014/01		1.00	0.8564	0.8564		122	62.59	6,252,256	6,252,256	8
2014/07		1.00	1.2383	1.2383		122	62.59	6,329,678	6,329,726	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 256757123120120101201204262013184712



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 256846-00 - 2014/07

214.10

Lakeside Pavillion Care & Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2900 12TH STREET N	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 0
NAPLES, FL 34103	Days in CR 365	Maximum: 43,800	Standard: 184
County: Collier [11]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 40,712	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,112	Inflation
Current Class South Large	Initial CR? False	Medicaid: 27,277	FY Index: 1.30228922
Class at 1/94: South Large	Medical Utilization	66.99990%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.94977%	Cost: 1.03437307
Open Date: 05/01/1982	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 05/01/1982	Low Occupancy Adjustment Factor:	118.33032%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 212245			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,006,673	2,296,524	1,183,235	486,349		4,972,781	
1a	Audit Adjustments							
2	Cost Per Diem	36.9056	84.1927	43.3785	17.8300		182.3068	
3	Cost Per Diem Inflated	38.1742	86.4551	44.8696				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.1742	86.4551	44.8696	17.8300		187.3289	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.5893		55.4668				
7	Provider Target Rate	50.6225		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	38.1742	86.4551	44.8696	13.6500		183.1489	
12/13	Medical Adjustment Rate		1.6534	0.8581				
14	Prospective Per Diem 11	38.1742	88.1085	45.7277	13.6500		185.6604	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 256846-00 - 2014/07

214.10

Rate Semester 07/01/2014 through 12/31/2014

Lakeside Pavillion Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed	80% Capital(1):	3,467,943	10.0549
Indexed Asset Value	4,334,929	<60% of Base:	True	20% ROE(2):	866,986	0.3299
FRVS Base Asset:	1,621,501	Interest Rate:	11.5000%	Insurance Cost(3):	7,429	0.1825
Occup Adj Factor	0.9000	Chase Rate:	11.5000%	Taxes Cost(3):	25,570	0.6281
ROE Factor	0.015000	Amortization Rate:	11.5000%	Home Office(3):	29,195	0.7171
		Interest Only:	True	Replacement(3&4):	1,705	0.0000
		Yearly Payment:	396,365	Total FRVS PD:		11.9125

- (1) 80% Capital (\$3,467,943) amortized at 11.5000 % for 20 years Interest of \$396,365 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.0549
- (2) 20% ROE (\$866,986) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3299
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.1742	38.1742	0.6778	37.4964
Direct Care	88.1085	88.1085	1.5644	86.5441
Indirect Care	45.7277	45.7277	0.8119	44.9158
Property	13.6500	11.9125	0.2115	11.7010
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.5447
Supplemental Rate Add-on				9.9025
Totals	185.6604	183.9229	3.2656	214.1045

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 256846-00 - 2014/07

214.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	1,578,225	0.00	2.6760	2.6760		99	70.75	1,578,225	2,454,804	
1982/07		0.10	2.2977	2.2977		99	70.75	1,581,852	2,511,135	
1983/04		0.10	2.6288	2.6288		99	52.42	1,585,816	2,577,168	
1983/07		0.20	3.9578	3.0000	0.9578	99	52.42	1,594,885	2,679,138	
1984/01		0.20	2.2530	2.2530		99	89.07	1,602,072	2,713,887	
1984/07		0.30	1.9179	1.9179		99	89.07	1,611,290	2,765,961	
1985/01		0.30	1.1471	1.1471		99	50.80	1,616,411	2,797,641	
1985/10		0.40	0.8522	0.8522		99	50.80	1,621,501	2,821,500	
1986/01		0.40	0.8299	0.8299		99	50.80	1,626,473	2,844,963	
1986/07		0.50	0.2974	0.2974		99	50.80	1,628,707	2,839,518	
1987/01		0.50	1.0091	1.0091		99	50.80	1,636,298	2,890,305	
1987/07		0.60	0.9007	0.9007		99	54.17	1,645,007	2,912,877	
1988/01		0.60	0.9007	0.9007		99	54.17	1,653,762	2,936,538	
1988/07		0.70	0.5899	0.5899		99	54.17	1,660,487	2,934,954	
1989/01		0.70	0.5899	0.5899		120	47.68	1,666,431	3,578,520	
1989/07		0.80	0.5899	0.5899		120	47.68	1,673,248	3,602,760	
1990/01		0.80	0.5899	0.5899		120	47.68	1,680,093	3,620,880	
1990/07	622,566	0.90	0.5899	0.5899		120	47.68	2,310,391	3,642,240	
1991/01		0.90	0.5899	0.5899		120	47.69	2,321,027	3,663,600	
1991/07	15,852	1.00	1.4932	1.4932		120	47.69	2,366,930	3,718,320	
1992/01		1.00	2.0117	2.0117		120	43.77	2,404,823	3,793,080	
1992/07		1.00	1.8152	1.8152		120	46.55	2,441,769	3,861,960	
1993/01		1.00	1.7710	1.7710		120	46.55	2,478,369	3,930,360	
1993/07		1.00	1.5329	1.5329		120	44.74	2,509,273	3,990,600	
1994/01		1.00	1.6983	1.6983		120	44.74	2,543,938	4,058,400	
1994/07		1.00	1.5991	1.5991		120	49.24	2,580,358	4,123,320	
1995/01		1.00	1.5812	1.5812		120	49.24	2,616,886	4,188,480	
1995/07	20,866	1.00	1.5250	1.5250		120	62.21	2,677,660	4,252,320	
1996/01		1.00	1.7228	1.7228		120	62.21	2,723,791	4,325,640	
1996/07	26,547	1.00	1.3294	1.3294		120	63.91	2,786,548	4,383,120	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 256846-00 - 2014/07

214.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		120	63.91	2,825,863	4,444,920	
1997/07		1.00	1.0917	1.0917		120	69.00	2,856,713	4,493,400	
1998/01		1.00	1.1663	1.1663		120	69.00	2,890,031	4,545,840	
1998/07		1.00	1.0794	1.0794		120	69.93	2,921,226	4,594,920	
1999/01		1.00	1.4499	1.4499		120	69.93	2,921,226	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	69.89	3,000,030	4,718,880	
2000/01		1.00	1.3356	1.3356		120	69.89	3,040,098	4,781,880	
2000/07		1.00	1.1129	1.1129		120	72.99	3,073,931	4,835,040	
2001/01		1.00	1.2976	1.2976		120	72.99	3,073,931	4,897,800	5
2001/07	35,090	1.00	0.9615	0.9615		120	70.68	3,178,847	4,944,840	
2002/01	24,152	1.00	1.0301	1.0301		120	68.67	3,235,744	4,995,720	
2002/07		0.95	0.8337	0.8337		120	68.67	3,261,371	5,037,360	
2003/01		0.95	1.3271	1.3271		120	68.00	3,302,487	5,104,200	
2003/07		0.90	1.1664	1.1664		120	68.00	3,337,157	5,163,720	
2004/01		0.90	1.1103	1.1103		120	65.86	3,370,505	5,221,080	
2004/07		0.85	0.8378	0.8378		120	65.86	3,370,505	5,264,880	5
2005/01		0.85	0.8595	0.8595		120	73.18	3,419,306	5,310,120	
2005/07		0.80	0.7364	0.7364		120	73.18	3,439,449	5,349,240	
2006/01		0.80	0.9068	0.9068		120	73.18	3,464,399	5,397,720	
2006/07	275,741	0.75	0.8133	0.8133		120	72.41	3,761,273	5,441,640	
2007/01		0.75	1.0133	1.0133		120	72.41	3,789,859	5,496,720	
2007/07	106,132	0.70	1.1050	1.1050		120	71.48	3,895,991	5,557,440	5
2008/01		0.70	0.8556	0.8556		120	71.48	3,948,815	5,604,960	
2008/07		0.65	0.6104	0.6104		120	64.16	3,964,484	5,639,160	
2009/01		0.65	1.3268	1.3268		120	64.16	3,998,674	5,714,040	
2009/07	34,188	0.60	0.6841	0.6841		120	62.75	4,049,277	5,753,160	
2010/01		0.60	0.8643	0.8643		120	62.75	4,070,277	5,802,840	
2010/07	60,218	0.55	0.7107	0.7107		120	65.28	4,146,406	5,844,120	
2011/01		0.55	0.9198	0.9198		120	65.28	4,167,383	5,897,880	
2011/07	24,092	0.50	0.9028	0.9028		120	61.51	4,210,287	5,951,160	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 256846-00 - 2014/07

214.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		120	61.51	4,218,425	5,974,200	
2012/07	45,108	0.45	0.9417	0.9417		120	67.37	4,281,411	6,030,480	
2013/01		0.45	0.4901	0.4901		120	67.37	4,290,852	6,060,000	
2013/07		0.40	0.6196	0.6196		120	66.81	4,301,485	6,097,560	
2014/01		0.40	0.8564	0.8564		120	66.81	4,316,222	6,149,760	
2014/07		0.35	1.2383	1.2383		120	67.00	4,334,929	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 256846073120130801201204022014111233



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 256935-00 - 2014/07

218.42

Manor Oaks Nursing & Rehab Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2121 E COMMERCIAL BLVD	9/1/2012-8/31/2013	Number of Beds: 116	Superior: 0
FORT LAUDERDALE, FL 33308	Days in CR 365	Maximum: 42,340	Standard: 184
County: Broward [6]	First Used : 2014/07	Max Annualized: 42,340	Conditional: 0
Region: South Area: 10	Last Used: 2014/07	Total Patient: 28,439	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 3,031	Inflation
Current Class South Large	Initial CR? False	Medicaid: 18,448	FY Index: 1.30580299
Class at 1/94: South Large	Medical Utilization	64.86867%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	67.16816%	Cost: 1.03158969
Open Date: 01/01/1966	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1974	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21049917
Entered Medicaid 12/01/2002	Low Occupancy Adjustment Factor:	85.50887%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2002	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02602301
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	985,960	1,303,020	880,037	331,326		3,500,343
1a	Audit Adjustments						
2	Cost Per Diem	53.4454	70.6320	47.7037	17.9600		189.7411
3	Cost Per Diem Inflated	55.1337	72.4701	49.2106			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.1337	72.4701	49.2106	17.9600		194.7744
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.9159		59.8241			
7	Provider Target Rate	72.3935		61.0706			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224			
10	Target Rate Class Ceiling	56.5683		63.9416			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	54.4176	72.4701	49.2106	13.6500		189.7483
12/13	Medical Adjustment Rate		1.2122	0.8232			
14	Prospective Per Diem 11	54.4176	73.6823	50.0338	13.6500		191.7837
15	Inflated Usual & Customary Charge						0.00

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



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 256935-00 - 2014/07

218.42

Rate Semester 07/01/2014 through 12/31/2014

Manor Oaks Nursing & Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2002	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1974/07	Type:	None	80% Capital(1):	1,356,771 1.4909
Indexed Asset Value	1,695,964	<60% of Base:	True	20% ROE(2):	339,193 0.1400
FRVS Base Asset:	0	Interest Rate:	4.2500%	Insurance Cost(3):	104,163 3.6627
Occup Adj Factor	0.9000	Chase Rate:	4.2500%	Taxes Cost(3):	106,772 3.7544
ROE Factor	0.015730	Amortization Rate:	4.2500%	Home Office(3):	37,100 1.3045
		Interest Only:	True	Replacement(3&4):	63,129 0.0000
		Yearly Payment:	56,812	Total FRVS PD:	10.3525

- (1) 80% Capital (\$1,356,771) amortized at 4.2500 % for 20 years Interest of \$56,812 divided by annual available days (42340) divided by Occup. Adj. (0.900) = \$1.4909
- (2) 20% ROE (\$339,193) times the ROE factor (0.015730) divided by annual available days (42340) divided by Occup. Adj. (0.900) = \$0.1400
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	13,088
Comparison Date:	01/01/1974	Current RS PBS:	51,883
Comparison Bed	116	Effective PBS Limitation	1,518,208

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	73.6823	73.6823	1.3082	72.3741
Indirect Care	50.0338	50.0338	0.8884	49.1454
Property	13.6500	10.3525	0.1838	10.1687
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.3732
Supplemental Rate Add-on				9.9025
Totals	191.7837	188.4862	3.3466	218.4153

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 256935-00 - 2014/07

218.42

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		0.00	0.8337	0.8337		116	16.29		4,869,448	
2003/01	1,518,208	0.10	1.3271	1.3271		116	16.29	1,518,208	4,934,060	
2003/07		0.10	1.1664	1.1664		116	16.29	1,518,208	4,991,596	
2004/01		0.20	1.1103	1.1103		116	16.29	1,518,208	5,047,044	
2004/07		0.20	0.8378	0.8378		116	16.29	1,518,208	5,089,384	
2005/01		0.30	0.8595	0.8595		116	16.29	1,518,208	5,133,116	
2005/07		0.30	0.7364	0.7364		116	16.29	1,518,208	5,170,932	
2006/01		0.40	0.9068	0.9068		116	16.29	1,518,208	5,217,796	
2006/07		0.40	0.8133	0.8133		116	27.56	1,520,683	5,260,252	
2007/01		0.50	1.0133	1.0133		116	28.40	1,524,662	5,313,496	
2007/07		0.50	1.1050	1.1050		116	28.40	1,529,012	5,372,192	
2008/01		0.60	0.8556	0.8556		116	28.40	1,533,065	5,418,128	
2008/07	21,112	0.60	0.6104	0.6104		116	34.98	1,557,748	5,451,188	
2009/01		0.70	1.3268	1.3268		116	44.71	1,569,509	5,523,572	
2009/07		0.70	0.6841	0.6841		116	44.71	1,575,619	5,561,388	
2010/01		0.80	0.8643	0.8643		116	53.14	1,586,144	5,609,412	
2010/07		0.80	0.7107	0.7107		116	53.14	1,594,858	5,649,316	
2011/01		0.90	0.9198	0.9198		116	57.20	1,608,060	5,701,284	
2011/07		0.90	0.9028	0.9028		116	57.20	1,621,125	5,752,788	
2012/01		1.00	0.3865	0.3865		116	57.39	1,627,391	5,775,060	
2012/07		1.00	0.9417	0.9417		116	57.39	1,642,716	5,829,464	
2013/01		1.00	0.4901	0.4901		116	57.39	1,650,767	5,858,000	
2013/07		1.00	0.6196	0.6196		116	67.90	1,660,995	5,894,308	
2014/01		1.00	0.8564	0.8564		116	67.90	1,675,220	5,944,768	
2014/07		1.00	1.2383	1.2383		116	64.87	1,695,964	6,018,428	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 257419-00 - 2014/07

241.01

Citrus Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : Other

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
701 MEDICAL COURT EAST	6/1/2012-5/31/2013	Number of Beds: 111	Superior: 0
INVERNESS, FL 34452	Days in CR 365	Maximum: 40,515	Standard: 184
County: Citrus [9]	First Used : 2014/01	Max Annualized: 40,515	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 34,400	Total: 184
Control: Nonprofit : Other	Unaudited	Medicare: 8,676	Inflation
Current Class North Large	Initial CR? False	Medicaid: 22,383	FY Index: 1.29575017
Class at 1/94: North Large	Medical Utilization	65.06686%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	84.90682%	Cost: 1.03959307
Open Date: 07/29/1994	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/29/1994	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 07/29/1994	Low Occupancy Adjustment Factor:	108.09119%	DC Sem Index: 1.24200000
Med # Active Date: 04/11/2002	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 211087			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,257,240	1,942,650	1,323,031	389,688		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	58.3933	89.2711	61.4490				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.3933	89.2711	61.4490	17.4100		226.5234	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.9364		61.0886				
7	Provider Target Rate	55.0602		62.3614				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	49.7653	89.2711	60.1169	13.6500		212.8033	
12/13	Medical Adjustment Rate		1.5132	1.0190				
14	Prospective Per Diem 11	49.7653	90.7843	61.1359	13.6500		215.3355	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 257419-00 - 2014/07

241.01

Rate Semester 07/01/2014 through 12/31/2014

Citrus Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/29/1994	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,275,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,443,809 7.7353
RS to Start Calcs:	1994/07	<60% of Base:	False	20% ROE(2):	1,110,952 0.4284
Indexed Asset Value	5,554,761	Interest Rate:	2.4800%	Insurance Cost(3):	50,322 1.4628
FRVS Base Asset:	3,754,020	Chase Rate:	3.2500%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	2.4800%	Home Office(3):	84,460 2.4552
ROE Factor	0.014060	Interest Only:	False	Replacement(3&4):	139,111 0.0000
		Yearly Payment:	282,055	Total FRVS PD:	12.0817

- (1) 80% Capital (\$4,443,809) amortized at 2.4800 % for 20 years Principal & Interest of \$282,055 divided by annual available days (40515) divided by Occup. Adj. (0.900) = \$7.7353
- (2) 20% ROE (\$1,110,952) times the ROE factor (0.014060) divided by annual available days (40515) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	33,820
Comparison Date:	01/01/1994	Current RS PBS:	51,883
Comparison Bed	111	Effective PBS Limitation	3,754,020

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7653	49.7653	0.8836	48.8817
Direct Care	90.7843	90.7843	1.6119	89.1724
Indirect Care	61.1359	61.1359	1.0855	60.0504
Property	13.6500	12.0817	0.2145	11.8672
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.1366
Supplemental Rate Add-on				9.9025
Totals	215.3355	213.7672	3.7955	241.0108

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 257419-00 - 2014/07

241.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	5,150,550	0.00	1.5991	1.5991		111	43.69	3,754,020	3,754,020	1
1995/01		0.10	1.5812	1.5812		111	43.69	3,758,735	3,874,344	
1995/07		0.10	1.5250	1.5250		111	43.69	3,763,288	3,933,396	
1996/01		0.20	1.7228	1.7228		111	43.69	3,773,590	4,001,217	
1996/07		0.20	1.3294	1.3294		111	43.69	3,781,561	4,054,386	
1997/01		0.30	1.4109	1.4109		111	43.69	3,794,277	4,111,551	
1997/07		0.30	1.0917	1.0917		111	61.05	3,794,277	4,156,395	5
1998/01	36,115	0.40	1.1663	1.1663		111	64.78	3,860,576	4,204,902	
1998/07		0.40	1.0794	1.0794		111	64.78	3,877,246	4,250,301	
1999/01		0.50	1.4499	1.4499		111	64.78	3,905,356	4,311,906	
1999/07		0.50	1.2299	1.2299		111	64.93	3,929,374	4,364,964	
2000/01		0.60	1.3356	1.3356		111	64.93	3,929,374	4,423,239	5
2000/07		0.60	1.1129	1.1129		111	68.87	3,987,311	4,472,412	
2001/01		0.70	1.2976	1.2976		111	68.87	4,023,528	4,530,465	
2001/07		0.70	0.9615	0.9615		111	65.21	4,050,610	4,573,977	
2002/01		0.80	1.0301	1.0301		111	56.56	4,083,991	4,621,041	
2002/07		0.80	0.8337	0.8337		111	56.56	4,111,231	4,659,558	
2003/01		0.90	1.3271	1.3271		111	56.56	4,111,231	4,721,385	5
2003/07		0.90	1.1664	1.1664		111	56.56	4,204,011	4,776,441	
2004/01		1.00	1.1103	1.1103		111	56.56	4,250,688	4,829,499	
2004/07		1.00	0.8378	0.8378		111	56.56	4,286,300	4,870,014	
2005/01		1.00	0.8595	0.8595		111	56.12	4,323,141	4,911,861	
2005/07		1.00	0.7364	0.7364		111	56.12	4,354,977	4,948,047	
2006/01		1.00	0.9068	0.9068		111	58.56	4,394,468	4,992,891	
2006/07		1.00	0.8133	0.8133		111	58.56	4,430,208	5,033,517	
2007/01	26,485	1.00	1.0133	1.0133		111	58.60	4,501,584	5,084,466	
2007/07		1.00	1.1050	1.1050		111	58.60	4,551,327	5,140,632	
2008/01	193,293	1.00	0.8556	0.8556		111	59.06	4,783,561	5,184,588	
2008/07		1.00	0.6104	0.6104		111	59.06	4,812,760	5,216,223	
2009/01	21,796	1.00	1.3268	1.3268		111	58.09	4,898,412	5,285,487	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 257419-00 - 2014/07

241.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		1.00	0.6841	0.6841		111	58.09	4,931,922	5,321,673	
2010/01		1.00	0.8643	0.8643		111	53.98	4,973,758	5,367,627	
2010/07		1.00	0.7107	0.7107		111	53.98	5,008,451	5,405,811	
2011/01	31,750	1.00	0.9198	0.9198		111	61.25	5,086,269	5,455,539	
2011/07		1.00	0.9028	0.9028		111	61.25	5,132,188	5,504,823	
2012/01	94,008	1.00	0.3865	0.3865		111	59.01	5,246,032	5,526,135	
2012/07		1.00	0.9417	0.9417		111	59.01	5,295,434	5,578,194	
2013/01	46,342	1.00	0.4901	0.4901		111	63.97	5,367,729	5,605,500	
2013/07		1.00	0.6196	0.6196		111	63.97	5,400,987	5,640,243	
2014/01	39,577	1.00	0.8564	0.8564		111	65.07	5,486,818	5,688,528	
2014/07		1.00	1.2383	1.2383		111	65.07	5,554,761	5,759,013	

Message Code:

1 Per Bed Standard Limitation 5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 258342-00 - 2014/07

207.31

Oak Manor Healthcare and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3500 OAK MANOR LANE	1/1/2013-12/31/2013	Number of Beds: 180	Superior: 0
LARGO, FL 33774	Days in CR 365	Maximum: 65,700	Standard: 184
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 56,655	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 10,603	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 35,573	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	62.78881%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	86.23288%	Cost: 1.02471376
Open Date: 07/01/1990	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1990	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 08/08/1990	Low Occupancy Adjustment Factor:	109.77934%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2002	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 223875			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,264,646	2,789,833	1,570,461	1,038,732		6,663,672	
1a	Audit Adjustments							
2	Cost Per Diem	35.5507	78.4256	44.1476	29.2000		187.3239	
3	Cost Per Diem Inflated	36.4293	80.1684	45.2387				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	36.4293	80.1684	45.2387	29.2000		191.0364	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.3591		53.3361				
7	Provider Target Rate	45.2834		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	36.4293	80.1684	45.2387	13.6500		175.4864	
12/13	Medical Adjustment Rate		1.1534	0.6509				
14	Prospective Per Diem 11	36.4293	81.3218	45.8896	13.6500		177.2907	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 258342-00 - 2014/07

207.31

Rate Semester 07/01/2014 through 12/31/2014

Oak Manor Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/08/1990	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	8,500,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	6,840,930 10.7636
RS to Start Calcs:	1990/07	<60% of Base:	False	20% ROE(2):	1,710,232 0.5423
Indexed Asset Value	8,551,162	Interest Rate:	7.6700%	Insurance Cost(3):	203,274 3.5879
FRVS Base Asset:	5,431,320	Chase Rate:	4.0000%	Taxes Cost(3):	85,366 1.5068
Occup Adj Factor	0.9000	Amortization Rate:	7.0000%	Home Office(3):	20,273 0.3578
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	50,093 0.0000
		Yearly Payment:	636,452	Total FRVS PD:	16.7584

- (1) 80% Capital (\$6,840,930) amortized at 7.0000 % for 20 years Principal & Interest of \$636,452 divided by annual available days (65700) divided by Occup. Adj. (0.900) = \$10.7636
- (2) 20% ROE (\$1,710,232) times the ROE factor (0.018750) divided by annual available days (65700) divided by Occup. Adj. (0.900) = \$0.5423
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 01/01/1990	Current RS PBS:	51,883
Comparison Bed 180	Effective PBS Limitation	5,431,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	36.4293	36.4293	0.6468	35.7825
Direct Care	81.3218	81.3218	1.4439	79.8779
Indirect Care	45.8896	45.8896	0.8148	45.0748
Property	13.6500	16.7584	0.2975	16.4609
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.2136
Supplemental Rate Add-on				9.9025
Totals	177.2907	180.3991	3.2030	207.3122

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 258342-00 - 2014/07

207.31

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	7,146,000	0.00	0.5899	0.5899		180	12.73	5,431,320	5,431,320	1
1991/01		0.10	0.5899	0.5899		180	12.73	5,431,320	5,495,400	
1991/07		0.10	1.4932	1.4932		180	12.73	5,431,320	5,577,480	
1992/01		0.20	2.0117	2.0117		180	12.73	5,431,320	5,689,620	
1992/07		0.20	1.8152	1.8152		180	12.73	5,431,320	5,792,940	
1993/01	40,267	0.30	1.7710	1.7710		180	28.15	5,486,356	5,895,540	
1993/07		0.30	1.5329	1.5329		180	28.15	5,499,270	5,985,900	
1994/01		0.40	1.6983	1.6983		180	27.51	5,517,955	6,087,600	
1994/07		0.40	1.5991	1.5991		180	44.72	5,546,651	6,184,980	
1995/01		0.50	1.5812	1.5812		180	44.72	5,582,307	6,282,720	
1995/07		0.50	1.5250	1.5250		180	51.19	5,621,923	6,378,480	
1996/01		0.60	1.7228	1.7228		180	51.19	5,676,011	6,488,460	
1996/07		0.60	1.3294	1.3294		180	51.19	5,718,147	6,574,680	
1997/01		0.70	1.4109	1.4109		180	60.49	5,774,619	6,667,380	
1997/07		0.70	1.0917	1.0917		180	60.49	5,818,749	6,740,100	
1998/01		0.80	1.1663	1.1663		180	62.72	5,873,038	6,818,760	
1998/07		0.80	1.0794	1.0794		180	62.72	5,923,752	6,892,380	
1999/01		0.90	1.4499	1.4499		180	74.42	5,923,752	6,992,280	5
1999/07		0.90	1.2299	1.2299		180	74.42	6,067,477	7,078,320	
2000/01		1.00	1.3356	1.3356		180	74.42	6,148,514	7,172,820	
2000/07		1.00	1.1129	1.1129		180	74.42	6,216,941	7,252,560	
2001/01		1.00	1.2976	1.2976		180	74.42	6,297,612	7,346,700	
2001/07		1.00	0.9615	0.9615		180	68.51	6,358,164	7,417,260	
2002/01		1.00	1.0301	1.0301		180	68.51	6,423,659	7,493,580	
2002/07		1.00	0.8337	0.8337		180	70.83	6,477,213	7,556,040	
2003/01		1.00	1.3271	1.3271		180	70.83	6,563,172	7,656,300	
2003/07		1.00	1.1664	1.1664		180	70.83	6,639,725	7,745,580	
2004/01		1.00	1.1103	1.1103		180	70.83	6,713,446	7,831,620	
2004/07		1.00	0.8378	0.8378		180	70.83	6,769,691	7,897,320	
2005/01		1.00	0.8595	0.8595		180	71.51	6,827,876	7,965,180	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 258342-00 - 2014/07

207.31

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		180	71.51	6,878,156	8,023,860	
2006/01		1.00	0.9068	0.9068		180	67.46	6,940,527	8,096,580	
2006/07		1.00	0.8133	0.8133		180	67.46	6,996,974	8,162,460	
2007/01		1.00	1.0133	1.0133		180	69.37	7,067,874	8,245,080	
2007/07	420,000	1.00	1.1050	1.1050		180	66.85	7,565,974	8,336,160	
2008/01		1.00	0.8556	0.8556		180	66.85	7,630,708	8,407,440	
2008/07		1.00	0.6104	0.6104		180	62.60	7,677,286	8,458,740	
2009/01		1.00	1.3268	1.3268		180	62.60	7,779,148	8,571,060	
2009/07		1.00	0.6841	0.6841		180	62.60	7,832,365	8,629,740	
2010/01		1.00	0.8643	0.8643		180	65.32	7,900,060	8,704,260	
2010/07	33,651	1.00	0.7107	0.7107		180	66.66	7,989,857	8,766,180	
2011/01		0.95	0.9198	0.9198		180	66.66	8,059,672	8,846,820	
2011/07		0.95	0.9028	0.9028		180	66.66	8,128,800	8,926,740	
2012/01		0.90	0.3865	0.3865		180	62.66	8,157,080	8,961,300	
2012/07		0.90	0.9417	0.9417		180	62.66	8,226,211	9,045,720	
2013/01	38,215	0.85	0.4901	0.4901		180	60.53	8,298,696	9,090,000	
2013/07		0.85	0.6196	0.6196		180	60.53	8,342,405	9,146,340	
2014/01		0.80	0.8564	0.8564		180	64.87	8,399,559	9,224,640	
2014/07	68,397	0.80	1.2383	1.2383		180	62.79	8,551,162	9,338,940	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 258750-00 - 2014/07

237.48

Indigo Manor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
595 N WILLIAMSON BLVD	7/1/2012-6/30/2013	Number of Beds: 173	Superior: 0
DAYTONA BEACH, FL 32114	Days in CR 365	Maximum: 63,145	Standard: 184
County: Volusia [64]	First Used : 2014/07	Max Annualized: 63,145	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 50,220	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 4,554	Inflation
Current Class North Large	Initial CR? False	Medicaid: 31,441	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	62.60653%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	79.53124%	Cost: 1.03716397
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 07/01/1987	Low Occupancy Adjustment Factor:	101.24777%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med # 209651			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,431,120	2,714,735	1,670,619	522,549		6,339,023	
1a	Audit Adjustments							
2	Cost Per Diem	45.5176	86.3438	53.1350	16.6200		201.6164	
3	Cost Per Diem Inflated	47.2092	88.7373	55.1097				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.2092	88.7373	55.1097	16.6200		207.6762	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.0044		63.0271				
7	Provider Target Rate	50.0255		64.3403				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.2092	88.7373	55.1097	13.6500		204.7062	
12/13	Medical Adjustment Rate		1.2585	0.7816				
14	Prospective Per Diem 11	47.2092	89.9958	55.8913	13.6500		206.7463	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 258750-00 - 2014/07

237.48

Rate Semester 07/01/2014 through 12/31/2014

Indigo Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,405,700.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Variable	80% Capital(1):	6,614,806	12.7923
Indexed Asset Value	8,268,507	<60% of Base:	False	20% ROE(2):	1,653,701	0.4184
FRVS Base Asset:	3,503,400	Interest Rate:	11.4050%	Insurance Cost(3):	71,062	1.4150
Occup Adj Factor	0.9000	Chase Rate:	7.2500%	Taxes Cost(3):	0	0.0000
ROE Factor	0.014380	Amortization Rate:	9.2500%	Home Office(3):	33,573	0.6685
		Interest Only:	False	Replacement(3&4):	99,665	0.0000
		Yearly Payment:	726,994	Total FRVS PD:		15.2942

- (1) 80% Capital (\$6,614,806) amortized at 9.2500 % for 20 years Principal & Interest of \$726,994 divided by annual available days (63145) divided by Occup. Adj. (0.900) = \$12.7923
- (2) 20% ROE (\$1,653,701) times the ROE factor (0.014380) divided by annual available days (63145) divided by Occup. Adj. (0.900) = \$0.4184
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.2092	47.2092	0.8382	46.3710
Direct Care	89.9958	89.9958	1.5979	88.3979
Indirect Care	55.8913	55.8913	0.9924	54.8989
Property	13.6500	15.2942	0.2716	15.0226
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.8826
Supplemental Rate Add-on				9.9025
Totals	206.7463	208.3905	3.7001	237.4755

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 258750-00 - 2014/07

237.48

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	4,129,197	0.00	0.9007	0.9007		120	44.99	3,503,400	3,503,400	1
1988/01		0.10	0.9007	0.9007		120	44.99	3,505,982	3,559,440	
1988/07		0.10	0.5899	0.5899		120	44.99	3,507,674	3,557,520	
1989/01		0.20	0.5899	0.5899		120	44.99	3,511,060	3,578,520	
1989/07		0.20	0.5899	0.5899		120	44.99	3,514,449	3,602,760	
1990/01		0.30	0.5899	0.5899		120	44.99	3,519,537	3,620,880	
1990/07		0.30	0.5899	0.5899		120	44.99	3,524,633	3,642,240	
1991/01		0.40	0.5899	0.5899		120	56.44	3,532,951	3,663,600	
1991/07		0.40	1.4932	1.4932		120	60.21	3,554,053	3,718,320	
1992/01		0.50	2.0117	2.0117		120	60.21	3,589,803	3,793,080	
1992/07		0.50	1.8152	1.8152		120	64.54	3,622,384	3,861,960	
1993/01		0.60	1.7710	1.7710		120	64.54	3,660,875	3,930,360	
1993/07		0.60	1.5329	1.5329		120	68.64	3,694,544	3,990,600	
1994/01		0.70	1.6983	1.6983		120	68.64	3,738,465	4,058,400	
1994/07	1,722,425	0.70	1.5991	1.5991		173	65.26	5,502,738	5,944,453	
1995/01		0.80	1.5812	1.5812		173	65.26	5,572,348	6,038,392	
1995/07		0.80	1.5250	1.5250		173	73.97	5,640,331	6,130,428	
1996/01		0.90	1.7228	1.7228		173	73.97	5,727,784	6,236,131	
1996/07		0.90	1.3294	1.3294		173	73.60	5,796,317	6,318,998	
1997/01		1.00	1.4109	1.4109		173	73.60	5,878,097	6,408,093	
1997/07		1.00	1.0917	1.0917		173	73.88	5,942,268	6,477,985	
1998/01		1.00	1.1663	1.1663		173	73.88	6,011,573	6,553,586	
1998/07		1.00	1.0794	1.0794		173	74.15	6,076,462	6,624,343	
1999/01		1.00	1.4499	1.4499		173	74.15	6,164,565	6,720,358	
1999/07		1.00	1.2299	1.2299		173	74.15	6,240,383	6,803,052	
2000/01		1.00	1.3356	1.3356		173	74.15	6,323,730	6,893,877	
2000/07		1.00	1.1129	1.1129		173	74.40	6,394,107	6,970,516	
2001/01		1.00	1.2976	1.2976		173	70.51	6,477,077	7,060,995	
2001/07	57,028	1.00	0.9615	0.9615		173	70.51	6,596,382	7,128,811	
2002/01		1.00	1.0301	1.0301		173	70.51	6,664,331	7,202,163	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 258750-00 - 2014/07

237.48

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		173	70.51	6,719,892	7,262,194	
2003/01		1.00	1.3271	1.3271		173	70.51	6,809,072	7,358,555	
2003/07		1.00	1.1664	1.1664		173	70.51	6,888,493	7,444,363	
2004/01		1.00	1.1103	1.1103		173	68.77	6,964,976	7,527,057	
2004/07		1.00	0.8378	0.8378		173	68.77	7,023,329	7,590,202	
2005/01		1.00	0.8595	0.8595		173	61.98	7,083,695	7,655,423	
2005/07		1.00	0.7364	0.7364		173	61.98	7,135,859	7,711,821	
2006/01		1.00	0.9068	0.9068		173	63.37	7,200,567	7,781,713	
2006/07		1.00	0.8133	0.8133		173	63.37	7,259,129	7,845,031	
2007/01		1.00	1.0133	1.0133		173	63.37	7,332,686	7,924,438	
2007/07	35,070	1.00	1.1050	1.1050		173	61.72	7,448,782	8,011,976	
2008/01		0.95	0.8556	0.8556		173	61.72	7,509,326	8,080,484	
2008/07	33,790	0.95	0.6104	0.6104		173	61.44	7,586,663	8,129,789	
2009/01		0.90	1.3268	1.3268		173	61.33	7,677,255	8,237,741	
2009/07		0.90	0.6841	0.6841		173	61.33	7,724,524	8,294,139	
2010/01		0.85	0.8643	0.8643		173	61.33	7,781,276	8,365,761	
2010/07		0.85	0.7107	0.7107		173	60.85	7,828,283	8,425,273	
2011/01		0.80	0.9198	0.9198		173	60.85	7,885,884	8,502,777	
2011/07		0.80	0.9028	0.9028		173	58.61	7,942,836	8,579,589	
2012/01		0.75	0.3865	0.3865		173	58.61	7,965,862	8,612,805	
2012/07		0.75	0.9417	0.9417		173	58.92	8,022,125	8,693,942	
2013/01		0.70	0.4901	0.4901		173	58.92	8,049,649	8,736,500	
2013/07	34,622	0.70	0.6196	0.6196		173	65.34	8,119,182	8,790,649	
2014/01		0.65	0.8564	0.8564		173	65.34	8,164,381	8,865,904	
2014/07	38,411	0.65	1.2383	1.2383		173	62.61	8,268,507	8,975,759	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 258831-00 - 2014/07

229.24

Haven of Our Lady of Peace

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : Church

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1900 SUMMIT BOULEVARD	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
PENSACOLA, FL 32503	Days in CR 365	Maximum: 43,800	Standard: 184
County: Escambia [17]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 1	Last Used: 2014/07	Total Patient: 42,015	Total: 184
Control: Nonprofit : Church	Unaudited	Medicare: 13,284	Inflation
Current Class North Large	Initial CR? False	Medicaid: 13,633	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	32.44794%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.92466%	Cost: 1.03716397
Open Date: 11/08/2001	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/08/2001	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 11/08/2001	Low Occupancy Adjustment Factor:	122.11753%	DC Sem Index: 1.24200000
Med # Active Date: 11/08/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	687,136	1,273,052	953,841	146,009		3,060,038	
1a	Audit Adjustments							
2	Cost Per Diem	50.4024	93.3802	69.9656	10.7100		224.4582	
3	Cost Per Diem Inflated	52.2756	95.9687	72.5658				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.2756	95.9687	72.5658	10.7100		231.5201	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.2272		51.2053				
7	Provider Target Rate	54.3362		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	49.7653	95.0998	52.2722	10.7100		207.8473	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	49.7653	95.0998	52.2722	10.7100		207.8473	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 258831-00 - 2014/07

229.24

Rate Semester 07/01/2014 through 12/31/2014

Haven of Our Lady of Peace

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/08/2001	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00		Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,647,277	5.8146
RS to Start Calcs:	2001/07	<60% of Base:	True	20% ROE(2):	1,161,819	0.4238
Indexed Asset Value	5,809,096	Interest Rate:	5.0000%	Insurance Cost(3):	8,882	0.2114
FRVS Base Asset:	4,897,800	Chase Rate:	5.0000%	Taxes Cost(3):	1,741	0.0414
Occup Adj Factor	0.9000	Amortization Rate:	5.0000%	Home Office(3):	25,922	0.6170
ROE Factor	0.014380	Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	229,211	Total FRVS PD:		7.1082

- (1) 80% Capital (\$4,647,277) amortized at 5.0000 % for 20 years Interest of \$229,211 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$5.8146
 (2) 20% ROE (\$1,161,819) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	40,815
Comparison Date:	01/01/2001	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,897,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7653	49.7653	0.8836	48.8817
Direct Care	95.0998	95.0998	1.6885	93.4113
Indirect Care	52.2722	52.2722	0.9281	51.3441
Property	10.7100	7.1082	0.1262	6.9820
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.7158
Supplemental Rate Add-on				9.9025
Totals	207.8473	204.2455	3.6264	229.2374

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 258831-00 - 2014/07

229.24

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07	10,003,175	0.00	0.9615	0.9615		120	44.18	4,897,800	4,897,800	1
2002/01	50,644	0.10	1.0301	1.0301		120	44.18	4,952,496	4,995,720	
2002/07		0.10	0.8337	0.8337		120	44.18	4,955,814	5,037,360	
2003/01		0.20	1.3271	1.3271		120	44.18	4,966,379	5,104,200	
2003/07		0.20	1.1664	1.1664		120	44.18	4,975,686	5,163,720	
2004/01		0.30	1.1103	1.1103		120	51.97	4,991,347	5,221,080	
2004/07		0.30	0.8378	0.8378		120	51.97	5,003,199	5,264,880	
2005/01		0.40	0.8595	0.8595		120	51.97	5,019,452	5,310,120	
2005/07		0.40	0.7364	0.7364		120	51.97	5,033,425	5,349,240	
2006/01		0.50	0.9068	0.9068		120	51.97	5,054,989	5,397,720	
2006/07	78,453	0.50	0.8133	0.8133		120	37.67	5,147,523	5,441,640	
2007/01		0.60	1.0133	1.0133		120	32.93	5,166,261	5,496,720	
2007/07		0.60	1.1050	1.1050		120	32.93	5,186,769	5,557,440	
2008/01		0.70	0.8556	0.8556		120	32.93	5,205,368	5,604,960	
2008/07	22,716	0.70	0.6104	0.6104		120	30.96	5,240,605	5,639,160	
2009/01		0.80	1.3268	1.3268		120	30.96	5,271,916	5,714,040	
2009/07	144,391	0.80	0.6841	0.6841		120	33.97	5,434,128	5,753,160	
2010/01		0.90	0.8643	0.8643		120	33.97	5,460,237	5,802,840	
2010/07		0.90	0.7107	0.7107		120	32.80	5,481,064	5,844,120	
2011/01		1.00	0.9198	0.9198		120	32.80	5,511,130	5,897,880	
2011/07	32,819	1.00	0.9028	0.9028		120	35.85	5,576,380	5,951,160	
2012/01		1.00	0.3865	0.3865		120	35.85	5,590,428	5,974,200	
2012/07	77,755	1.00	0.9417	0.9417		120	33.67	5,700,411	6,030,480	
2013/01		1.00	0.4901	0.4901		120	33.67	5,717,514	6,060,000	
2013/07		1.00	0.6196	0.6196		120	32.16	5,738,228	6,097,560	
2014/01		1.00	0.8564	0.8564		120	32.16	5,766,963	6,149,760	
2014/07		1.00	1.2383	1.2383		120	32.45	5,809,096	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 259080-00 - 2014/07

238.98

Life Care Center at Inverrary

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4300 ROCK ISLAND ROAD	9/1/2012-8/31/2013	Number of Beds: 120	Superior: 0
LAUDERHILL, FL 33319	Days in CR 365	Maximum: 43,800	Standard: 184
County: Broward [6]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 10	Last Used: 2014/07	Total Patient: 37,263	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 15,040	Inflation
Current Class South Large	Initial CR? False	Medicaid: 18,754	FY Index: 1.30580299
Class at 1/94: South Large	Medical Utilization	50.32874%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.07534%	Cost: 1.03158969
Open Date: 12/26/2002	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/26/2002	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21049917
Entered Medicaid 01/30/2003	Low Occupancy Adjustment Factor:	108.30573%	DC Sem Index: 1.24200000
Med # Active Date: 01/30/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02602301
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	930,387	1,538,994	1,206,460	939,013		4,614,854	
1a	Audit Adjustments							
2	Cost Per Diem	49.6101	82.0622	64.3308	50.0700		246.0731	
3	Cost Per Diem Inflated	51.1773	84.1977	66.3630				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.1773	84.1977	66.3630	50.0700		251.8080	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	70.6175		59.0913				
7	Provider Target Rate	72.0889		60.3225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.1773	84.1977	60.3225	13.6500		209.3475	
12/13	Medical Adjustment Rate		0.0311	0.0223				
14	Prospective Per Diem 11	51.1773	84.2288	60.3448	13.6500		209.4009	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

0 259080-00 - 2014/07

238.98

Rate Semester 07/01/2014 through 12/31/2014

Life Care Center at Inverrary

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/30/2003	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	12,700,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,706,973	9.6553
RS to Start Calcs:	2002/07	<60% of Base:	False	20% ROE(2):	1,176,743	0.4696
Indexed Asset Value	5,883,716	Interest Rate:	8.1315%	Insurance Cost(3):	29,936	0.8034
FRVS Base Asset:	0	Chase Rate:	3.2500%	Taxes Cost(3):	286,082	7.6774
Occup Adj Factor	0.9000	Amortization Rate:	5.2500%	Home Office(3):	41,295	1.1082
ROE Factor	0.015730	Interest Only:	False	Replacement(3&4):	19,175	0.0000
		Yearly Payment:	380,612	Total FRVS PD:		19.7139

- (1) 80% Capital (\$4,706,973) amortized at 5.2500 % for 20 years Principal & Interest of \$380,612 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.6553
 (2) 20% ROE (\$1,176,743) times the ROE factor (0.015730) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4696
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	41,631
Comparison Date:	01/01/2002	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,995,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.1773	51.1773	0.9087	50.2686
Direct Care	84.2288	84.2288	1.4955	82.7333
Indirect Care	60.3448	60.3448	1.0714	59.2734
Property	13.6500	19.7139	0.3500	19.3639
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.4418
Supplemental Rate Add-on				9.9025
Totals	209.4009	215.4648	3.8256	238.9835

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 259080-00 - 2014/07

238.98

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01	11,265,310	0.00	1.3271	1.3271		120	7.92	4,995,720	4,995,720	1
2003/07	17,912	0.10	1.1664	1.1664		120	7.92	5,013,632	5,163,720	
2004/01		0.10	1.1103	1.1103		120	7.92	5,013,632	5,221,080	
2004/07		0.20	0.8378	0.8378		120	7.92	5,013,632	5,264,880	
2005/01		0.20	0.8595	0.8595		120	7.92	5,013,632	5,310,120	
2005/07	102,550	0.30	0.7364	0.7364		120	38.48	5,123,931	5,349,240	
2006/01	28,939	0.30	0.9068	0.9068		120	48.37	5,165,127	5,397,720	
2006/07		0.40	0.8133	0.8133		120	48.37	5,179,904	5,441,640	
2007/01		0.40	1.0133	1.0133		120	48.37	5,198,367	5,496,720	
2007/07		0.50	1.1050	1.1050		120	42.28	5,220,446	5,557,440	
2008/01	22,479	0.50	0.8556	0.8556		120	36.34	5,257,681	5,604,960	
2008/07		0.60	0.6104	0.6104		120	36.34	5,270,402	5,639,160	
2009/01		0.60	1.3268	1.3268		120	36.34	5,298,125	5,714,040	
2009/07	36,900	0.70	0.6841	0.6841		120	34.65	5,351,010	5,753,160	
2010/01	113,551	0.70	0.8643	0.8643		120	41.02	5,488,706	5,802,840	
2010/07		0.80	0.7107	0.7107		120	41.02	5,511,982	5,844,120	
2011/01		0.80	0.9198	0.9198		120	41.02	5,542,230	5,897,880	
2011/07	30,152	0.90	0.9028	0.9028		120	41.77	5,606,581	5,951,160	
2012/01	45,981	0.90	0.3865	0.3865		120	39.90	5,666,712	5,974,200	
2012/07		1.00	0.9417	0.9417		120	39.90	5,705,425	6,030,480	
2013/01		1.00	0.4901	0.4901		120	39.90	5,725,710	6,060,000	
2013/07		1.00	0.6196	0.6196		120	45.82	5,755,265	6,097,560	
2014/01		1.00	0.8564	0.8564		120	45.82	5,796,326	6,149,760	
2014/07	21,709	1.00	1.2383	1.2383		120	50.33	5,883,716	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 259225-00 - 2014/07

226.86

Lakeview Terrace Skilled Nursing Facility

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
110 LODGE TERRACE DR	1/1/2012-12/31/2012	Number of Beds: 20	Superior: 184
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 Area: 3	Last Used: 2014/07	Total Patient: 5,673	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 1,637	Inflation
Current Class North Small	Initial CR? False	Medicaid: 785	FY Index: 1.28335532
Class at 1/94: North Small	Medical Utilization	13.83748%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	77.50000%	Cost: 1.04963363
Open Date: 12/01/1981	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/01/1981	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 05/28/1987	Low Occupancy Adjustment Factor:	98.66189%	DC Sem Index: 1.24200000
Med # Active Date: 01/03/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 212067			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	66,191	72,547	68,269	19,696		226,703	
1a	Audit Adjustments							
2	Cost Per Diem	84.3197	92.4166	86.9669	25.0904		288.7936	
3	Cost Per Diem Inflated	88.5048	95.4523	91.2834				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	88.5048	95.4523	91.2834	25.0904		300.3309	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	69.3946		69.1493				
7	Provider Target Rate	70.8405		70.5901				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	53.3690	93.7426	69.3890	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.6361		65.1932				
10	Target Rate Class Ceiling	54.4184		66.1441				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	53.3690	93.7426	66.1441	13.6500		226.9057	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	53.3690	93.7426	66.1441	13.6500		226.9057	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 259225-00 - 2014/07

226.86

Rate Semester 07/01/2014 through 12/31/2014

Lakeview Terrace Skilled Nursing Facility

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/28/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	240,715.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed	80% Capital(1):	409,031	6.1795
Indexed Asset Value	511,289	<60% of Base:	True	20% ROE(2):	102,258	0.2269
FRVS Base Asset:	472,029	Interest Rate:	11.6400%	Insurance Cost(3):	4,357	0.7680
Occup Adj Factor	0.9000	Chase Rate:	10.0000%	Taxes Cost(3):	2,537	0.4472
ROE Factor	0.014580	Amortization Rate:	10.0000%	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	40,599	Total FRVS PD:		7.6216

(1) 80% Capital (\$409,031) amortized at 10.0000 % for 20 years Interest of \$40,599 divided by annual available days (7300) divided by Occup. Adj. (0.900) = \$6.1795

(2) 20% ROE (\$102,258) times the ROE factor (0.014580) divided by annual available days (7300) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	23,540
Comparison Date:	01/01/1981	Current RS PBS:	51,883
Comparison Bed	20	Effective PBS Limitation	470,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.3690	53.3690	0.9476	52.4214
Direct Care	93.7426	93.7426	1.6644	92.0782
Indirect Care	66.1441	66.1441	1.1744	64.9697
Property	13.6500	7.6216	0.1353	7.4863
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	226.9057	220.8773	3.9217	226.8581

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 259225-00 - 2014/07

226.86

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	472,029	0.00	2.5888	2.5888		20		472,029	482,980	
1982/01		0.10	2.6760	2.6760		20		472,029	495,920	
1982/07		0.10	2.2977	2.2977		20		472,029	507,300	
1983/04		0.20	2.6288	2.6288		20		472,029	520,640	
1983/07		0.20	3.9578	3.0000	0.9578	20		472,029	541,240	
1984/01		0.30	2.2530	2.2530		20		472,029	548,260	
1984/07		0.30	1.9179	1.9179		20		472,029	558,780	
1985/01		0.40	1.1471	1.1471		20		472,029	565,180	
1985/10		0.40	0.8522	0.8522		20		472,029	570,000	
1986/01		0.50	0.8299	0.8299		20		472,029	574,740	
1986/07		0.50	0.2974	0.2974		20		472,029	573,640	
1987/01		0.60	1.0091	1.0091		20	9.31	470,800	470,800	1
1987/07		0.60	0.9007	0.9007		20	9.31	470,800	588,460	
1988/01		0.70	0.9007	0.9007		20	9.31	470,800	593,240	
1988/07		0.70	0.5899	0.5899		20	9.31	470,800	592,920	
1989/01		0.80	0.5899	0.5899		20	9.31	470,800	596,420	
1989/07		0.80	0.5899	0.5899		20	9.31	470,800	600,460	
1990/01		0.90	0.5899	0.5899		20	9.31	470,800	603,480	
1990/07		0.90	0.5899	0.5899		20	9.31	470,800	607,040	
1991/01		1.00	0.5899	0.5899		20	20.71	470,800	610,600	
1991/07		1.00	1.4932	1.4932		20	19.44	470,800	619,720	
1992/01		1.00	2.0117	2.0117		20	19.44	470,800	632,180	
1992/07		1.00	1.8152	1.8152		20	23.97	470,800	643,660	
1993/01		1.00	1.7710	1.7710		20	23.97	470,800	655,060	
1993/07		1.00	1.5329	1.5329		20	21.49	470,800	665,100	
1994/01		1.00	1.6983	1.6983		20	21.49	470,800	676,400	
1994/07		1.00	1.5991	1.5991		20	26.26	474,395	687,220	
1995/01		1.00	1.5812	1.5812		20	26.26	477,976	698,080	
1995/07		1.00	1.5250	1.5250		20	26.26	481,456	708,720	
1996/01		1.00	1.7228	1.7228		20	24.47	481,456	720,940	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 259225-00 - 2014/07

226.86

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		20	25.25	484,394	730,520	
1997/01		1.00	1.4109	1.4109		20	25.25	487,532	740,820	
1997/07		1.00	1.0917	1.0917		20	18.06	487,532	748,900	
1998/01		1.00	1.1663	1.1663		20	18.06	487,532	757,640	
1998/07		1.00	1.0794	1.0794		20	18.06	487,532	765,820	
1999/01		1.00	1.4499	1.4499		20	20.60	487,532	776,920	
1999/07		1.00	1.2299	1.2299		20	27.23	490,501	786,480	
2000/01		1.00	1.3356	1.3356		20	27.23	493,744	796,980	
2000/07		1.00	1.1129	1.1129		20	32.22	496,963	805,840	
2001/01		1.00	1.2976	1.2976		20	32.22	500,741	816,300	
2001/07		1.00	0.9615	0.9615		20	32.22	503,561	824,140	
2002/01		0.95	1.0301	1.0301		20	13.48	503,561	832,620	
2002/07		0.95	0.8337	0.8337		20	27.66	505,567	839,560	
2003/01		0.90	1.3271	1.3271		20	27.66	508,604	850,700	
2003/07		0.90	1.1664	1.1664		20	27.66	511,289	860,620	
2004/01		0.85	1.1103	1.1103		20	21.29	511,289	870,180	
2004/07		0.85	0.8378	0.8378		20	24.71	511,289	877,480	
2005/01		0.80	0.8595	0.8595		20	24.71	511,289	885,020	
2005/07		0.80	0.7364	0.7364		20	24.71	511,289	891,540	
2006/01		0.75	0.9068	0.9068		20	23.87	511,289	899,620	
2006/07		0.75	0.8133	0.8133		20	23.87	511,289	906,940	
2007/01		0.70	1.0133	1.0133		20	17.60	511,289	916,120	
2007/07		0.70	1.1050	1.1050		20	17.60	511,289	926,240	
2008/01		0.65	0.8556	0.8556		20	20.79	511,289	934,160	
2008/07		0.65	0.6104	0.6104		20	20.79	511,289	939,860	
2009/01		0.60	1.3268	1.3268		20	11.61	511,289	952,340	
2009/07		0.60	0.6841	0.6841		20	11.61	511,289	958,860	
2010/01		0.55	0.8643	0.8643		20	11.28	511,289	967,140	
2010/07		0.55	0.7107	0.7107		20	11.28	511,289	974,020	
2011/01		0.50	0.9198	0.9198		20	21.10	511,289	982,980	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 259225-00 - 2014/07

226.86

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		20	21.10	511,289	991,860	
2012/01		0.45	0.3865	0.3865		20	19.25	511,289	995,700	
2012/07		0.45	0.9417	0.9417		20	19.25	511,289	1,005,080	
2013/01		0.40	0.4901	0.4901		20	7.35	511,289	1,010,000	
2013/07		0.40	0.6196	0.6196		20	7.35	511,289	1,016,260	
2014/01		0.35	0.8564	0.8564		20	13.84	511,289	1,024,960	
2014/07		0.35	1.2383	1.2383		20	13.84	511,289	1,037,660	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 259331-00 - 2014/07

195.32

UniHealth Post-Acute Care- Santa Rosa

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5530 NORTHPROP ROAD	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
MILTON, FL 32570	Days in CR 365	Maximum: 43,800	Standard: 184
County: Santa Rosa [57]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 1	Last Used: 2014/07	Total Patient: 41,048	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,664	Inflation
Current Class North Large	Initial CR? False	Medicaid: 24,269	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	59.12347%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.71689%	Cost: 1.03716397
Open Date: 02/06/2003	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 02/06/2003	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 02/13/2003	Low Occupancy Adjustment Factor:	119.30691%	DC Sem Index: 1.24200000
Med # Active Date: 02/13/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	825,347	1,684,776	1,023,248	345,833		3,879,204	
1a	Audit Adjustments							
2	Cost Per Diem	34.0083	69.4209	42.1628	14.2500		159.8420	
3	Cost Per Diem Inflated	35.2722	71.3453	43.7297				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	35.2722	71.3453	43.7297	14.2500		164.5972	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	41.8258		51.4480				
7	Provider Target Rate	42.6973		52.5200				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	35.2722	71.3453	43.7297	13.6500		163.9972	
12/13	Medical Adjustment Rate		0.7323	0.4488				
14	Prospective Per Diem 11	35.2722	72.0776	44.1785	13.6500		165.1783	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 259331-00 - 2014/07

195.32

Rate Semester 07/01/2014 through 12/31/2014

UniHealth Post-Acute Care- Santa Rosa

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/13/2003	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,125,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,798,901	11.5462
RS to Start Calcs:	2003/01	<60% of Base:	False	20% ROE(2):	1,199,725	0.4376
Indexed Asset Value	5,998,626	Interest Rate:	9.0000%	Insurance Cost(3):	29,666	0.7227
FRVS Base Asset:	5,037,360	Chase Rate:	4.2500%	Taxes Cost(3):	50,901	1.2400
Occup Adj Factor	0.9000	Amortization Rate:	7.2500%	Home Office(3):	52,423	1.2771
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	16,728	0.0000
		Yearly Payment:	455,152	Total FRVS PD:		15.2236

- (1) 80% Capital (\$4,798,901) amortized at 7.2500 % for 20 years Principal & Interest of \$455,152 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$11.5462
- (2) 20% ROE (\$1,199,725) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	41,978
Comparison Date:	07/01/2002	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	5,037,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	35.2722	35.2722	0.6263	34.6459
Direct Care	72.0776	72.0776	1.2797	70.7979
Indirect Care	44.1785	44.1785	0.7844	43.3941
Property	13.6500	15.2236	0.2703	14.9533
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.6243
Supplemental Rate Add-on				9.9025
Totals	165.1783	166.7519	2.9607	195.3180

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 259331-00 - 2014/07

195.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01	5,663,598	0.00	1.3271	1.3271		120	55.61	5,037,360	5,037,360	1
2003/07	1,089	0.10	1.1664	1.1664		120	55.61	5,044,323	5,163,720	
2004/01		0.10	1.1103	1.1103		120	55.61	5,049,922	5,221,080	
2004/07		0.20	0.8378	0.8378		120	55.61	5,058,386	5,264,880	
2005/01		0.20	0.8595	0.8595		120	55.61	5,067,081	5,310,120	
2005/07	25,892	0.30	0.7364	0.7364		120	65.92	5,104,166	5,349,240	
2006/01		0.30	0.9068	0.9068		120	65.92	5,118,049	5,397,720	
2006/07	13,873	0.40	0.8133	0.8133		120	66.44	5,148,571	5,441,640	
2007/01		0.40	1.0133	1.0133		120	66.44	5,169,438	5,496,720	
2007/07		0.50	1.1050	1.1050		120	67.93	5,197,999	5,557,440	
2008/01	27,892	0.50	0.8556	0.8556		120	66.86	5,248,128	5,604,960	
2008/07		0.60	0.6104	0.6104		120	66.86	5,267,347	5,639,160	
2009/01	33,428	0.60	1.3268	1.3268		120	65.84	5,342,708	5,714,040	
2009/07		0.70	0.6841	0.6841		120	65.84	5,368,294	5,753,160	
2010/01		0.70	0.8643	0.8643		120	65.84	5,400,772	5,802,840	
2010/07	99,042	0.80	0.7107	0.7107		120	68.63	5,530,523	5,844,120	
2011/01		0.80	0.9198	0.9198		120	68.63	5,571,217	5,897,880	
2011/07	79,522	0.90	0.9028	0.9028		120	61.93	5,696,005	5,951,160	
2012/01		0.90	0.3865	0.3865		120	61.93	5,715,821	5,974,200	
2012/07	22,467	1.00	0.9417	0.9417		120	61.99	5,792,114	6,030,480	
2013/01	18,263	1.00	0.4901	0.4901		120	62.88	5,838,764	6,060,000	
2013/07		1.00	0.6196	0.6196		120	62.88	5,874,941	6,097,560	
2014/01		1.00	0.8564	0.8564		120	62.88	5,925,254	6,149,760	
2014/07		1.00	1.2383	1.2383		120	59.12	5,998,626	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 259357-00 - 2014/07

217.37

Life Care Center of New Port Richey

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7400 TROUBLE CREEK ROAD	9/1/2012-8/31/2013	Number of Beds: 113	Superior: 0
NEW PORT RICHEY, FL 34653	Days in CR 365	Maximum: 41,245	Standard: 184
County: Pasco [51]	First Used : 2014/07	Max Annualized: 41,245	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 37,015	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 20,923	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 11,534	FY Index: 1.30580299
Class at 1/94: North Large	Medical Utilization	31.16034%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.74421%	Cost: 1.03158969
Open Date: 01/29/2003	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/29/2003	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21049917
Entered Medicaid 02/11/2003	Low Occupancy Adjustment Factor:	114.24946%	DC Sem Index: 1.24200000
Med # Active Date: 02/11/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02602301
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	499,146	955,830	667,511	354,786		2,477,273	
1a	Audit Adjustments							
2	Cost Per Diem	43.2761	82.8706	57.8733	30.7600		214.7800	
3	Cost Per Diem Inflated	44.6432	85.0271	59.7015				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.6432	85.0271	59.7015	30.7600		220.1318	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.7063		53.3361				
7	Provider Target Rate	60.9503		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.6432	85.0271	54.4474	13.6500		197.7677	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	44.6432	85.0271	54.4474	13.6500		197.7677	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 259357-00 - 2014/07

217.37

Rate Semester 07/01/2014 through 12/31/2014

Life Care Center of New Port Richey

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 02/11/2003		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	8,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	2003/01	Type:	Fixed	80% Capital(1):	4,274,055	10.9121
Indexed Asset Value	5,342,569	<60% of Base:	False	20% ROE(2):	1,068,514	0.4528
FRVS Base Asset:	4,743,514	Interest Rate:	7.2400%	Insurance Cost(3):	34,335	0.9276
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	95,049	2.5679
ROE Factor	0.015730	Amortization Rate:	7.2400%	Home Office(3):	38,176	1.0314
		Interest Only:	False	Replacement(3&4):	50,079	0.0000
		Yearly Payment:	405,063	Total FRVS PD:		15.8918

- (1) 80% Capital (\$4,274,055) amortized at 7.2400 % for 20 years Principal & Interest of \$405,063 divided by annual available days (41245) divided by Occup. Adj. (0.900) = \$10.9121
 (2) 20% ROE (\$1,068,514) times the ROE factor (0.015730) divided by annual available days (41245) divided by Occup. Adj. (0.900) = \$0.4528
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	41,978
Comparison Date:	07/01/2002	Current RS PBS:	51,883
Comparison Bed	113	Effective PBS Limitation	4,743,514

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.6432	44.6432	0.7926	43.8506
Direct Care	85.0271	85.0271	1.5097	83.5174
Indirect Care	54.4474	54.4474	0.9667	53.4807
Property	13.6500	15.8918	0.2822	15.6096
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				11.0043
Supplemental Rate Add-on				9.9025
Totals	197.7677	200.0095	3.5512	217.3651

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 259357-00 - 2014/07

217.37

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01	9,575,877	0.00	1.3271	1.3271		113	29.99	4,743,514	4,743,514	1
2003/07	9,316	0.10	1.1664	1.1664		113	29.99	4,755,846	4,862,503	
2004/01		0.10	1.1103	1.1103		113	29.99	4,758,724	4,916,517	
2004/07		0.20	0.8378	0.8378		113	29.99	4,763,073	4,957,762	
2005/01		0.20	0.8595	0.8595		113	29.99	4,767,538	5,000,363	
2005/07	81,540	0.30	0.7364	0.7364		113	26.37	4,854,127	5,037,201	
2006/01	58,470	0.30	0.9068	0.9068		113	28.67	4,919,479	5,082,853	
2006/07		0.40	0.8133	0.8133		113	28.67	4,927,821	5,124,211	
2007/01		0.40	1.0133	1.0133		113	28.67	4,938,232	5,176,078	
2007/07	30,163	0.50	1.1050	1.1050		113	23.45	4,968,395	5,233,256	
2008/01		0.50	0.8556	0.8556		113	23.45	4,968,395	5,278,004	
2008/07		0.60	0.6104	0.6104		113	20.41	4,968,395	5,310,209	
2009/01		0.60	1.3268	1.3268		113	20.41	4,968,395	5,380,721	
2009/07	153,904	0.70	0.6841	0.6841		113	23.26	5,122,299	5,417,559	
2010/01	16,774	0.70	0.8643	0.8643		113	24.46	5,139,073	5,464,341	
2010/07		0.80	0.7107	0.7107		113	24.46	5,139,073	5,503,213	
2011/01	34,031	0.80	0.9198	0.9198		113	27.51	5,192,018	5,553,837	
2011/07		0.90	0.9028	0.9028		113	27.51	5,213,118	5,604,009	
2012/01		0.90	0.3865	0.3865		113	28.57	5,222,539	5,625,705	
2012/07		1.00	0.9417	0.9417		113	28.57	5,248,086	5,678,702	
2013/01		1.00	0.4901	0.4901		113	28.57	5,261,447	5,706,500	
2013/07		1.00	0.6196	0.6196		113	31.03	5,279,839	5,741,869	
2014/01		1.00	0.8564	0.8564		113	31.03	5,305,349	5,791,024	
2014/07		1.00	1.2383	1.2383		113	31.16	5,342,569	5,862,779	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 259462-00 - 2014/07

228.85

The Nursing Center at University Village

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
12250 N 22ND ST	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
TAMPA, FL 33612-4955	Days in CR 366	Maximum: 43,920	Standard: 154
County: Hillsborough [29]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 30
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 39,200	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,877	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 21,371	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	54.51786%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.25319%	Cost: 1.04963363
Open Date: 11/09/1989	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/09/1989	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 11/09/1989	Low Occupancy Adjustment Factor:	113.62437%	DC Sem Index: 1.24200000
Med # Active Date: 10/16/2002	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 220299			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,147,585	1,987,364	1,358,600	468,666		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	56.3634	96.0482	66.7274				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.3634	96.0482	66.7274	21.9300		241.0690	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.8379		63.3531				
7	Provider Target Rate	54.9597		64.6731				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.0915	96.0482	61.9692	13.6500		223.7589	
12/13	Medical Adjustment Rate		0.4086	0.2636				
14	Prospective Per Diem 11	52.0915	96.4568	62.2328	13.6500		224.4311	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 259462-00 - 2014/07

228.85

Rate Semester 07/01/2014 through 12/31/2014

The Nursing Center at University Village

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/09/1989	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	13,689,000.00	Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Variable	80% Capital(1):	4,494,669 9.4050
Indexed Asset Value	5,618,336	<60% of Base:	False	20% ROE(2):	1,123,667 0.4156
FRVS Base Asset:	1,558,338	Interest Rate:	5.4910%	Insurance Cost(3):	50,973 1.3003
Occup Adj Factor	0.9000	Chase Rate:	9.0000%	Taxes Cost(3):	25,291 0.6452
ROE Factor	0.014580	Amortization Rate:	5.4910%	Home Office(3):	13,905 0.3547
		Interest Only:	False	Replacement(3&4):	5,609 0.0000
		Yearly Payment:	370,745	Total FRVS PD:	12.1208

- (1) 80% Capital (\$4,494,669) amortized at 5.4910 % for 20 years Principal & Interest of \$370,745 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.4050
- (2) 20% ROE (\$1,123,667) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$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		Used Per Bed Standard:	30,023
Comparison Date:	07/01/1989	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,801,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0915	52.0915	0.9249	51.1666
Direct Care	96.4568	96.4568	1.7126	94.7442
Indirect Care	62.2328	62.2328	1.1049	61.1279
Property	13.6500	12.1208	0.2152	11.9056
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	224.4311	222.9019	3.9576	228.8468

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 259462-00 - 2014/07

228.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	1,558,338	0.00	0.5899	0.5899		60	27.86	1,558,338	1,801,380	
1990/01		0.10	0.5899	0.5899		60	27.86	1,558,804	1,810,440	
1990/07		0.10	0.5899	0.5899		60	27.86	1,559,270	1,821,120	
1991/01		0.20	0.5899	0.5899		60	27.86	1,560,202	1,831,800	
1991/07	39,977	0.20	1.4932	1.4932		60	27.86	1,602,539	1,859,160	
1992/01		0.30	2.0117	2.0117		60	27.86	1,607,438	1,896,540	
1992/07	20,907	0.30	1.8152	1.8152		60	28.30	1,632,849	1,930,980	
1993/01		0.40	1.7710	1.7710		60	28.30	1,638,801	1,965,180	
1993/07	5,614,860	0.40	1.5329	1.5329		240	51.54	7,263,078	7,981,200	
1994/01		0.50	1.6983	1.6983		240	51.54	7,320,876	8,116,800	
1994/07	86,128	0.50	1.5991	1.5991		240	57.22	7,465,542	8,246,640	
1995/01		0.60	1.5812	1.5812		240	57.22	7,536,368	8,376,960	
1995/07	58,417	0.60	1.5250	1.5250		240	56.89	7,663,743	8,504,640	
1996/01		0.70	1.7228	1.7228		240	56.89	7,756,168	8,651,280	
1996/07	40,148	0.70	1.3294	1.3294		240	59.11	7,796,316	8,766,240	5
1997/01		0.80	1.4109	1.4109		240	59.11	7,957,307	8,889,840	
1997/07		0.80	1.0917	1.0917		240	63.72	8,026,806	8,986,800	
1998/01		0.90	1.1663	1.1663		240	63.72	8,111,063	9,091,680	
1998/07	52,743	0.90	1.0794	1.0794		240	69.60	8,242,605	9,189,840	
1999/01		1.00	1.4499	1.4499		240	69.60	8,362,115	9,323,040	
1999/07	107,039	1.00	1.2299	1.2299		240	62.44	8,469,154	9,437,760	5
2000/01		1.00	1.3356	1.3356		240	62.44	8,686,488	9,563,760	
2000/07		1.00	1.1129	1.1129		240	62.44	8,783,160	9,670,080	
2001/01		1.00	1.2976	1.2976		240	62.44	8,897,130	9,795,600	
2001/07		1.00	0.9615	0.9615		240	62.44	8,982,676	9,889,680	
2002/01		1.00	1.0301	1.0301		240	68.08	9,075,207	9,991,440	
2002/07		1.00	0.8337	0.8337		240	62.35	9,150,867	10,074,720	
2003/01	8,267	1.00	1.3271	1.3271		240	62.35	9,280,575	10,208,400	
2003/07	52,905	1.00	1.1664	1.1664		240	62.35	9,441,729	10,327,440	
2004/01		1.00	1.1103	1.1103		240	62.35	9,546,561	10,442,160	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 259462-00 - 2014/07

228.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		1.00	0.8378	0.8378		240	62.35	9,626,542	10,529,760	
2005/01		1.00	0.8595	0.8595		240	62.35	9,709,282	10,620,240	
2005/07		1.00	0.7364	0.7364		240	62.35	9,780,781	10,698,480	
2006/01		1.00	0.9068	0.9068		240	47.03	9,856,621	10,795,440	
2006/07		1.00	0.8133	0.8133		240	47.01	9,925,139	10,883,280	
2007/01		1.00	1.0133	1.0133		240	47.01	10,011,100	10,993,440	
2007/07		1.00	1.1050	1.1050		240	47.01	10,105,652	11,114,880	
2008/01		1.00	0.8556	0.8556		240	47.80	10,180,797	11,209,920	
2008/07	(5,090,388)	1.00	0.6104	0.6104		120	54.91	5,152,451	5,639,160	
2009/01		1.00	1.3268	1.3268		120	54.91	5,220,702	5,714,040	
2009/07		1.00	0.6841	0.6841		120	54.91	5,256,358	5,753,160	
2010/01		0.95	0.8643	0.8643		120	48.07	5,294,080	5,802,840	
2010/07		0.95	0.7107	0.7107		120	48.07	5,325,322	5,844,120	
2011/01		0.90	0.9198	0.9198		120	55.88	5,369,405	5,897,880	
2011/07		0.90	0.9028	0.9028		120	51.98	5,410,636	5,951,160	
2012/01		0.85	0.3865	0.3865		120	51.98	5,427,434	5,974,200	
2012/07		0.85	0.9417	0.9417		120	51.98	5,468,490	6,030,480	
2013/01	21,559	0.80	0.4901	0.4901		120	47.18	5,508,442	6,060,000	
2013/07		0.80	0.6196	0.6196		120	47.18	5,531,865	6,097,560	
2014/01		0.75	0.8564	0.8564		120	54.52	5,567,086	6,149,760	
2014/07		0.75	1.2383	1.2383		120	54.52	5,618,336	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 259586-00 - 2014/07

260.54

Hamlin Place

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : Other CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2180 HYPOLUXO ROAD	9/1/2012-8/31/2013	Number of Beds: 120	Superior: 0
LANTANA, FL 33462	Days in CR 365	Maximum: 43,800	Standard: 184
County: Palm Beach [50]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 37,201	Total: 184
Control: Nonprofit : Other	Unaudited	Medicare: 8,704	Inflation
Current Class South Large	Initial CR? False	Medicaid: 17,886	FY Index: 1.30580299
Class at 1/94: South Large	Medical Utilization	48.07935%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	84.93379%	Cost: 1.03158969
Open Date: 12/28/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/28/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21049917
Entered Medicaid 12/28/1984	Low Occupancy Adjustment Factor:	108.12553%	DC Sem Index: 1.24200000
Med # Active Date: 11/30/2002	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02602301
Previous Med # 217361			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	897,698	1,833,202	1,157,616	542,304		4,430,820	
1a	Audit Adjustments							
2	Cost Per Diem	50.1900	102.4937	64.7219	30.3200		247.7256	
3	Cost Per Diem Inflated	51.7755	105.1609	66.7664				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.7755	105.1609	66.7664	30.3200		254.0228	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.8912		65.1216				
7	Provider Target Rate	57.0557		66.4785				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.7755	98.4475	63.9416	13.6500		227.8146	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.7755	98.4475	63.9416	13.6500		227.8146	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 259586-00 - 2014/07

260.54

Rate Semester 07/01/2014 through 12/31/2014

Hamlin Place

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,700,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable	80% Capital(1):	4,793,251	15.5606
Indexed Asset Value	5,991,564	<60% of Base:	False	20% ROE(2):	1,198,313	0.4782
FRVS Base Asset:	3,420,000	Interest Rate:	11.5000%	Insurance Cost(3):	70,977	1.9079
Occup Adj Factor	0.9000	Chase Rate:	10.0000%	Taxes Cost(3):	102,165	2.7463
ROE Factor	0.015730	Amortization Rate:	11.5000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	23,747	0.0000
		Yearly Payment:	613,400	Total FRVS PD:		20.6930

- (1) 80% Capital (\$4,793,251) amortized at 11.5000 % for 20 years Principal & Interest of \$613,400 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$15.5606
- (2) 20% ROE (\$1,198,313) times the ROE factor (0.015730) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4782
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.7755	51.7755	0.9193	50.8562
Direct Care	98.4475	98.4475	1.7479	96.6996
Indirect Care	63.9416	63.9416	1.1353	62.8063
Property	13.6500	20.6930	0.3674	20.3256
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.9543
Supplemental Rate Add-on				9.9025
Totals	227.8146	234.8576	4.1699	260.5445

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 259586-00 - 2014/07

260.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	3,708,249	0.00	1.9179	1.9179		120	44.39	3,708,249	3,352,680	
1985/01		0.10	1.1471	1.1471		120	44.39	3,711,682	3,391,080	
1985/10		0.10	0.8522	0.8522		120	47.72	3,420,000	3,420,000	1
1986/01		0.20	0.8299	0.8299		120	47.72	3,424,926	3,448,440	
1986/07		0.20	0.2974	0.2974		120	47.72	3,426,694	3,441,840	
1987/01	16,531	0.30	1.0091	1.0091		120	47.72	3,452,225	3,503,400	
1987/07		0.30	0.9007	0.9007		120	61.24	3,461,553	3,530,760	
1988/01		0.40	0.9007	0.9007		120	68.90	3,474,025	3,559,440	
1988/07		0.40	0.5899	0.5899		120	68.90	3,482,224	3,557,520	
1989/01		0.50	0.5899	0.5899		120	72.40	3,492,497	3,578,520	
1989/07		0.50	0.5899	0.5899		120	72.40	3,502,800	3,602,760	
1990/01		0.60	0.5899	0.5899		120	72.40	3,515,196	3,620,880	
1990/07		0.60	0.5899	0.5899		120	64.05	3,527,636	3,642,240	
1991/01	21,266	0.70	0.5899	0.5899		120	55.91	3,563,468	3,663,600	
1991/07		0.70	1.4932	1.4932		120	55.91	3,600,713	3,718,320	
1992/01	79,006	0.80	2.0117	2.0117		120	60.72	3,737,669	3,793,080	
1992/07		0.80	1.8152	1.8152		120	60.72	3,791,947	3,861,960	
1993/01		0.90	1.7710	1.7710		120	60.72	3,852,387	3,930,360	
1993/07		0.90	1.5329	1.5329		120	63.70	3,905,535	3,990,600	
1994/01		1.00	1.6983	1.6983		120	63.70	3,971,863	4,058,400	
1994/07	23,918	1.00	1.5991	1.5991		120	69.71	4,059,295	4,123,320	
1995/01		1.00	1.5812	1.5812		120	74.77	4,123,481	4,188,480	
1995/07		1.00	1.5250	1.5250		120	74.77	4,186,364	4,252,320	
1996/01		1.00	1.7228	1.7228		120	74.70	4,258,487	4,325,640	
1996/07		1.00	1.3294	1.3294		120	74.70	4,315,099	4,383,120	
1997/01		1.00	1.4109	1.4109		120	73.69	4,375,981	4,444,920	
1997/07		1.00	1.0917	1.0917		120	73.69	4,423,754	4,493,400	
1998/01		1.00	1.1663	1.1663		120	72.77	4,475,348	4,545,840	
1998/07		1.00	1.0794	1.0794		120	72.77	4,523,655	4,594,920	
1999/01	61,026	1.00	1.4499	1.4499		120	81.24	4,650,269	4,661,520	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 259586-00 - 2014/07

260.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	81.24	4,707,463	4,718,880	
2000/01		1.00	1.3356	1.3356		120	81.24	4,770,336	4,781,880	
2000/07		1.00	1.1129	1.1129		120	81.24	4,823,425	4,835,040	
2001/01		1.00	1.2976	1.2976		120	81.24	4,886,014	4,897,800	
2001/07		1.00	0.9615	0.9615		120	81.24	4,932,993	4,944,840	
2002/01	49,100	1.00	1.0301	1.0301		120	82.50	4,982,093	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	70.43	5,037,360	5,037,360	8
2003/01		1.00	1.3271	1.3271		120	70.43	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	70.43	5,163,720	5,163,720	8
2004/01		1.00	1.1103	1.1103		120	70.43	5,163,720	5,221,080	5
2004/07		1.00	0.8378	0.8378		120	70.43	5,264,795	5,264,880	
2005/01		0.95	0.8595	0.8595		120	61.17	5,307,782	5,310,120	
2005/07		0.95	0.7364	0.7364		120	61.17	5,344,915	5,349,240	
2006/01	30,215	0.90	0.9068	0.9068		120	56.96	5,397,720	5,397,720	8
2006/07		0.90	0.8133	0.8133		120	56.96	5,437,231	5,441,640	
2007/01		0.85	1.0133	1.0133		120	60.33	5,437,231	5,496,720	5
2007/07		0.85	1.1050	1.1050		120	60.33	5,535,574	5,557,440	
2008/01		0.80	0.8556	0.8556		120	60.33	5,573,465	5,604,960	
2008/07		0.80	0.6104	0.6104		120	67.83	5,600,680	5,639,160	
2009/01	28,253	0.75	1.3268	1.3268		120	63.14	5,684,665	5,714,040	
2009/07		0.75	0.6841	0.6841		120	63.14	5,713,833	5,753,160	
2010/01		0.70	0.8643	0.8643		120	52.03	5,746,535	5,802,840	
2010/07		0.70	0.7107	0.7107		120	52.03	5,773,580	5,844,120	
2011/01		0.65	0.9198	0.9198		120	52.03	5,806,236	5,897,880	
2011/07		0.65	0.9028	0.9028		120	54.24	5,839,836	5,951,160	
2012/01	26,464	0.60	0.3865	0.3865		120	47.64	5,878,030	5,974,200	
2012/07		0.60	0.9417	0.9417		120	47.64	5,906,797	6,030,480	
2013/01		0.55	0.4901	0.4901		120	46.94	5,920,388	6,060,000	
2013/07		0.55	0.6196	0.6196		120	46.94	5,937,608	6,097,560	
2014/01		0.50	0.8564	0.8564		120	46.94	5,959,307	6,149,760	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 259586-00 - 2014/07

260.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	48.08	5,991,564	6,225,960	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 259586083120130901201210152013083202



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 259870-00 - 2014/07

231.46

Avante at St. Cloud

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1301 KANSAS AVE	6/1/2012-5/31/2013	Number of Beds: 131	Superior: 0
SAINT CLOUD, FL 34769-5999	Days in CR 365	Maximum: 47,815	Standard: 184
County: Osceola [49]	First Used : 2014/01	Max Annualized: 47,815	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 41,113	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,051	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 31,280	FY Index: 1.29575017
Class at 1/94: North Large	Medical Utilization	76.08299%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.98348%	Cost: 1.03959307
Open Date: 09/01/1968	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/01/1968	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 01/01/1981	Low Occupancy Adjustment Factor:	109.46184%	DC Sem Index: 1.24200000
Med # Active Date: 03/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 229385			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,176,824	2,681,589	1,812,762	155,149		5,826,324	
1a	Audit Adjustments							
2	Cost Per Diem	37.6223	85.7285	57.9527	4.9600		186.2635	
3	Cost Per Diem Inflated	39.1119	88.1779	60.2472				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	39.1119	88.1779	60.2472	4.9600		192.4970	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.1509		74.2046				
7	Provider Target Rate	52.2167		75.7507				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	39.1119	88.1779	60.2472	4.9600		192.4970	
12/13	Medical Adjustment Rate		2.5874	1.7679				
14	Prospective Per Diem 11	39.1119	90.7653	62.0151	4.9600		196.8523	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 259870-00 - 2014/07

231.46

Rate Semester 07/01/2014 through 12/31/2014

Avante at St. Cloud

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1992	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	2,804,926 8.1037
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	701,231 0.2291
Indexed Asset Value	3,506,157	Interest Rate:	12.5000%	Insurance Cost(3):	40,226 0.9784
FRVS Base Asset:	1,771,947	Chase Rate:	12.5000%	Taxes Cost(3):	54,200 1.3183
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	35,685 0.8680
ROE Factor	0.014060	Interest Only:	True	Replacement(3&4):	26,531 0.0000
		Yearly Payment:	348,729	Total FRVS PD:	11.4975

- (1) 80% Capital (\$2,804,926) amortized at 12.5000 % for 20 years Interest of \$348,729 divided by annual available days (47815) divided by Occup. Adj. (0.900) = \$8.1037
- (2) 20% ROE (\$701,231) times the ROE factor (0.014060) divided by annual available days (47815) divided by Occup. Adj. (0.900) = \$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	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 131	Effective PBS Limitation	3,733,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	39.1119	39.1119	0.6944	38.4175
Direct Care	90.7653	90.7653	1.6115	89.1538
Indirect Care	62.0151	62.0151	1.1011	60.9140
Property	4.9600	11.4975	0.2041	11.2934
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.7756
Supplemental Rate Add-on				9.9025
Totals	196.8523	203.3898	3.6111	231.4568

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 259870-00 - 2014/07

231.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	800,943	0.00				131	100.00	800,943	1,344,191	
1972/01		0.10	3.9787	3.0000	0.9787	131	100.00	803,346	1,397,639	
1972/07		0.10	5.9113	3.0000	2.9113	131	100.00	805,756	1,466,545	
1973/01		0.20	8.0622	3.0000	5.0622	131	100.00	810,591	1,542,132	
1973/07		0.20	10.7186	3.0000	7.7186	131	100.00	815,455	1,629,378	
1974/01		0.30	12.9457	3.0000	9.9457	131	100.00	822,794	1,714,528	
1974/07		0.30	13.0494	3.0000	10.0494	131	100.00	830,199	1,767,714	
1975/01		0.40	13.1399	3.0000	10.1399	131	100.00	840,161	1,822,341	
1975/07		0.40	14.2033	3.0000	11.2033	131	100.00	850,243	1,896,487	
1976/01		0.50	15.2478	3.0000	12.2478	131	100.00	862,997	1,973,122	
1976/07		0.50	15.7330	3.0000	12.7330	131	100.00	875,942	2,041,897	
1977/01		0.60	16.4836	3.0000	13.4836	131	100.00	891,709	2,118,532	
1977/07		0.60	18.5412	3.0000	15.5412	131	100.00	907,760	2,225,559	
1978/01		0.70	20.2809	3.0000	17.2809	131	100.00	926,823	2,331,145	
1978/07		0.70	22.8203	3.0000	19.8203	131	100.00	946,286	2,460,180	
1979/01		0.80	24.9476	3.0000	21.9476	131	100.00	968,997	2,586,333	
1979/07		0.80	26.1458	3.0000	23.1458	131	100.00	992,253	2,694,932	
1980/01	7,618	0.90	29.3115	3.0000	26.3115	131	55.00	1,026,662	2,861,171	
1980/07	100,766	0.90	30.1222	3.0000	27.1222	131	55.00	1,155,148	2,970,163	
1981/01	24,583	1.00	30.9462	3.0000	27.9462	131	87.63	1,214,385	3,083,740	
1981/07	10,649	1.00	30.5350	3.0000	27.5350	131	87.63	1,261,466	3,163,519	
1982/01		1.00	30.2110	3.0000	27.2110	131	87.90	1,299,310	3,248,276	
1982/07	29,296	1.00	29.5087	3.0000	26.5087	131	87.90	1,367,585	3,322,815	
1983/04	31,841	1.00	29.1375	3.0000	26.1375	131	77.67	1,440,454	3,410,192	
1983/07	21,236	1.00	30.0953	3.0000	27.0953	131	77.67	1,504,904	3,545,122	
1984/01	23,186	1.00	28.3905	3.0000	25.3905	131	70.89	1,573,237	3,591,103	
1984/07	28,215	1.00	27.3084	3.0000	24.3084	131	70.89	1,648,649	3,660,009	
1985/01	14,398	1.00	25.4555	3.0000	22.4555	131	70.89	1,712,506	3,701,929	
1985/10	8,066	1.00	23.3077	3.0000	20.3077	131	70.89	1,771,947	3,733,500	
1986/01		1.00	21.1376	3.0000	18.1376	131	69.37	1,825,105	3,764,547	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 259870-00 - 2014/07

231.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	131	69.37	1,879,858	3,757,342	
1987/01		1.00	16.4441	3.0000	13.4441	131	62.98	1,936,254	3,824,545	
1987/07		1.00	14.3448	3.0000	11.3448	131	62.98	1,994,342	3,854,413	
1988/01		1.00	12.2455	3.0000	9.2455	131	63.82	2,054,172	3,885,722	
1988/07		1.00	9.8354	3.0000	6.8354	131	63.82	2,115,797	3,883,626	
1989/01		1.00	7.4253	3.0000	4.4253	131	65.78	2,179,271	3,906,551	
1989/07		1.00	5.0152	3.0000	2.0152	131	65.78	2,244,649	3,933,013	
1990/01		1.00	2.6051	2.6051		131	70.25	2,303,124	3,952,794	
1990/07		1.00	0.5899	0.5899		131	70.25	2,316,710	3,976,112	
1991/01		1.00	0.5899	0.5899		131	64.47	2,330,376	3,999,430	
1991/07		1.00	1.4932	1.4932		131	64.47	2,365,173	4,059,166	
1992/01		0.95	2.0117	2.0117		131	67.47	2,410,374	4,140,779	
1992/07		0.95	1.8152	1.8152		131	67.47	2,451,938	4,215,973	
1993/01		0.90	1.7710	1.7710		131	63.70	2,491,019	4,290,643	
1993/07		0.90	1.5329	1.5329		131	63.70	2,525,385	4,356,405	
1994/01		0.85	1.6983	1.6983		131	67.12	2,561,841	4,430,420	
1994/07		0.85	1.5991	1.5991		131	67.12	2,596,662	4,501,291	
1995/01	27,610	0.80	1.5812	1.5812		131	64.50	2,657,120	4,572,424	
1995/07		0.80	1.5250	1.5250		131	64.50	2,689,537	4,642,116	
1996/01	25,513	0.75	1.7228	1.7228		131	68.55	2,749,802	4,722,157	
1996/07		0.75	1.3294	1.3294		131	68.55	2,777,220	4,784,906	
1997/01		0.70	1.4109	1.4109		131	82.11	2,804,648	4,852,371	
1997/07		0.70	1.0917	1.0917		131	82.11	2,826,081	4,905,295	
1998/01		0.65	1.1663	1.1663		131	82.11	2,847,506	4,962,542	
1998/07		0.65	1.0794	1.0794		131	82.11	2,867,484	5,016,121	
1999/01		0.60	1.4499	1.4499		131	82.11	2,892,428	5,088,826	
1999/07		0.60	1.2299	1.2299		131	82.11	2,892,428	5,151,444	5
2000/01	129,486	0.55	1.3356	1.3356		131	84.04	3,064,662	5,220,219	
2000/07		0.55	1.1129	1.1129		131	84.04	3,083,421	5,278,252	
2001/01	18,861	0.50	1.2976	1.2976		131	87.21	3,122,287	5,346,765	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 259870-00 - 2014/07

231.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		131	87.21	3,122,287	5,398,117	5
2002/01		0.45	1.0301	1.0301		131	87.21	3,151,840	5,453,661	
2002/07		0.45	0.8337	0.8337		131	87.21	3,163,666	5,499,118	
2003/01		0.40	1.3271	1.3271		131	60.09	3,180,459	5,572,085	
2003/07		0.40	1.1664	1.1664		131	60.09	3,195,299	5,637,061	
2004/01		0.35	1.1103	1.1103		131	60.09	3,207,716	5,699,679	
2004/07		0.35	0.8378	0.8378		131	60.09	3,217,121	5,747,494	
2005/01		0.30	0.8595	0.8595		131	60.09	3,225,418	5,796,881	
2005/07		0.30	0.7364	0.7364		131	60.09	3,232,543	5,839,587	
2006/01		0.25	0.9068	0.9068		131	65.12	3,239,871	5,892,511	
2006/07		0.25	0.8133	0.8133		131	65.12	3,246,458	5,940,457	
2007/01		0.20	1.0133	1.0133		131	63.76	3,253,039	6,000,586	
2007/07		0.20	1.1050	1.1050		131	63.76	3,260,228	6,066,872	
2008/01		0.15	0.8556	0.8556		131	67.48	3,264,411	6,118,748	
2008/07		0.15	0.6104	0.6104		131	67.48	3,267,401	6,156,083	
2009/01		0.10	1.3268	1.3268		131	68.28	3,271,737	6,237,827	
2009/07		0.10	0.6841	0.6841		131	68.28	3,273,975	6,280,533	
2010/01		0.05	0.8643	0.8643		131	78.49	3,275,389	6,334,767	
2010/07		0.05	0.7107	0.7107		131	78.49	3,276,552	6,379,831	
2011/01	189,970	0.00	0.9198	0.9198		131	74.90	3,466,522	6,438,519	
2011/07		0.00	0.9028	0.9028		131	74.90	3,466,522	6,496,683	
2012/01		0.00	0.3865	0.3865		131	71.24	3,466,522	6,521,835	
2012/07		0.00	0.9417	0.9417		131	71.24	3,466,522	6,583,274	
2013/01	39,635	0.00	0.4901	0.4901		131	73.05	3,506,157	6,615,500	
2013/07		0.00	0.6196	0.6196		131	73.05	3,506,157	6,656,503	
2014/01		0.00	0.8564	0.8564		131	76.08	3,506,157	6,713,488	
2014/07		0.00	1.2383	1.2383		131	76.08	3,506,157	6,796,673	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 259942-00 - 2014/07

236.77

Riverfront Nursing and Rehab Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
105 15TH ST E	9/1/2012-8/31/2013	Number of Beds: 110	Superior: 0
BRADENTON, FL 34208	Days in CR 365	Maximum: 40,150	Standard: 184
County: Manatee [41]	First Used : 2014/07	Max Annualized: 40,150	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 38,794	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 4,690	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 29,667	FY Index: 1.30580299
Class at 1/94: North Large	Medical Utilization	76.47317%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	96.62267%	Cost: 1.03158969
Open Date: 12/01/1972	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/01/1972	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21049917
Entered Medicaid 12/01/1972	Low Occupancy Adjustment Factor:	123.00613%	DC Sem Index: 1.24200000
Med # Active Date: 04/28/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02602301
Previous Med # 204960			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,564,639	2,518,263	1,360,573	698,955		6,142,430
1a	Audit Adjustments						
2	Cost Per Diem	52.7400	84.8843	45.8615	23.5600		207.0458
3	Cost Per Diem Inflated	54.4060	87.0932	47.3103			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.4060	87.0932	47.3103	23.5600		212.3695
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4091		62.5026			
7	Provider Target Rate	52.4803		63.8049			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500		
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784			
10	Target Rate Class Ceiling	53.7075		61.9692			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.0915	87.0932	47.3103	13.6500		200.1450
12/13	Medical Adjustment Rate		2.5938	1.4090			
14	Prospective Per Diem 11	52.0915	89.6870	48.7193	13.6500		204.1478
15	Inflated Usual & Customary Charge						0.00

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



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 259942-00 - 2014/07

236.77

Rate Semester 07/01/2014 through 12/31/2014

Riverfront Nursing and Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 07/01/1992		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,901,000.00		Total Amount	Per Diem
RS to Start Calcs:	1972/07	Type:	Fixed	80% Capital(1):	3,822,093	11.8313
Indexed Asset Value	4,777,616	<60% of Base:	False	20% ROE(2):	955,523	0.4160
FRVS Base Asset:	912,347	Interest Rate:	10.0000%	Insurance Cost(3):	122,324	3.1532
Occup Adj Factor	0.9000	Chase Rate:	6.5000%	Taxes Cost(3):	30,540	0.7872
ROE Factor	0.015730	Amortization Rate:	9.5000%	Home Office(3):	880	0.0227
		Interest Only:	False	Replacement(3&4):	26,802	0.0000
		Yearly Payment:	427,523	Total FRVS PD:		16.2104

- (1) 80% Capital (\$3,822,093) amortized at 9.5000 % for 20 years Principal & Interest of \$427,523 divided by annual available days (40150) divided by Occup. Adj. (0.900) = \$11.8313
 (2) 20% ROE (\$955,523) times the ROE factor (0.015730) divided by annual available days (40150) divided by Occup. Adj. (0.900) = \$0.4160
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 110	Effective PBS Limitation	3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0915	52.0915	0.9249	51.1666
Direct Care	89.6870	89.6870	1.5924	88.0946
Indirect Care	48.7193	48.7193	0.8650	47.8543
Property	13.6500	16.2104	0.2878	15.9226
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.8286
Supplemental Rate Add-on				9.9025
Totals	204.1478	206.7082	3.6701	236.7692

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 259942-00 - 2014/07

236.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/07	550,000	0.00	4.9326	3.0000	1.9326	110	100.00	550,000	1,231,450	
1973/01		0.10	7.0835	3.0000	4.0835	110	100.00	551,650	1,294,920	
1973/07		0.10	9.7399	3.0000	6.7399	110	100.00	553,305	1,368,180	
1974/01		0.20	11.9670	3.0000	8.9670	110	100.00	556,625	1,439,680	
1974/07		0.20	12.0707	3.0000	9.0707	110	100.00	559,965	1,484,340	
1975/01	1,222	0.30	12.1612	3.0000	9.1612	110	100.00	566,227	1,530,210	
1975/07		0.30	13.2246	3.0000	10.2246	110	100.00	571,323	1,592,470	
1976/01		0.40	14.2691	3.0000	11.2691	110	100.00	578,179	1,656,820	
1976/07		0.40	14.7543	3.0000	11.7543	110	100.00	585,117	1,714,570	
1977/01		0.50	15.5049	3.0000	12.5049	110	100.00	593,894	1,778,920	
1977/07		0.50	17.5625	3.0000	14.5625	110	100.00	602,802	1,868,790	
1978/01		0.60	19.3022	3.0000	16.3022	110	100.00	613,652	1,957,450	
1978/07		0.60	21.8416	3.0000	18.8416	110	100.00	624,698	2,065,800	
1979/01		0.70	23.9689	3.0000	20.9689	110	100.00	637,817	2,171,730	
1979/07		0.70	25.1671	3.0000	22.1671	110	100.00	651,211	2,262,920	
1980/01		0.80	28.3328	3.0000	25.3328	110	55.00	666,840	2,402,510	
1980/07		0.80	29.1435	3.0000	26.1435	110	55.00	682,844	2,494,030	
1981/01		0.90	29.9675	3.0000	26.9675	110	55.00	701,281	2,589,400	
1981/07		0.90	29.5563	3.0000	26.5563	110	55.00	720,216	2,656,390	
1982/01		1.00	29.2323	3.0000	26.2323	110	55.00	741,822	2,727,560	
1982/07		1.00	28.5300	3.0000	25.5300	110	55.00	764,077	2,790,150	
1983/04		1.00	28.1588	3.0000	25.1588	110	55.00	786,999	2,863,520	
1983/07		1.00	29.1166	3.0000	26.1166	110	55.00	810,609	2,976,820	
1984/01		1.00	27.4118	3.0000	24.4118	110	55.00	834,927	3,015,430	
1984/07		1.00	26.3297	3.0000	23.3297	110	55.00	859,975	3,073,290	
1985/01		1.00	24.4768	3.0000	21.4768	110	55.00	885,774	3,108,490	
1985/10		1.00	22.3290	3.0000	19.3290	110	67.00	912,347	3,135,000	
1986/01		1.00	20.1589	3.0000	17.1589	110	67.00	939,717	3,161,070	
1986/07		1.00	17.4563	3.0000	14.4563	110	67.00	967,909	3,155,020	
1987/01		1.00	15.4654	3.0000	12.4654	110	69.00	996,946	3,211,450	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 259942-00 - 2014/07

236.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07		1.00	13.3661	3.0000	10.3661	110	68.30	1,026,854	3,236,530	
1988/01		1.00	11.2668	3.0000	8.2668	110	74.20	1,057,660	3,262,820	
1988/07		1.00	8.8567	3.0000	5.8567	110	74.20	1,089,390	3,261,060	
1989/01		1.00	6.4466	3.0000	3.4466	110	80.34	1,122,072	3,280,310	
1989/07		1.00	4.0365	3.0000	1.0365	110	80.34	1,155,734	3,302,530	
1990/01		1.00	1.6264	1.6264		110	72.81	1,174,531	3,319,140	
1990/07		1.00	0.5899	0.5899		110	72.81	1,181,460	3,338,720	
1991/01		1.00	0.5899	0.5899		110	73.47	1,181,460	3,358,300	5
1991/07		1.00	1.4932	1.4932		110	73.47	1,188,429	3,408,460	5
1992/01		1.00	2.0117	2.0117		110	81.28	1,206,175	3,476,990	5
1992/07	23,229	1.00	1.8152	1.8152		110	81.28	1,253,669	3,540,130	5
1993/01		0.95	1.7710	1.7710		110	81.28	1,297,473	3,602,830	
1993/07		0.95	1.5329	1.5329		110	81.28	1,316,368	3,658,050	
1994/01		0.90	1.6983	1.6983		110	81.28	1,336,489	3,720,200	
1994/07		0.90	1.5991	1.5991		110	81.28	1,355,724	3,779,710	
1995/01		0.85	1.5812	1.5812		110	82.45	1,373,945	3,839,440	
1995/07		0.85	1.5250	1.5250		110	82.45	1,391,755	3,897,960	
1996/01		0.80	1.7228	1.7228		110	89.45	1,410,936	3,965,170	
1996/07	2,820,617	0.80	1.3294	1.3294		110	85.17	4,246,558	4,017,860	6
1997/01		0.75	1.4109	1.4109		110	85.17	4,246,558	4,074,510	3
1997/07		0.75	1.0917	1.0917		110	76.39	4,246,558	4,118,950	3
1998/01		0.70	1.1663	1.1663		110	76.39	4,246,558	4,167,020	3
1998/07		0.70	1.0794	1.0794		110	76.93	4,246,558	4,212,010	3
1999/01		0.65	1.4499	1.4499		110	76.93	4,273,060	4,273,060	8
1999/07		0.65	1.2299	1.2299		110	76.93	4,307,219	4,325,640	
2000/01		0.60	1.3356	1.3356		110	79.73	4,341,737	4,383,390	
2000/07		0.60	1.1129	1.1129		110	79.73	4,370,727	4,432,120	
2001/01		0.55	1.2976	1.2976		110	67.47	4,401,921	4,489,650	
2001/07		0.55	0.9615	0.9615		110	64.10	4,425,198	4,532,770	
2002/01	12,124	0.50	1.0301	1.0301		110	63.09	4,460,116	4,579,410	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 259942-00 - 2014/07

236.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		0.50	0.8337	0.8337		110	63.09	4,478,710	4,617,580	
2003/01		0.45	1.3271	1.3271		110	70.53	4,505,457	4,678,850	
2003/07	22,760	0.45	1.1664	1.1664		110	70.53	4,551,866	4,733,410	
2004/01	8,091	0.40	1.1103	1.1103		110	70.53	4,580,172	4,785,990	
2004/07		0.40	0.8378	0.8378		110	70.53	4,595,520	4,826,140	
2005/01		0.35	0.8595	0.8595		110	70.53	4,609,343	4,867,610	
2005/07		0.35	0.7364	0.7364		110	70.53	4,621,221	4,903,470	
2006/01		0.30	0.9068	0.9068		110	70.53	4,633,791	4,947,910	
2006/07		0.30	0.8133	0.8133		110	67.74	4,645,097	4,988,170	
2007/01		0.25	1.0133	1.0133		110	67.74	4,656,863	5,038,660	
2007/07		0.25	1.1050	1.1050		110	74.67	4,669,730	5,094,320	
2008/01		0.20	0.8556	0.8556		110	74.67	4,677,720	5,137,880	
2008/07		0.20	0.6104	0.6104		110	74.98	4,683,431	5,169,230	
2009/01		0.15	1.3268	1.3268		110	74.98	4,692,751	5,237,870	
2009/07		0.15	0.6841	0.6841		110	67.83	4,697,566	5,273,730	
2010/01		0.10	0.8643	0.8643		110	67.83	4,701,625	5,319,270	
2010/07		0.10	0.7107	0.7107		110	58.71	4,704,968	5,357,110	
2011/01		0.05	0.9198	0.9198		110	58.71	4,707,132	5,406,390	
2011/07		0.05	0.9028	0.9028		110	67.38	4,709,255	5,455,230	
2012/01		0.00	0.3865	0.3865		110	67.38	4,709,255	5,476,350	
2012/07		0.00	0.9417	0.9417		110	67.38	4,709,255	5,527,940	
2013/01		0.00	0.4901	0.4901		110	69.17	4,709,255	5,555,000	
2013/07	68,361	0.00	0.6196	0.6196		110	70.00	4,777,616	5,589,430	
2014/01		0.00	0.8564	0.8564		110	70.00	4,777,616	5,637,280	
2014/07		0.00	1.2383	1.2383		110	76.47	4,777,616	5,707,130	

Message Code:

- | | |
|---|---|
| 3 | Index Cost Limitation - January 1996 |
| 5 | Uncorrected Licensure Deficiency |
| 6 | Not Limited to Current Per Bed Standard |
| 8 | Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 260355-00 - 2014/07

228.30

Sarasota Memorial Nursing & Rehab Facility

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Government

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5640 RAND BLVD	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
SARASOTA, FL 34238	Days in CR 365	Maximum: 43,800	Standard: 184
County: Sarasota [58]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 38,599	Total: 184
Control: Government	Unaudited	Medicare: 10,589	Inflation
Current Class South Large	Initial CR? False	Medicaid: 16,998	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	44.03741%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	88.12557%	Cost: 1.02881379
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 07/01/1987	Low Occupancy Adjustment Factor:	112.18884%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 212547			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	595,316	1,711,597	948,185	205,506		3,460,604	
1a	Audit Adjustments							
2	Cost Per Diem	35.0227	100.6940	55.7822	12.0900		203.5889	
3	Cost Per Diem Inflated	36.0318	103.2290	57.3895				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	36.0318	103.2290	57.3895	12.0900		208.7403	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4166		55.4668				
7	Provider Target Rate	47.3837		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	36.0318	98.4475	56.6225	12.0900		203.1918	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	36.0318	98.4475	56.6225	12.0900		203.1918	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 260355-00 - 2014/07

228.30

Rate Semester 07/01/2014 through 12/31/2014

Sarasota Memorial Nursing & Rehab Facility

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:		Total Amount	Per Diem
	0.00	None	80% Capital(1): 4,667,158	12.3447
	1987/07	Type: None	20% ROE(2): 1,166,789	0.4934
	5,833,947	<60% of Base: True	Insurance Cost(3): 0	0.0000
	3,503,400	Interest Rate: 10.5000%	Taxes Cost(3): 0	0.0000
	0.9000	Chase Rate: 10.5000%	Home Office(3): 0	0.0000
	0.016670	Amortization Rate: 10.5000%	Replacement(3&4): 65,414	0.0000
		Interest Only: True	Total FRVS PD:	12.8381
		Yearly Payment: 486,627		

- (1) 80% Capital (\$4,667,158) amortized at 10.5000 % for 20 years Interest of \$486,627 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$12.3447
- (2) 20% ROE (\$1,166,789) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4934
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	36.0318	36.0318	0.6397	35.3921
Direct Care	98.4475	98.4475	1.7479	96.6996
Indirect Care	56.6225	56.6225	1.0053	55.6172
Property	12.0900	12.8381	0.2147	11.8753
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.8101
Supplemental Rate Add-on				9.9025
Totals	203.1918	203.9399	3.6076	228.2968

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 260355-00 - 2014/07

228.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	4,069,375	0.00	0.9007	0.9007		120	32.42	3,503,400	3,503,400	1
1988/01		0.10	0.9007	0.9007		120	32.42	3,505,261	3,559,440	
1988/07		0.10	0.5899	0.5899		120	32.42	3,506,480	3,557,520	
1989/01		0.20	0.5899	0.5899		120	32.42	3,508,919	3,578,520	
1989/07		0.20	0.5899	0.5899		120	32.42	3,511,360	3,602,760	
1990/01		0.30	0.5899	0.5899		120	46.53	3,516,618	3,620,880	
1990/07		0.30	0.5899	0.5899		120	46.53	3,521,884	3,642,240	
1991/01		0.40	0.5899	0.5899		120	55.43	3,530,196	3,663,600	
1991/07		0.40	1.4932	1.4932		120	55.43	3,551,282	3,718,320	
1992/01		0.50	2.0117	2.0117		120	56.21	3,587,004	3,793,080	
1992/07		0.50	1.8152	1.8152		120	56.21	3,619,560	3,861,960	
1993/01		0.60	1.7710	1.7710		120	58.95	3,658,021	3,930,360	
1993/07		0.60	1.5329	1.5329		120	58.95	3,691,664	3,990,600	
1994/01		0.70	1.6983	1.6983		120	65.98	3,735,551	4,058,400	
1994/07		0.70	1.5991	1.5991		120	65.98	3,777,367	4,123,320	
1995/01		0.80	1.5812	1.5812		120	64.10	3,825,151	4,188,480	
1995/07		0.80	1.5250	1.5250		120	64.10	3,871,818	4,252,320	
1996/01		0.90	1.7228	1.7228		120	62.50	3,931,851	4,325,640	
1996/07		0.90	1.3294	1.3294		120	62.50	3,978,896	4,383,120	
1997/01		1.00	1.4109	1.4109		120	62.50	4,035,034	4,444,920	
1997/07		1.00	1.0917	1.0917		120	71.70	4,079,084	4,493,400	
1998/01		1.00	1.1663	1.1663		120	74.68	4,126,658	4,545,840	
1998/07		1.00	1.0794	1.0794		120	72.59	4,171,201	4,594,920	
1999/01	49,250	1.00	1.4499	1.4499		120	72.59	4,280,929	4,661,520	
1999/07		1.00	1.2299	1.2299		120	68.02	4,333,580	4,718,880	
2000/01		1.00	1.3356	1.3356		120	68.02	4,333,580	4,781,880	5
2000/07		1.00	1.1129	1.1129		120	68.02	4,440,332	4,835,040	
2001/01		1.00	1.2976	1.2976		120	63.55	4,497,950	4,897,800	
2001/07		1.00	0.9615	0.9615		120	62.99	4,541,198	4,944,840	
2002/01		1.00	1.0301	1.0301		120	63.53	4,587,977	4,995,720	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 260355-00 - 2014/07

228.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	63.53	4,626,227	5,037,360	
2003/01		1.00	1.3271	1.3271		120	63.53	4,687,622	5,104,200	
2003/07	52,751	1.00	1.1664	1.1664		120	65.51	4,795,049	5,163,720	
2004/01		1.00	1.1103	1.1103		120	65.51	4,848,288	5,221,080	
2004/07	35,510	1.00	0.8378	0.8378		120	63.11	4,924,417	5,264,880	
2005/01		1.00	0.8595	0.8595		120	63.11	4,966,742	5,310,120	
2005/07	38,754	1.00	0.7364	0.7364		120	60.25	5,042,071	5,349,240	
2006/01		1.00	0.9068	0.9068		120	60.25	5,087,792	5,397,720	
2006/07		1.00	0.8133	0.8133		120	53.38	5,127,952	5,441,640	
2007/01		1.00	1.0133	1.0133		120	53.38	5,178,383	5,496,720	
2007/07	64,900	1.00	1.1050	1.1050		120	48.26	5,293,492	5,557,440	
2008/01		0.95	0.8556	0.8556		120	48.26	5,331,245	5,604,960	
2008/07		0.95	0.6104	0.6104		120	41.45	5,354,544	5,639,160	
2009/01		0.90	1.3268	1.3268		120	41.45	5,402,730	5,714,040	
2009/07		0.90	0.6841	0.6841		120	40.10	5,426,983	5,753,160	
2010/01		0.85	0.8643	0.8643		120	40.10	5,456,053	5,802,840	
2010/07		0.85	0.7107	0.7107		120	35.58	5,477,375	5,844,120	
2011/01		0.80	0.9198	0.9198		120	35.58	5,503,447	5,897,880	
2011/07	39,806	0.80	0.9028	0.9028		120	42.39	5,573,886	5,951,160	
2012/01		0.75	0.3865	0.3865		120	42.39	5,586,340	5,974,200	
2012/07	83,793	0.75	0.9417	0.9417		120	45.46	5,702,745	6,030,480	
2013/01		0.70	0.4901	0.4901		120	45.46	5,718,917	6,060,000	
2013/07		0.70	0.6196	0.6196		120	48.92	5,740,978	6,097,560	
2014/01		0.65	0.8564	0.8564		120	48.92	5,769,405	6,149,760	
2014/07	27,358	0.65	1.2383	1.2383		120	44.04	5,833,947	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 260371-00 - 2014/07

240.23

Bridgeview Center, LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
350 S RIDGEWOOD AVENUE	1/1/2013-12/31/2013	Number of Beds: 139	Superior: 0
ORMOND BEACH, FL 32174	Days in CR 365	Maximum: 50,735	Standard: 184
County: Volusia [64]	First Used : 2014/07	Max Annualized: 50,735	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 38,576	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 2,786	Inflation
Current Class North Large	Initial CR? False	Medicaid: 32,741	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	84.87401%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	76.03430%	Cost: 1.02471376
Open Date: 02/01/1982	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 02/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 02/01/1982	Low Occupancy Adjustment Factor:	96.79597%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 206539			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,559,920	2,824,779	1,775,691	1,186,861		7,347,251	
1a	Audit Adjustments							
2	Cost Per Diem	47.6442	86.2765	54.2345	36.2500		224.4052	
3	Cost Per Diem Inflated	48.8217	88.1938	55.5748				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.8217	88.1938	55.5748	36.2500		228.8403	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1858		56.9939				
7	Provider Target Rate	45.1065		58.1814				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.1065	88.1938	55.5748	13.6500		202.5251	
12/13	Medical Adjustment Rate		3.4601	2.1804				
14	Prospective Per Diem 11	45.1065	91.6539	57.7552	13.6500		208.1656	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 260371-00 - 2014/07

240.23

Rate Semester 07/01/2014 through 12/31/2014

Bridgeview Center, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/24/1996	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,604,537.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,794,083	9.2090
RS to Start Calcs:	1982/01	<60% of Base:	False	20% ROE(2):	1,198,521	0.4921
Indexed Asset Value	5,992,604	Interest Rate:	7.1087%	Insurance Cost(3):	65,907	1.7085
FRVS Base Asset:	3,114,685	Chase Rate:	4.2500%	Taxes Cost(3):	37,531	0.9729
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	54,811	1.4209
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	257,835	0.0000
		Yearly Payment:	420,496	Total FRVS PD:		13.8034

- (1) 80% Capital (\$4,794,083) amortized at 6.2500 % for 20 years Principal & Interest of \$420,496 divided by annual available days (50735) divided by Occup. Adj. (0.900) = \$9.2090
- (2) 20% ROE (\$1,198,521) times the ROE factor (0.018750) divided by annual available days (50735) divided by Occup. Adj. (0.900) = \$0.4921
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 143	Effective PBS Limitation	4,075,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.1065	45.1065	0.8009	44.3056
Direct Care	91.6539	91.6539	1.6273	90.0266
Indirect Care	57.7552	57.7552	1.0254	56.7298
Property	13.6500	13.8034	0.2451	13.5583
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.7051
Supplemental Rate Add-on				9.9025
Totals	208.1656	208.3190	3.6987	240.2279

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260371-00 - 2014/07

240.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	2,992,656	0.00	2.6760	2.6760		143	48.83	2,992,656	3,545,828	
1982/07		0.10	2.2977	2.2977		143	48.83	2,998,762	3,627,195	
1983/04	29,074	0.10	2.6288	2.6288		143	48.83	3,034,835	3,722,576	
1983/07		0.20	3.9578	3.0000	0.9578	143	48.83	3,051,001	3,869,866	
1984/01	13,178	0.20	2.2530	2.2530		143	55.89	3,077,927	3,920,059	
1984/07		0.30	1.9179	1.9179		140	51.93	3,094,649	3,911,460	
1985/01		0.30	1.1471	1.1471		140	48.83	3,104,103	3,956,260	
1985/10		0.40	0.8522	0.8522		140	55.89	3,114,685	3,990,000	
1986/01		0.40	0.8299	0.8299		140	55.89	3,125,026	4,023,180	
1986/07		0.50	0.2974	0.2974		143	55.89	3,129,673	4,101,526	
1987/01		0.50	1.0091	1.0091		143	55.89	3,145,465	4,174,885	
1987/07		0.60	0.9007	0.9007		143	62.40	3,162,463	4,207,489	
1988/01		0.60	0.9007	0.9007		143	62.40	3,179,553	4,241,666	
1988/07		0.70	0.5899	0.5899		143	67.09	3,192,681	4,239,378	
1989/01		0.70	0.5899	0.5899		143	67.09	3,205,864	4,264,403	
1989/07		0.80	0.5899	0.5899		143	76.81	3,220,992	4,293,289	
1990/01		0.80	0.5899	0.5899		143	76.81	3,236,192	4,314,882	
1990/07	283,682	0.90	0.5899	0.5899		143	64.83	3,537,055	4,340,336	
1991/01		0.90	0.5899	0.5899		143	64.83	3,555,833	4,365,790	
1991/07		1.00	1.4932	1.4932		143	75.62	3,608,929	4,430,998	
1992/01		1.00	2.0117	2.0117		143	75.62	3,681,530	4,520,087	
1992/07		1.00	1.8152	1.8152		143	77.47	3,748,357	4,602,169	
1993/01		1.00	1.7710	1.7710		143	77.47	3,814,740	4,683,679	
1993/07		1.00	1.5329	1.5329		143	82.08	3,873,216	4,755,465	
1994/01		1.00	1.6983	1.6983		143	82.08	3,938,995	4,836,260	
1994/07		1.00	1.5991	1.5991		143	83.56	4,001,983	4,913,623	
1995/01		1.00	1.5812	1.5812		143	83.56	4,065,262	4,991,272	
1995/07		1.00	1.5250	1.5250		143	80.89	4,127,257	5,067,348	
1996/01		1.00	1.7228	1.7228		143	80.89	4,198,361	5,154,721	
1996/07		1.00	1.3294	1.3294		143	79.28	4,254,174	5,223,218	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260371-00 - 2014/07

240.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		143	79.28	4,314,196	5,296,863	
1997/07		1.00	1.0917	1.0917		143	77.17	4,361,294	5,354,635	
1998/01		1.00	1.1663	1.1663		143	77.17	4,412,160	5,417,126	
1998/07		1.00	1.0794	1.0794		143	73.84	4,459,785	5,475,613	
1999/01		1.00	1.4499	1.4499		143	73.84	4,524,447	5,554,978	
1999/07	19,123	1.00	1.2299	1.2299		143	79.74	4,599,216	5,623,332	
2000/01		1.00	1.3356	1.3356		143	79.74	4,660,643	5,698,407	
2000/07	21,047	1.00	1.1129	1.1129		143	81.86	4,733,558	5,761,756	
2001/01		1.00	1.2976	1.2976		143	81.86	4,794,981	5,836,545	
2001/07		1.00	0.9615	0.9615		143	78.47	4,841,085	5,892,601	
2002/01	32,552	1.00	1.0301	1.0301		143	80.84	4,923,505	5,953,233	
2002/07		0.95	0.8337	0.8337		143	80.84	4,962,499	6,002,854	
2003/01		0.95	1.3271	1.3271		143	80.47	5,025,061	6,082,505	
2003/07	9,512	0.90	1.1664	1.1664		143	80.47	5,087,326	6,153,433	
2004/01	21,640	0.90	1.1103	1.1103		143	80.47	5,159,804	6,221,787	
2004/07		0.85	0.8378	0.8378		143	80.47	5,196,547	6,273,982	
2005/01		0.85	0.8595	0.8595		143	80.47	5,234,513	6,327,893	
2005/07		0.80	0.7364	0.7364		143	80.47	5,265,350	6,374,511	
2006/01		0.80	0.9068	0.9068		139	80.14	5,303,545	6,252,359	
2006/07		0.75	0.8133	0.8133		139	80.14	5,335,897	6,303,233	
2007/01	22,700	0.75	1.0133	1.0133		139	84.11	5,399,150	6,367,034	
2007/07		0.70	1.1050	1.1050		139	84.11	5,440,912	6,437,368	
2008/01		0.70	0.8556	0.8556		139	81.09	5,473,498	6,492,412	
2008/07		0.65	0.6104	0.6104		139	77.77	5,495,217	6,532,027	
2009/01		0.65	1.3268	1.3268		139	77.77	5,542,608	6,618,763	
2009/07		0.60	0.6841	0.6841		139	77.77	5,565,360	6,664,077	
2010/01	34,711	0.60	0.8643	0.8643		139	81.19	5,628,933	6,721,623	
2010/07		0.55	0.7107	0.7107		139	81.72	5,650,936	6,769,439	
2011/01		0.55	0.9198	0.9198		139	81.72	5,679,524	6,831,711	
2011/07		0.50	0.9028	0.9028		139	81.72	5,705,161	6,893,427	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260371-00 - 2014/07

240.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01	56,919	0.50	0.3865	0.3865		139	77.31	5,773,108	6,920,115	
2012/07		0.45	0.9417	0.9417		139	77.31	5,797,574	6,985,306	
2013/01	52,976	0.45	0.4901	0.4901		139	85.62	5,863,334	7,019,500	
2013/07		0.40	0.6196	0.6196		139	85.62	5,877,863	7,063,007	
2014/01	42,891	0.40	0.8564	0.8564		139	86.58	5,940,892	7,123,472	
2014/07	25,964	0.35	1.2383	1.2383		139	84.87	5,992,604	7,211,737	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014

ID: 260371123120130101201304232014151219



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 260444-00 - 2014/07

233.14

Bayview Center, LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
301 S BAY ST	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
EUSTIS, FL 32726	Days in CR 365	Maximum: 43,800	Standard: 184
County: Lake [35]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 36,648	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 3,153	Inflation
Current Class North Large	Initial CR? False	Medicaid: 30,058	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	82.01812%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	83.67123%	Cost: 1.02471376
Open Date: 02/01/1983	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 02/01/1983	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 02/01/1983	Low Occupancy Adjustment Factor:	106.51822%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 207209			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,379,708	2,437,680	1,560,096	1,005,440		6,382,924
1a	Audit Adjustments						
2	Cost Per Diem	45.9015	81.0992	51.9029	33.4500		212.3536
3	Cost Per Diem Inflated	47.0359	82.9014	53.1856			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.0359	82.9014	53.1856	33.4500		216.5729
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.3647		58.1182			
7	Provider Target Rate	54.4766		59.3291			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500		
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527			
10	Target Rate Class Ceiling	50.8465		60.1169			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.0359	82.9014	53.1856	13.6500		196.7729
12/13	Medical Adjustment Rate		2.9861	1.9158			
14	Prospective Per Diem 11	47.0359	85.8875	55.1014	13.6500		201.6748
15	Inflated Usual & Customary Charge						0.00

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



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 260444-00 - 2014/07

233.14

Rate Semester 07/01/2014 through 12/31/2014

Bayview Center, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1991	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,526,316.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,085,430 9.0903
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	1,021,357 0.4858
Indexed Asset Value	5,106,787	Interest Rate:	7.1087%	Insurance Cost(3):	59,439 1.6219
FRVS Base Asset:	2,863,939	Chase Rate:	4.2500%	Taxes Cost(3):	50,944 1.3901
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	52,139 1.4227
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	71,000 0.0000
		Yearly Payment:	358,339	Total FRVS PD:	14.0108

- (1) 80% Capital (\$4,085,430) amortized at 6.2500 % for 20 years Principal & Interest of \$358,339 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.0903
- (2) 20% ROE (\$1,021,357) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4858
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.0359	47.0359	0.8351	46.2008
Direct Care	85.8875	85.8875	1.5249	84.3626
Indirect Care	55.1014	55.1014	0.9783	54.1231
Property	13.6500	14.0108	0.2488	13.7620
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.7909
Supplemental Rate Add-on				9.9025
Totals	201.6748	202.0356	3.5871	233.1419

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260444-00 - 2014/07

233.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	2,824,351	0.00	2.6288	2.6288		120	61.65	2,824,351	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	61.65	2,832,824	3,247,440	
1984/01		0.10	2.2530	2.2530		120	65.18	2,839,206	3,289,560	
1984/07		0.20	1.9179	1.9179		120	61.65	2,850,097	3,352,680	
1985/01		0.20	1.1471	1.1471		120	61.65	2,856,635	3,391,080	
1985/10		0.30	0.8522	0.8522		120	65.23	2,863,939	3,420,000	
1986/01		0.30	0.8299	0.8299		120	65.23	2,871,070	3,448,440	
1986/07		0.40	0.2974	0.2974		120	100.00	2,874,487	3,441,840	
1987/01		0.40	1.0091	1.0091		120	100.00	2,886,088	3,503,400	
1987/07		0.50	0.9007	0.9007		120	100.00	2,899,087	3,530,760	
1988/01		0.50	0.9007	0.9007		120	100.00	2,912,144	3,559,440	
1988/07		0.60	0.5899	0.5899		120	78.29	2,922,450	3,557,520	
1989/01		0.60	0.5899	0.5899		120	78.29	2,932,793	3,578,520	
1989/07		0.70	0.5899	0.5899		120	77.97	2,932,793	3,602,760	5
1990/01		0.70	0.5899	0.5899		120	77.97	2,944,903	3,620,880	5
1990/07		0.80	0.5899	0.5899		120	75.12	2,957,063	3,642,240	5
1991/01		0.80	0.5899	0.5899		120	75.12	2,985,037	3,663,600	
1991/07		0.90	1.4932	1.4932		120	74.57	3,025,153	3,718,320	
1992/01		0.90	2.0117	2.0117		120	74.57	3,079,923	3,793,080	
1992/07		1.00	1.8152	1.8152		120	62.44	3,135,830	3,861,960	
1993/01		1.00	1.7710	1.7710		120	62.44	3,191,366	3,930,360	
1993/07		1.00	1.5329	1.5329		120	62.57	3,240,286	3,990,600	
1994/01		1.00	1.6983	1.6983		120	62.57	3,295,316	4,058,400	
1994/07		1.00	1.5991	1.5991		120	65.25	3,348,011	4,123,320	
1995/01		1.00	1.5812	1.5812		120	65.25	3,400,950	4,188,480	
1995/07		1.00	1.5250	1.5250		120	61.29	3,452,814	4,252,320	
1996/01		1.00	1.7228	1.7228		120	61.29	3,512,299	4,325,640	
1996/07	18,291	1.00	1.3294	1.3294		120	58.01	3,577,283	4,383,120	
1997/01		1.00	1.4109	1.4109		120	58.01	3,627,755	4,444,920	
1997/07		1.00	1.0917	1.0917		120	64.68	3,667,359	4,493,400	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260444-00 - 2014/07

233.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	64.68	3,710,131	4,545,840	
1998/07	14,250	1.00	1.0794	1.0794		120	65.17	3,764,428	4,594,920	
1999/01		1.00	1.4499	1.4499		120	65.17	3,819,008	4,661,520	
1999/07		1.00	1.2299	1.2299		120	70.12	3,865,978	4,718,880	
2000/01		1.00	1.3356	1.3356		120	70.12	3,917,612	4,781,880	
2000/07		1.00	1.1129	1.1129		120	67.25	3,961,211	4,835,040	
2001/01		1.00	1.2976	1.2976		120	67.25	4,012,612	4,897,800	
2001/07		1.00	0.9615	0.9615		120	72.28	4,051,193	4,944,840	
2002/01	31,697	1.00	1.0301	1.0301		120	73.79	4,124,621	4,995,720	
2002/07		1.00	0.8337	0.8337		120	73.79	4,159,008	5,037,360	
2003/01		1.00	1.3271	1.3271		120	82.67	4,159,008	5,104,200	5
2003/07		0.95	1.1664	1.1664		120	82.67	4,260,900	5,163,720	
2004/01		0.95	1.1103	1.1103		120	82.67	4,305,844	5,221,080	
2004/07		0.90	0.8378	0.8378		120	82.67	4,338,310	5,264,880	
2005/01		0.90	0.8595	0.8595		120	82.67	4,371,871	5,310,120	
2005/07		0.85	0.7364	0.7364		120	82.67	4,399,235	5,349,240	
2006/01		0.85	0.9068	0.9068		120	77.51	4,433,144	5,397,720	
2006/07	37,351	0.80	0.8133	0.8133		120	82.13	4,499,337	5,441,640	
2007/01		0.80	1.0133	1.0133		120	82.13	4,535,809	5,496,720	
2007/07		0.75	1.1050	1.1050		120	82.13	4,573,402	5,557,440	
2008/01		0.75	0.8556	0.8556		120	72.91	4,602,750	5,604,960	
2008/07		0.70	0.6104	0.6104		120	72.91	4,622,418	5,639,160	
2009/01		0.70	1.3268	1.3268		120	70.14	4,665,351	5,714,040	
2009/07		0.65	0.6841	0.6841		120	70.14	4,686,098	5,753,160	
2010/01	30,705	0.65	0.8643	0.8643		120	74.16	4,743,129	5,802,840	
2010/07		0.60	0.7107	0.7107		120	74.16	4,763,354	5,844,120	
2011/01		0.60	0.9198	0.9198		120	74.70	4,789,643	5,897,880	
2011/07		0.55	0.9028	0.9028		120	74.70	4,813,424	5,951,160	
2012/01	32,028	0.55	0.3865	0.3865		120	73.13	4,855,685	5,974,200	
2012/07		0.50	0.9417	0.9417		120	73.13	4,878,550	6,030,480	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260444-00 - 2014/07

233.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01	61,130	0.50	0.4901	0.4901		120	77.30	4,951,637	6,060,000	
2013/07		0.45	0.6196	0.6196		120	77.30	4,965,442	6,097,560	
2014/01	38,802	0.45	0.8564	0.8564		120	78.82	5,023,381	6,149,760	
2014/07	58,525	0.40	1.2383	1.2383		120	82.02	5,106,787	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 260444123120130101201304232014154209



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 260452-00 - 2014/07

234.63

Ruleme Center, LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2810 RULEME ST	1/1/2013-12/31/2013	Number of Beds: 138	Superior: 0
EUSTIS, FL 32726	Days in CR 365	Maximum: 50,370	Standard: 184
County: Lake [35]	First Used : 2014/07	Max Annualized: 50,370	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 43,836	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 9,340	Inflation
Current Class North Large	Initial CR? False	Medicaid: 30,229	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	68.95930%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	87.02799%	Cost: 1.02471376
Open Date: 05/01/1981	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/01/1981	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 05/01/1981	Low Occupancy Adjustment Factor:	110.79156%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 213241			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,313,724	2,603,107	1,740,957	572,235		6,230,023	
1a	Audit Adjustments							
2	Cost Per Diem	43.4591	86.1129	57.5923	18.9300		206.0943	
3	Cost Per Diem Inflated	44.5331	88.0265	59.0156				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.5331	88.0265	59.0156	18.9300		210.5052	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.8136		63.9760				
7	Provider Target Rate	49.8307		65.3090				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.5331	88.0265	59.0156	13.6500		205.2252	
12/13	Medical Adjustment Rate		1.8775	1.2588				
14	Prospective Per Diem 11	44.5331	89.9040	60.2744	13.6500		208.3615	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 260452-00 - 2014/07

234.63

Rate Semester 07/01/2014 through 12/31/2014

Ruleme Center, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/01/2011	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	889,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,396,680	8.0897
RS to Start Calcs:	1981/01	<60% of Base:	False	20% ROE(2):	849,170	0.3512
Indexed Asset Value	4,245,850	Interest Rate:	9.0000%	Insurance Cost(3):	68,355	1.5593
FRVS Base Asset:	1,464,155	Chase Rate:	13.0000%	Taxes Cost(3):	59,453	1.3563
Occup Adj Factor	0.9000	Amortization Rate:	9.0000%	Home Office(3):	63,912	1.4580
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	59,813	0.0000
		Yearly Payment:	366,730	Total FRVS PD:		12.8145

- (1) 80% Capital (\$3,396,680) amortized at 9.0000 % for 20 years Principal & Interest of \$366,730 divided by annual available days (50370) divided by Occup. Adj. (0.900) = \$8.0897
- (2) 20% ROE (\$849,170) times the ROE factor (0.018750) divided by annual available days (50370) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	135	Effective PBS Limitation	3,847,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.5331	44.5331	0.7907	43.7424
Direct Care	89.9040	89.9040	1.5963	88.3077
Indirect Care	60.2744	60.2744	1.0702	59.2042
Property	13.6500	12.8145	0.2275	12.5870
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.8826
Supplemental Rate Add-on				9.9025
Totals	208.3615	207.5260	3.6847	234.6264

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260452-00 - 2014/07

234.63

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/01	1,348,303	0.00	3.8241	3.0000	0.8241	135	41.46	1,348,303	3,177,900	
1981/07		0.10	3.4129	3.0000	0.4129	135	41.46	1,351,352	3,260,115	
1982/01	52,585	0.10	3.0888	3.0000	0.0888	135	44.60	1,407,224	3,347,460	
1982/07	7,475	0.20	2.3865	2.3865		135	44.60	1,420,146	3,424,275	
1983/04	1,219	0.20	2.6288	2.6288		135	41.70	1,427,026	3,514,320	
1983/07	1,177	0.30	3.9578	3.0000	0.9578	135	41.70	1,437,941	3,653,370	
1984/01		0.30	2.2530	2.2530		135	39.37	1,444,898	3,700,755	
1984/07	1,815	0.40	1.9179	1.9179		135	39.37	1,454,648	3,771,765	
1985/01		0.40	1.1471	1.1471		135	41.70	1,459,708	3,814,965	
1985/10		0.50	0.8522	0.8522		135	39.32	1,464,155	3,847,500	
1986/01	285,000	0.50	0.8299	0.8299		135	39.32	1,753,499	3,879,495	
1986/07		0.60	0.2974	0.2974		135	37.52	1,755,633	3,872,070	
1987/01		0.60	1.0091	1.0091		135	43.94	1,764,126	3,941,325	
1987/07		0.70	0.9007	0.9007		135	43.94	1,773,012	3,972,105	
1988/01		0.70	0.9007	0.9007		135	44.78	1,782,114	4,004,370	
1988/07		0.80	0.5899	0.5899		135	44.78	1,788,961	4,002,210	
1989/01		0.80	0.5899	0.5899		135	42.31	1,795,455	4,025,835	
1989/07		0.90	0.5899	0.5899		135	42.31	1,802,788	4,053,105	
1990/01		0.90	0.5899	0.5899		135	44.64	1,810,556	4,073,490	
1990/07		1.00	0.5899	0.5899		135	44.64	1,819,225	4,097,520	
1991/01		1.00	0.5899	0.5899		135	54.48	1,829,855	4,121,550	
1991/07		1.00	1.4932	1.4932		135	54.48	1,856,920	4,183,110	
1992/01		1.00	2.0117	2.0117		135	54.56	1,893,977	4,267,215	
1992/07		1.00	1.8152	1.8152		135	54.56	1,928,081	4,344,705	
1993/01		1.00	1.7710	1.7710		135	57.95	1,962,227	4,421,655	
1993/07		1.00	1.5329	1.5329		135	57.95	1,992,306	4,489,425	
1994/01		1.00	1.6983	1.6983		135	57.31	2,026,141	4,565,700	
1994/07		1.00	1.5991	1.5991		135	57.31	2,058,541	4,638,735	
1995/01		1.00	1.5812	1.5812		135	62.20	2,091,091	4,712,040	
1995/07		1.00	1.5250	1.5250		138	62.20	2,122,980	4,890,168	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260452-00 - 2014/07

234.63

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01		1.00	1.7228	1.7228		138	62.20	2,159,555	4,974,486	
1996/07	59,105	1.00	1.3294	1.3294		138	58.10	2,247,369	5,040,588	
1997/01		1.00	1.4109	1.4109		138	58.10	2,279,077	5,111,658	
1997/07		1.00	1.0917	1.0917		138	58.10	2,303,958	5,167,410	
1998/01		1.00	1.1663	1.1663		138	58.10	2,330,829	5,227,716	
1998/07		1.00	1.0794	1.0794		138	58.10	2,355,988	5,284,158	
1999/01		1.00	1.4499	1.4499		138	61.03	2,390,147	5,360,748	
1999/07		1.00	1.2299	1.2299		138	61.03	2,419,543	5,426,712	
2000/01	770,704	1.00	1.3356	1.3356		138	59.36	3,222,562	5,499,162	
2000/07		1.00	1.1129	1.1129		138	59.36	3,258,426	5,560,296	
2001/01	35,958	1.00	1.2976	1.2976		138	59.36	3,336,665	5,632,470	
2001/07		0.95	0.9615	0.9615		138	59.36	3,367,142	5,686,566	
2002/01	27,936	0.95	1.0301	1.0301		138	63.65	3,428,029	5,745,078	
2002/07		0.90	0.8337	0.8337		138	63.65	3,453,750	5,792,964	
2003/01	32,712	0.90	1.3271	1.3271		138	65.60	3,527,714	5,869,830	
2003/07		0.85	1.1664	1.1664		138	65.60	3,562,688	5,938,278	
2004/01		0.85	1.1103	1.1103		138	65.60	3,596,313	6,004,242	
2004/07		0.80	0.8378	0.8378		138	65.60	3,620,415	6,054,612	
2005/01		0.80	0.8595	0.8595		138	65.60	3,645,309	6,106,638	
2005/07		0.75	0.7364	0.7364		138	65.60	3,665,442	6,151,626	
2006/01	26,954	0.75	0.9068	0.9068		138	58.94	3,717,325	6,207,378	
2006/07	24,260	0.70	0.8133	0.8133		138	66.81	3,762,748	6,257,886	
2007/01		0.70	1.0133	1.0133		138	66.81	3,789,437	6,321,228	
2007/07		0.65	1.1050	1.1050		138	59.97	3,816,657	6,391,056	
2008/01		0.65	0.8556	0.8556		138	59.97	3,837,881	6,445,704	
2008/07		0.60	0.6104	0.6104		138	61.18	3,851,935	6,485,034	
2009/01		0.60	1.3268	1.3268		138	61.18	3,882,600	6,571,146	
2009/07		0.55	0.6841	0.6841		138	61.18	3,897,210	6,616,134	
2010/01	28,757	0.55	0.8643	0.8643		138	61.54	3,944,494	6,673,266	
2010/07		0.50	0.7107	0.7107		138	61.54	3,958,513	6,720,738	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260452-00 - 2014/07

234.63

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		0.50	0.9198	0.9198		138	59.26	3,976,718	6,782,562	
2011/07		0.45	0.9028	0.9028		138	59.26	3,992,875	6,843,834	
2012/01	66,996	0.45	0.3865	0.3865		138	61.42	4,066,815	6,870,330	
2012/07		0.40	0.9417	0.9417		138	61.42	4,082,135	6,935,052	
2013/01	68,093	0.40	0.4901	0.4901		138	57.34	4,158,229	6,969,000	
2013/07		0.35	0.6196	0.6196		138	57.34	4,167,248	7,012,194	
2014/01	50,398	0.35	0.8564	0.8564		138	60.67	4,230,135	7,072,224	
2014/07		0.30	1.2383	1.2383		138	68.96	4,245,850	7,159,854	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014

ID: 260452123120130101201304232014154600



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 260568-00 - 2014/07

222.32

Tierra Pines Center, LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7380 ULMERTON RD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 184
LARGO, FL 33771	Days in CR 365	Maximum: 43,800	Standard: 0
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 41,254	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 4,366	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 33,267	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	80.63945%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	94.18721%	Cost: 1.02471376
Open Date: 09/01/1979	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/01/1979	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 11/01/1981	Low Occupancy Adjustment Factor:	119.90565%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 213306			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,425,180	2,692,324	1,599,510	1,005,661		6,722,675	
1a	Audit Adjustments							
2	Cost Per Diem	42.8407	80.9308	48.0810	30.2300		202.0825	
3	Cost Per Diem Inflated	43.8995	82.7293	49.2693				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.8995	82.7293	49.2693	30.2300		206.1281	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.5731		56.8784				
7	Provider Target Rate	52.6477		58.0635				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.8995	82.7293	49.2693	13.6500		189.5481	
12/13	Medical Adjustment Rate		2.8516	1.6983				
14	Prospective Per Diem 11	43.8995	85.5809	50.9676	13.6500		194.0980	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 260568-00 - 2014/07

222.32

Rate Semester 07/01/2014 through 12/31/2014

Tierra Pines Center, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/24/1996	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,595,285.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,821,285 6.2775
RS to Start Calcs:	1979/07	<60% of Base:	False	20% ROE(2):	705,321 0.3355
Indexed Asset Value	3,526,606	Interest Rate:	7.1087%	Insurance Cost(3):	56,900 1.3793
FRVS Base Asset:	1,907,752	Chase Rate:	4.2500%	Taxes Cost(3):	45,817 1.1106
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	53,878 1.3060
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	764,343 0.0000
		Yearly Payment:	247,459	Total FRVS PD:	10.4089

- (1) 80% Capital (\$2,821,285) amortized at 6.2500 % for 20 years Principal & Interest of \$247,459 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$6.2775
- (2) 20% ROE (\$705,321) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3355
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.8995	43.8995	0.7794	43.1201
Direct Care	85.5809	85.5809	1.5195	84.0614
Indirect Care	50.9676	50.9676	0.9049	50.0627
Property	13.6500	10.4089	0.1848	10.2241
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.9523
Supplemental Rate Add-on				9.9025
Totals	194.0980	190.8569	3.3886	222.3231

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260568-00 - 2014/07

222.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/07	139,500	0.00	4.1982	3.0000	1.1982	120	100.00	139,500	2,468,640	
1980/01		0.10	7.3640	3.0000	4.3640	120		139,500	2,620,920	
1980/07		0.10	8.1746	3.0000	5.1746	120		139,500	2,720,760	
1981/01		0.20	8.9986	3.0000	5.9986	120		139,500	2,824,800	
1981/07	1,510,920	0.20	8.5874	3.0000	5.5874	120	55.00	1,651,257	2,897,880	
1982/01	17,072	0.30	8.2634	3.0000	5.2634	120	55.00	1,683,190	2,975,520	
1982/07		0.30	7.5611	3.0000	4.5611	120	55.00	1,698,339	3,043,800	
1983/04		0.40	7.1899	3.0000	4.1899	120	64.88	1,718,719	3,123,840	
1983/07		0.40	8.1477	3.0000	5.1477	120	64.88	1,739,344	3,247,440	
1984/01		0.50	6.4429	3.0000	3.4429	120	55.38	1,765,434	3,289,560	
1984/07		0.50	5.3608	3.0000	2.3608	120	55.38	1,791,916	3,352,680	
1985/01	70,812	0.60	3.5079	3.0000	0.5079	120	51.91	1,893,170	3,391,080	
1985/10		0.60	1.3601	1.3601		120	51.91	1,907,752	3,420,000	
1986/01		0.70	0.8299	0.8299		120	51.91	1,918,212	3,448,440	
1986/07		0.70	0.2974	0.2974		120	69.21	1,922,206	3,441,840	
1987/01		0.80	1.0091	1.0091		120	69.21	1,937,724	3,503,400	
1987/07		0.80	0.9007	0.9007		120	69.21	1,951,687	3,530,760	
1988/01		0.90	0.9007	0.9007		120	69.21	1,967,507	3,559,440	
1988/07		0.90	0.5899	0.5899		120	69.21	1,977,952	3,557,520	
1989/01		1.00	0.5899	0.5899		120	69.21	1,989,620	3,578,520	
1989/07	15,286	1.00	0.5899	0.5899		120	74.72	2,016,643	3,602,760	
1990/01		1.00	0.5899	0.5899		120	74.72	2,028,539	3,620,880	
1990/07		1.00	0.5899	0.5899		120	67.50	2,040,505	3,642,240	
1991/01		1.00	0.5899	0.5899		120	67.50	2,052,542	3,663,600	
1991/07		1.00	1.4932	1.4932		120	78.24	2,052,542	3,718,320	5
1992/01		1.00	2.0117	2.0117		120	78.24	2,125,099	3,793,080	
1992/07		1.00	1.8152	1.8152		120	76.11	2,163,674	3,861,960	
1993/01		1.00	1.7710	1.7710		120	76.11	2,201,993	3,930,360	
1993/07		1.00	1.5329	1.5329		120	76.60	2,201,993	3,990,600	5
1994/01		1.00	1.6983	1.6983		120	76.60	2,235,747	4,058,400	5



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260568-00 - 2014/07

222.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07		1.00	1.5991	1.5991		120	79.32	2,310,076	4,123,320	
1995/01		1.00	1.5812	1.5812		120	79.32	2,346,603	4,188,480	
1995/07		1.00	1.5250	1.5250		120	77.02	2,382,389	4,252,320	
1996/01		1.00	1.7228	1.7228		120	77.02	2,382,389	4,325,640	5
1996/07	40,499	1.00	1.3294	1.3294		120	71.16	2,463,932	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	71.16	2,496,149	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	71.16	2,559,002	4,493,400	
1998/01		1.00	1.1663	1.1663		120	71.16	2,588,848	4,545,840	
1998/07		1.00	1.0794	1.0794		120	71.16	2,616,792	4,594,920	
1999/01		1.00	1.4499	1.4499		120	73.14	2,654,733	4,661,520	
1999/07		1.00	1.2299	1.2299		120	73.14	2,687,384	4,718,880	
2000/01		0.95	1.3356	1.3356		120	72.99	2,721,482	4,781,880	
2000/07		0.95	1.1129	1.1129		120	72.99	2,750,256	4,835,040	
2001/01	54,253	0.90	1.2976	1.2976		120	73.24	2,836,626	4,897,800	
2001/07		0.90	0.9615	0.9615		120	75.83	2,861,174	4,944,840	
2002/01	44,533	0.85	1.0301	1.0301		120	76.11	2,930,759	4,995,720	
2002/07		0.85	0.8337	0.8337		120	76.11	2,951,526	5,037,360	
2003/01		0.80	1.3271	1.3271		120	83.97	2,982,862	5,104,200	
2003/07		0.80	1.1664	1.1664		120	83.97	3,010,695	5,163,720	
2004/01		0.75	1.1103	1.1103		120	83.97	3,035,765	5,221,080	
2004/07		0.75	0.8378	0.8378		120	83.97	3,054,842	5,264,880	
2005/01		0.70	0.8595	0.8595		120	83.97	3,073,223	5,310,120	
2005/07		0.70	0.7364	0.7364		120	83.97	3,089,065	5,349,240	
2006/01		0.65	0.9068	0.9068		120	83.97	3,107,272	5,397,720	
2006/07		0.65	0.8133	0.8133		120	83.97	3,123,697	5,441,640	
2007/01		0.60	1.0133	1.0133		120	85.07	3,142,689	5,496,720	
2007/07		0.60	1.1050	1.1050		120	86.57	3,163,525	5,557,440	
2008/01		0.55	0.8556	0.8556		120	86.57	3,178,413	5,604,960	
2008/07		0.55	0.6104	0.6104		120	86.57	3,189,083	5,639,160	
2009/01		0.50	1.3268	1.3268		120	85.91	3,210,239	5,714,040	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260568-00 - 2014/07

222.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		0.50	0.6841	0.6841		120	85.91	3,221,221	5,753,160	
2010/01		0.45	0.8643	0.8643		120	88.30	3,233,748	5,802,840	
2010/07		0.45	0.7107	0.7107		120	84.86	3,244,090	5,844,120	
2011/01		0.40	0.9198	0.9198		120	84.86	3,256,025	5,897,880	
2011/07		0.40	0.9028	0.9028		120	84.86	3,267,783	5,951,160	
2012/01	55,975	0.35	0.3865	0.3865		120	86.76	3,328,179	5,974,200	
2012/07		0.35	0.9417	0.9417		120	86.76	3,339,149	6,030,480	
2013/01	70,158	0.30	0.4901	0.4901		120	84.89	3,414,216	6,060,000	
2013/07		0.30	0.6196	0.6196		120	84.89	3,420,563	6,097,560	
2014/01	23,248	0.25	0.8564	0.8564		120	86.25	3,451,134	6,149,760	
2014/07	64,787	0.25	1.2383	1.2383		120	80.64	3,526,606	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 260576-00 - 2014/07

223.87

Highlands Lake Center, LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4240 LAKELAND HIGHLANDS RD	1/1/2012-12/31/2012	Number of Beds: 179	Superior: 184
LAKELAND, FL 33813	Days in CR 366	Maximum: 65,514	Standard: 0
County: Polk [53]	First Used : 2014/01	Max Annualized: 65,335	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 63,138	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 15,517	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 36,261	FY Index: 1.28335532
Class at 1/94: South Large	Medical Utilization	57.43134%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	96.37329%	Cost: 1.04963363
Open Date: 08/31/1988	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 08/31/1988	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 09/29/1988	Low Occupancy Adjustment Factor:	122.68866%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 213128			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,337,919	2,982,330	2,003,368	1,065,711		7,389,327	
1a	Audit Adjustments							
2	Cost Per Diem	36.8969	82.2462	55.2486	29.3900		203.7817	
3	Cost Per Diem Inflated	38.7282	84.9478	57.9908				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.7282	84.9478	57.9908	29.3900		211.0568	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	78.6381		65.9905				
7	Provider Target Rate	80.2766		67.3655				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	38.7282	84.9478	57.9908	13.6500		195.3168	
12/13	Medical Adjustment Rate		0.7102	0.4848				
14	Prospective Per Diem 11	38.7282	85.6580	58.4756	13.6500		196.5118	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 260576-00 - 2014/07

223.87

Rate Semester 07/01/2014 through 12/31/2014

Highlands Lake Center, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/29/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,105,263.00		Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable	80% Capital(1):	6,823,675	10.1785
Indexed Asset Value	8,529,594	<60% of Base:	False	20% ROE(2):	1,705,919	0.4230
FRVS Base Asset:	3,559,440	Interest Rate:	7.1087%	Insurance Cost(3):	90,725	1.4369
Occup Adj Factor	0.9000	Chase Rate:	4.2500%	Taxes Cost(3):	83,355	1.3202
ROE Factor	0.014580	Amortization Rate:	6.2500%	Home Office(3):	89,179	1.4124
		Interest Only:	False	Replacement(3&4):	43,603	0.0000
		Yearly Payment:	598,514	Total FRVS PD:		14.7710

- (1) 80% Capital (\$6,823,675) amortized at 6.2500 % for 20 years Principal & Interest of \$598,514 divided by annual available days (65335) divided by Occup. Adj. (0.900) = \$10.1785
- (2) 20% ROE (\$1,705,919) times the ROE factor (0.014580) divided by annual available days (65335) divided by Occup. Adj. (0.900) = \$0.4230
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	01/01/1988	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,559,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.7282	38.7282	0.6876	38.0406
Direct Care	85.6580	85.6580	1.5209	84.1371
Indirect Care	58.4756	58.4756	1.0382	57.4374
Property	13.6500	14.7710	0.2623	14.5087
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.8472
Supplemental Rate Add-on				9.9025
Totals	196.5118	197.6328	3.5090	223.8735

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 260576-00 - 2014/07

223.87

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	4,245,108	0.00	0.5899	0.5899		120	33.54	3,559,440	3,559,440	1
1989/01		0.10	0.5899	0.5899		120	33.54	3,560,721	3,578,520	
1989/07		0.10	0.5899	0.5899		120	33.54	3,562,002	3,602,760	
1990/01		0.20	0.5899	0.5899		120	33.54	3,564,565	3,620,880	
1990/07		0.20	0.5899	0.5899		120	33.54	3,567,130	3,642,240	
1991/01		0.30	0.5899	0.5899		120	33.54	3,570,980	3,663,600	
1991/07		0.30	1.4932	1.4932		120	46.01	3,584,363	3,718,320	
1992/01		0.40	2.0117	2.0117		120	46.01	3,608,492	3,793,080	
1992/07		0.40	1.8152	1.8152		120	50.27	3,632,440	3,861,960	
1993/01		0.50	1.7710	1.7710		120	50.27	3,661,839	3,930,360	
1993/07	1,828,174	0.50	1.5329	1.5329		179	53.46	5,517,295	5,952,645	
1994/01		0.60	1.6983	1.6983		179	53.46	5,571,942	6,053,780	
1994/07		0.60	1.5991	1.5991		179	58.25	5,625,405	6,150,619	
1995/01		0.70	1.5812	1.5812		179	58.25	5,687,667	6,247,816	
1995/07		0.70	1.5250	1.5250		179	48.80	5,741,539	6,343,044	
1996/01		0.80	1.7228	1.7228		179	48.80	5,811,749	6,452,413	
1996/07		0.80	1.3294	1.3294		179	45.05	5,862,375	6,538,154	
1997/01		0.90	1.4109	1.4109		179	45.05	5,923,348	6,630,339	
1997/07	42,042	0.90	1.0917	1.0917		179	42.53	6,010,392	6,702,655	
1998/01		1.00	1.1663	1.1663		179	42.53	6,064,598	6,780,878	
1998/07		1.00	1.0794	1.0794		179	52.85	6,127,500	6,854,089	
1999/01		1.00	1.4499	1.4499		179	52.85	6,212,870	6,953,434	
1999/07		1.00	1.2299	1.2299		179	54.91	6,289,157	7,038,996	
2000/01		1.00	1.3356	1.3356		179	54.91	6,373,018	7,132,971	
2000/07		1.00	1.1129	1.1129		179	55.70	6,443,943	7,212,268	
2001/01		1.00	1.2976	1.2976		179	55.70	6,527,560	7,305,885	
2001/07		1.00	0.9615	0.9615		179	52.53	6,587,504	7,376,053	
2002/01	31,560	1.00	1.0301	1.0301		179	50.68	6,681,592	7,451,949	
2002/07		1.00	0.8337	0.8337		179	50.68	6,732,921	7,514,062	
2003/01		1.00	1.3271	1.3271		179	58.35	6,822,274	7,613,765	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 260576-00 - 2014/07

223.87

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		179	58.35	6,901,849	7,702,549	
2004/01		1.00	1.1103	1.1103		179	58.35	6,978,480	7,788,111	
2004/07		1.00	0.8378	0.8378		179	58.35	7,036,946	7,853,446	
2005/01		1.00	0.8595	0.8595		179	58.35	7,097,429	7,920,929	
2005/07		1.00	0.7364	0.7364		179	58.35	7,149,694	7,979,283	
2006/01	38,743	1.00	0.9068	0.9068		179	56.90	7,253,270	8,051,599	
2006/07		1.00	0.8133	0.8133		179	56.90	7,312,261	8,117,113	
2007/01	22,918	1.00	1.0133	1.0133		179	59.86	7,409,274	8,199,274	
2007/07		1.00	1.1050	1.1050		179	59.86	7,491,146	8,289,848	
2008/01		1.00	0.8556	0.8556		179	63.58	7,555,240	8,360,732	
2008/07		1.00	0.6104	0.6104		179	63.58	7,601,357	8,411,747	
2009/01		0.95	1.3268	1.3268		179	65.50	7,697,172	8,523,443	
2009/07	57,127	0.95	0.6841	0.6841		179	58.98	7,804,323	8,581,797	
2010/01		0.90	0.8643	0.8643		179	58.98	7,865,033	8,655,903	
2010/07		0.90	0.7107	0.7107		179	58.98	7,915,338	8,717,479	
2011/01		0.85	0.9198	0.9198		179	61.02	7,977,220	8,797,671	
2011/07	47,891	0.85	0.9028	0.9028		179	59.60	8,086,328	8,877,147	
2012/01		0.80	0.3865	0.3865		179	59.60	8,111,331	8,911,515	
2012/07		0.80	0.9417	0.9417		179	59.60	8,172,442	8,995,466	
2013/01	86,717	0.75	0.4901	0.4901		179	54.96	8,289,179	9,039,500	
2013/07		0.75	0.6196	0.6196		179	54.96	8,327,671	9,095,527	
2014/01	78,700	0.70	0.8564	0.8564		179	57.43	8,456,295	9,173,392	
2014/07		0.70	1.2383	1.2383		179	57.43	8,529,594	9,287,057	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 260649-00 - 2014/07

235.81

Coquina Center, LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
170 N CENTER STREET	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
ORMOND BEACH, FL 32174	Days in CR 366	Maximum: 43,920	Standard: 184
County: Volusia [64]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 37,095	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 8,366	Inflation
Current Class North Large	Initial CR? False	Medicaid: 22,492	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	60.63351%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	84.46038%	Cost: 1.04963363
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 11/01/1987	Low Occupancy Adjustment Factor:	107.52285%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 209929			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	947,072	1,972,314	1,226,661	759,780		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	44.1970	90.5700	57.2446				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.1970	90.5700	57.2446	33.7800		225.7916	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.7546		62.7328				
7	Provider Target Rate	52.8330		64.0399				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.1970	90.5700	57.2446	13.6500		205.6616	
12/13	Medical Adjustment Rate		1.0835	0.6848				
14	Prospective Per Diem 11	44.1970	91.6535	57.9294	13.6500		207.4299	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 260649-00 - 2014/07

235.81

Rate Semester 07/01/2014 through 12/31/2014

Coquina Center, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 11/01/1987		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,464,793.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Variable	80% Capital(1):	4,959,407	11.0349
Indexed Asset Value	6,199,259	<60% of Base:	False	20% ROE(2):	1,239,852	0.4586
FRVS Base Asset:	1,751,700	Interest Rate:	7.1087%	Insurance Cost(3):	60,074	1.6195
Occup Adj Factor	0.9000	Chase Rate:	4.2500%	Taxes Cost(3):	55,987	1.5093
ROE Factor	0.014580	Amortization Rate:	6.2500%	Home Office(3):	54,037	1.4567
		Interest Only:	False	Replacement(3&4):	253,826	0.0000
		Yearly Payment:	434,997	Total FRVS PD:		16.0790

- (1) 80% Capital (\$4,959,407) amortized at 6.2500 % for 20 years Principal & Interest of \$434,997 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.0349
- (2) 20% ROE (\$1,239,852) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4586
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	01/01/1987	Current RS PBS:	29,195
Comparison Bed	60	Effective PBS Limitation	51,883
			1,751,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.1970	44.1970	0.7847	43.4123
Direct Care	91.6535	91.6535	1.6273	90.0262
Indirect Care	57.9294	57.9294	1.0285	56.9009
Property	13.6500	16.0790	0.2855	15.7935
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.7707
Supplemental Rate Add-on				9.9025
Totals	207.4299	209.8589	3.7260	235.8061

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 260649-00 - 2014/07

235.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	2,746,565	0.00	0.9007	0.9007		60	33.96	1,751,700	1,751,700	1
1988/01	142,794	0.10	0.9007	0.9007		60	33.96	1,895,469	1,779,720	
1988/07		0.10	0.5899	0.5899		60	33.96	1,896,160	1,778,760	
1989/01		0.20	0.5899	0.5899		60	33.96	1,897,542	1,789,260	
1989/07		0.20	0.5899	0.5899		60	33.96	1,898,925	1,801,380	
1990/01		0.30	0.5899	0.5899		60	33.96	1,901,000	1,810,440	
1990/07		0.30	0.5899	0.5899		60	33.96	1,903,078	1,821,120	
1991/01		0.40	0.5899	0.5899		60	33.96	1,905,851	1,831,800	
1991/07	1,810,440	0.40	1.4932	1.4932		120	37.99	3,724,154	3,718,320	
1992/01		0.50	2.0117	2.0117		120	37.99	3,750,030	3,793,080	
1992/07	29,166	0.50	1.8152	1.8152		120	46.13	3,807,742	3,861,960	
1993/01		0.60	1.7710	1.7710		120	46.13	3,841,678	3,930,360	
1993/07		0.60	1.5329	1.5329		120	50.63	3,874,203	3,990,600	
1994/01		0.70	1.6983	1.6983		120	50.63	3,916,600	4,058,400	
1994/07		0.70	1.5991	1.5991		120	51.56	3,957,700	4,123,320	
1995/01		0.80	1.5812	1.5812		120	51.56	4,004,634	4,188,480	
1995/07		0.80	1.5250	1.5250		120	45.33	4,044,901	4,252,320	
1996/01		0.90	1.7228	1.7228		120	45.33	4,096,591	4,325,640	
1996/07	32,997	0.90	1.3294	1.3294		120	43.26	4,168,141	4,383,120	
1997/01		1.00	1.4109	1.4109		120	43.26	4,214,396	4,444,920	
1997/07	33,401	1.00	1.0917	1.0917		120	38.11	4,279,677	4,493,400	
1998/01		1.00	1.1663	1.1663		120	38.11	4,314,263	4,545,840	
1998/07		1.00	1.0794	1.0794		120	36.27	4,344,973	4,594,920	
1999/01		1.00	1.4499	1.4499		120	36.27	4,386,517	4,661,520	
1999/07	1,064,422	1.00	1.2299	1.2299		120	38.49	4,718,880	4,718,880	8
2000/01		1.00	1.3356	1.3356		120	38.49	4,762,986	4,781,880	
2000/07		1.00	1.1129	1.1129		120	44.13	4,805,517	4,835,040	
2001/01		1.00	1.2976	1.2976		120	44.13	4,855,549	4,897,800	
2001/07		1.00	0.9615	0.9615		120	43.06	4,892,100	4,944,840	
2002/01	22,982	1.00	1.0301	1.0301		120	49.70	4,960,619	4,995,720	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 260649-00 - 2014/07

235.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	49.70	4,997,990	5,037,360	
2003/01	18,180	1.00	1.3271	1.3271		120	56.81	5,082,498	5,104,200	
2003/07	4,359	1.00	1.1664	1.1664		120	56.81	5,146,139	5,163,720	
2004/01	28,465	1.00	1.1103	1.1103		120	56.81	5,221,080	5,221,080	8
2004/07		1.00	0.8378	0.8378		120	56.81	5,264,822	5,264,880	
2005/01		1.00	0.8595	0.8595		120	56.81	5,310,073	5,310,120	
2005/07		1.00	0.7364	0.7364		120	56.81	5,349,176	5,349,240	
2006/01	33,041	1.00	0.9068	0.9068		120	53.70	5,397,720	5,397,720	8
2006/07		1.00	0.8133	0.8133		120	53.70	5,440,582	5,441,640	
2007/01		1.00	1.0133	1.0133		120	59.89	5,495,711	5,496,720	
2007/07		1.00	1.1050	1.1050		120	53.36	5,554,628	5,557,440	
2008/01		0.95	0.8556	0.8556		120	53.36	5,598,430	5,604,960	
2008/07		0.95	0.6104	0.6104		120	53.36	5,629,927	5,639,160	
2009/01	94,053	0.90	1.3268	1.3268		120	54.92	5,714,040	5,714,040	8
2009/07		0.90	0.6841	0.6841		120	54.92	5,749,170	5,753,160	
2010/01	62,615	0.85	0.8643	0.8643		120	60.32	5,802,840	5,802,840	8
2010/07		0.85	0.7107	0.7107		120	62.75	5,837,895	5,844,120	
2011/01		0.80	0.9198	0.9198		120	62.75	5,880,850	5,897,880	
2011/07	34,561	0.80	0.9028	0.9028		120	63.23	5,951,160	5,951,160	8
2012/01		0.75	0.3865	0.3865		120	63.23	5,968,412	5,974,200	
2012/07	48,732	0.75	0.9417	0.9417		120	60.66	6,030,480	6,030,480	8
2013/01		0.70	0.4901	0.4901		120	60.66	6,051,171	6,060,000	
2013/07		0.70	0.6196	0.6196		120	60.66	6,077,415	6,097,560	
2014/01	71,723	0.65	0.8564	0.8564		120	60.63	6,149,760	6,149,760	8
2014/07		0.65	1.2383	1.2383		120	60.63	6,199,259	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 260657-00 - 2014/07

236.62

Island Lake Center, LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
155 LANDOVER PLACE	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
LONGWOOD, FL 32750	Days in CR 365	Maximum: 43,800	Standard: 184
County: Seminole [59]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 41,070	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,118	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 29,559	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	71.97224%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.76712%	Cost: 1.02471376
Open Date: 03/10/1989	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/10/1989	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 04/10/1989	Low Occupancy Adjustment Factor:	119.37086%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 200573			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,300,829	2,534,636	1,583,458	921,354		6,340,277	
1a	Audit Adjustments							
2	Cost Per Diem	44.0079	85.7484	53.5694	31.1700		214.4957	
3	Cost Per Diem Inflated	45.0955	87.6539	54.8933				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.0955	87.6539	54.8933	31.1700		218.8127	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.6962		60.2526				
7	Provider Target Rate	47.6692		61.5080				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.0955	87.6539	54.8933	13.6500		201.2927	
12/13	Medical Adjustment Rate		2.1667	1.3569				
14	Prospective Per Diem 11	45.0955	89.8206	56.2502	13.6500		204.8163	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 260657-00 - 2014/07

236.62

Rate Semester 07/01/2014 through 12/31/2014

Island Lake Center, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/10/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,949,390.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,621,135 10.2822
RS to Start Calcs:	1989/01	<60% of Base:	False	20% ROE(2):	1,155,284 0.5495
Indexed Asset Value	5,776,419	Interest Rate:	7.1087%	Insurance Cost(3):	56,897 1.3854
FRVS Base Asset:	3,527,874	Chase Rate:	4.2500%	Taxes Cost(3):	84,591 2.0597
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	59,855 1.4574
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	55,419 0.0000
		Yearly Payment:	405,326	Total FRVS PD:	15.7342

- (1) 80% Capital (\$4,621,135) amortized at 6.2500 % for 20 years Principal & Interest of \$405,326 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.2822
- (2) 20% ROE (\$1,155,284) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5495
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,646
Comparison Date:	07/01/1988	Current RS PBS:	51,883
Comparison Bed	119	Effective PBS Limitation	3,527,874

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.0955	45.0955	0.8007	44.2948
Direct Care	89.8206	89.8206	1.5948	88.2258
Indirect Care	56.2502	56.2502	0.9987	55.2515
Property	13.6500	15.7342	0.2794	15.4548
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.4901
Supplemental Rate Add-on				9.9025
Totals	204.8163	206.9005	3.6736	236.6195

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260657-00 - 2014/07

236.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	4,021,685	0.00	0.5899	0.5899		119	48.70	3,527,874	3,527,874	1
1989/07		0.10	0.5899	0.5899		119	48.70	3,529,717	3,572,737	
1990/01		0.10	0.5899	0.5899		119	48.70	3,531,561	3,590,706	
1990/07		0.20	0.5899	0.5899		119	48.70	3,535,251	3,611,888	
1991/01		0.20	0.5899	0.5899		119	48.70	3,538,945	3,633,070	
1991/07		0.30	1.4932	1.4932		119	48.70	3,552,983	3,687,334	
1992/01		0.30	2.0117	2.0117		119	48.70	3,571,969	3,761,471	
1992/07		0.40	1.8152	1.8152		119	58.46	3,597,905	3,829,777	
1993/01		0.40	1.7710	1.7710		119	58.46	3,623,393	3,897,607	
1993/07	20,985	0.50	1.5329	1.5329		119	64.39	3,672,151	3,957,345	
1994/01		0.50	1.6983	1.6983		119	64.39	3,703,335	4,024,580	
1994/07		0.60	1.5991	1.5991		120	63.40	3,738,868	4,123,320	
1995/01		0.60	1.5812	1.5812		120	63.40	3,774,339	4,188,480	
1995/07		0.70	1.5250	1.5250		120	60.07	3,814,630	4,252,320	
1996/01		0.70	1.7228	1.7228		120	60.07	3,860,634	4,325,640	
1996/07		0.80	1.3294	1.3294		120	62.69	3,901,692	4,383,120	
1997/01		0.80	1.4109	1.4109		120	62.69	3,901,692	4,444,920	5
1997/07		0.90	1.0917	1.0917		120	58.95	3,984,497	4,493,400	
1998/01		0.90	1.1663	1.1663		120	58.95	4,026,322	4,545,840	
1998/07		1.00	1.0794	1.0794		120	63.91	4,069,782	4,594,920	
1999/01		1.00	1.4499	1.4499		120	63.91	4,128,790	4,661,520	
1999/07		1.00	1.2299	1.2299		120	65.59	4,179,570	4,718,880	
2000/01		1.00	1.3356	1.3356		120	65.59	4,235,392	4,781,880	
2000/07		1.00	1.1129	1.1129		120	66.19	4,282,528	4,835,040	
2001/01		1.00	1.2976	1.2976		120	66.19	4,338,098	4,897,800	
2001/07		1.00	0.9615	0.9615		120	66.65	4,379,809	4,944,840	
2002/01	70,820	1.00	1.0301	1.0301		120	64.85	4,495,745	4,995,720	
2002/07		1.00	0.8337	0.8337		120	64.85	4,533,226	5,037,360	
2003/01		1.00	1.3271	1.3271		120	56.16	4,593,386	5,104,200	
2003/07		1.00	1.1664	1.1664		120	56.16	4,593,386	5,163,720	5



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260657-00 - 2014/07

236.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		120	56.16	4,698,558	5,221,080	
2004/07		1.00	0.8378	0.8378		120	56.16	4,737,923	5,264,880	
2005/01		1.00	0.8595	0.8595		120	56.16	4,778,645	5,310,120	
2005/07		1.00	0.7364	0.7364		120	56.16	4,813,835	5,349,240	
2006/01		1.00	0.9068	0.9068		120	56.16	4,857,487	5,397,720	
2006/07		1.00	0.8133	0.8133		120	56.16	4,896,993	5,441,640	
2007/01	34,818	1.00	1.0133	1.0133		120	62.01	4,981,432	5,496,720	
2007/07		1.00	1.1050	1.1050		120	62.19	5,036,477	5,557,440	
2008/01		1.00	0.8556	0.8556		120	62.19	5,079,569	5,604,960	
2008/07		1.00	0.6104	0.6104		120	62.19	5,110,575	5,639,160	
2009/01		1.00	1.3268	1.3268		120	57.55	5,178,382	5,714,040	
2009/07		0.95	0.6841	0.6841		120	57.55	5,212,036	5,753,160	
2010/01		0.95	0.8643	0.8643		120	55.50	5,254,832	5,802,840	
2010/07		0.90	0.7107	0.7107		120	60.85	5,288,442	5,844,120	
2011/01		0.90	0.9198	0.9198		120	60.85	5,332,220	5,897,880	
2011/07	46,283	0.85	0.9028	0.9028		120	60.22	5,419,422	5,951,160	
2012/01		0.85	0.3865	0.3865		120	60.22	5,437,225	5,974,200	
2012/07	87,735	0.80	0.9417	0.9417		120	58.35	5,565,924	6,030,480	
2013/01		0.80	0.4901	0.4901		120	58.35	5,587,748	6,060,000	
2013/07		0.75	0.6196	0.6196		120	58.35	5,613,714	6,097,560	
2014/01	48,710	0.75	0.8564	0.8564		120	66.67	5,698,481	6,149,760	
2014/07	28,544	0.70	1.2383	1.2383		120	71.97	5,776,419	6,225,960	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 260665-00 - 2014/07

230.49

Indian River Center LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7201 GREENBORO DR	1/1/2013-12/31/2013	Number of Beds: 179	Superior: 0
WEST MELBOURNE, FL 32904	Days in CR 365	Maximum: 65,335	Standard: 184
County: Brevard [5]	First Used : 2014/07	Max Annualized: 65,335	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 62,428	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,463	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 44,946	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	71.99654%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.55062%	Cost: 1.02471376
Open Date: 07/01/1989	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1989	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 08/01/1989	Low Occupancy Adjustment Factor:	121.64135%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 201138			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,846,613	3,967,354	2,147,811	1,323,660		9,285,438	
1a	Audit Adjustments							
2	Cost Per Diem	41.0851	88.2693	47.7865	29.4500		206.5909	
3	Cost Per Diem Inflated	42.1005	90.2308	48.9675				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.1005	90.2308	48.9675	29.4500		210.7488	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.3402		58.6352				
7	Provider Target Rate	45.2641		59.8569				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	42.1005	90.2308	48.9675	13.6500		194.9488	
12/13	Medical Adjustment Rate		2.2329	1.2118				
14	Prospective Per Diem 11	42.1005	92.4637	50.1793	13.6500		198.3935	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 260665-00 - 2014/07

230.49

Rate Semester 07/01/2014 through 12/31/2014

Indian River Center LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/29/1989	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,992,402.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	6,893,013	10.2820
RS to Start Calcs:	1989/07	<60% of Base:	False	20% ROE(2):	1,723,253	0.5495
Indexed Asset Value	8,616,266	Interest Rate:	7.1087%	Insurance Cost(3):	84,873	1.3595
FRVS Base Asset:	3,578,520	Chase Rate:	4.2500%	Taxes Cost(3):	71,224	1.1409
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	85,236	1.3653
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	101,472	0.0000
		Yearly Payment:	604,596	Total FRVS PD:		14.6972

- (1) 80% Capital (\$6,893,013) amortized at 6.2500 % for 20 years Principal & Interest of \$604,596 divided by annual available days (65335) divided by Occup. Adj. (0.900) = \$10.2820
- (2) 20% ROE (\$1,723,253) times the ROE factor (0.018750) divided by annual available days (65335) divided by Occup. Adj. (0.900) = \$0.5495
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,821
Comparison Date:	01/01/1989	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.1005	42.1005	0.7475	41.3530
Direct Care	92.4637	92.4637	1.6417	90.8220
Indirect Care	50.1793	50.1793	0.8909	49.2884
Property	13.6500	14.6972	0.2610	14.4362
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.6914
Supplemental Rate Add-on				9.9025
Totals	198.3935	199.4407	3.5411	230.4935

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260665-00 - 2014/07

230.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	4,792,398	0.00	0.5899	0.5899		120	54.64	3,578,520	3,578,520	1
1990/01		0.10	0.5899	0.5899		120	54.64	3,580,618	3,620,880	
1990/07		0.10	0.5899	0.5899		120	54.64	3,582,717	3,642,240	
1991/01		0.20	0.5899	0.5899		120	54.64	3,586,917	3,663,600	
1991/07		0.20	1.4932	1.4932		120	54.64	3,597,557	3,718,320	
1992/01		0.30	2.0117	2.0117		120	54.64	3,619,126	3,793,080	
1992/07		0.30	1.8152	1.8152		179	55.48	3,638,836	5,760,757	
1993/01		0.40	1.7710	1.7710		179	55.48	3,664,614	5,862,787	
1993/07	1,864,931	0.40	1.5329	1.5329		179	53.06	5,551,224	5,952,645	
1994/01		0.50	1.6983	1.6983		179	53.06	5,596,702	6,053,780	
1994/07	22,736	0.50	1.5991	1.5991		179	48.67	5,659,039	6,150,619	
1995/01		0.60	1.5812	1.5812		179	48.67	5,706,547	6,247,816	
1995/07		0.60	1.5250	1.5250		179	50.00	5,754,015	6,343,044	
1996/01		0.70	1.7228	1.7228		179	50.00	5,817,100	6,452,413	
1996/07	35,606	0.70	1.3294	1.3294		179	50.38	5,902,293	6,538,154	
1997/01		0.80	1.4109	1.4109		179	50.38	5,963,316	6,630,339	
1997/07		0.80	1.0917	1.0917		179	45.79	6,006,678	6,702,655	
1998/01		0.90	1.1663	1.1663		179	45.79	6,059,172	6,780,878	
1998/07		0.90	1.0794	1.0794		179	49.09	6,111,712	6,854,089	
1999/01		1.00	1.4499	1.4499		179	49.09	6,190,804	6,953,434	
1999/07		1.00	1.2299	1.2299		179	55.29	6,266,945	7,038,996	
2000/01		1.00	1.3356	1.3356		179	55.29	6,350,646	7,132,971	
2000/07		1.00	1.1129	1.1129		179	59.30	6,421,322	7,212,268	
2001/01		1.00	1.2976	1.2976		179	59.30	6,504,645	7,305,885	
2001/07		1.00	0.9615	0.9615		179	57.42	6,567,187	7,376,053	
2002/01	32,942	1.00	1.0301	1.0301		179	67.47	6,667,778	7,451,949	
2002/07		1.00	0.8337	0.8337		179	67.47	6,723,367	7,514,062	
2003/01		1.00	1.3271	1.3271		179	71.26	6,812,593	7,613,765	
2003/07		1.00	1.1664	1.1664		179	71.26	6,892,055	7,702,549	
2004/01		1.00	1.1103	1.1103		179	71.26	6,968,577	7,788,111	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260665-00 - 2014/07

230.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		1.00	0.8378	0.8378		179	71.26	7,026,960	7,853,446	
2005/01		1.00	0.8595	0.8595		179	71.26	7,087,357	7,920,929	
2005/07		1.00	0.7364	0.7364		179	71.26	7,139,548	7,979,283	
2006/01		1.00	0.9068	0.9068		179	62.19	7,204,289	8,051,599	
2006/07		1.00	0.8133	0.8133		179	62.19	7,262,881	8,117,113	
2007/01	19,657	1.00	1.0133	1.0133		179	73.59	7,356,133	8,199,274	
2007/07		1.00	1.1050	1.1050		179	73.59	7,437,418	8,289,848	
2008/01		1.00	0.8556	0.8556		179	71.07	7,501,053	8,360,732	
2008/07		1.00	0.6104	0.6104		179	71.07	7,546,839	8,411,747	
2009/01		1.00	1.3268	1.3268		179	73.25	7,646,970	8,523,443	
2009/07		1.00	0.6841	0.6841		179	73.25	7,699,283	8,581,797	
2010/01	77,407	0.95	0.8643	0.8643		179	73.46	7,839,909	8,655,903	
2010/07		0.95	0.7107	0.7107		179	71.57	7,892,844	8,717,479	
2011/01		0.90	0.9198	0.9198		179	71.57	7,958,181	8,797,671	
2011/07		0.90	0.9028	0.9028		179	71.57	8,022,841	8,877,147	
2012/01	83,436	0.85	0.3865	0.3865		179	63.95	8,132,632	8,911,515	
2012/07		0.85	0.9417	0.9417		179	63.95	8,197,726	8,995,466	
2013/01	111,608	0.80	0.4901	0.4901		179	63.81	8,341,477	9,039,500	
2013/07		0.80	0.6196	0.6196		179	63.81	8,382,826	9,095,527	
2014/01	69,086	0.75	0.8564	0.8564		179	69.71	8,505,755	9,173,392	
2014/07	31,518	0.75	1.2383	1.2383		179	72.00	8,616,266	9,287,057	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 260673-00 - 2014/07

218.27

Riverwood Center, LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2802 PARENTAL HOME ROAD	1/1/2012-12/31/2012	Number of Beds: 240	Superior: 0
JACKSONVILLE , FL 32216	Days in CR 366	Maximum: 87,840	Standard: 184
County: Duval [16]	First Used : 2014/01	Max Annualized: 87,600	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 74,397	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 4,582	Inflation
Current Class North Large	Initial CR? False	Medicaid: 65,129	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	87.54251%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	84.69604%	Cost: 1.04963363
Open Date: 08/01/1982	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 08/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 08/01/1982	Low Occupancy Adjustment Factor:	107.82286%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 213331			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,671,323	5,731,855	3,427,612	2,126,462		13,957,252	
1a	Audit Adjustments							
2	Cost Per Diem	41.0159	88.0077	52.6280	32.6500		214.3016	
3	Cost Per Diem Inflated	43.0517	90.8986	55.2401				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.0517	90.8986	55.2401	32.6500		221.8404	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.3712		56.8611				
7	Provider Target Rate	51.4207		58.0459				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.0517	90.8986	55.2401	13.6500		202.8404	
12/13	Medical Adjustment Rate		3.8391	2.3331				
14	Prospective Per Diem 11	43.0517	94.7377	57.5732	13.6500		209.0126	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 260673-00 - 2014/07

218.27

Rate Semester 07/01/2014 through 12/31/2014

Riverwood Center, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/24/1996	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,922,517.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	8,244,644 9.1724
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	2,061,161 0.3812
Indexed Asset Value	10,305,805	Interest Rate:	7.1087%	Insurance Cost(3):	104,627 1.4063
FRVS Base Asset:	4,690,815	Chase Rate:	4.2500%	Taxes Cost(3):	119,281 1.6033
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	93,085 1.2512
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	142,587 0.0000
		Yearly Payment:	723,149	Total FRVS PD:	13.8144

- (1) 80% Capital (\$8,244,644) amortized at 6.2500 % for 20 years Principal & Interest of \$723,149 divided by annual available days (87600) divided by Occup. Adj. (0.900) = \$9.1724
- (2) 20% ROE (\$2,061,161) times the ROE factor (0.014580) divided by annual available days (87600) divided by Occup. Adj. (0.900) = \$0.3812
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.0517	43.0517	0.7644	42.2873
Direct Care	94.7377	94.7377	1.6821	93.0556
Indirect Care	57.5732	57.5732	1.0222	56.5510
Property	13.6500	13.8144	0.2453	13.5691
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.9038
Supplemental Rate Add-on				9.9025
Totals	209.0126	209.1770	3.7140	218.2693

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 260673-00 - 2014/07

218.27

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	4,410,069	0.00	2.2977	2.2977		240	56.68	4,410,069	6,087,600	
1983/04	159,024	0.10	2.6288	2.6288		240	56.68	4,580,687	6,247,680	
1983/07		0.10	3.9578	3.0000	0.9578	240	56.68	4,594,429	6,494,880	
1984/01	29,857	0.20	2.2530	2.2530		240	74.84	4,644,988	6,579,120	
1984/07		0.20	1.9179	1.9179		240	74.84	4,662,806	6,705,360	
1985/01		0.30	1.1471	1.1471		240	56.68	4,678,851	6,782,160	
1985/10		0.30	0.8522	0.8522		240	69.93	4,690,815	6,840,000	
1986/01		0.40	0.8299	0.8299		240	76.19	4,706,389	6,896,880	
1986/07		0.40	0.2974	0.2974		240	76.20	4,711,990	6,883,680	
1987/01		0.50	1.0091	1.0091		240	76.19	4,735,767	7,006,800	
1987/07		0.50	0.9007	0.9007		240	81.99	4,757,097	7,061,520	
1988/01		0.60	0.9007	0.9007		240	81.99	4,782,804	7,118,880	
1988/07		0.60	0.5899	0.5899		240	88.38	4,799,730	7,115,040	
1989/01		0.70	0.5899	0.5899		240	88.38	4,819,548	7,157,040	
1989/07		0.70	0.5899	0.5899		240	91.46	4,839,448	7,205,520	
1990/01		0.80	0.5899	0.5899		240	91.46	4,862,285	7,241,760	
1990/07	1,210,766	0.80	0.5899	0.5899		240	81.30	6,095,996	7,284,480	
1991/01		0.90	0.5899	0.5899		240	81.30	6,128,360	7,327,200	
1991/07		0.90	1.4932	1.4932		240	86.01	6,210,719	7,436,640	
1992/01		1.00	2.0117	2.0117		240	86.01	6,335,660	7,586,160	
1992/07		1.00	1.8152	1.8152		240	83.57	6,450,665	7,723,920	
1993/01		1.00	1.7710	1.7710		240	83.57	6,564,906	7,860,720	
1993/07		1.00	1.5329	1.5329		240	84.12	6,665,539	7,981,200	
1994/01		1.00	1.6983	1.6983		240	84.12	6,778,740	8,116,800	
1994/07		1.00	1.5991	1.5991		240	82.23	6,887,139	8,246,640	
1995/01		1.00	1.5812	1.5812		240	82.23	6,996,038	8,376,960	
1995/07		1.00	1.5250	1.5250		240	78.82	7,102,728	8,504,640	
1996/01		1.00	1.7228	1.7228		240	78.82	7,225,094	8,651,280	
1996/07		1.00	1.3294	1.3294		240	82.55	7,321,144	8,766,240	
1997/01		1.00	1.4109	1.4109		240	82.55	7,424,438	8,889,840	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 260673-00 - 2014/07

218.27

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		240	82.55	7,505,491	8,986,800	
1998/01		1.00	1.1663	1.1663		240	82.55	7,593,028	9,091,680	
1998/07		1.00	1.0794	1.0794		240	82.55	7,593,028	9,189,840	5
1999/01	87,779	1.00	1.4499	1.4499		240	87.48	7,874,046	9,323,040	
1999/07		1.00	1.2299	1.2299		240	87.48	7,874,046	9,437,760	5
2000/01		1.00	1.3356	1.3356		240	86.13	8,077,348	9,563,760	
2000/07		1.00	1.1129	1.1129		240	86.13	8,167,241	9,670,080	
2001/01		1.00	1.2976	1.2976		240	80.92	8,273,219	9,795,600	
2001/07		1.00	0.9615	0.9615		240	82.57	8,352,766	9,889,680	
2002/01	22,982	1.00	1.0301	1.0301		240	77.98	8,461,790	9,991,440	
2002/07		1.00	0.8337	0.8337		240	77.98	8,532,336	10,074,720	
2003/01		0.95	1.3271	1.3271		240	84.88	8,639,903	10,208,400	
2003/07	25,148	0.95	1.1664	1.1664		240	84.88	8,760,790	10,327,440	
2004/01	22,584	0.90	1.1103	1.1103		240	84.88	8,870,921	10,442,160	
2004/07	28,114	0.90	0.8378	0.8378		240	84.88	8,965,922	10,529,760	
2005/01		0.85	0.8595	0.8595		240	84.88	9,031,427	10,620,240	
2005/07		0.85	0.7364	0.7364		240	84.88	9,087,955	10,698,480	
2006/01		0.80	0.9068	0.9068		240	84.88	9,153,879	10,795,440	
2006/07		0.80	0.8133	0.8133		240	84.88	9,213,434	10,883,280	
2007/01	85,042	0.75	1.0133	1.0133		240	85.59	9,368,498	10,993,440	
2007/07		0.75	1.1050	1.1050		240	85.88	9,446,144	11,114,880	
2008/01		0.70	0.8556	0.8556		240	85.88	9,502,717	11,209,920	
2008/07		0.70	0.6104	0.6104		240	85.88	9,543,322	11,278,320	
2009/01		0.65	1.3268	1.3268		240	84.48	9,625,624	11,428,080	
2009/07		0.65	0.6841	0.6841		240	84.48	9,668,429	11,506,320	
2010/01		0.60	0.8643	0.8643		240	83.71	9,718,569	11,605,680	
2010/07		0.60	0.7107	0.7107		240	83.12	9,760,009	11,688,240	
2011/01		0.55	0.9198	0.9198		240	83.12	9,809,385	11,795,760	
2011/07	57,389	0.55	0.9028	0.9028		240	78.49	9,915,478	11,902,320	
2012/01		0.50	0.3865	0.3865		240	78.49	9,934,645	11,948,400	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 260673-00 - 2014/07

218.27

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		240	78.49	9,981,427	12,060,960	
2013/01	88,713	0.45	0.4901	0.4901		240	81.08	10,092,149	12,120,000	
2013/07		0.45	0.6196	0.6196		240	81.08	10,120,286	12,195,120	
2014/01	100,054	0.40	0.8564	0.8564		240	87.54	10,255,012	12,299,520	
2014/07		0.40	1.2383	1.2383		240	87.54	10,305,805	12,451,920	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 260673123120120101201208202013110135



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 260690-00 - 2014/07

245.99

Fairway Oaks Center, LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
13806 N 46TH ST	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
TAMPA, FL 33613	Days in CR 365	Maximum: 43,800	Standard: 184
County: Hillsborough [29]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 38,432	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 4,313	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 28,774	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	74.86990%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	87.74429%	Cost: 1.02471376
Open Date: 03/01/1983	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/01/1983	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 03/01/1983	Low Occupancy Adjustment Factor:	111.70345%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 213292			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,361,865	2,488,392	1,738,698	979,179		6,568,134	
1a	Audit Adjustments							
2	Cost Per Diem	47.3297	86.4806	60.4260	34.0300		228.2663	
3	Cost Per Diem Inflated	48.4994	88.4024	61.9194				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.4994	88.4024	61.9194	34.0300		232.8512	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.5217		58.5012				
7	Provider Target Rate	51.5744		59.7201				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	48.4994	88.4024	59.7201	13.6500		210.2719	
12/13	Medical Adjustment Rate		2.4734	1.6709				
14	Prospective Per Diem 11	48.4994	90.8758	61.3910	13.6500		214.4162	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 260690-00 - 2014/07

245.99

Rate Semester 07/01/2014 through 12/31/2014

Fairway Oaks Center, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,099,769.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Variable	80% Capital(1):	4,132,346	9.1947
Indexed Asset Value	5,165,433	<60% of Base:	False	20% ROE(2):	1,033,087	0.4914
FRVS Base Asset:	2,511,048	Interest Rate:	7.1087%	Insurance Cost(3):	56,898	1.4805
Occup Adj Factor	0.9000	Chase Rate:	4.2500%	Taxes Cost(3):	75,930	1.9757
ROE Factor	0.018750	Amortization Rate:	6.2500%	Home Office(3):	56,589	1.4724
		Interest Only:	False	Replacement(3&4):	89,525	0.0000
		Yearly Payment:	362,454	Total FRVS PD:		14.6147

- (1) 80% Capital (\$4,132,346) amortized at 6.2500 % for 20 years Principal & Interest of \$362,454 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.1947
- (2) 20% ROE (\$1,033,087) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.4994	48.4994	0.8611	47.6383
Direct Care	90.8758	90.8758	1.6135	89.2623
Indirect Care	61.3910	61.3910	1.0900	60.3010
Property	13.6500	14.6147	0.2595	14.3552
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.5344
Supplemental Rate Add-on				9.9025
Totals	214.4162	215.3809	3.8241	245.9937

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260690-00 - 2014/07

245.99

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	2,463,676	0.00	2.6288	2.6288		120	65.11	2,463,676	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	65.11	2,471,067	3,247,440	
1984/01	12,728	0.10	2.2530	2.2530		120	67.14	2,489,362	3,289,560	
1984/07		0.20	1.9179	1.9179		120	67.14	2,498,911	3,352,680	
1985/01		0.20	1.1471	1.1471		120	92.89	2,504,644	3,391,080	
1985/10		0.30	0.8522	0.8522		120	76.90	2,511,048	3,420,000	
1986/01		0.30	0.8299	0.8299		120	76.90	2,517,301	3,448,440	
1986/07		0.40	0.2974	0.2974		120	76.90	2,520,297	3,441,840	
1987/01		0.40	1.0091	1.0091		120	76.90	2,530,469	3,503,400	
1987/07		0.50	0.9007	0.9007		120	79.43	2,541,866	3,530,760	
1988/01		0.50	0.9007	0.9007		120	79.15	2,553,315	3,559,440	
1988/07		0.60	0.5899	0.5899		120	72.47	2,562,351	3,557,520	
1989/01		0.60	0.5899	0.5899		120	72.47	2,571,419	3,578,520	
1989/07		0.70	0.5899	0.5899		120	70.48	2,582,036	3,602,760	
1990/01		0.70	0.5899	0.5899		120	70.48	2,592,697	3,620,880	
1990/07	78,588	0.80	0.5899	0.5899		120	74.00	2,683,520	3,642,240	
1991/01		0.80	0.5899	0.5899		120	74.00	2,696,184	3,663,600	
1991/07	104,643	0.90	1.4932	1.4932		120	89.77	2,800,827	3,718,320	5
1992/01		0.90	2.0117	2.0117		120	89.77	2,888,426	3,793,080	
1992/07		1.00	1.8152	1.8152		120	90.72	2,940,857	3,861,960	
1993/01		1.00	1.7710	1.7710		120	90.72	2,992,940	3,930,360	
1993/07		1.00	1.5329	1.5329		120	85.90	3,038,819	3,990,600	
1994/01		1.00	1.6983	1.6983		120	85.90	3,090,427	4,058,400	
1994/07		1.00	1.5991	1.5991		120	78.38	3,139,846	4,123,320	
1995/01		1.00	1.5812	1.5812		120	78.38	3,189,493	4,188,480	
1995/07		1.00	1.5250	1.5250		120	72.53	3,238,133	4,252,320	
1996/01		1.00	1.7228	1.7228		120	72.53	3,293,920	4,325,640	
1996/07	25,629	1.00	1.3294	1.3294		120	78.09	3,319,549	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	78.09	3,363,338	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	78.09	3,448,027	4,493,400	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260690-00 - 2014/07

245.99

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	78.09	3,488,241	4,545,840	
1998/07		1.00	1.0794	1.0794		120	78.09	3,525,893	4,594,920	
1999/01	54,864	1.00	1.4499	1.4499		120	79.49	3,631,879	4,661,520	
1999/07		1.00	1.2299	1.2299		120	79.49	3,676,547	4,718,880	
2000/01		1.00	1.3356	1.3356		120	83.50	3,725,651	4,781,880	
2000/07		1.00	1.1129	1.1129		120	83.50	3,767,114	4,835,040	
2001/01		1.00	1.2976	1.2976		120	79.24	3,815,996	4,897,800	
2001/07	126,275	1.00	0.9615	0.9615		120	75.89	3,978,962	4,944,840	
2002/01	48,599	1.00	1.0301	1.0301		120	77.10	4,068,548	4,995,720	
2002/07		1.00	0.8337	0.8337		120	77.10	4,102,467	5,037,360	
2003/01	24,392	1.00	1.3271	1.3271		120	81.11	4,181,303	5,104,200	
2003/07		0.95	1.1664	1.1664		120	81.11	4,227,636	5,163,720	
2004/01		0.95	1.1103	1.1103		120	81.11	4,272,229	5,221,080	
2004/07		0.90	0.8378	0.8378		120	81.11	4,304,442	5,264,880	
2005/01		0.90	0.8595	0.8595		120	81.11	4,337,741	5,310,120	
2005/07		0.85	0.7364	0.7364		120	81.11	4,364,891	5,349,240	
2006/01		0.85	0.9068	0.9068		120	81.11	4,398,536	5,397,720	
2006/07		0.80	0.8133	0.8133		120	81.11	4,427,153	5,441,640	
2007/01	38,190	0.80	1.0133	1.0133		120	85.08	4,501,230	5,496,720	
2007/07	40,509	0.75	1.1050	1.1050		120	71.58	4,579,045	5,557,440	
2008/01		0.75	0.8556	0.8556		120	71.58	4,608,429	5,604,960	
2008/07		0.70	0.6104	0.6104		120	71.58	4,628,121	5,639,160	
2009/01		0.70	1.3268	1.3268		120	75.76	4,671,107	5,714,040	
2009/07		0.65	0.6841	0.6841		120	75.76	4,691,879	5,753,160	
2010/01	27,674	0.65	0.8643	0.8643		120	76.20	4,745,912	5,802,840	
2010/07		0.60	0.7107	0.7107		120	76.98	4,766,149	5,844,120	
2011/01		0.60	0.9198	0.9198		120	76.98	4,792,453	5,897,880	
2011/07		0.55	0.9028	0.9028		120	76.98	4,816,248	5,951,160	
2012/01	35,984	0.55	0.3865	0.3865		120	70.01	4,862,471	5,974,200	
2012/07	102,009	0.50	0.9417	0.9417		120	73.07	4,987,377	6,030,480	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 260690-00 - 2014/07

245.99

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	73.07	4,999,601	6,060,000	
2013/07		0.45	0.6196	0.6196		120	73.07	5,013,540	6,097,560	
2014/01	32,645	0.45	0.8564	0.8564		120	73.13	5,065,507	6,149,760	
2014/07	74,837	0.40	1.2383	1.2383		120	74.87	5,165,433	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 260690123120130101201304232014151819



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 260771-00 - 2014/07
266.45

Sinai Plaza Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective		CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization			
Provider Information	Cost Report	Patient Days	Ratings Days
201 NE 112TH STREET	8/1/2012-7/31/2013	Number of Beds: 150	Superior: 0
MIAMI, FL 33161	Days in CR 365	Maximum: 54,750	Standard: 184
County: Dade [13]	First Used : 2014/01	Max Annualized: 54,750	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 47,549	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 8,605	Inflation
Current Class South Large	Initial CR? False	Medicaid: 33,263	FY Index: 1.30228922
Class at 1/94: South Large	Medical Utilization	69.95520%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	86.84749%	Cost: 1.03437307
Open Date: 11/02/1990	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/02/1990	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 11/02/1990	Low Occupancy Adjustment Factor:	110.56177%	DC Sem Index: 1.24200000
Med # Active Date: 06/07/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 202916			PS Target: 1.02083595

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,922,531	3,521,492	2,454,344	685,550		8,583,916	
1a	Audit Adjustments							
2	Cost Per Diem	57.7979	105.8681	73.7860	20.6100		258.0620	
3	Cost Per Diem Inflated	59.7846	108.7129	76.3223				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.7846	108.7129	76.3223	20.6100		265.4298	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.3072		69.2168				
7	Provider Target Rate	58.5012		70.6590				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	98.4475	63.9416	13.6500		230.4567	
12/13	Medical Adjustment Rate		2.2101	1.4355				
14	Prospective Per Diem 11	54.4176	100.6576	65.3771	13.6500		234.1023	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 260771-00 - 2014/07

266.45

Rate Semester 07/01/2014 through 12/31/2014

Sinai Plaza Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/02/1990	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,000,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	6,184,121	15.5450
RS to Start Calcs:	1990/07	<60% of Base:	False	20% ROE(2):	1,546,030	0.4706
Indexed Asset Value	7,730,151	Interest Rate:	11.0000%	Insurance Cost(3):	27,281	0.5737
FRVS Base Asset:	4,526,100	Chase Rate:	10.0000%	Taxes Cost(3):	0	0.0000
Occup Adj Factor	0.9000	Amortization Rate:	11.0000%	Home Office(3):	31,437	0.6611
ROE Factor	0.015000	Interest Only:	False	Replacement(3&4):	77,750	0.0000
		Yearly Payment:	765,981	Total FRVS PD:		17.2504

- (1) 80% Capital (\$6,184,121) amortized at 11.0000 % for 20 years Principal & Interest of \$765,981 divided by annual available days (54750) divided by Occup. Adj. (0.900) = \$15.5450
- (2) 20% ROE (\$1,546,030) times the ROE factor (0.015000) divided by annual available days (54750) divided by Occup. Adj. (0.900) = \$0.4706
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	01/01/1990	Current RS PBS:	51,883
Comparison Bed	150	Effective PBS Limitation	4,526,100

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	100.6576	100.6576	1.7872	98.8704
Indirect Care	65.3771	65.3771	1.1608	64.2163
Property	13.6500	17.2504	0.3063	16.9441
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.0672
Supplemental Rate Add-on				9.9025
Totals	234.1023	237.7027	4.2205	266.4519

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 260771-00 - 2014/07

266.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	8,102,900	0.00	0.5899	0.5899		150	44.16	4,526,100	4,526,100	1
1991/01		0.10	0.5899	0.5899		150	44.16	4,528,244	4,579,500	
1991/07		0.10	1.4932	1.4932		150	44.16	4,533,672	4,647,900	
1992/01		0.20	2.0117	2.0117		150	44.16	4,548,316	4,741,350	
1992/07		0.20	1.8152	1.8152		150	44.16	4,561,572	4,827,450	
1993/01		0.30	1.7710	1.7710		150	44.16	4,581,031	4,912,950	
1993/07		0.30	1.5329	1.5329		150	44.16	4,581,031	4,988,250	5
1994/01		0.40	1.6983	1.6983		150	50.41	4,626,574	5,073,000	
1994/07		0.40	1.5991	1.5991		150	50.41	4,653,696	5,154,150	
1995/01	139,345	0.50	1.5812	1.5812		150	57.72	4,829,833	5,235,600	
1995/07		0.50	1.5250	1.5250		150	57.72	4,866,660	5,315,400	
1996/01	90,198	0.60	1.7228	1.7228		150	62.89	5,007,165	5,407,050	
1996/07		0.60	1.3294	1.3294		150	62.89	5,047,102	5,478,900	
1997/01	112,509	0.70	1.4109	1.4109		150	57.50	5,209,456	5,556,150	
1997/07	169,610	0.70	1.0917	1.0917		150	61.57	5,418,877	5,616,750	
1998/01		0.80	1.1663	1.1663		150	61.57	5,469,435	5,682,300	
1998/07		0.80	1.0794	1.0794		150	61.57	5,516,664	5,743,650	
1999/01	117,010	0.90	1.4499	1.4499		150	56.41	5,705,661	5,826,900	
1999/07	75,593	0.90	1.2299	1.2299		150	56.15	5,844,410	5,898,600	
2000/01		1.00	1.3356	1.3356		150	56.15	5,922,468	5,977,350	
2000/07	101,538	1.00	1.1129	1.1129		150	55.07	6,043,800	6,043,800	8
2001/01		1.00	1.2976	1.2976		150	55.07	6,122,224	6,122,250	
2001/07		1.00	0.9615	0.9615		150	54.08	6,180,105	6,181,050	
2002/01		1.00	1.0301	1.0301		150	54.08	6,242,701	6,244,650	
2002/07		1.00	0.8337	0.8337		150	57.26	6,294,746	6,296,700	
2003/01		1.00	1.3271	1.3271		150	64.08	6,378,284	6,380,250	
2003/07		1.00	1.1664	1.1664		150	64.08	6,452,680	6,454,650	
2004/01		1.00	1.1103	1.1103		150	64.08	6,524,324	6,526,350	
2004/07		1.00	0.8378	0.8378		150	64.08	6,578,985	6,581,100	
2005/01		1.00	0.8595	0.8595		150	64.08	6,635,531	6,637,650	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 260771-00 - 2014/07

266.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		150	64.08	6,684,395	6,686,550	
2006/01		1.00	0.9068	0.9068		150	64.08	6,745,009	6,747,150	
2006/07		1.00	0.8133	0.8133		150	48.79	6,793,672	6,802,050	
2007/01		1.00	1.0133	1.0133		150	49.69	6,855,866	6,870,900	
2007/07		1.00	1.1050	1.1050		150	49.69	6,924,309	6,946,800	
2008/01		1.00	0.8556	0.8556		150	47.37	6,975,335	7,006,200	
2008/07		1.00	0.6104	0.6104		150	47.37	7,012,006	7,048,950	
2009/01	25,893	1.00	1.3268	1.3268		150	55.08	7,130,934	7,142,550	
2009/07		1.00	0.6841	0.6841		150	55.08	7,179,717	7,191,450	
2010/01	37,835	1.00	0.8643	0.8643		150	61.63	7,253,550	7,253,550	8
2010/07		1.00	0.7107	0.7107		150	61.63	7,305,101	7,305,150	
2011/01		0.95	0.9198	0.9198		150	62.38	7,368,933	7,372,350	
2011/07		0.95	0.9028	0.9028		150	62.38	7,432,136	7,438,950	
2012/01	49,800	0.90	0.3865	0.3865		150	65.83	7,467,750	7,467,750	8
2012/07		0.90	0.9417	0.9417		150	65.83	7,531,039	7,538,100	
2013/01		0.85	0.4901	0.4901		150	66.79	7,562,413	7,575,000	
2013/07		0.85	0.6196	0.6196		150	66.79	7,602,244	7,621,950	
2014/01		0.80	0.8564	0.8564		150	69.96	7,654,327	7,687,200	
2014/07		0.80	1.2383	1.2383		150	69.96	7,730,151	7,782,450	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency
8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 261254-00 - 2014/07

234.77

Alhambra Health & Rehab Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7501 38TH AVE N	1/1/2012-12/31/2012	Number of Beds: 60	Superior: 0
SAINT PETERSBURG, FL 33710	Days in CR 366	Maximum: 21,960	Standard: 184
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 21,900	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 19,004	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 3,445	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 11,468	FY Index: 1.28335532
Class at 1/94: North Small	Medical Utilization	60.34519%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	86.53916%	Cost: 1.04963363
Open Date: 01/01/1971	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/13/1994	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 04/13/1994	Low Occupancy Adjustment Factor:	110.16925%	DC Sem Index: 1.24200000
Med # Active Date: 06/27/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 211290			PS Target: 1.02083595

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	59.4244	83.4151	60.4865			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.4244	83.4151	60.4865	14.3000	0.1394	217.7654
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.1754		63.6089			
7	Provider Target Rate	62.4500		64.9343			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500		
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442			
10	Target Rate Class Ceiling	61.3634		72.4862			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	58.1332	83.4151	60.4865	13.6500	0.1394	215.8242
12/13	Medical Adjustment Rate		0.9708	0.7040			
14	Prospective Per Diem 11	58.1332	84.3859	61.1905	13.6500	0.1394	217.4990
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 261254-00 - 2014/07

234.77

Rate Semester 07/01/2014 through 12/31/2014

Alhambra Health & Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/13/1994	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	458,612.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	888,398	3.7206
RS to Start Calcs:	1994/01	<60% of Base:	False	20% ROE(2):	222,099	0.1643
Indexed Asset Value	1,110,497	Interest Rate:	5.5000%	Insurance Cost(3):	37,227	1.9589
FRVS Base Asset:	615,660	Chase Rate:	4.2500%	Taxes Cost(3):	16,760	0.8819
Occup Adj Factor	0.9000	Amortization Rate:	5.5000%	Home Office(3):	15,686	0.8254
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	70,693	0.0000
		Yearly Payment:	73,334	Total FRVS PD:		7.5511

- (1) 80% Capital (\$888,398) amortized at 5.5000 % for 20 years Principal & Interest of \$73,334 divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$3.7206
- (2) 20% ROE (\$222,099) times the ROE factor (0.014580) divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$0.1643
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	10,261
Comparison Date:	01/01/1971	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	615,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	58.1332	58.1332	1.0322	57.1010
Direct Care	84.3859	84.3859	1.4983	82.8876
Indirect Care	61.1905	61.1905	1.0864	60.1041
Property	13.6500	7.5511	0.1341	7.4170
ROE	0.1394	0.1359	0.0024	0.1335
ROE Adjustment	-0.1359	-0.1359	-0.0024	-0.1335
Quality Assess-Medicaid Share				17.3605
Supplemental Rate Add-on				9.9025
Totals	217.3631	211.2607	3.7510	234.7727

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 261254-00 - 2014/07

234.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01	628,543	0.00	1.6983	1.6983		60	10.39	615,660	615,660	1
1994/07		0.10	1.5991	1.5991		60	10.39	615,660	2,061,660	
1995/01		0.10	1.5812	1.5812		60	10.39	615,660	2,094,240	
1995/07		0.20	1.5250	1.5250		60	10.39	615,660	2,126,160	
1996/01		0.20	1.7228	1.7228		60	10.39	615,660	2,162,820	
1996/07		0.30	1.3294	1.3294		60	10.39	615,660	2,191,560	
1997/01		0.30	1.4109	1.4109		60	10.39	615,660	2,222,460	
1997/07		0.40	1.0917	1.0917		60	35.18	617,380	2,246,700	
1998/01		0.40	1.1663	1.1663		60	35.18	619,222	2,272,920	
1998/07		0.50	1.0794	1.0794		60	37.91	621,526	2,297,460	
1999/01		0.50	1.4499	1.4499		60	37.91	624,632	2,330,760	
1999/07		0.60	1.2299	1.2299		60	38.96	627,897	2,359,440	
2000/01		0.60	1.3356	1.3356		60	38.96	631,461	2,390,940	
2000/07		0.70	1.1129	1.1129		60	53.20	636,219	2,417,520	
2001/01		0.70	1.2976	1.2976		60	53.20	641,809	2,448,900	
2001/07		0.80	0.9615	0.9615		60	56.23	646,746	2,472,420	
2002/01		0.80	1.0301	1.0301		60	56.23	652,076	2,497,860	
2002/07		0.90	0.8337	0.8337		60	63.21	656,969	2,518,680	
2003/01		0.90	1.3271	1.3271		60	56.01	664,816	2,552,100	
2003/07	950	1.00	1.1664	1.1664		60	56.01	673,520	2,581,860	
2004/01	34,666	1.00	1.1103	1.1103		60	56.01	715,664	2,610,540	
2004/07	8,220	1.00	0.8378	0.8378		60	56.01	729,880	2,632,440	
2005/01		1.00	0.8595	0.8595		60	56.01	736,153	2,655,060	
2005/07		1.00	0.7364	0.7364		60	56.01	741,574	2,674,620	
2006/01		1.00	0.9068	0.9068		60	56.01	748,299	2,698,860	
2006/07		1.00	0.8133	0.8133		60	56.01	754,385	2,720,820	
2007/01		1.00	1.0133	1.0133		60	56.01	762,029	2,748,360	
2007/07		1.00	1.1050	1.1050		60	52.88	770,125	2,778,720	
2008/01		1.00	0.8556	0.8556		60	52.88	776,460	2,802,480	
2008/07	146,683	1.00	0.6104	0.6104		60	49.86	927,440	2,819,580	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 261254-00 - 2014/07

234.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		1.00	1.3268	1.3268		60	49.86	938,595	2,857,020	
2009/07		1.00	0.6841	0.6841		60	49.86	944,416	2,876,580	
2010/01	37,730	1.00	0.8643	0.8643		60	56.21	990,309	2,901,420	
2010/07	18,172	1.00	0.7107	0.7107		60	62.49	1,015,519	2,922,060	
2011/01		1.00	0.9198	0.9198		60	62.49	1,024,860	2,948,940	
2011/07		1.00	0.9028	0.9028		60	62.49	1,034,112	2,975,580	
2012/01	30,179	1.00	0.3865	0.3865		60	60.31	1,068,288	2,987,100	
2012/07		1.00	0.9417	0.9417		60	49.84	1,077,404	3,015,240	
2013/01		1.00	0.4901	0.4901		60	49.84	1,082,189	3,030,000	
2013/07		1.00	0.6196	0.6196		60	49.84	1,088,265	3,048,780	
2014/01		1.00	0.8564	0.8564		60	60.35	1,097,585	3,074,880	
2014/07		0.95	1.2383	1.2383		60	60.35	1,110,497	3,112,980	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 261611-00 - 2014/07

208.37

Terra Vista Rehabilitation and Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1730 LUCERNE TERRACE	1/1/2012-12/31/2012	Number of Beds: 115	Superior: 0
ORLANDO , FL 32806	Days in CR 366	Maximum: 42,090	Standard: 184
County: Orange [48]	First Used : 2014/01	Max Annualized: 41,975	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 36,664	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 4,095	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 29,546	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	80.58586%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	87.10858%	Cost: 1.04963363
Open Date: 01/01/1972	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1972	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 01/01/1972	Low Occupancy Adjustment Factor:	110.89416%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 217140			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,006,401	2,069,764	1,397,376	804,242		5,277,781	
1a	Audit Adjustments							
2	Cost Per Diem	34.0622	70.0523	47.2949	27.2200		178.6294	
3	Cost Per Diem Inflated	35.7528	72.3534	49.6423				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	35.7528	72.3534	49.6423	27.2200		184.9685	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.6951		54.7330				
7	Provider Target Rate	57.8764		55.8734				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	35.7528	72.3534	49.6423	13.6500		171.3985	
12/13	Medical Adjustment Rate		2.4896	1.7081				
14	Prospective Per Diem 11	35.7528	74.8430	51.3504	13.6500		175.5962	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 261611-00 - 2014/07

208.37

Rate Semester 07/01/2014 through 12/31/2014

Terra Vista Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,107,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,195,390	11.1762
RS to Start Calcs:	1972/01	<60% of Base:	False	20% ROE(2):	798,847	0.3083
Indexed Asset Value	3,994,237	Interest Rate:	12.0000%	Insurance Cost(3):	52,293	1.4263
FRVS Base Asset:	2,053,427	Chase Rate:	13.0000%	Taxes Cost(3):	72,782	1.9851
Occup Adj Factor	0.9000	Amortization Rate:	12.0000%	Home Office(3):	0	0.0000
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	25,375	0.0000
		Yearly Payment:	422,208	Total FRVS PD:		14.8959

- (1) 80% Capital (\$3,195,390) amortized at 12.0000 % for 20 years Principal & Interest of \$422,208 divided by annual available days (41975) divided by Occup. Adj. (0.900) = \$11.1762
- (2) 20% ROE (\$798,847) times the ROE factor (0.014580) divided by annual available days (41975) divided by Occup. Adj. (0.900) = \$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	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 115	Effective PBS Limitation	3,277,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	35.7528	35.7528	0.6348	35.1180
Direct Care	74.8430	74.8430	1.3288	73.5142
Indirect Care	51.3504	51.3504	0.9117	50.4387
Property	13.6500	14.8959	0.2645	14.6314
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.7641
Supplemental Rate Add-on				9.9025
Totals	175.5962	176.8421	3.1398	208.3689

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 261611-00 - 2014/07

208.37

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/01	1,213,763	0.00	3.9787	3.0000	0.9787	115	100.00	1,213,763	1,226,935	
1972/07		0.10	5.9113	3.0000	2.9113	115	100.00	1,217,404	1,287,425	
1973/01		0.10	8.0622	3.0000	5.0622	115	100.00	1,221,056	1,353,780	
1973/07		0.20	10.7186	3.0000	7.7186	115	100.00	1,228,382	1,430,370	
1974/01		0.20	12.9457	3.0000	9.9457	115	100.00	1,235,752	1,505,120	
1974/07		0.30	13.0494	3.0000	10.0494	115	100.00	1,246,874	1,551,810	
1975/01		0.30	13.1399	3.0000	10.1399	115	100.00	1,258,096	1,599,765	
1975/07		0.40	14.2033	3.0000	11.2033	115	100.00	1,273,193	1,664,855	
1976/01		0.40	15.2478	3.0000	12.2478	115	100.00	1,288,471	1,732,130	
1976/07		0.50	15.7330	3.0000	12.7330	115	100.00	1,307,798	1,792,505	
1977/01		0.50	16.4836	3.0000	13.4836	115	100.00	1,327,415	1,859,780	
1977/07		0.60	18.5412	3.0000	15.5412	115	100.00	1,351,308	1,953,735	
1978/01		0.60	20.2809	3.0000	17.2809	115	100.00	1,375,632	2,046,425	
1978/07		0.70	22.8203	3.0000	19.8203	115	100.00	1,404,520	2,159,700	
1979/01		0.70	24.9476	3.0000	21.9476	115	100.00	1,434,015	2,270,445	
1979/07		0.80	26.1458	3.0000	23.1458	115	55.00	1,468,431	2,365,780	
1980/01		0.80	29.3115	3.0000	26.3115	115	55.00	1,503,673	2,511,715	
1980/07		0.90	30.1222	3.0000	27.1222	115	55.00	1,544,272	2,607,395	
1981/01		0.90	30.9462	3.0000	27.9462	115	55.00	1,585,967	2,707,100	
1981/07		1.00	30.5350	3.0000	27.5350	115	55.00	1,633,546	2,777,135	
1982/01		1.00	30.2110	3.0000	27.2110	115	55.00	1,682,552	2,851,540	
1982/07		1.00	29.5087	3.0000	26.5087	115	55.00	1,733,029	2,916,975	
1983/04		1.00	29.1375	3.0000	26.1375	115	55.00	1,785,020	2,993,680	
1983/07		1.00	30.0953	3.0000	27.0953	115	55.00	1,838,571	3,112,130	
1984/01		1.00	28.3905	3.0000	25.3905	115	55.00	1,893,728	3,152,495	
1984/07		1.00	27.3084	3.0000	24.3084	115	55.00	1,950,540	3,212,985	
1985/01		1.00	25.4555	3.0000	22.4555	115	55.00	2,009,056	3,249,785	
1985/10		1.00	23.3077	3.0000	20.3077	115	40.49	2,053,427	3,277,500	
1986/01		1.00	21.1376	3.0000	18.1376	115	40.49	2,098,778	3,304,755	
1986/07		1.00	18.4350	3.0000	15.4350	115	40.49	2,145,130	3,298,430	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 261611-00 - 2014/07

208.37

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01		1.00	16.4441	3.0000	13.4441	115	40.49	2,192,506	3,357,425	
1987/07		1.00	14.3448	3.0000	11.3448	115	40.49	2,240,928	3,383,645	
1988/01		1.00	12.2455	3.0000	9.2455	115	42.61	2,293,011	3,411,130	
1988/07		1.00	9.8354	3.0000	6.8354	115	42.61	2,346,305	3,409,290	
1989/01	14,464	1.00	7.4253	3.0000	4.4253	115	44.85	2,418,168	3,429,415	
1989/07		1.00	5.0152	3.0000	2.0152	115	44.85	2,477,325	3,452,645	
1990/01		1.00	2.6051	2.6051		115	49.66	2,535,596	3,470,010	
1990/07		1.00	0.5899	0.5899		115	49.66	2,549,101	3,490,480	
1991/01		1.00	0.5899	0.5899		115	51.18	2,563,094	3,510,950	
1991/07		1.00	1.4932	1.4932		115	51.18	2,598,708	3,563,390	
1992/01		1.00	2.0117	2.0117		115	50.19	2,646,414	3,635,035	
1992/07		0.95	1.8152	1.8152		115	50.19	2,688,058	3,701,045	
1993/01		0.95	1.7710	1.7710		115	59.75	2,733,285	3,766,595	
1993/07		0.90	1.5329	1.5329		115	59.75	2,770,993	3,824,325	
1994/01		0.90	1.6983	1.6983		115	64.81	2,813,348	3,889,300	
1994/07		0.85	1.5991	1.5991		115	64.81	2,851,587	3,951,515	
1995/01		0.85	1.5812	1.5812		115	67.12	2,889,912	4,013,960	
1995/07		0.80	1.5250	1.5250		115	67.12	2,925,169	4,075,140	
1996/01	379,508	0.80	1.7228	1.7228		115	69.02	3,344,992	4,145,405	
1996/07		0.75	1.3294	1.3294		115	69.02	3,378,345	4,200,490	
1997/01		0.75	1.4109	1.4109		115	65.98	3,414,095	4,259,715	
1997/07		0.70	1.0917	1.0917		115	65.98	3,440,186	4,306,175	
1998/01		0.70	1.1663	1.1663		115	64.47	3,468,272	4,356,430	
1998/07		0.65	1.0794	1.0794		115	65.83	3,492,605	4,403,465	
1999/01		0.65	1.4499	1.4499		115	65.83	3,525,519	4,467,290	
1999/07		0.60	1.2299	1.2299		115	65.83	3,525,519	4,522,260	5
2000/01		0.60	1.3356	1.3356		115	65.83	3,579,996	4,582,635	
2000/07		0.55	1.1129	1.1129		115	65.83	3,601,909	4,633,580	
2001/01		0.55	1.2976	1.2976		115	65.83	3,627,616	4,693,725	
2001/07		0.50	0.9615	0.9615		115	65.83	3,645,058	4,738,805	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 261611-00 - 2014/07

208.37

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01	42,936	0.50	1.0301	1.0301		115	71.96	3,706,770	4,787,565	
2002/07		0.45	0.8337	0.8337		115	71.96	3,720,678	4,827,470	
2003/01	102,160	0.45	1.3271	1.3271		115	65.38	3,845,058	4,891,525	
2003/07		0.40	1.1664	1.1664		115	65.38	3,862,999	4,948,565	
2004/01		0.40	1.1103	1.1103		115	65.38	3,880,155	5,003,535	
2004/07		0.35	0.8378	0.8378		115	65.38	3,891,532	5,045,510	
2005/01		0.35	0.8595	0.8595		115	65.38	3,903,238	5,088,865	
2005/07		0.30	0.7364	0.7364		115	65.38	3,911,860	5,126,355	
2006/01	17,215	0.30	0.9068	0.9068		115	65.78	3,939,715	5,172,815	
2006/07		0.25	0.8133	0.8133		115	66.58	3,947,724	5,214,905	
2007/01		0.25	1.0133	1.0133		115	66.58	3,957,724	5,267,690	
2007/07		0.20	1.1050	1.1050		115	66.58	3,966,471	5,325,880	
2008/01		0.20	0.8556	0.8556		115	63.82	3,973,258	5,371,420	
2008/07		0.15	0.6104	0.6104		115	63.82	3,976,898	5,404,195	
2009/01		0.15	1.3268	1.3268		115	68.14	3,984,812	5,475,955	
2009/07		0.10	0.6841	0.6841		115	68.14	3,987,538	5,513,445	
2010/01		0.10	0.8643	0.8643		115	72.23	3,990,983	5,561,055	
2010/07		0.05	0.7107	0.7107		115	75.98	3,992,400	5,600,615	
2011/01		0.05	0.9198	0.9198		115	75.98	3,994,237	5,652,135	
2011/07		0.00	0.9028	0.9028		115	75.26	3,994,237	5,703,195	
2012/01		0.00	0.3865	0.3865		115	75.26	3,994,237	5,725,275	
2012/07		0.00	0.9417	0.9417		115	75.26	3,994,237	5,779,210	
2013/01		0.00	0.4901	0.4901		115	78.39	3,994,237	5,807,500	
2013/07		0.00	0.6196	0.6196		115	78.39	3,994,237	5,843,495	
2014/01		0.00	0.8564	0.8564		115	80.59	3,994,237	5,893,520	
2014/07		0.00	1.2383	1.2383		115	80.59	3,994,237	5,966,545	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 261629-00 - 2014/07

217.60

Avalon Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1270 SW MAIN BLVD	1/1/2013-12/31/2013	Number of Beds: 95	Superior: 0
LAKE CITY, FL 32025	Days in CR 365	Maximum: 34,675	Standard: 184
County: Columbia [12]	First Used : 2014/07	Max Annualized: 34,675	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 28,739	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 3,397	Inflation
Current Class North Small	Initial CR? False	Medicaid: 22,333	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	77.70973%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	82.88104%	Cost: 1.02471376
Open Date: 10/01/1981	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/01/1981	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 10/01/1981	Low Occupancy Adjustment Factor:	105.51226%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 215562			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	939,570	1,727,456	1,017,325	491,326		4,175,677	
1a	Audit Adjustments							
2	Cost Per Diem	42.0709	77.3499	45.5525	22.0000		186.9733	
3	Cost Per Diem Inflated	43.1106	79.0688	46.6783				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.1106	79.0688	46.6783	22.0000		190.8577	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.4388		56.3577				
7	Provider Target Rate	48.4272		57.5320				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	53.3690	93.7426	69.3890	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.6361		65.1932				
10	Target Rate Class Ceiling	54.4184		66.1441				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.1106	79.0688	46.6783	13.6500		182.5077	
12/13	Medical Adjustment Rate		2.4648	1.4551				
14	Prospective Per Diem 11	43.1106	81.5336	48.1334	13.6500		186.4276	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 261629-00 - 2014/07

217.60

Rate Semester 07/01/2014 through 12/31/2014

Avalon Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,150,000.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed	80% Capital(1):	2,143,521	10.7342
Indexed Asset Value	2,679,401	<60% of Base:	False	20% ROE(2):	535,880	0.3220
FRVS Base Asset:	1,393,411	Interest Rate:	14.8040%	Insurance Cost(3):	47,544	1.6543
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	37,637	1.3096
ROE Factor	0.018750	Amortization Rate:	14.8040%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	52,639	0.0000
		Yearly Payment:	334,989	Total FRVS PD:		14.0201

- (1) 80% Capital (\$2,143,521) amortized at 14.8040 % for 20 years Principal & Interest of \$334,989 divided by annual available days (34675) divided by Occup. Adj. (0.900) = \$10.7342
- (2) 20% ROE (\$535,880) times the ROE factor (0.018750) divided by annual available days (34675) divided by Occup. Adj. (0.900) = \$0.3220
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	95	Effective PBS Limitation	2,707,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.1106	43.1106	0.7654	42.3452
Direct Care	81.5336	81.5336	1.4476	80.0860
Indirect Care	48.1334	48.1334	0.8546	47.2788
Property	13.6500	14.0201	0.2489	13.7712
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.2168
Supplemental Rate Add-on				9.9025
Totals	186.4276	186.7977	3.3165	217.6005

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 261629-00 - 2014/07

217.60

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	1,343,270	0.00	2.5888	2.5888		95	81.51	1,343,270	2,294,155	
1982/01		0.10	2.6760	2.6760		95	90.98	1,346,865	2,355,620	
1982/07		0.10	2.2977	2.2977		95	90.98	1,349,960	2,409,675	
1983/04		0.20	2.6288	2.6288		95	88.49	1,357,058	2,473,040	
1983/07		0.20	3.9578	3.0000	0.9578	95	88.49	1,365,200	2,570,890	
1984/01		0.30	2.2530	2.2530		95	90.98	1,374,427	2,604,235	
1984/07		0.30	1.9179	1.9179		95	88.48	1,382,335	2,654,205	
1985/01		0.40	1.1471	1.1471		94	91.94	1,388,677	2,656,346	
1985/10		0.40	0.8522	0.8522		95	91.94	1,393,411	2,707,500	
1986/01		0.50	0.8299	0.8299		95	90.78	1,399,194	2,730,015	
1986/07		0.50	0.2974	0.2974		95	90.78	1,401,275	2,724,790	
1987/01		0.60	1.0091	1.0091		95	89.58	1,409,760	2,773,525	
1987/07		0.60	0.9007	0.9007		95	85.74	1,417,378	2,795,185	
1988/01		0.70	0.9007	0.9007		95	85.74	1,426,315	2,817,890	
1988/07	9,765	0.70	0.5899	0.5899		95	85.74	1,441,969	2,816,370	
1989/01		0.80	0.5899	0.5899		95	85.74	1,448,774	2,832,995	
1989/07		0.80	0.5899	0.5899		95	85.74	1,455,611	2,852,185	
1990/01		0.90	0.5899	0.5899		95	85.74	1,463,339	2,866,530	
1990/07		0.90	0.5899	0.5899		95	81.11	1,471,108	2,883,440	
1991/01		1.00	0.5899	0.5899		95	81.11	1,479,786	2,900,350	
1991/07		1.00	1.4932	1.4932		95	84.72	1,501,882	2,943,670	
1992/01		1.00	2.0117	2.0117		95	84.72	1,532,095	3,002,855	
1992/07		1.00	1.8152	1.8152		95	88.72	1,559,906	3,057,385	
1993/01		1.00	1.7710	1.7710		95	88.72	1,587,532	3,111,535	
1993/07		1.00	1.5329	1.5329		95	88.72	1,611,867	3,159,225	
1994/01	26,352	1.00	1.6983	1.6983		95	85.99	1,665,593	3,212,900	
1994/07		1.00	1.5991	1.5991		95	85.99	1,692,227	3,264,295	
1995/01	30,835	1.00	1.5812	1.5812		95	88.47	1,749,819	3,315,880	
1995/07		1.00	1.5250	1.5250		95	88.47	1,776,504	3,366,420	
1996/01	15,615	1.00	1.7228	1.7228		95	79.78	1,822,725	3,424,465	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 261629-00 - 2014/07

217.60

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		95	88.29	1,846,956	3,469,970	
1997/01	42,964	1.00	1.4109	1.4109		95	88.29	1,915,979	3,518,895	
1997/07		1.00	1.0917	1.0917		95	88.29	1,936,896	3,557,275	
1998/01		1.00	1.1663	1.1663		95	88.29	1,959,486	3,598,790	
1998/07		1.00	1.0794	1.0794		95	78.30	1,959,486	3,637,645	5
1999/01		1.00	1.4499	1.4499		95	78.30	2,009,354	3,690,370	
1999/07		1.00	1.2299	1.2299		95	78.30	2,034,067	3,735,780	
2000/01		1.00	1.3356	1.3356		95	78.30	2,061,234	3,785,655	
2000/07		1.00	1.1129	1.1129		95	78.30	2,084,173	3,827,740	
2001/01		1.00	1.2976	1.2976		95	78.30	2,111,217	3,877,425	
2001/07		1.00	0.9615	0.9615		95	72.95	2,131,516	3,914,665	
2002/01		0.95	1.0301	1.0301		95	72.95	2,152,375	3,954,945	
2002/07	42,603	0.95	0.8337	0.8337		95	71.35	2,212,025	3,987,910	
2003/01		0.90	1.3271	1.3271		95	71.01	2,238,445	4,040,825	
2003/07		0.90	1.1664	1.1664		95	71.01	2,261,944	4,087,945	
2004/01		0.85	1.1103	1.1103		95	71.01	2,283,292	4,133,355	
2004/07		0.85	0.8378	0.8378		95	71.01	2,299,551	4,168,030	
2005/01		0.80	0.8595	0.8595		95	71.01	2,315,363	4,203,845	
2005/07		0.80	0.7364	0.7364		95	71.01	2,329,003	4,234,815	
2006/01		0.75	0.9068	0.9068		95	72.05	2,344,843	4,273,195	
2006/07		0.75	0.8133	0.8133		95	72.05	2,359,147	4,307,965	
2007/01		0.70	1.0133	1.0133		95	69.48	2,375,880	4,351,570	
2007/07		0.70	1.1050	1.1050		95	69.48	2,394,257	4,399,640	
2008/01		0.65	0.8556	0.8556		95	66.55	2,407,571	4,437,260	
2008/07		0.65	0.6104	0.6104		95	67.97	2,417,124	4,464,335	
2009/01		0.60	1.3268	1.3268		95	67.97	2,436,367	4,523,615	
2009/07		0.60	0.6841	0.6841		95	67.97	2,446,368	4,554,585	
2010/01		0.55	0.8643	0.8643		95	66.23	2,457,998	4,593,915	
2010/07		0.55	0.7107	0.7107		95	69.47	2,467,606	4,626,595	
2011/01		0.50	0.9198	0.9198		95	69.47	2,478,955	4,669,155	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 261629-00 - 2014/07

217.60

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		95	69.47	2,490,145	4,711,335	
2012/01		0.45	0.3865	0.3865		95	68.69	2,494,475	4,729,575	
2012/07		0.45	0.9417	0.9417		95	73.47	2,505,047	4,774,130	
2013/01		0.40	0.4901	0.4901		95	73.47	2,509,957	4,797,500	
2013/07		0.40	0.6196	0.6196		95	73.47	2,516,177	4,827,235	
2014/01		0.35	0.8564	0.8564		95	74.70	2,523,718	4,868,560	
2014/07	144,745	0.35	1.2383	1.2383		95	77.71	2,679,401	4,928,885	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 261629123120130101201304282014160136



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 261637-00 - 2014/07

232.84

Emerald Healthcare Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1655 SE WALTON ROAD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
PORT SAINT LUCIE, FL 34952	Days in CR 365	Maximum: 43,800	Standard: 184
County: St Lucie [56]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 38,395	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 12,453	Inflation
Current Class South Large	Initial CR? False	Medicaid: 22,125	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	57.62469%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	87.65982%	Cost: 1.02471376
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 11/01/1987	Low Occupancy Adjustment Factor:	111.59592%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 216011			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	917,424	1,824,378	1,332,911	704,018		4,778,731	
1a	Audit Adjustments							
2	Cost Per Diem	41.4655	82.4578	60.2446	31.8200		215.9879	
3	Cost Per Diem Inflated	42.4903	84.2902	61.7335				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.4903	84.2902	61.7335	31.8200		220.3340	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4546		60.9681				
7	Provider Target Rate	47.4225		62.2384				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	42.4903	84.2902	61.7335	13.6500		202.1640	
12/13	Medical Adjustment Rate		0.7230	0.5295				
14	Prospective Per Diem 11	42.4903	85.0132	62.2630	13.6500		203.4165	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 261637-00 - 2014/07

232.84

Rate Semester 07/01/2014 through 12/31/2014

Emerald Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/1987	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,139,792.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,085,810 12.3342
RS to Start Calcs:	1987/07	<60% of Base:	False	20% ROE(2):	1,021,453 0.4859
Indexed Asset Value	5,107,263	Interest Rate:	10.4000%	Insurance Cost(3):	81,880 2.1326
FRVS Base Asset:	2,656,745	Chase Rate:	9.0000%	Taxes Cost(3):	96,225 2.5062
Occup Adj Factor	0.9000	Amortization Rate:	10.4000%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	34,433 0.0000
		Yearly Payment:	486,214	Total FRVS PD:	17.4589

- (1) 80% Capital (\$4,085,810) amortized at 10.4000 % for 20 years Principal & Interest of \$486,214 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$12.3342
- (2) 20% ROE (\$1,021,453) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	51,883
Comparison Bed	91	Effective PBS Limitation	2,656,745

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.4903	42.4903	0.7544	41.7359
Direct Care	85.0132	85.0132	1.5094	83.5038
Indirect Care	62.2630	62.2630	1.1055	61.1575
Property	13.6500	17.4589	0.3100	17.1489
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.3917
Supplemental Rate Add-on				9.9025
Totals	203.4165	207.2254	3.6793	232.8403

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 261637-00 - 2014/07

232.84

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	4,487,763	0.00	0.9007	0.9007		91	9.85	2,656,745	2,656,745	1
1988/01		0.10	0.9007	0.9007		91	9.85	2,656,745	2,699,242	
1988/07		0.10	0.5899	0.5899		91	9.85	2,656,745	2,697,786	
1989/01		0.20	0.5899	0.5899		91	9.85	2,656,745	2,713,711	
1989/07		0.20	0.5899	0.5899		91	9.85	2,656,745	2,732,093	
1990/01		0.30	0.5899	0.5899		91	9.85	2,656,745	2,745,834	
1990/07		0.30	0.5899	0.5899		91	44.41	2,660,542	2,762,032	
1991/01		0.40	0.5899	0.5899		91	44.41	2,665,612	2,778,230	
1991/07		0.40	1.4932	1.4932		91	55.15	2,681,534	2,819,726	
1992/01		0.50	2.0117	2.0117		91	65.17	2,708,508	2,876,419	
1992/07		0.50	1.8152	1.8152		91	65.17	2,733,090	2,928,653	
1993/01	154,212	0.60	1.7710	1.7710		120	58.00	2,916,344	3,930,360	
1993/07		0.60	1.5329	1.5329		120	58.00	2,943,166	3,990,600	
1994/01		0.70	1.6983	1.6983		120	58.66	2,978,154	4,058,400	
1994/07		0.70	1.5991	1.5991		120	58.66	3,011,491	4,123,320	
1995/01		0.80	1.5812	1.5812		120	57.39	3,049,586	4,188,480	
1995/07		0.80	1.5250	1.5250		120	57.39	3,086,791	4,252,320	
1996/01		0.90	1.7228	1.7228		120	61.04	3,134,652	4,325,640	
1996/07		0.90	1.3294	1.3294		120	61.04	3,172,158	4,383,120	
1997/01	493,185	1.00	1.4109	1.4109		120	67.03	3,710,099	4,444,920	
1997/07		1.00	1.0917	1.0917		120	67.03	3,750,602	4,493,400	
1998/01		1.00	1.1663	1.1663		120	68.80	3,794,345	4,545,840	
1998/07		1.00	1.0794	1.0794		120	79.84	3,835,301	4,594,920	
1999/01		1.00	1.4499	1.4499		120	79.84	3,890,909	4,661,520	
1999/07		1.00	1.2299	1.2299		120	79.84	3,890,909	4,718,880	5
2000/01		1.00	1.3356	1.3356		120	79.84	3,991,369	4,781,880	
2000/07		1.00	1.1129	1.1129		120	79.84	4,035,789	4,835,040	
2001/01		1.00	1.2976	1.2976		120	79.84	4,088,157	4,897,800	
2001/07		1.00	0.9615	0.9615		120	79.84	4,127,465	4,944,840	
2002/01		1.00	1.0301	1.0301		120	74.76	4,169,982	4,995,720	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 261637-00 - 2014/07

232.84

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	74.76	4,204,747	5,037,360	
2003/01		1.00	1.3271	1.3271		120	65.40	4,260,548	5,104,200	
2003/07		1.00	1.1664	1.1664		120	65.40	4,310,243	5,163,720	
2004/01		1.00	1.1103	1.1103		120	65.40	4,358,100	5,221,080	
2004/07		1.00	0.8378	0.8378		120	65.40	4,394,612	5,264,880	
2005/01		1.00	0.8595	0.8595		120	65.40	4,432,384	5,310,120	
2005/07		1.00	0.7364	0.7364		120	65.40	4,465,024	5,349,240	
2006/01		1.00	0.9068	0.9068		120	52.58	4,503,731	5,397,720	
2006/07		1.00	0.8133	0.8133		120	51.91	4,538,302	5,441,640	
2007/01		1.00	1.0133	1.0133		120	51.91	4,581,705	5,496,720	
2007/07		1.00	1.1050	1.1050		120	51.91	4,629,488	5,557,440	
2008/01		0.95	0.8556	0.8556		120	50.21	4,663,839	5,604,960	
2008/07		0.95	0.6104	0.6104		120	55.84	4,663,839	5,639,160	5
2009/01		0.90	1.3268	1.3268		120	55.84	4,746,899	5,714,040	
2009/07		0.90	0.6841	0.6841		120	55.84	4,776,126	5,753,160	
2010/01		0.85	0.8643	0.8643		120	56.04	4,811,216	5,802,840	
2010/07		0.85	0.7107	0.7107		120	57.89	4,840,281	5,844,120	
2011/01		0.80	0.9198	0.9198		120	57.89	4,875,896	5,897,880	
2011/07		0.80	0.9028	0.9028		120	57.89	4,911,110	5,951,160	
2012/01		0.75	0.3865	0.3865		120	57.82	4,925,347	5,974,200	
2012/07		0.75	0.9417	0.9417		120	57.82	4,960,135	6,030,480	
2013/01		0.70	0.4901	0.4901		120	56.86	4,977,153	6,060,000	
2013/07		0.70	0.6196	0.6196		120	56.86	4,998,739	6,097,560	
2014/01	39,916	0.65	0.8564	0.8564		120	60.14	5,066,483	6,149,760	
2014/07		0.65	1.2383	1.2383		120	57.62	5,107,263	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 261670-00 - 2014/07

216.75

Hawthorne Health & Rehab of Brandon

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
851 WEST LUMSDEN RD	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
BRANDON, FL 33511	Days in CR 365	Maximum: 43,800	Standard: 184
County: Hillsborough [29]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 41,652	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 14,290	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 19,794	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	47.52233%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.09589%	Cost: 1.03716397
Open Date: 03/27/1995	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/27/1995	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 03/27/1995	Low Occupancy Adjustment Factor:	121.06245%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med # 211664			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	714,873	1,678,535	962,641	665,672		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	37.4578	87.1509	50.4404			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.4578	87.1509	50.4404	33.6300		208.6791
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.1212		54.3277			
7	Provider Target Rate	45.0405		55.4597			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500		
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784			
10	Target Rate Class Ceiling	53.7075		61.9692			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.4578	87.1509	50.4404	13.6500		188.6991
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	37.4578	87.1509	50.4404	13.6500		188.6991
15	Inflated Usual & Customary Charge						0.00

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



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 261670-00 - 2014/07

216.75

Rate Semester 07/01/2014 through 12/31/2014

Hawthorne Health & Rehab of Brandon

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/27/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,977,200.00		Total Amount	Per Diem
RS to Start Calcs:	1995/01	Type:	Variable	80% Capital(1):	4,887,346	13.1918
Indexed Asset Value	6,109,182	<60% of Base:	False	20% ROE(2):	1,221,836	0.4457
FRVS Base Asset:	3,092,490	Interest Rate:	8.7965%	Insurance Cost(3):	70,475	1.6920
Occup Adj Factor	0.9000	Chase Rate:	8.3356%	Taxes Cost(3):	86,400	2.0743
ROE Factor	0.014380	Amortization Rate:	8.7965%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	88,129	0.0000
		Yearly Payment:	520,021	Total FRVS PD:		17.4038

- (1) 80% Capital (\$4,887,346) amortized at 8.7965 % for 20 years Principal & Interest of \$520,021 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$13.1918
- (2) 20% ROE (\$1,221,836) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4457
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	07/01/1994	Current RS PBS:	51,883
Comparison Bed	90	Effective PBS Limitation	3,092,490

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	37.4578	37.4578	0.6651	36.7927
Direct Care	87.1509	87.1509	1.5474	85.6035
Indirect Care	50.4404	50.4404	0.8956	49.5448
Property	13.6500	17.4038	0.3090	17.0948
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.8118
Supplemental Rate Add-on				9.9025
Totals	188.6991	192.4529	3.4171	216.7501

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 261670-00 - 2014/07

216.75

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	4,184,335	0.00	1.5812	1.5812		90	52.42	3,092,490	3,092,490	1
1995/07		0.10	1.5250	1.5250		90	52.42	3,096,985	3,189,240	
1996/01		0.10	1.7228	1.7228		90	52.42	3,102,071	3,244,230	
1996/07		0.20	1.3294	1.3294		90	52.42	3,109,932	3,287,340	
1997/01		0.20	1.4109	1.4109		90	52.42	3,118,297	3,333,690	
1997/07		0.30	1.0917	1.0917		90	52.42	3,128,030	3,370,050	
1998/01		0.30	1.1663	1.1663		90	57.61	3,138,975	3,409,380	
1998/07		0.40	1.0794	1.0794		90	57.61	3,152,529	3,446,190	
1999/01	52,978	0.40	1.4499	1.4499		90	60.00	3,223,792	3,496,140	
1999/07		0.50	1.2299	1.2299		90	60.00	3,243,618	3,539,160	
2000/01		0.50	1.3356	1.3356		90	60.00	3,265,279	3,586,410	
2000/07	81,591	0.60	1.1129	1.1129		90	52.20	3,367,562	3,626,280	
2001/01		0.60	1.2976	1.2976		90	52.40	3,392,542	3,673,350	
2001/07		0.70	0.9615	0.9615		120	52.10	3,414,173	4,944,840	
2002/01	1,267,494	0.70	1.0301	1.0301		120	52.10	4,704,988	4,995,720	
2002/07		0.80	0.8337	0.8337		120	52.10	4,734,716	5,037,360	
2003/01		0.80	1.3271	1.3271		120	52.10	4,782,334	5,104,200	
2003/07		0.90	1.1664	1.1664		120	52.10	4,829,892	5,163,720	
2004/01		0.90	1.1103	1.1103		120	52.10	4,875,612	5,221,080	
2004/07		1.00	0.8378	0.8378		120	52.10	4,914,306	5,264,880	
2005/01		1.00	0.8595	0.8595		120	59.87	4,956,544	5,310,120	
2005/07		1.00	0.7364	0.7364		120	59.87	4,993,044	5,349,240	
2006/01		1.00	0.9068	0.9068		120	59.08	5,038,321	5,397,720	
2006/07		1.00	0.8133	0.8133		120	59.08	5,079,298	5,441,640	
2007/01	81,837	1.00	1.0133	1.0133		120	54.90	5,212,510	5,496,720	
2007/07		1.00	1.1050	1.1050		120	54.90	5,270,004	5,557,440	
2008/01		1.00	0.8556	0.8556		120	47.37	5,308,839	5,604,960	
2008/07	71,821	1.00	0.6104	0.6104		120	41.19	5,404,929	5,639,160	
2009/01		1.00	1.3268	1.3268		120	41.19	5,458,635	5,714,040	
2009/07		1.00	0.6841	0.6841		120	41.19	5,486,601	5,753,160	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 261670-00 - 2014/07

216.75

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01	79,112	1.00	0.8643	0.8643		120	47.27	5,606,469	5,802,840	
2010/07		1.00	0.7107	0.7107		120	47.27	5,640,714	5,844,120	
2011/01	98,903	1.00	0.9198	0.9198		120	44.93	5,782,001	5,897,880	
2011/07		1.00	0.9028	0.9028		120	44.93	5,824,644	5,951,160	
2012/01	21,903	1.00	0.3865	0.3865		120	47.09	5,865,822	5,974,200	
2012/07		1.00	0.9417	0.9417		120	47.09	5,913,116	6,030,480	
2013/01	34,064	1.00	0.4901	0.4901		120	44.13	5,970,433	6,060,000	
2013/07		1.00	0.6196	0.6196		120	44.13	6,000,115	6,097,560	
2014/01		1.00	0.8564	0.8564		120	47.52	6,044,512	6,149,760	
2014/07		1.00	1.2383	1.2383		120	47.52	6,109,182	6,225,960	

Message Code:

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 261670063020130701201210292013105051



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263389-00 - 2014/07

215.10

Atlantic Shores Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4251 STACK BLVD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
MELBOURNE , FL 32901	Days in CR 365	Maximum: 43,800	Standard: 184
County: Brevard [5]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 37,600	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,691	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 23,513	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	62.53457%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.84475%	Cost: 1.02471376
Open Date: 12/08/1995	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/08/1995	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 12/08/1995	Low Occupancy Adjustment Factor:	109.28523%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 212156			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,023,572	1,875,412	1,023,405	1,008,708		4,931,097	
1a	Audit Adjustments							
2	Cost Per Diem	43.5322	79.7606	43.5251	42.9000		209.7179	
3	Cost Per Diem Inflated	44.6080	81.5331	44.6008				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.6080	81.5331	44.6008	42.9000		213.6419	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.5568		58.6596				
7	Provider Target Rate	55.6935		59.8818				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.6080	81.5331	44.6008	13.6500		184.3919	
12/13	Medical Adjustment Rate		1.1497	0.6289				
14	Prospective Per Diem 11	44.6080	82.6828	45.2297	13.6500		186.1705	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263389-00 - 2014/07

215.10

Rate Semester 07/01/2014 through 12/31/2014

Atlantic Shores Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/08/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,190,261.00		Total Amount	Per Diem
RS to Start Calcs:	1995/07	Type:	Fixed	80% Capital(1):	4,608,138	10.2533
Indexed Asset Value	5,760,173	<60% of Base:	False	20% ROE(2):	1,152,035	0.5480
FRVS Base Asset:	2,094,240	Interest Rate:	8.0700%	Insurance Cost(3):	37,323	0.9926
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	69,686	1.8534
ROE Factor	0.018750	Amortization Rate:	6.2500%	Home Office(3):	8,565	0.2278
		Interest Only:	False	Replacement(3&4):	15,448	0.0000
		Yearly Payment:	404,186	Total FRVS PD:		13.8751

- (1) 80% Capital (\$4,608,138) amortized at 6.2500 % for 20 years Principal & Interest of \$404,186 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.2533
- (2) 20% ROE (\$1,152,035) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5480
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,904
Comparison Date:	01/01/1995	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	2,094,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.6080	44.6080	0.7920	43.8160
Direct Care	82.6828	82.6828	1.4680	81.2148
Indirect Care	45.2297	45.2297	0.8031	44.4266
Property	13.6500	13.8751	0.2464	13.6287
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.1156
Supplemental Rate Add-on				9.9025
Totals	186.1705	186.3956	3.3095	215.1042

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263389-00 - 2014/07

215.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07	4,179,942	0.00	1.5250	1.5250		60	31.01	2,094,240	2,094,240	1
1996/01		0.10	1.7228	1.7228		60	31.01	2,096,274	2,162,820	
1996/07		0.10	1.3294	1.3294		60	31.01	2,097,845	2,191,560	
1997/01		0.20	1.4109	1.4109		60	31.01	2,101,183	2,222,460	
1997/07		0.20	1.0917	1.0917		60	31.01	2,103,769	2,246,700	
1998/01		0.30	1.1663	1.1663		60	31.01	2,103,769	2,272,920	5
1998/07		0.30	1.0794	1.0794		60	54.92	2,114,735	2,297,460	
1999/01		0.40	1.4499	1.4499		60	54.92	2,126,983	2,330,760	
1999/07	87,046	0.40	1.2299	1.2299		60	56.32	2,224,494	2,359,440	
2000/01		0.50	1.3356	1.3356		60	56.32	2,239,349	2,390,940	
2000/07	2,297,460	0.50	1.1129	1.1129		120	57.96	4,549,271	4,835,040	
2001/01		0.60	1.2976	1.2976		120	57.96	4,584,692	4,897,800	
2001/07		0.60	0.9615	0.9615		120	55.15	4,611,141	4,944,840	
2002/01		0.70	1.0301	1.0301		120	55.15	4,644,392	4,995,720	
2002/07		0.70	0.8337	0.8337		120	53.24	4,670,629	5,037,360	
2003/01		0.80	1.3271	1.3271		120	52.49	4,717,954	5,104,200	
2003/07		0.80	1.1664	1.1664		120	50.09	4,758,047	5,163,720	
2004/01		0.90	1.1103	1.1103		120	50.09	4,801,349	5,221,080	
2004/07		0.90	0.8378	0.8378		120	50.09	4,834,319	5,264,880	
2005/01		1.00	0.8595	0.8595		120	50.09	4,872,161	5,310,120	
2005/07		1.00	0.7364	0.7364		120	50.09	4,904,837	5,349,240	
2006/01		1.00	0.9068	0.9068		120	50.09	4,945,343	5,397,720	
2006/07		1.00	0.8133	0.8133		120	50.09	4,981,973	5,441,640	
2007/01		1.00	1.0133	1.0133		120	53.91	5,031,455	5,496,720	
2007/07		1.00	1.1050	1.1050		120	54.44	5,086,486	5,557,440	
2008/01		1.00	0.8556	0.8556		120	54.44	5,129,563	5,604,960	
2008/07		1.00	0.6104	0.6104		120	54.44	5,160,555	5,639,160	
2009/01		1.00	1.3268	1.3268		120	56.29	5,229,025	5,714,040	
2009/07		1.00	0.6841	0.6841		120	56.29	5,264,797	5,753,160	
2010/01		1.00	0.8643	0.8643		120	51.27	5,307,215	5,802,840	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263389-00 - 2014/07

215.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07	18,716	1.00	0.7107	0.7107		120	57.70	5,363,649	5,844,120	
2011/01		1.00	0.9198	0.9198		120	57.70	5,412,984	5,897,880	
2011/07		1.00	0.9028	0.9028		120	57.70	5,461,852	5,951,160	
2012/01		1.00	0.3865	0.3865		120	57.23	5,482,962	5,974,200	
2012/07		1.00	0.9417	0.9417		120	57.23	5,534,595	6,030,480	
2013/01		1.00	0.4901	0.4901		120	57.67	5,561,720	6,060,000	
2013/07		1.00	0.6196	0.6196		120	57.67	5,596,180	6,097,560	
2014/01		1.00	0.8564	0.8564		120	59.48	5,644,106	6,149,760	
2014/07	46,176	1.00	1.2383	1.2383		120	62.53	5,760,173	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 263389123120130101201304242014140318



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263443-00 - 2014/07

194.18

Bonifay Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
306 WEST BROCK AVENUE	1/1/2012-12/31/2012	Number of Beds: 180	Superior: 0
BONIFAY, FL 32425	Days in CR 366	Maximum: 65,880	Standard: 184
County: Holmes [30]	First Used : 2014/01	Max Annualized: 65,700	Conditional: 0
Region: North Area: 2	Last Used: 2014/07	Total Patient: 59,173	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,998	Inflation
Current Class North Large	Initial CR? False	Medicaid: 47,226	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	79.81005%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.81937%	Cost: 1.04963363
Open Date: 07/01/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 07/01/1984	Low Occupancy Adjustment Factor:	114.34515%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 212377			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,845,918	3,205,827	1,716,532	1,883,373		8,651,649	
1a	Audit Adjustments							
2	Cost Per Diem	39.0869	67.8827	36.3472	39.8800		183.1968	
3	Cost Per Diem Inflated	41.0269	70.1125	38.1512				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.0269	70.1125	38.1512	39.8800		189.1706	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.9920		51.4851				
7	Provider Target Rate	45.9295		52.5578				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	41.0269	70.1125	38.1512	13.6500		162.9406	
12/13	Medical Adjustment Rate		2.3513	1.2795				
14	Prospective Per Diem 11	41.0269	72.4638	39.4307	13.6500		166.5714	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263443-00 - 2014/07

194.18

Rate Semester 07/01/2014 through 12/31/2014

Bonifay Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 10/01/2003		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,325,551.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed	80% Capital(1):	5,575,978	8.2712
Indexed Asset Value	6,969,973	<60% of Base:	False	20% ROE(2):	1,393,995	0.3437
FRVS Base Asset:	1,432,662	Interest Rate:	8.0700%	Insurance Cost(3):	64,977	1.0981
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	54,354	0.9186
ROE Factor	0.014580	Amortization Rate:	6.2500%	Home Office(3):	15,959	0.2697
		Interest Only:	False	Replacement(3&4):	142,088	0.0000
		Yearly Payment:	489,077	Total FRVS PD:		10.9013

- (1) 80% Capital (\$5,575,978) amortized at 6.2500 % for 20 years Principal & Interest of \$489,077 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$8.2712
 (2) 20% ROE (\$1,393,995) times the ROE factor (0.014580) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.3437
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	07/01/1985	Current RS PBS:	28,500
Comparison Bed	60	Effective PBS Limitation	51,883
			1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.0269	41.0269	0.7284	40.2985
Direct Care	72.4638	72.4638	1.2866	71.1772
Indirect Care	39.4307	39.4307	0.7001	38.7306
Property	13.6500	10.9013	0.1936	10.7077
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Quality Assess-Medicaid Share				23.3680
Totals	166.5714	163.8227	2.9087	194.1845

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263443-00 - 2014/07

194.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	1,429,802	0.00	1.9179	1.9179		60	86.16	1,429,802	1,676,340	
1985/01		0.10	1.1471	1.1471		60	86.16	1,431,442	1,695,540	
1985/10		0.10	0.8522	0.8522		60	86.16	1,432,662	1,710,000	
1986/01		0.20	0.8299	0.8299		60	86.16	1,435,040	1,724,220	
1986/07		0.20	0.2974	0.2974		60	86.16	1,435,894	1,720,920	
1987/01		0.30	1.0091	1.0091		60	86.16	1,440,240	1,751,700	
1987/07		0.30	0.9007	0.9007		60	86.16	1,444,132	1,765,380	
1988/01		0.40	0.9007	0.9007		60	85.28	1,449,335	1,779,720	
1988/07	924,261	0.40	0.5899	0.5899		120	90.04	2,377,016	3,557,520	
1989/01		0.50	0.5899	0.5899		120	90.04	2,384,028	3,578,520	
1989/07	117,627	0.50	0.5899	0.5899		120	93.34	2,508,688	3,602,760	
1990/01		0.60	0.5899	0.5899		120	93.34	2,517,566	3,620,880	
1990/07		0.60	0.5899	0.5899		120	93.34	2,526,476	3,642,240	
1991/01	111,753	0.70	0.5899	0.5899		120	92.64	2,648,661	3,663,600	
1991/07		0.70	1.4932	1.4932		120	90.95	2,676,345	3,718,320	
1992/01		0.80	2.0117	2.0117		120	90.95	2,719,418	3,793,080	
1992/07		0.80	1.8152	1.8152		120	91.06	2,758,909	3,861,960	
1993/01		0.90	1.7710	1.7710		120	91.06	2,802,883	3,930,360	
1993/07		0.90	1.5329	1.5329		120	92.39	2,841,552	3,990,600	
1994/01		1.00	1.6983	1.6983		120	92.39	2,889,810	4,058,400	
1994/07		1.00	1.5991	1.5991		120	86.26	2,936,021	4,123,320	
1995/01		1.00	1.5812	1.5812		120	86.26	2,982,445	4,188,480	
1995/07	1,928,790	1.00	1.5250	1.5250		178	87.83	4,956,717	6,307,608	
1996/01		1.00	1.7228	1.7228		178	87.34	5,042,111	6,416,366	
1996/07		1.00	1.3294	1.3294		178	87.34	5,109,141	6,501,628	
1997/01		1.00	1.4109	1.4109		178	87.34	5,181,226	6,593,298	
1997/07		1.00	1.0917	1.0917		178	87.34	5,237,789	6,665,210	
1998/01		1.00	1.1663	1.1663		178	87.34	5,298,877	6,742,996	
1998/07		1.00	1.0794	1.0794		178	87.34	5,356,073	6,815,798	
1999/01		1.00	1.4499	1.4499		178	87.34	5,433,731	6,914,588	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263443-00 - 2014/07

194.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		178	88.81	5,500,560	6,999,672	
2000/01		1.00	1.3356	1.3356		178	88.81	5,574,025	7,093,122	
2000/07		1.00	1.1129	1.1129		178	88.81	5,636,058	7,171,976	
2001/01	27,409	1.00	1.2976	1.2976		178	86.89	5,736,600	7,265,070	
2001/07		1.00	0.9615	0.9615		178	86.89	5,791,757	7,334,846	
2002/01		1.00	1.0301	1.0301		180	88.92	5,851,418	7,493,580	
2002/07		1.00	0.8337	0.8337		180	84.93	5,900,201	7,556,040	
2003/01		1.00	1.3271	1.3271		180	84.93	5,978,503	7,656,300	
2003/07		1.00	1.1664	1.1664		180	80.90	6,048,236	7,745,580	
2004/01		1.00	1.1103	1.1103		180	80.90	6,115,390	7,831,620	
2004/07		1.00	0.8378	0.8378		180	80.90	6,166,625	7,897,320	
2005/01		0.95	0.8595	0.8595		180	80.90	6,216,975	7,965,180	
2005/07		0.95	0.7364	0.7364		180	80.90	6,260,469	8,023,860	
2006/01		0.90	0.9068	0.9068		180	80.90	6,311,561	8,096,580	
2006/07		0.90	0.8133	0.8133		180	80.90	6,357,762	8,162,460	
2007/01		0.85	1.0133	1.0133		180	77.04	6,412,521	8,245,080	
2007/07		0.85	1.1050	1.1050		180	77.04	6,472,754	8,336,160	
2008/01		0.80	0.8556	0.8556		180	73.38	6,517,060	8,407,440	
2008/07		0.80	0.6104	0.6104		180	73.38	6,548,883	8,458,740	
2009/01		0.75	1.3268	1.3268		180	77.31	6,614,051	8,571,060	
2009/07		0.75	0.6841	0.6841		180	77.41	6,647,988	8,629,740	
2010/01		0.70	0.8643	0.8643		180	77.41	6,688,208	8,704,260	
2010/07		0.70	0.7107	0.7107		180	80.99	6,721,482	8,766,180	
2011/01		0.65	0.9198	0.9198		180	80.99	6,761,670	8,846,820	
2011/07		0.65	0.9028	0.9028		180	76.00	6,801,347	8,926,740	
2012/01		0.60	0.3865	0.3865		180	76.00	6,817,119	8,961,300	
2012/07		0.60	0.9417	0.9417		180	76.00	6,855,636	9,045,720	
2013/01		0.55	0.4901	0.4901		180	74.86	6,874,119	9,090,000	
2013/07		0.55	0.6196	0.6196		180	74.86	6,897,546	9,146,340	
2014/01		0.50	0.8564	0.8564		180	79.81	6,927,081	9,224,640	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263443-00 - 2014/07

194.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		180	79.81	6,969,973	9,338,940	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 263443123120120101201209122013154230



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263451-00 - 2014/07

218.06

Riviera Palms Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
926 HABEN BLVD	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
PALMETTO, FL 34221	Days in CR 366	Maximum: 43,920	Standard: 184
County: Manatee [41]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 39,712	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 8,900	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 27,912	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	70.28606%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	90.41894%	Cost: 1.04963363
Open Date: 03/01/1988	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/01/1988	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 03/07/1988	Low Occupancy Adjustment Factor:	115.10843%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 212385			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,161,746	2,266,723	1,250,473	1,000,087		5,679,029	
1a	Audit Adjustments							
2	Cost Per Diem	41.6217	81.2096	44.8006	35.8300		203.4619	
3	Cost Per Diem Inflated	43.6875	83.8772	47.0242				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.6875	83.8772	47.0242	35.8300		210.4189	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.0807		57.7961				
7	Provider Target Rate	52.1450		59.0003				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.6875	83.8772	47.0242	13.6500		188.2389	
12/13	Medical Adjustment Rate		1.9142	1.0732				
14	Prospective Per Diem 11	43.6875	85.7914	48.0974	13.6500		191.2263	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263451-00 - 2014/07

218.06

Rate Semester 07/01/2014 through 12/31/2014

Riviera Palms Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/07/1988	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,899,682.00	Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Fixed	80% Capital(1):	4,189,888 9.3227
Indexed Asset Value	5,237,360	<60% of Base:	False	20% ROE(2):	1,047,472 0.3874
FRVS Base Asset:	2,648,070	Interest Rate:	8.0700%	Insurance Cost(3):	54,731 1.3782
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	55,427 1.3957
ROE Factor	0.014580	Amortization Rate:	6.2500%	Home Office(3):	10,711 0.2697
		Interest Only:	False	Replacement(3&4):	18,555 0.0000
		Yearly Payment:	367,501	Total FRVS PD:	12.7537

- (1) 80% Capital (\$4,189,888) amortized at 6.2500 % for 20 years Principal & Interest of \$367,501 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.3227
- (2) 20% ROE (\$1,047,472) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3874
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	51,883
Comparison Bed	90	Effective PBS Limitation	2,648,070

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.6875	43.6875	0.7757	42.9118
Direct Care	85.7914	85.7914	1.5232	84.2682
Indirect Care	48.0974	48.0974	0.8540	47.2434
Property	13.6500	12.7537	0.2264	12.5273
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.2103
Supplemental Rate Add-on				9.9025
Totals	191.2263	190.3300	3.3793	218.0635

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263451-00 - 2014/07

218.06

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	2,669,580	0.00	0.9007	0.9007		90	58.91	2,648,070	2,648,070	1
1988/07		0.10	0.5899	0.5899		90	58.91	2,649,632	2,668,140	
1989/01		0.10	0.5899	0.5899		90	58.91	2,651,195	2,683,890	
1989/07		0.20	0.5899	0.5899		90	58.91	2,651,195	2,702,070	5
1990/01		0.20	0.5899	0.5899		90	58.91	2,654,323	2,715,660	5
1990/07		0.30	0.5899	0.5899		90	58.91	2,657,455	2,731,680	5
1991/01		0.30	0.5899	0.5899		90	58.91	2,662,159	2,747,700	5
1991/07	677,957	0.40	1.4932	1.4932		120	65.27	3,360,757	3,718,320	
1992/01		0.40	2.0117	2.0117		120	65.27	3,387,801	3,793,080	
1992/07	28,898	0.50	1.8152	1.8152		120	67.02	3,447,447	3,861,960	
1993/01		0.50	1.7710	1.7710		120	67.02	3,477,974	3,930,360	
1993/07		0.60	1.5329	1.5329		120	69.83	3,509,961	3,990,600	
1994/01		0.60	1.6983	1.6983		120	69.83	3,545,728	4,058,400	
1994/07		0.70	1.5991	1.5991		120	68.50	3,585,419	4,123,320	
1995/01		0.70	1.5812	1.5812		120	68.50	3,625,102	4,188,480	
1995/07		0.80	1.5250	1.5250		120	72.38	3,669,328	4,252,320	
1996/01		0.80	1.7228	1.7228		120	74.67	3,719,899	4,325,640	
1996/07		0.90	1.3294	1.3294		120	74.67	3,764,408	4,383,120	
1997/01		0.90	1.4109	1.4109		120	74.67	3,812,208	4,444,920	
1997/07		1.00	1.0917	1.0917		120	74.67	3,853,826	4,493,400	
1998/01		1.00	1.1663	1.1663		120	74.67	3,898,773	4,545,840	
1998/07		1.00	1.0794	1.0794		120	74.67	3,940,856	4,594,920	
1999/01		1.00	1.4499	1.4499		120	74.67	3,940,856	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	74.84	4,047,165	4,718,880	
2000/01		1.00	1.3356	1.3356		120	74.84	4,101,219	4,781,880	
2000/07		1.00	1.1129	1.1129		120	71.24	4,146,861	4,835,040	
2001/01		1.00	1.2976	1.2976		120	59.12	4,200,671	4,897,800	
2001/07		1.00	0.9615	0.9615		120	59.12	4,241,060	4,944,840	
2002/01		1.00	1.0301	1.0301		120	61.29	4,284,747	4,995,720	
2002/07		1.00	0.8337	0.8337		120	61.29	4,320,469	5,037,360	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263451-00 - 2014/07

218.06

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		120	56.48	4,377,806	5,104,200	
2003/07		1.00	1.1664	1.1664		120	59.51	4,428,869	5,163,720	
2004/01		1.00	1.1103	1.1103		120	59.51	4,478,043	5,221,080	
2004/07		1.00	0.8378	0.8378		120	59.51	4,515,560	5,264,880	
2005/01		1.00	0.8595	0.8595		120	59.51	4,554,371	5,310,120	
2005/07		1.00	0.7364	0.7364		120	59.51	4,587,909	5,349,240	
2006/01		1.00	0.9068	0.9068		120	59.51	4,629,512	5,397,720	
2006/07		1.00	0.8133	0.8133		120	59.51	4,667,164	5,441,640	
2007/01		1.00	1.0133	1.0133		120	53.81	4,713,433	5,496,720	
2007/07		1.00	1.1050	1.1050		120	53.81	4,764,390	5,557,440	
2008/01		1.00	0.8556	0.8556		120	48.30	4,800,188	5,604,960	
2008/07		0.95	0.6104	0.6104		120	51.11	4,826,056	5,639,160	
2009/01		0.95	1.3268	1.3268		120	51.11	4,882,586	5,714,040	
2009/07		0.90	0.6841	0.6841		120	51.11	4,910,522	5,753,160	
2010/01	17,677	0.90	0.8643	0.8643		120	62.27	4,966,398	5,802,840	
2010/07		0.85	0.7107	0.7107		120	59.44	4,996,400	5,844,120	
2011/01		0.85	0.9198	0.9198		120	59.44	5,035,462	5,897,880	
2011/07		0.80	0.9028	0.9028		120	61.44	5,071,828	5,951,160	
2012/01		0.80	0.3865	0.3865		120	61.44	5,087,510	5,974,200	
2012/07		0.75	0.9417	0.9417		120	61.44	5,123,443	6,030,480	
2013/01		0.75	0.4901	0.4901		120	69.20	5,142,277	6,060,000	
2013/07		0.70	0.6196	0.6196		120	69.20	5,164,579	6,097,560	
2014/01		0.70	0.8564	0.8564		120	70.29	5,195,541	6,149,760	
2014/07		0.65	1.2383	1.2383		120	70.29	5,237,360	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263460-00 - 2014/07

223.31

Boynton Beach Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
9600 LAWRENCE ROAD	1/1/2012-12/31/2012	Number of Beds: 168	Superior: 0
BOYNTON BEACH , FL	Days in CR 366	Maximum: 61,488	Standard: 184
33436	First Used : 2014/01	Max Annualized: 61,320	Conditional: 0
County: Palm Beach [50]	Last Used: 2014/07	Total Patient: 50,685	Total: 184
Region: South Area: 9	Unaudited	Medicare: 13,362	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 28,423	FY Index: 1.28335532
Current Class South Large	Medical Utilization		Semester Index: 1.34705290
Class at 1/94: South Large	Occupancy:	56.07774%	Cost: 1.04963363
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	82.43072%	Target: 1.01458517
Open Date: 06/01/1977	Medicaid Low Occupancy Threshold:	78.55110%	DC FY Index: 1.20250000
Acquired Date: 07/01/1984	Low Occupancy Adjustment Factor:	41.17760%	DC Sem Index: 1.24200000
Entered Medicaid 07/01/1984	Weighted Low Occ Adjustment Factor:	104.93898%	DC Inflation: 1.03284823
Med # Active Date: 10/01/2003		100.00000%	PS Target: 1.02083595
Previous Med # 211257			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,171,096	2,413,492	1,357,888	1,799,460		6,741,935	
1a	Audit Adjustments							
2	Cost Per Diem	41.2024	84.9133	47.7743	63.3100		237.2000	
3	Cost Per Diem Inflated	43.2474	87.7026	50.1455				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.2474	87.7026	50.1455	63.3100		244.4055	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.9254		63.4517				
7	Provider Target Rate	48.9240		64.7738				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.2474	87.7026	50.1455	13.6500		194.7455	
12/13	Medical Adjustment Rate		0.5997	0.3429				
14	Prospective Per Diem 11	43.2474	88.3023	50.4884	13.6500		195.6881	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263460-00 - 2014/07

223.31

Rate Semester 07/01/2014 through 12/31/2014

Boynton Beach Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 07/01/1998		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,365,423.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed	80% Capital(1):	6,516,766	10.3572
Indexed Asset Value	8,145,957	<60% of Base:	False	20% ROE(2):	1,629,191	0.4304
FRVS Base Asset:	1,235,042	Interest Rate:	8.0700%	Insurance Cost(3):	93,780	1.8503
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	150,724	2.9737
ROE Factor	0.014580	Amortization Rate:	6.2500%	Home Office(3):	13,670	0.2697
		Interest Only:	False	Replacement(3&4):	107,217	0.0000
		Yearly Payment:	571,595	Total FRVS PD:		15.8813

- (1) 80% Capital (\$6,516,766) amortized at 6.2500 % for 20 years Principal & Interest of \$571,595 divided by annual available days (61320) divided by Occup. Adj. (0.900) = \$10.3572
 (2) 20% ROE (\$1,629,191) times the ROE factor (0.014580) divided by annual available days (61320) divided by Occup. Adj. (0.900) = \$0.4304
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	168	Effective PBS Limitation	4,788,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.2474	43.2474	0.7679	42.4795
Direct Care	88.3023	88.3023	1.5678	86.7345
Indirect Care	50.4884	50.4884	0.8964	49.5920
Property	13.6500	15.8813	0.2820	15.5993
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.0039
Supplemental Rate Add-on				9.9025
Totals	195.6881	197.9194	3.5141	223.3117

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263460-00 - 2014/07

223.31

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	1,232,577	0.00	1.9179	1.9179		168	96.69	1,232,577	4,693,752	
1985/01		0.10	1.1471	1.1471		168	96.69	1,233,991	4,747,512	
1985/10		0.10	0.8522	0.8522		168	96.69	1,235,042	4,788,000	
1986/01		0.20	0.8299	0.8299		168	96.90	1,237,092	4,827,816	
1986/07		0.20	0.2974	0.2974		168	93.00	1,237,828	4,818,576	
1987/01		0.30	1.0091	1.0091		168	88.58	1,241,575	4,904,760	
1987/07		0.30	0.9007	0.9007		168	88.58	1,244,930	4,943,064	
1988/01		0.40	0.9007	0.9007		168	88.12	1,249,415	4,983,216	
1988/07		0.40	0.5899	0.5899		168	88.02	1,252,364	4,980,528	
1989/01		0.50	0.5899	0.5899		168	89.20	1,256,058	5,009,928	
1989/07		0.50	0.5899	0.5899		168	89.20	1,259,763	5,043,864	
1990/01		0.60	0.5899	0.5899		168	91.69	1,264,221	5,069,232	
1990/07		0.60	0.5899	0.5899		168	91.69	1,268,695	5,099,136	
1991/01		0.70	0.5899	0.5899		168	93.75	1,273,933	5,129,040	
1991/07		0.70	1.4932	1.4932		168	93.75	1,287,248	5,205,648	
1992/01		0.80	2.0117	2.0117		168	96.01	1,307,965	5,310,312	
1992/07		0.80	1.8152	1.8152		168	96.01	1,326,959	5,406,744	
1993/01		0.90	1.7710	1.7710		168	97.22	1,348,109	5,502,504	
1993/07		0.90	1.5329	1.5329		168	97.22	1,366,708	5,586,840	
1994/01		1.00	1.6983	1.6983		168	92.26	1,389,919	5,681,760	
1994/07		1.00	1.5991	1.5991		168	93.60	1,412,145	5,772,648	
1995/01		1.00	1.5812	1.5812		168	93.60	1,434,474	5,863,872	
1995/07		1.00	1.5250	1.5250		168	93.60	1,456,350	5,953,248	
1996/01		1.00	1.7228	1.7228		168	93.60	1,481,440	6,055,896	
1996/07		1.00	1.3294	1.3294		168	93.60	1,501,134	6,136,368	
1997/01		1.00	1.4109	1.4109		168	93.60	1,522,313	6,222,888	
1997/07		1.00	1.0917	1.0917		168	93.60	1,538,932	6,290,760	
1998/01		1.00	1.1663	1.1663		168	94.55	1,556,881	6,364,176	
1998/07		1.00	1.0794	1.0794		168	94.55	1,573,686	6,432,888	
1999/01		1.00	1.4499	1.4499		168	92.81	1,573,686	6,526,128	5



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263460-00 - 2014/07

223.31

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	9,996,496	1.00	1.2299	1.2299		168	80.58	6,606,432	6,606,432	8
2000/01		1.00	1.3356	1.3356		168	80.58	6,694,632	6,694,632	8
2000/07		1.00	1.1129	1.1129		168	80.58	6,769,056	6,769,056	8
2001/01		1.00	1.2976	1.2976		168	68.83	6,856,891	6,856,920	
2001/07		1.00	0.9615	0.9615		168	68.83	6,922,776	6,922,776	8
2002/01		1.00	1.0301	1.0301		168	71.03	6,994,008	6,994,008	8
2002/07		1.00	0.8337	0.8337		168	64.28	7,052,304	7,052,304	8
2003/01		1.00	1.3271	1.3271		168	64.28	7,145,880	7,145,880	8
2003/07		1.00	1.1664	1.1664		168	48.69	7,219,667	7,229,208	
2004/01		1.00	1.1103	1.1103		168	48.69	7,290,630	7,309,512	
2004/07		1.00	0.8378	0.8378		168	48.69	7,344,703	7,370,832	
2005/01		0.95	0.8595	0.8595		168	48.69	7,397,792	7,434,168	
2005/07		0.95	0.7364	0.7364		168	48.69	7,397,792	7,488,936	5
2006/01		0.90	0.9068	0.9068		168	48.69	7,497,387	7,556,808	
2006/07		0.90	0.8133	0.8133		168	48.69	7,545,972	7,618,296	
2007/01		0.85	1.0133	1.0133		169	48.88	7,603,733	7,741,214	
2007/07		0.85	1.1050	1.1050		169	44.14	7,661,052	7,826,728	
2008/01		0.80	0.8556	0.8556		169	44.14	7,703,137	7,893,652	
2008/07		0.80	0.6104	0.6104		169	44.14	7,733,324	7,941,817	
2009/01		0.75	1.3268	1.3268		169	39.83	7,789,053	8,047,273	
2009/07		0.75	0.6841	0.6841		169	39.83	7,817,995	8,102,367	
2010/01		0.70	0.8643	0.8643		169	40.77	7,853,056	8,172,333	
2010/07		0.70	0.7107	0.7107		169	42.03	7,882,912	8,230,469	
2011/01		0.65	0.9198	0.9198		169	42.03	7,918,929	8,306,181	
2011/07		0.65	0.9028	0.9028		169	48.03	7,959,508	8,381,217	
2012/01		0.60	0.3865	0.3865		169	48.03	7,975,627	8,413,665	
2012/07		0.60	0.9417	0.9417		169	48.03	8,014,979	8,492,926	
2013/01		0.55	0.4901	0.4901		168	52.01	8,035,413	8,484,000	
2013/07		0.55	0.6196	0.6196		168	52.01	8,061,309	8,536,584	
2014/01		0.50	0.8564	0.8564		168	56.08	8,095,828	8,609,664	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263460-00 - 2014/07

223.31

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		168	56.08	8,145,957	8,716,344	

Message Code:

- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 263460123120120101201209112013173126



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263478-00 - 2014/07

204.38

Arbor Trail Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
611 TURNER CAMP RD	1/1/2013-12/31/2013	Number of Beds: 116	Superior: 0
INVERNESS, FL 34453	Days in CR 365	Maximum: 42,340	Standard: 184
County: Citrus [9]	First Used : 2014/07	Max Annualized: 42,340	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 38,765	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 10,116	Inflation
Current Class North Large	Initial CR? False	Medicaid: 18,360	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	47.36231%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.55645%	Cost: 1.02471376
Open Date: 07/17/1987	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/17/1987	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 07/17/1987	Low Occupancy Adjustment Factor:	116.55655%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 211991			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	741,518	1,458,095	729,842	951,966		3,881,421	
1a	Audit Adjustments							
2	Cost Per Diem	40.3877	79.4169	39.7517	51.8500		211.4063	
3	Cost Per Diem Inflated	41.3858	81.1817	40.7341				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.3858	81.1817	40.7341	51.8500		215.1516	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.8381		55.6776				
7	Provider Target Rate	47.8140		56.8377				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	41.3858	81.1817	40.7341	13.6500		176.9516	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	41.3858	81.1817	40.7341	13.6500		176.9516	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263478-00 - 2014/07

204.38

Rate Semester 07/01/2014 through 12/31/2014

Arbor Trail Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/17/1987	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,025,253.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,272,485	9.8343
RS to Start Calcs:	1987/07	<60% of Base:	False	20% ROE(2):	1,068,121	0.5256
Indexed Asset Value	5,340,606	Interest Rate:	8.0700%	Insurance Cost(3):	65,936	1.7009
FRVS Base Asset:	1,751,700	Chase Rate:	3.2500%	Taxes Cost(3):	81,464	2.1015
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	8,831	0.2278
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	44,357	0.0000
		Yearly Payment:	374,746	Total FRVS PD:		14.3901

- (1) 80% Capital (\$4,272,485) amortized at 6.2500 % for 20 years Principal & Interest of \$374,746 divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$9.8343
- (2) 20% ROE (\$1,068,121) times the ROE factor (0.018750) divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$0.5256
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,751,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.3858	41.3858	0.7348	40.6510
Direct Care	81.1817	81.1817	1.4414	79.7403
Indirect Care	40.7341	40.7341	0.7232	40.0109
Property	13.6500	14.3901	0.2555	14.1346
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.9387
Supplemental Rate Add-on				9.9025
Totals	176.9516	177.6917	3.1549	204.3780

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263478-00 - 2014/07

204.38

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	3,499,565	0.00	0.9007	0.9007		60	67.62	1,751,700	1,751,700	1
1988/01		0.10	0.9007	0.9007		60	67.62	1,753,278	1,779,720	
1988/07		0.10	0.5899	0.5899		60	67.62	1,754,312	1,778,760	
1989/01		0.20	0.5899	0.5899		60	67.62	1,756,382	1,789,260	
1989/07		0.20	0.5899	0.5899		60	67.62	1,758,455	1,801,380	
1990/01		0.30	0.5899	0.5899		60	67.62	1,761,567	1,810,440	
1990/07	16,015	0.30	0.5899	0.5899		60	78.99	1,780,700	1,821,120	
1991/01		0.40	0.5899	0.5899		60	82.24	1,784,902	1,831,800	
1991/07		0.40	1.4932	1.4932		60	82.24	1,795,563	1,859,160	
1992/01		0.50	2.0117	2.0117		60	82.24	1,813,625	1,896,540	
1992/07	1,699,712	0.50	1.8152	1.8152		116	78.78	3,529,797	3,733,228	
1993/01		0.60	1.7710	1.7710		116	78.78	3,567,305	3,799,348	
1993/07		0.60	1.5329	1.5329		116	67.77	3,600,114	3,857,580	
1994/01		0.70	1.6983	1.6983		116	66.62	3,642,912	3,923,120	
1994/07		0.70	1.5991	1.5991		116	66.62	3,683,691	3,985,876	
1995/01		0.80	1.5812	1.5812		116	66.62	3,730,290	4,048,864	
1995/07		0.80	1.5250	1.5250		116	64.18	3,775,800	4,110,576	
1996/01		0.90	1.7228	1.7228		116	64.18	3,834,344	4,181,452	
1996/07		0.90	1.3294	1.3294		116	64.18	3,880,222	4,237,016	
1997/01		1.00	1.4109	1.4109		116	64.18	3,880,222	4,296,756	5
1997/07		1.00	1.0917	1.0917		116	64.18	3,934,968	4,343,620	5
1998/01		1.00	1.1663	1.1663		116	64.18	4,024,321	4,394,312	
1998/07		1.00	1.0794	1.0794		116	60.04	4,067,760	4,441,756	
1999/01		1.00	1.4499	1.4499		116	60.04	4,126,738	4,506,136	
1999/07		1.00	1.2299	1.2299		116	58.67	4,177,493	4,561,584	
2000/01		1.00	1.3356	1.3356		116	58.67	4,233,288	4,622,484	
2000/07		1.00	1.1129	1.1129		116	59.34	4,280,400	4,673,872	
2001/01		1.00	1.2976	1.2976		116	60.78	4,335,942	4,734,540	
2001/07		1.00	0.9615	0.9615		116	60.78	4,377,632	4,780,012	
2002/01		1.00	1.0301	1.0301		116	55.30	4,422,726	4,829,196	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263478-00 - 2014/07

204.38

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		116	55.30	4,459,598	4,869,448	
2003/01		1.00	1.3271	1.3271		116	57.08	4,518,781	4,934,060	
2003/07		1.00	1.1664	1.1664		116	64.44	4,571,488	4,991,596	
2004/01		1.00	1.1103	1.1103		116	64.44	4,622,245	5,047,044	
2004/07		1.00	0.8378	0.8378		116	64.44	4,660,970	5,089,384	
2005/01		1.00	0.8595	0.8595		116	64.44	4,701,031	5,133,116	
2005/07		1.00	0.7364	0.7364		116	64.44	4,735,649	5,170,932	
2006/01		1.00	0.9068	0.9068		116	64.44	4,778,592	5,217,796	
2006/07		1.00	0.8133	0.8133		116	64.44	4,817,456	5,260,252	
2007/01		1.00	1.0133	1.0133		116	59.57	4,866,271	5,313,496	
2007/07		1.00	1.1050	1.1050		116	55.04	4,920,043	5,372,192	
2008/01		0.95	0.8556	0.8556		116	55.04	4,960,033	5,418,128	
2008/07		0.95	0.6104	0.6104		116	55.04	4,988,796	5,451,188	
2009/01		0.90	1.3268	1.3268		116	56.76	5,048,367	5,523,572	
2009/07		0.90	0.6841	0.6841		116	56.76	5,079,450	5,561,388	
2010/01		0.85	0.8643	0.8643		116	58.12	5,116,769	5,609,412	
2010/07		0.85	0.7107	0.7107		116	45.35	5,142,256	5,649,316	
2011/01		0.80	0.9198	0.9198		116	45.35	5,173,454	5,701,284	
2011/07		0.80	0.9028	0.9028		116	45.35	5,204,261	5,752,788	
2012/01		0.75	0.3865	0.3865		116	43.01	5,216,059	5,775,060	
2012/07		0.75	0.9417	0.9417		116	43.01	5,244,869	5,829,464	
2013/01		0.70	0.4901	0.4901		116	47.46	5,260,397	5,858,000	
2013/07		0.70	0.6196	0.6196		116	47.46	5,280,084	5,894,308	
2014/01		0.65	0.8564	0.8564		116	44.46	5,303,845	5,944,768	
2014/07		0.65	1.2383	1.2383		116	47.36	5,340,606	6,018,428	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263486-00 - 2014/07

239.09

Pinellas Point Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5601 31ST ST S	1/1/2013-12/31/2013	Number of Beds: 60	Superior: 0
SAINT PETERSBURG, FL 33712	Days in CR 365	Maximum: 21,900	Standard: 184
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 21,900	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 18,644	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 3,200	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 13,283	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	71.24544%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.13242%	Cost: 1.02471376
Open Date: 01/01/1972	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/08/1995	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 03/08/1995	Low Occupancy Adjustment Factor:	108.37839%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 211630			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	682,448	1,077,302	754,619	243,743		2,758,112	
1a	Audit Adjustments							
2	Cost Per Diem	51.3776	81.1038	56.8109	18.3500		207.6423	
3	Cost Per Diem Inflated	52.6473	82.9061	58.2149				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.6473	82.9061	58.2149	18.3500		212.1183	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.4237		62.0530				
7	Provider Target Rate	65.7660		63.3459				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500			
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442				
10	Target Rate Class Ceiling	61.3634		72.4862				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.6473	82.9061	58.2149	13.6500		207.4183	
12/13	Medical Adjustment Rate		1.9815	1.3914				
14	Prospective Per Diem 11	52.6473	84.8876	59.6063	13.6500		210.7912	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263486-00 - 2014/07

239.09

Rate Semester 07/01/2014 through 12/31/2014

Pinellas Point Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/08/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,040,258.00		Total Amount	Per Diem
RS to Start Calcs:	1995/01	Type:	Fixed	80% Capital(1):	2,276,690	10.1315
Indexed Asset Value	2,845,863	<60% of Base:	False	20% ROE(2):	569,173	0.5415
FRVS Base Asset:	1,604,692	Interest Rate:	8.0700%	Insurance Cost(3):	26,975	1.4468
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	28,932	1.5518
ROE Factor	0.018750	Amortization Rate:	6.2500%	Home Office(3):	4,247	0.2278
		Interest Only:	False	Replacement(3&4):	30,909	0.0000
		Yearly Payment:	199,692	Total FRVS PD:		13.8994

- (1) 80% Capital (\$2,276,690) amortized at 6.2500 % for 20 years Principal & Interest of \$199,692 divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$10.1315
 (2) 20% ROE (\$569,173) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$0.5415
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	07/01/1994	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	2,061,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.6473	52.6473	0.9348	51.7125
Direct Care	84.8876	84.8876	1.5072	83.3804
Indirect Care	59.6063	59.6063	1.0583	58.5480
Property	13.6500	13.8994	0.2468	13.6526
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.8981
Supplemental Rate Add-on				9.9025
Totals	210.7912	211.0406	3.7471	239.0941

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263486-00 - 2014/07

239.09

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	1,604,692	0.00	1.5812	1.5812		60	21.92	1,604,692	2,094,240	
1995/07	8,160	0.10	1.5250	1.5250		60	21.92	1,612,852	2,126,160	
1996/01	2,110	0.10	1.7228	1.7228		60	21.92	1,614,962	2,162,820	
1996/07	3,801	0.20	1.3294	1.3294		60	21.92	1,618,763	2,191,560	
1997/01		0.20	1.4109	1.4109		60	21.92	1,618,763	2,222,460	
1997/07		0.30	1.0917	1.0917		60	21.92	1,618,763	2,246,700	
1998/01		0.30	1.1663	1.1663		60	21.92	1,618,763	2,272,920	
1998/07		0.40	1.0794	1.0794		60	41.80	1,624,075	2,297,460	
1999/01		0.40	1.4499	1.4499		60	41.80	1,631,234	2,330,760	
1999/07		0.50	1.2299	1.2299		60	45.29	1,639,495	2,359,440	
2000/01		0.50	1.3356	1.3356		60	45.29	1,648,511	2,390,940	
2000/07	546,132	0.60	1.1129	1.1129		60	55.28	2,205,650	2,417,520	
2001/01		0.60	1.2976	1.2976		60	67.51	2,222,823	2,448,900	
2001/07		0.70	0.9615	0.9615		60	67.51	2,237,785	2,472,420	
2002/01		0.70	1.0301	1.0301		60	59.05	2,253,922	2,497,860	
2002/07		0.80	0.8337	0.8337		60	59.05	2,268,956	2,518,680	
2003/01		0.80	1.3271	1.3271		60	59.98	2,293,046	2,552,100	
2003/07		0.90	1.1664	1.1664		60	66.07	2,317,118	2,581,860	
2004/01		0.90	1.1103	1.1103		60	66.07	2,340,273	2,610,540	
2004/07		1.00	0.8378	0.8378		60	66.07	2,359,880	2,632,440	
2005/01		1.00	0.8595	0.8595		60	66.07	2,380,163	2,655,060	
2005/07		1.00	0.7364	0.7364		60	66.07	2,397,691	2,674,620	
2006/01		1.00	0.9068	0.9068		60	66.07	2,419,433	2,698,860	
2006/07		1.00	0.8133	0.8133		60	66.07	2,439,110	2,720,820	
2007/01		1.00	1.0133	1.0133		60	67.41	2,463,826	2,748,360	
2007/07		1.00	1.1050	1.1050		60	69.34	2,491,051	2,778,720	
2008/01		1.00	0.8556	0.8556		60	69.34	2,512,364	2,802,480	
2008/07		1.00	0.6104	0.6104		60	69.34	2,527,699	2,819,580	
2009/01		1.00	1.3268	1.3268		60	69.73	2,561,237	2,857,020	
2009/07		1.00	0.6841	0.6841		60	69.73	2,578,758	2,876,580	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263486-00 - 2014/07
239.09

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		1.00	0.8643	0.8643		60	67.82	2,601,046	2,901,420	
2010/07		1.00	0.7107	0.7107		60	67.82	2,619,532	2,922,060	
2011/01	42,610	1.00	0.9198	0.9198		60	73.65	2,686,236	2,948,940	
2011/07		1.00	0.9028	0.9028		60	73.65	2,710,487	2,975,580	
2012/01	9,833	1.00	0.3865	0.3865		60	73.44	2,730,796	2,987,100	
2012/07		1.00	0.9417	0.9417		60	73.82	2,756,512	3,015,240	
2013/01		1.00	0.4901	0.4901		60	73.82	2,770,022	3,030,000	
2013/07		1.00	0.6196	0.6196		60	73.82	2,787,185	3,048,780	
2014/01		1.00	0.8564	0.8564		60	71.61	2,811,054	3,074,880	
2014/07		1.00	1.2383	1.2383		60	71.25	2,845,863	3,112,980	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263494-00 - 2014/07

221.56

Jacksonville Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4134 DUNN AVENUE	1/1/2012-12/31/2012	Number of Beds: 163	Superior: 0
JACKSONVILLE , FL 32218	Days in CR 366	Maximum: 59,658	Standard: 184
County: Duval [16]	First Used : 2014/01	Max Annualized: 59,495	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 55,335	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,597	Inflation
Current Class North Large	Initial CR? False	Medicaid: 43,657	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization		Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	78.89582%	Cost: 1.04963363
Open Date: 10/01/1990	Statewide Low Occupancy Threshold:	92.75370%	Target: 1.01458517
Acquired Date: 10/01/1990	Medicaid Low Occupancy Threshold:	78.55110%	DC FY Index: 1.20250000
Entered Medicaid 10/31/1990	Low Occupancy Adjustment Factor:	41.17760%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	118.08071%	DC Inflation: 1.03284823
Previous Med # 212725		100.00000%	PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,811,727	3,715,068	1,854,290	1,048,205		8,429,289	
1a	Audit Adjustments							
2	Cost Per Diem	41.4991	85.0967	42.4741	24.0100		193.0799	
3	Cost Per Diem Inflated	43.5589	87.8920	44.5822				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.5589	87.8920	44.5822	24.0100		200.0431	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4676		53.0967				
7	Provider Target Rate	47.4358		54.2030				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.5589	87.8920	44.5822	13.6500		189.6831	
12/13	Medical Adjustment Rate		2.8572	1.4493				
14	Prospective Per Diem 11	43.5589	90.7492	46.0315	13.6500		193.9896	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263494-00 - 2014/07

221.56

Rate Semester 07/01/2014 through 12/31/2014

Jacksonville Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/31/1990	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,227,709.00	Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Fixed	80% Capital(1):	5,704,370 9.3442
Indexed Asset Value	7,130,463	<60% of Base:	False	20% ROE(2):	1,426,093 0.3883
FRVS Base Asset:	3,017,400	Interest Rate:	8.0700%	Insurance Cost(3):	52,262 0.9445
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	44,650 0.8069
ROE Factor	0.014580	Amortization Rate:	6.2500%	Home Office(3):	14,924 0.2697
		Interest Only:	False	Replacement(3&4):	35,017 0.0000
		Yearly Payment:	500,338	Total FRVS PD:	11.7536

- (1) 80% Capital (\$5,704,370) amortized at 6.2500 % for 20 years Principal & Interest of \$500,338 divided by annual available days (59495) divided by Occup. Adj. (0.90) = \$9.3442
- (2) 20% ROE (\$1,426,093) times the ROE factor (0.014580) divided by annual available days (59495) divided by Occup. Adj. (0.90) = \$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		Used Per Bed Standard:	30,174
Comparison Date:	01/01/1990	Current RS PBS:	51,883
Comparison Bed	100	Effective PBS Limitation	3,017,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.5589	43.5589	0.7734	42.7855
Direct Care	90.7492	90.7492	1.6113	89.1379
Indirect Care	46.0315	46.0315	0.8173	45.2142
Property	13.6500	11.7536	0.2087	11.5449
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.9780
Supplemental Rate Add-on				9.9025
Totals	193.9896	192.0932	3.4107	221.5630

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263494-00 - 2014/07

221.56

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	3,686,657	0.00	0.5899	0.5899		100	71.98	3,017,400	3,017,400	1
1991/01		0.10	0.5899	0.5899		100	71.98	3,019,180	3,053,000	
1991/07		0.10	1.4932	1.4932		100	71.98	3,023,688	3,098,600	
1992/01		0.20	2.0117	2.0117		100	71.98	3,035,852	3,160,900	
1992/07		0.20	1.8152	1.8152		100	71.98	3,046,872	3,218,300	
1993/01	16,677	0.30	1.7710	1.7710		100	73.96	3,079,737	3,275,300	
1993/07		0.30	1.5329	1.5329		100	73.96	3,093,901	3,325,500	
1994/01	11,803	0.40	1.6983	1.6983		100	79.31	3,126,721	3,382,000	
1994/07	1,783,654	0.40	1.5991	1.5991		163	74.65	4,930,374	5,600,843	
1995/01		0.50	1.5812	1.5812		163	74.65	4,969,354	5,689,352	
1995/07		0.50	1.5250	1.5250		163	80.46	5,007,245	5,776,068	
1996/01		0.60	1.7228	1.7228		163	80.46	5,059,005	5,875,661	
1996/07	2,115	0.60	1.3294	1.3294		163	81.40	5,101,471	5,953,738	
1997/01	9,152	0.70	1.4109	1.4109		163	81.40	5,161,005	6,037,683	
1997/07	2,559	0.70	1.0917	1.0917		163	81.40	5,203,004	6,103,535	
1998/01		0.80	1.1663	1.1663		163	81.40	5,251,548	6,174,766	
1998/07		0.80	1.0794	1.0794		163	81.40	5,296,895	6,241,433	
1999/01		0.90	1.4499	1.4499		163	81.40	5,366,014	6,331,898	
1999/07		0.90	1.2299	1.2299		163	81.40	5,425,410	6,409,812	
2000/01		1.00	1.3356	1.3356		163	81.40	5,497,872	6,495,387	
2000/07		1.00	1.1129	1.1129		163	87.72	5,559,058	6,567,596	
2001/01		1.00	1.2976	1.2976		163	87.72	5,631,192	6,652,845	
2001/07		1.00	0.9615	0.9615		163	87.72	5,685,336	6,716,741	
2002/01		1.00	1.0301	1.0301		163	83.62	5,743,901	6,785,853	
2002/07		1.00	0.8337	0.8337		163	85.42	5,791,788	6,842,414	
2003/01		1.00	1.3271	1.3271		163	85.42	5,868,651	6,933,205	
2003/07		1.00	1.1664	1.1664		163	75.16	5,937,103	7,014,053	
2004/01		1.00	1.1103	1.1103		163	75.16	6,003,023	7,091,967	
2004/07		1.00	0.8378	0.8378		163	75.16	6,053,316	7,151,462	
2005/01		1.00	0.8595	0.8595		163	75.16	6,105,344	7,212,913	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263494-00 - 2014/07

221.56

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		163	75.16	6,150,304	7,266,051	
2006/01		1.00	0.9068	0.9068		163	75.16	6,206,075	7,331,903	
2006/07		1.00	0.8133	0.8133		163	75.16	6,256,549	7,391,561	
2007/01		1.00	1.0133	1.0133		163	75.24	6,319,947	7,466,378	
2007/07		1.00	1.1050	1.1050		163	69.64	6,389,782	7,548,856	
2008/01		1.00	0.8556	0.8556		163	69.64	6,444,453	7,613,404	
2008/07		1.00	0.6104	0.6104		163	69.64	6,483,790	7,659,859	
2009/01		1.00	1.3268	1.3268		163	68.09	6,569,817	7,761,571	
2009/07		1.00	0.6841	0.6841		163	68.09	6,614,761	7,814,709	
2010/01	27,658	1.00	0.8643	0.8643		163	73.79	6,699,590	7,882,191	
2010/07		1.00	0.7107	0.7107		163	75.60	6,747,204	7,938,263	
2011/01		0.95	0.9198	0.9198		163	75.60	6,747,204	8,011,287	5
2011/07		0.95	0.9028	0.9028		163	75.60	6,864,537	8,083,659	
2012/01		0.90	0.3865	0.3865		163	71.69	6,888,419	8,114,955	
2012/07		0.90	0.9417	0.9417		163	71.69	6,946,798	8,191,402	
2013/01		0.85	0.4901	0.4901		163	73.16	6,975,738	8,231,500	
2013/07		0.85	0.6196	0.6196		163	73.16	7,012,479	8,282,519	
2014/01		0.80	0.8564	0.8564		163	78.90	7,060,521	8,353,424	
2014/07		0.80	1.2383	1.2383		163	78.90	7,130,463	8,456,929	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263508-00 - 2014/07

228.77

Port Orange Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5600 VICTORIA GARDENS BLVD	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
PORT ORANGE, FL 32127	Days in CR 366	Maximum: 43,920	Standard: 184
County: Volusia [64]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 37,814	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 14,744	Inflation
Current Class North Large	Initial CR? False	Medicaid: 15,080	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	39.87941%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	86.09745%	Cost: 1.04963363
Open Date: 09/16/1992	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/16/1992	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 10/09/1992	Low Occupancy Adjustment Factor:	109.60693%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 211320			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	634,906	1,407,737	769,769	927,872		3,740,284	
1a	Audit Adjustments							
2	Cost Per Diem	42.1025	93.3513	51.0457	61.5300		248.0295	
3	Cost Per Diem Inflated	44.1922	96.4177	53.5793				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.1922	96.4177	53.5793	61.5300		255.7192	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.9637		61.2854				
7	Provider Target Rate	52.0256		62.5623				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.1922	95.0998	53.5793	13.6500		206.5213	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	44.1922	95.0998	53.5793	13.6500		206.5213	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263508-00 - 2014/07

228.77

Rate Semester 07/01/2014 through 12/31/2014

Port Orange Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/09/1992	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,905,038.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,471,270 9.9488
RS to Start Calcs:	1992/07	<60% of Base:	False	20% ROE(2):	1,117,817 0.4134
Indexed Asset Value	5,589,087	Interest Rate:	8.0700%	Insurance Cost(3):	70,059 1.8527
FRVS Base Asset:	3,793,080	Chase Rate:	3.2500%	Taxes Cost(3):	65,390 1.7293
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	10,199 0.2697
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	37,733 0.0000
		Yearly Payment:	392,181	Total FRVS PD:	14.2139

- (1) 80% Capital (\$4,471,270) amortized at 6.2500 % for 20 years Principal & Interest of \$392,181 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.9488
- (2) 20% ROE (\$1,117,817) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	31,609
Comparison Date:	01/01/1992	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,793,080

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.1922	44.1922	0.7846	43.4076
Direct Care	95.0998	95.0998	1.6885	93.4113
Indirect Care	53.5793	53.5793	0.9513	52.6280
Property	13.6500	14.2139	0.2524	13.9615
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.4543
Supplemental Rate Add-on				9.9025
Totals	206.5213	207.0852	3.6768	228.7652

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263508-00 - 2014/07

228.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07	4,424,760	0.00	1.8152	1.8152		120	47.23	3,793,080	3,793,080	1
1993/01		0.10	1.7710	1.7710		120	47.23	3,798,849	3,930,360	
1993/07		0.10	1.5329	1.5329		120	47.23	3,803,850	3,990,600	
1994/01		0.20	1.6983	1.6983		120	47.23	3,814,946	4,058,400	
1994/07		0.20	1.5991	1.5991		120	48.26	3,825,651	4,123,320	
1995/01		0.30	1.5812	1.5812		120	48.26	3,841,576	4,188,480	
1995/07		0.30	1.5250	1.5250		120	48.26	3,856,997	4,252,320	
1996/01		0.40	1.7228	1.7228		120	48.26	3,880,318	4,325,640	
1996/07		0.40	1.3294	1.3294		120	48.26	3,898,425	4,383,120	
1997/01		0.50	1.4109	1.4109		120	48.26	3,922,558	4,444,920	
1997/07		0.50	1.0917	1.0917		120	48.26	3,941,347	4,493,400	
1998/01		0.60	1.1663	1.1663		120	49.88	3,966,361	4,545,840	
1998/07		0.60	1.0794	1.0794		120	49.88	3,989,656	4,594,920	
1999/01		0.70	1.4499	1.4499		120	50.71	4,026,989	4,661,520	
1999/07		0.70	1.2299	1.2299		120	57.61	4,061,657	4,718,880	
2000/01		0.80	1.3356	1.3356		120	57.61	4,105,056	4,781,880	
2000/07	23,077	0.80	1.1129	1.1129		120	58.06	4,164,680	4,835,040	
2001/01		0.90	1.2976	1.2976		120	58.06	4,213,315	4,897,800	
2001/07		0.90	0.9615	0.9615		120	58.06	4,249,777	4,944,840	
2002/01		1.00	1.0301	1.0301		120	53.27	4,292,177	4,995,720	
2002/07		1.00	0.8337	0.8337		120	54.07	4,327,356	5,037,360	
2003/01		1.00	1.3271	1.3271		120	54.07	4,383,813	5,104,200	
2003/07		1.00	1.1664	1.1664		120	52.17	4,432,315	5,163,720	
2004/01		1.00	1.1103	1.1103		120	52.17	4,478,995	5,221,080	
2004/07		1.00	0.8378	0.8378		120	52.17	4,514,589	5,264,880	
2005/01		1.00	0.8595	0.8595		120	52.17	4,551,395	5,310,120	
2005/07		1.00	0.7364	0.7364		120	52.17	4,583,187	5,349,240	
2006/01		1.00	0.9068	0.9068		120	52.17	4,622,609	5,397,720	
2006/07		1.00	0.8133	0.8133		120	52.17	4,658,270	5,441,640	
2007/01		1.00	1.0133	1.0133		120	44.73	4,696,658	5,496,720	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263508-00 - 2014/07

228.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07		1.00	1.1050	1.1050		120	36.08	4,730,703	5,557,440	
2008/01		1.00	0.8556	0.8556		120	36.08	4,757,255	5,604,960	
2008/07		1.00	0.6104	0.6104		120	36.08	4,776,304	5,639,160	
2009/01	25,307	1.00	1.3268	1.3268		120	36.58	4,843,759	5,714,040	
2009/07		1.00	0.6841	0.6841		120	36.58	4,865,798	5,753,160	
2010/01	330,021	1.00	0.8643	0.8643		120	35.66	5,223,086	5,802,840	
2010/07	123,960	1.00	0.7107	0.7107		120	32.88	5,369,237	5,844,120	
2011/01		1.00	0.9198	0.9198		120	32.88	5,398,761	5,897,880	
2011/07		1.00	0.9028	0.9028		120	32.88	5,427,899	5,951,160	
2012/01		1.00	0.3865	0.3865		120	32.74	5,440,387	5,974,200	
2012/07		1.00	0.9417	0.9417		120	36.86	5,474,722	6,030,480	
2013/01		0.95	0.4901	0.4901		120	36.86	5,491,805	6,060,000	
2013/07		0.95	0.6196	0.6196		120	36.86	5,513,468	6,097,560	
2014/01		0.90	0.8564	0.8564		120	39.88	5,544,283	6,149,760	
2014/07		0.90	1.2383	1.2383		120	39.88	5,589,087	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263516-00 - 2014/07

206.44

Macclenny Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
755 S 5TH ST	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
MACCLENNY, FL 32063	Days in CR 365	Maximum: 43,800	Standard: 184
County: Baker [2]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 38,565	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,793	Inflation
Current Class North Large	Initial CR? False	Medicaid: 27,504	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	71.31855%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	88.04795%	Cost: 1.02471376
Open Date: 08/27/1990	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/29/1995	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 08/27/1990	Low Occupancy Adjustment Factor:	112.09003%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 212105			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,153,964	2,056,795	1,109,007	981,068		5,300,834	
1a	Audit Adjustments							
2	Cost Per Diem	41.9562	74.7817	40.3217	35.6700		192.7296	
3	Cost Per Diem Inflated	42.9931	76.4435	41.3182				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.9931	76.4435	41.3182	35.6700		196.4248	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.7689		51.9964				
7	Provider Target Rate	51.8267		53.0798				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	42.9931	76.4435	41.3182	13.6500		174.4048	
12/13	Medical Adjustment Rate		1.8334	0.9909				
14	Prospective Per Diem 11	42.9931	78.2769	42.3091	13.6500		177.2291	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263516-00 - 2014/07

206.44

Rate Semester 07/01/2014 through 12/31/2014

Macclenny Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/27/1990	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,102,079.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,457,627	9.9184
RS to Start Calcs:	1995/07	<60% of Base:	False	20% ROE(2):	1,114,407	0.5301
Indexed Asset Value	5,572,034	Interest Rate:	8.0700%	Insurance Cost(3):	44,469	1.1531
FRVS Base Asset:	3,917,950	Chase Rate:	3.2500%	Taxes Cost(3):	62,172	1.6121
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	8,785	0.2278
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	94,492	0.0000
		Yearly Payment:	390,985	Total FRVS PD:		13.4415

- (1) 80% Capital (\$4,457,627) amortized at 6.2500 % for 20 years Principal & Interest of \$390,985 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.9184
- (2) 20% ROE (\$1,114,407) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5301
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	01/01/1990	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,810,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.9931	42.9931	0.7633	42.2298
Direct Care	78.2769	78.2769	1.3898	76.8871
Indirect Care	42.3091	42.3091	0.7512	41.5579
Property	13.6500	13.4415	0.2387	13.2028
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.6579
Supplemental Rate Add-on				9.9025
Totals	177.2291	177.0206	3.1430	206.4380

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263516-00 - 2014/07

206.44

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	2,476,449	0.00	0.5899	0.5899		60	74.50	1,810,440	1,810,440	1
1991/01		0.10	0.5899	0.5899		60	74.50	1,811,508	1,831,800	
1991/07		0.10	1.4932	1.4932		60	74.50	1,814,213	1,859,160	
1992/01		0.20	2.0117	2.0117		60	74.50	1,821,512	1,896,540	
1992/07		0.20	1.8152	1.8152		60	74.50	1,828,124	1,930,980	
1993/01	12,030	0.30	1.7710	1.7710		60	87.72	1,849,867	1,965,180	
1993/07		0.30	1.5329	1.5329		60	87.72	1,858,375	1,995,300	
1994/01		0.40	1.6983	1.6983		60	91.12	1,870,999	2,029,200	
1994/07		0.40	1.5991	1.5991		60	90.10	1,882,966	2,061,660	
1995/01		0.50	1.5812	1.5812		60	90.10	1,897,853	2,094,240	
1995/07	2,005,626	0.50	1.5250	1.5250		120	76.77	3,917,950	4,252,320	
1996/01		0.60	1.7228	1.7228		120	76.77	3,958,450	4,325,640	
1996/07		0.60	1.3294	1.3294		120	76.77	3,990,023	4,383,120	
1997/01		0.70	1.4109	1.4109		120	76.77	4,029,428	4,444,920	
1997/07		0.70	1.0917	1.0917		120	76.77	4,060,221	4,493,400	
1998/01		0.80	1.1663	1.1663		120	76.77	4,098,103	4,545,840	
1998/07		0.80	1.0794	1.0794		120	75.65	4,133,490	4,594,920	
1999/01		0.90	1.4499	1.4499		120	75.65	4,187,428	4,661,520	
1999/07	23,432	0.90	1.2299	1.2299		120	86.18	4,257,211	4,718,880	
2000/01		1.00	1.3356	1.3356		120	86.18	4,314,070	4,781,880	
2000/07		1.00	1.1129	1.1129		120	86.42	4,362,081	4,835,040	
2001/01		1.00	1.2976	1.2976		120	82.87	4,362,081	4,897,800	5
2001/07		1.00	0.9615	0.9615		120	82.87	4,461,169	4,944,840	
2002/01		1.00	1.0301	1.0301		120	81.96	4,507,124	4,995,720	
2002/07		1.00	0.8337	0.8337		120	81.96	4,544,700	5,037,360	
2003/01		1.00	1.3271	1.3271		120	83.35	4,605,013	5,104,200	
2003/07		1.00	1.1664	1.1664		120	72.78	4,658,726	5,163,720	
2004/01		1.00	1.1103	1.1103		120	72.78	4,710,452	5,221,080	
2004/07		1.00	0.8378	0.8378		120	72.78	4,749,916	5,264,880	
2005/01		1.00	0.8595	0.8595		120	72.78	4,790,742	5,310,120	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263516-00 - 2014/07

206.44

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		120	72.78	4,826,021	5,349,240	
2006/01		1.00	0.9068	0.9068		120	72.78	4,869,783	5,397,720	
2006/07		1.00	0.8133	0.8133		120	72.78	4,909,389	5,441,640	
2007/01		1.00	1.0133	1.0133		120	73.81	4,959,136	5,496,720	
2007/07		1.00	1.1050	1.1050		120	71.69	5,013,934	5,557,440	
2008/01		1.00	0.8556	0.8556		120	71.69	5,056,833	5,604,960	
2008/07		1.00	0.6104	0.6104		120	71.69	5,087,700	5,639,160	
2009/01		1.00	1.3268	1.3268		120	75.08	5,155,204	5,714,040	
2009/07		1.00	0.6841	0.6841		120	75.08	5,190,471	5,753,160	
2010/01		1.00	0.8643	0.8643		120	77.05	5,235,332	5,802,840	
2010/07		1.00	0.7107	0.7107		120	74.38	5,272,540	5,844,120	
2011/01		0.95	0.9198	0.9198		120	74.38	5,318,611	5,897,880	
2011/07		0.95	0.9028	0.9028		120	72.43	5,364,229	5,951,160	
2012/01		0.90	0.3865	0.3865		120	72.43	5,382,891	5,974,200	
2012/07		0.90	0.9417	0.9417		120	70.36	5,428,511	6,030,480	
2013/01		0.85	0.4901	0.4901		120	70.36	5,451,126	6,060,000	
2013/07		0.85	0.6196	0.6196		120	70.36	5,479,837	6,097,560	
2014/01		0.80	0.8564	0.8564		120	70.70	5,517,379	6,149,760	
2014/07		0.80	1.2383	1.2383		120	71.32	5,572,034	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263524-00 - 2014/07

214.73

Medicana Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1710 LAKE WORTH ROAD	1/1/2013-12/31/2013	Number of Beds: 117	Superior: 0
LAKE WORTH, FL 33460	Days in CR 365	Maximum: 42,705	Standard: 184
County: Palm Beach [50]	First Used : 2014/07	Max Annualized: 42,705	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 30,781	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 5,913	Inflation
Current Class South Large	Initial CR? False	Medicaid: 22,591	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	73.39268%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	72.07821%	Cost: 1.02471376
Open Date: 07/01/1978	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1978	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 07/01/1978	Low Occupancy Adjustment Factor:	91.75964%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 260096			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,109,579	1,844,089	917,653	238,109		4,109,430	
1a	Audit Adjustments							
2	Cost Per Diem	49.1160	81.6294	40.6203	10.5400		181.9057	
3	Cost Per Diem Inflated	50.3298	83.4434	41.6242				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.3298	83.4434	41.6242	10.5400		185.9374	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	69.8728		68.9178				
7	Provider Target Rate	71.3287		70.3538				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	50.3298	83.4434	41.6242	10.5400		185.9374	
12/13	Medical Adjustment Rate		2.1960	1.0954				
14	Prospective Per Diem 11	50.3298	85.6394	42.7196	10.5400		189.2288	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263524-00 - 2014/07

214.73

Rate Semester 07/01/2014 through 12/31/2014

Medicana Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 02/01/1997		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,343,842.00		Total Amount	Per Diem
RS to Start Calcs:	1978/07	Type:	Fixed	80% Capital(1):	1,673,966	3.8202
Indexed Asset Value	2,092,457	<60% of Base:	False	20% ROE(2):	418,491	0.2042
FRVS Base Asset:	1,241,751	Interest Rate:	8.0700%	Insurance Cost(3):	23,675	0.7691
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	59,715	1.9400
ROE Factor	0.018750	Amortization Rate:	6.2500%	Home Office(3):	7,011	0.2278
		Interest Only:	False	Replacement(3&4):	22,818	0.0000
		Yearly Payment:	146,826	Total FRVS PD:		6.9613

- (1) 80% Capital (\$1,673,966) amortized at 6.2500 % for 20 years Principal & Interest of \$146,826 divided by annual available days (42705) divided by Occup. Adj. (0.900) = \$3.8202
 (2) 20% ROE (\$418,491) times the ROE factor (0.018750) divided by annual available days (42705) divided by Occup. Adj. (0.900) = \$0.2042
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	07/01/1985	Current RS PBS:	28,500
Comparison Bed	117	Effective PBS Limitation	51,883
			3,334,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.3298	50.3298	0.8936	49.4362
Direct Care	85.6394	85.6394	1.5205	84.1189
Indirect Care	42.7196	42.7196	0.7585	41.9611
Property	10.5400	6.9613	0.1236	6.8377
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.4781
Supplemental Rate Add-on				9.9025
Totals	189.2288	185.6501	3.2962	214.7345

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263524-00 - 2014/07

214.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/07	2,253	0.00	5.5395	3.0000	2.5395	117	100.00	2,253	2,197,260	
1979/01		0.10	7.6667	3.0000	4.6667	117	100.00	2,260	2,309,931	
1979/07		0.10	8.8649	3.0000	5.8649	117	100.00	2,267	2,406,924	
1980/01		0.20	12.0306	3.0000	9.0306	117	40.21	2,277	2,555,397	
1980/07	2,500	0.20	12.8413	3.0000	9.8413	117	40.21	4,787	2,652,741	
1981/01		0.30	13.6653	3.0000	10.6653	117	37.06	4,816	2,754,180	
1981/07	9,761	0.30	13.2541	3.0000	10.2541	117	37.06	14,606	2,825,433	
1982/01	2,738	0.40	12.9301	3.0000	9.9301	117	20.36	17,344	2,901,132	
1982/07		0.40	12.2278	3.0000	9.2278	117	20.36	17,344	2,967,705	
1983/04	1,185,302	0.50	11.8566	3.0000	8.8566	117	16.05	1,202,646	3,045,744	
1983/07		0.50	12.8144	3.0000	9.8144	117	16.05	1,202,646	3,166,254	
1984/01	19,045	0.60	11.1096	3.0000	8.1096	117	16.03	1,221,691	3,207,321	
1984/07	20,060	0.60	10.0275	3.0000	7.0275	117	16.03	1,241,751	3,268,863	
1985/01		0.70	8.1746	3.0000	5.1746	117	16.05	1,241,751	3,306,303	
1985/10		0.70	6.0268	3.0000	3.0268	117	16.03	1,241,751	3,334,500	
1986/01		0.80	3.8567	3.0000	0.8567	117	16.03	1,241,751	3,362,229	
1986/07		0.80	1.1541	1.1541		117	16.92	1,241,751	3,355,794	
1987/01		0.90	1.0091	1.0091		117	16.92	1,241,751	3,415,815	
1987/07		0.90	0.9007	0.9007		117	15.60	1,241,751	3,442,491	
1988/01		1.00	0.9007	0.9007		117	15.60	1,241,751	3,470,454	
1988/07		1.00	0.5899	0.5899		117	17.46	1,241,751	3,468,582	
1989/01		1.00	0.5899	0.5899		117	17.46	1,241,751	3,489,057	
1989/07		1.00	0.5899	0.5899		117	16.07	1,241,751	3,512,691	
1990/01		1.00	0.5899	0.5899		117	16.07	1,241,751	3,530,358	
1990/07		1.00	0.5899	0.5899		117	14.55	1,241,751	3,551,184	
1991/01		1.00	0.5899	0.5899		117	14.55	1,241,751	3,572,010	
1991/07		1.00	1.4932	1.4932		117	12.76	1,241,751	3,625,362	
1992/01		1.00	2.0117	2.0117		117	12.76	1,241,751	3,698,253	
1992/07		1.00	1.8152	1.8152		117	15.61	1,241,751	3,765,411	
1993/01		1.00	1.7710	1.7710		117	15.61	1,241,751	3,832,101	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263524-00 - 2014/07

214.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07		1.00	1.5329	1.5329		117	19.67	1,241,751	3,890,835	
1994/01		1.00	1.6983	1.6983		117	19.67	1,241,751	3,956,940	
1994/07		1.00	1.5991	1.5991		117	19.44	1,241,751	4,020,237	
1995/01		1.00	1.5812	1.5812		117	19.44	1,241,751	4,083,768	
1995/07		1.00	1.5250	1.5250		117	22.82	1,241,751	4,146,012	
1996/01		1.00	1.7228	1.7228		117	22.82	1,241,751	4,217,499	
1996/07	41,238	1.00	1.3294	1.3294		117	29.47	1,291,834	4,273,542	
1997/01		1.00	1.4109	1.4109		117	29.47	1,301,600	4,333,797	
1997/07		1.00	1.0917	1.0917		117	29.47	1,309,214	4,381,065	
1998/01		1.00	1.1663	1.1663		117	33.44	1,318,498	4,432,194	
1998/07	41,572	1.00	1.0794	1.0794		117	42.26	1,371,005	4,480,047	
1999/01		0.95	1.4499	1.4499		117	42.26	1,385,515	4,544,982	
1999/07		0.95	1.2299	1.2299		117	42.26	1,397,954	4,600,908	
2000/01		0.90	1.3356	1.3356		117	50.07	1,413,251	4,662,333	
2000/07	21,731	0.90	1.1129	1.1129		117	53.54	1,448,761	4,714,164	
2001/01		0.85	1.2976	1.2976		117	53.54	1,464,317	4,775,355	
2001/07		0.85	0.9615	0.9615		117	53.54	1,475,967	4,821,219	
2002/01		0.80	1.0301	1.0301		117	58.18	1,488,130	4,870,827	
2002/07		0.80	0.8337	0.8337		117	58.18	1,498,056	4,911,426	
2003/01		0.75	1.3271	1.3271		117	59.92	1,512,966	4,976,595	
2003/07		0.75	1.1664	1.1664		117	60.77	1,526,201	5,034,627	
2004/01		0.70	1.1103	1.1103		117	60.77	1,538,063	5,090,553	
2004/07		0.70	0.8378	0.8378		117	60.77	1,547,084	5,133,258	
2005/01		0.65	0.8595	0.8595		117	60.77	1,555,728	5,177,367	
2005/07		0.65	0.7364	0.7364		117	60.77	1,563,175	5,215,509	
2006/01		0.60	0.9068	0.9068		117	60.77	1,571,680	5,262,777	
2006/07		0.60	0.8133	0.8133		117	60.77	1,579,350	5,305,599	
2007/01		0.55	1.0133	1.0133		117	64.22	1,588,152	5,359,302	
2007/07		0.55	1.1050	1.1050		117	64.22	1,597,805	5,418,504	
2008/01		0.50	0.8556	0.8556		117	55.82	1,604,640	5,464,836	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263524-00 - 2014/07

214.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		0.50	0.6104	0.6104		117	55.82	1,609,537	5,498,181	
2009/01	339,254	0.45	1.3268	1.3268		117	54.48	1,958,311	5,571,189	
2009/07		0.45	0.6841	0.6841		117	54.48	1,964,282	5,609,331	
2010/01		0.40	0.8643	0.8643		117	57.31	1,971,073	5,657,769	
2010/07		0.40	0.7107	0.7107		117	57.31	1,976,677	5,698,017	
2011/01	80,135	0.35	0.9198	0.9198		117	60.41	2,063,175	5,750,433	
2011/07		0.35	0.9028	0.9028		117	60.41	2,069,695	5,802,381	
2012/01		0.30	0.3865	0.3865		117	65.87	2,072,096	5,824,845	
2012/07		0.30	0.9417	0.9417		117	65.87	2,077,950	5,879,718	
2013/01		0.25	0.4901	0.4901		117	67.00	2,080,495	5,908,500	
2013/07		0.25	0.6196	0.6196		117	67.00	2,083,718	5,945,121	
2014/01		0.20	0.8564	0.8564		117	71.72	2,087,287	5,996,016	
2014/07		0.20	1.2383	1.2383		117	73.39	2,092,457	6,070,311	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014

ID: 263524123120130101201304242014121500



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263532-00 - 2014/07
215.27

Tiffany Hall Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1800 SE HILLMOOR DRIVE	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
PORT SAINT LUCIE, FL 34952	Days in CR 365	Maximum: 43,800	Standard: 184
County: St Lucie [56]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 38,884	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 11,805	Inflation
Current Class South Large	Initial CR? False	Medicaid: 22,599	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	58.11902%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	88.77626%	Cost: 1.02471376
Open Date: 06/08/1993	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/08/1993	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 07/06/1993	Low Occupancy Adjustment Factor:	113.01721%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 258466			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,062,684	1,857,539	947,298	1,035,938		4,903,459	
1a	Audit Adjustments							
2	Cost Per Diem	47.0235	82.1956	41.9177	45.8400		216.9768	
3	Cost Per Diem Inflated	48.1856	84.0222	42.9536				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.1856	84.0222	42.9536	45.8400		221.0014	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.7918		60.5648				
7	Provider Target Rate	56.9543		61.8267				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	48.1856	84.0222	42.9536	13.6500		188.8114	
12/13	Medical Adjustment Rate		0.7675	0.3923				
14	Prospective Per Diem 11	48.1856	84.7897	43.3459	13.6500		189.9712	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263532-00 - 2014/07

215.27

Rate Semester 07/01/2014 through 12/31/2014

Tiffany Hall Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/06/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,903,365.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Fixed	80% Capital(1):	4,309,858	9.5896
Indexed Asset Value	5,387,323	<60% of Base:	False	20% ROE(2):	1,077,465	0.5125
FRVS Base Asset:	3,861,960	Interest Rate:	8.0700%	Insurance Cost(3):	46,394	1.1931
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	79,965	2.0565
ROE Factor	0.018750	Amortization Rate:	6.2500%	Home Office(3):	8,857	0.2278
		Interest Only:	False	Replacement(3&4):	36,282	0.0000
		Yearly Payment:	378,024	Total FRVS PD:		13.5795

- (1) 80% Capital (\$4,309,858) amortized at 6.2500 % for 20 years Principal & Interest of \$378,024 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.5896
- (2) 20% ROE (\$1,077,465) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5125
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,183
Comparison Date:	08/01/1992	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.1856	48.1856	0.8555	47.3301
Direct Care	84.7897	84.7897	1.5054	83.2843
Indirect Care	43.3459	43.3459	0.7696	42.5763
Property	13.6500	13.5795	0.2411	13.3384
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.8417
Supplemental Rate Add-on				9.9025
Totals	189.9712	189.9007	3.3716	215.2733

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263532-00 - 2014/07

215.27

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	5,304,573	0.00	1.7710	1.7710		120	51.83	3,861,960	3,861,960	1
1993/07		0.10	1.5329	1.5329		120	13.47	3,861,960	3,990,600	
1994/01		0.10	1.6983	1.6983		120	13.47	3,861,960	4,058,400	
1994/07		0.20	1.5991	1.5991		120	13.47	3,861,960	4,123,320	
1995/01		0.20	1.5812	1.5812		120	13.47	3,861,960	4,188,480	
1995/07		0.30	1.5250	1.5250		120	34.80	3,873,139	4,252,320	
1996/01		0.30	1.7228	1.7228		120	34.80	3,885,804	4,325,640	
1996/07	10,632	0.40	1.3294	1.3294		120	62.38	3,917,101	4,383,120	
1997/01		0.40	1.4109	1.4109		120	62.38	3,939,209	4,444,920	
1997/07		0.50	1.0917	1.0917		120	62.38	3,960,713	4,493,400	
1998/01		0.50	1.1663	1.1663		120	62.38	3,983,812	4,545,840	
1998/07		0.60	1.0794	1.0794		120	62.38	4,009,611	4,594,920	
1999/01		0.60	1.4499	1.4499		120	66.86	4,044,491	4,661,520	
1999/07		0.70	1.2299	1.2299		120	65.85	4,079,310	4,718,880	
2000/01		0.70	1.3356	1.3356		120	65.85	4,117,447	4,781,880	
2000/07	25,111	0.80	1.1129	1.1129		120	66.12	4,142,558	4,835,040	5
2001/01		0.80	1.2976	1.2976		120	66.12	4,222,600	4,897,800	
2001/07		0.90	0.9615	0.9615		120	66.12	4,259,142	4,944,840	
2002/01		0.90	1.0301	1.0301		120	65.97	4,298,629	4,995,720	
2002/07		1.00	0.8337	0.8337		120	65.97	4,334,467	5,037,360	
2003/01		1.00	1.3271	1.3271		120	65.02	4,391,990	5,104,200	
2003/07		1.00	1.1664	1.1664		120	67.25	4,443,218	5,163,720	
2004/01		1.00	1.1103	1.1103		120	67.25	4,492,551	5,221,080	
2004/07		1.00	0.8378	0.8378		120	67.25	4,530,190	5,264,880	
2005/01		1.00	0.8595	0.8595		120	67.25	4,569,127	5,310,120	
2005/07		1.00	0.7364	0.7364		120	67.25	4,602,774	5,349,240	
2006/01		1.00	0.9068	0.9068		120	67.25	4,644,512	5,397,720	
2006/07		1.00	0.8133	0.8133		120	67.25	4,682,286	5,441,640	
2007/01		1.00	1.0133	1.0133		120	63.48	4,729,732	5,496,720	
2007/07		1.00	1.1050	1.1050		120	60.93	4,781,996	5,557,440	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263532-00 - 2014/07

215.27

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		120	60.93	4,822,911	5,604,960	
2008/07		1.00	0.6104	0.6104		120	60.93	4,852,350	5,639,160	
2009/01	20,925	1.00	1.3268	1.3268		120	63.46	4,937,656	5,714,040	
2009/07		1.00	0.6841	0.6841		120	63.46	4,971,435	5,753,160	
2010/01		1.00	0.8643	0.8643		120	62.06	5,014,403	5,802,840	
2010/07		1.00	0.7107	0.7107		120	60.38	5,050,040	5,844,120	
2011/01		1.00	0.9198	0.9198		120	60.38	5,096,490	5,897,880	
2011/07		1.00	0.9028	0.9028		120	60.38	5,142,501	5,951,160	
2012/01		1.00	0.3865	0.3865		120	61.77	5,162,377	5,974,200	
2012/07		1.00	0.9417	0.9417		120	66.03	5,210,991	6,030,480	
2013/01		1.00	0.4901	0.4901		120	66.03	5,236,530	6,060,000	
2013/07		0.95	0.6196	0.6196		120	66.03	5,267,352	6,097,560	
2014/01		0.95	0.8564	0.8564		120	64.31	5,310,207	6,149,760	
2014/07	17,934	0.90	1.2383	1.2383		120	58.12	5,387,323	6,225,960	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263541-00 - 2014/07

221.10

Metrowest Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5900 WESTGATE DRIVE	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
ORLANDO , FL 32835	Days in CR 366	Maximum: 43,920	Standard: 155
County: Orange [48]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 29
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 38,657	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 5,547	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 27,783	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	71.87055%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	88.01685%	Cost: 1.04963363
Open Date: 10/21/1994	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/01/1995	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 10/21/1994	Low Occupancy Adjustment Factor:	112.05044%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 212041			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,219,483	2,212,485	1,293,776	639,009		5,364,753	
1a	Audit Adjustments							
2	Cost Per Diem	43.8931	79.6345	46.5672	23.0000		193.0948	
3	Cost Per Diem Inflated	46.0717	82.2504	48.8785				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.0717	82.2504	48.8785	23.0000		200.2006	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.0342		60.4466				
7	Provider Target Rate	53.1184		61.7061				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	46.0717	82.2504	48.8785	13.6500		190.8506	
12/13	Medical Adjustment Rate		1.7048	1.0131				
14	Prospective Per Diem 11	46.0717	83.9552	49.8916	13.6500		193.5685	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263541-00 - 2014/07

221.10

Rate Semester 07/01/2014 through 12/31/2014

Metrowest Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/21/1994	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,974,992.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,301,078	9.5701
RS to Start Calcs:	1995/07	<60% of Base:	False	20% ROE(2):	1,075,270	0.3977
Indexed Asset Value	5,376,348	Interest Rate:	8.0700%	Insurance Cost(3):	36,482	0.9437
FRVS Base Asset:	4,070,662	Chase Rate:	3.2500%	Taxes Cost(3):	92,228	2.3858
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	10,426	0.2697
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	39,844	0.0000
		Yearly Payment:	377,254	Total FRVS PD:		13.5670

- (1) 80% Capital (\$4,301,078) amortized at 6.2500 % for 20 years Principal & Interest of \$377,254 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.5701
- (2) 20% ROE (\$1,075,270) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	33,820
Comparison Date:	01/01/1994	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,058,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.0717	46.0717	0.8180	45.2537
Direct Care	83.9552	83.9552	1.4906	82.4646
Indirect Care	49.8916	49.8916	0.8858	49.0058
Property	13.6500	13.5670	0.2409	13.3261
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.1502
Supplemental Rate Add-on				9.9025
Totals	193.5685	193.4855	3.4353	221.1029

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263541-00 - 2014/07

221.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	5,070,576	0.00	1.5991	1.5991		120	51.98	4,058,400	4,058,400	1
1995/01		0.10	1.5812	1.5812		120	51.98	4,064,464	4,188,480	
1995/07		0.10	1.5250	1.5250		120	59.33	4,070,662	4,252,320	
1996/01		0.20	1.7228	1.7228		120	59.33	4,084,690	4,325,640	
1996/07		0.20	1.3294	1.3294		120	59.33	4,095,551	4,383,120	
1997/01		0.30	1.4109	1.4109		120	59.33	4,095,551	4,444,920	5
1997/07		0.30	1.0917	1.0917		120	59.33	4,126,357	4,493,400	
1998/01		0.40	1.1663	1.1663		120	59.33	4,145,606	4,545,840	
1998/07		0.40	1.0794	1.0794		120	58.98	4,163,507	4,594,920	
1999/01		0.50	1.4499	1.4499		120	58.98	4,193,692	4,661,520	
1999/07		0.50	1.2299	1.2299		120	65.46	4,219,483	4,718,880	
2000/01		0.60	1.3356	1.3356		120	65.46	4,253,298	4,781,880	
2000/07		0.60	1.1129	1.1129		120	68.60	4,281,697	4,835,040	
2001/01		0.70	1.2976	1.2976		120	65.51	4,320,588	4,897,800	
2001/07		0.70	0.9615	0.9615		120	65.51	4,349,670	4,944,840	
2002/01		0.80	1.0301	1.0301		120	62.89	4,385,516	4,995,720	
2002/07		0.80	0.8337	0.8337		120	62.89	4,414,767	5,037,360	
2003/01		0.90	1.3271	1.3271		120	71.29	4,467,497	5,104,200	
2003/07		0.90	1.1664	1.1664		120	64.37	4,514,397	5,163,720	
2004/01		1.00	1.1103	1.1103		120	64.37	4,564,520	5,221,080	
2004/07		1.00	0.8378	0.8378		120	64.37	4,602,762	5,264,880	
2005/01		1.00	0.8595	0.8595		120	64.37	4,642,323	5,310,120	
2005/07		1.00	0.7364	0.7364		120	64.37	4,676,509	5,349,240	
2006/01		1.00	0.9068	0.9068		120	64.37	4,718,916	5,397,720	
2006/07		1.00	0.8133	0.8133		120	64.37	4,757,295	5,441,640	
2007/01		1.00	1.0133	1.0133		120	64.00	4,805,501	5,496,720	
2007/07		1.00	1.1050	1.1050		120	58.73	4,858,602	5,557,440	
2008/01		1.00	0.8556	0.8556		120	58.73	4,900,172	5,604,960	
2008/07		1.00	0.6104	0.6104		120	58.73	4,930,083	5,639,160	
2009/01		1.00	1.3268	1.3268		120	63.47	4,995,495	5,714,040	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263541-00 - 2014/07

221.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		1.00	0.6841	0.6841		120	63.47	5,029,669	5,753,160	
2010/01		1.00	0.8643	0.8643		120	67.45	5,073,140	5,802,840	
2010/07		1.00	0.7107	0.7107		120	67.45	5,109,195	5,844,120	
2011/01		1.00	0.9198	0.9198		120	67.30	5,156,189	5,897,880	
2011/07		1.00	0.9028	0.9028		120	71.02	5,202,739	5,951,160	
2012/01		1.00	0.3865	0.3865		120	71.02	5,222,848	5,974,200	
2012/07		1.00	0.9417	0.9417		120	71.02	5,272,032	6,030,480	
2013/01		1.00	0.4901	0.4901		120	72.16	5,297,870	6,060,000	
2013/07		1.00	0.6196	0.6196		120	72.16	5,330,696	6,097,560	
2014/01		1.00	0.8564	0.8564		120	71.87	5,376,348	6,149,760	
2014/07		1.00	1.2383	1.2383		120	71.87	5,376,348	6,225,960	5

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263559-00 - 2014/07

222.15

Moultrie Creek Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
200 MARINER HEALTH WAY	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
SAINT AUGUSTINE, FL 32086	Days in CR 365	Maximum: 43,800	Standard: 184
County: St Johns [55]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 39,708	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 16,011	Inflation
Current Class North Large	Initial CR? False	Medicaid: 19,026	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	47.91478%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	90.65753%	Cost: 1.02471376
Open Date: 12/09/1986	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/09/1986	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 12/09/1986	Low Occupancy Adjustment Factor:	115.41217%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 212300			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	878,599	1,650,950	952,685	1,076,872		4,559,106	
1a	Audit Adjustments							
2	Cost Per Diem	46.1789	86.7734	50.0728	56.6000		239.6251	
3	Cost Per Diem Inflated	47.3202	88.7017	51.3103				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.3202	88.7017	51.3103	56.6000		243.9322	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.2509		54.3264				
7	Provider Target Rate	53.3396		55.4583				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.3202	88.7017	51.3103	13.6500		200.9822	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	47.3202	88.7017	51.3103	13.6500		200.9822	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263559-00 - 2014/07

222.15

Rate Semester 07/01/2014 through 12/31/2014

Moultrie Creek Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/01/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,102,200.00		Total Amount	Per Diem
RS to Start Calcs:	1986/07	Type:	Fixed	80% Capital(1):	4,350,094	9.6792
Indexed Asset Value	5,437,618	<60% of Base:	False	20% ROE(2):	1,087,524	0.5173
FRVS Base Asset:	1,629,898	Interest Rate:	8.0700%	Insurance Cost(3):	63,547	1.6004
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	23,629	0.5951
ROE Factor	0.018750	Amortization Rate:	6.2500%	Home Office(3):	9,045	0.2278
		Interest Only:	False	Replacement(3&4):	70,736	0.0000
		Yearly Payment:	381,553	Total FRVS PD:		12.6198

- (1) 80% Capital (\$4,350,094) amortized at 6.2500 % for 20 years Principal & Interest of \$381,553 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.6792
- (2) 20% ROE (\$1,087,524) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5173
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,737
Comparison Date:	01/01/1986	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,724,220

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.3202	47.3202	0.8402	46.4800
Direct Care	88.7017	88.7017	1.5749	87.1268
Indirect Care	51.3103	51.3103	0.9110	50.3993
Property	13.6500	12.6198	0.2241	12.3957
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.8491
Supplemental Rate Add-on				9.9025
Totals	200.9822	199.9520	3.5502	222.1534

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263559-00 - 2014/07

222.15

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07	1,629,898	0.00	0.2974	0.2974		60	51.77	1,629,898	1,720,920	
1987/01		0.10	1.0091	1.0091		60	51.77	1,631,446	1,751,700	
1987/07		0.10	0.9007	0.9007		60	51.77	1,632,830	1,765,380	
1988/01		0.20	0.9007	0.9007		60	51.77	1,635,598	1,779,720	
1988/07		0.20	0.5899	0.5899		60	51.77	1,637,415	1,778,760	
1989/01		0.30	0.5899	0.5899		60	51.77	1,640,143	1,789,260	
1989/07		0.30	0.5899	0.5899		60	51.77	1,642,876	1,801,380	
1990/01		0.40	0.5899	0.5899		60	51.77	1,646,525	1,810,440	
1990/07		0.40	0.5899	0.5899		60	51.77	1,650,183	1,821,120	
1991/01		0.50	0.5899	0.5899		60	51.77	1,654,765	1,831,800	
1991/07		0.50	1.4932	1.4932		60	72.12	1,667,119	1,859,160	
1992/01		0.60	2.0117	2.0117		60	72.12	1,687,241	1,896,540	
1992/07	1,831,800	0.60	1.8152	1.8152		120	72.34	3,537,417	3,861,960	
1993/01		0.70	1.7710	1.7710		120	72.34	3,581,270	3,930,360	
1993/07		0.70	1.5329	1.5329		120	69.56	3,619,697	3,990,600	
1994/01		0.80	1.6983	1.6983		120	69.56	3,668,874	4,058,400	
1994/07		0.80	1.5991	1.5991		120	71.06	3,715,810	4,123,320	
1995/01		0.90	1.5812	1.5812		120	71.06	3,768,690	4,188,480	
1995/07		0.90	1.5250	1.5250		120	69.81	3,820,415	4,252,320	
1996/01	16,280	1.00	1.7228	1.7228		120	67.75	3,902,513	4,325,640	
1996/07		1.00	1.3294	1.3294		120	67.75	3,954,393	4,383,120	
1997/01		1.00	1.4109	1.4109		120	67.75	4,010,186	4,444,920	
1997/07		1.00	1.0917	1.0917		120	67.75	4,053,965	4,493,400	
1998/01		1.00	1.1663	1.1663		120	67.75	4,101,246	4,545,840	
1998/07		1.00	1.0794	1.0794		120	67.75	4,145,515	4,594,920	
1999/01		1.00	1.4499	1.4499		120	66.69	4,205,621	4,661,520	
1999/07		1.00	1.2299	1.2299		120	66.69	4,257,346	4,718,880	
2000/01		1.00	1.3356	1.3356		120	69.99	4,314,207	4,781,880	
2000/07		1.00	1.1129	1.1129		120	69.99	4,362,220	4,835,040	
2001/01		1.00	1.2976	1.2976		120	67.12	4,418,824	4,897,800	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263559-00 - 2014/07

222.15

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		1.00	0.9615	0.9615		120	67.12	4,461,311	4,944,840	
2002/01		1.00	1.0301	1.0301		120	66.53	4,507,267	4,995,720	
2002/07		1.00	0.8337	0.8337		120	66.53	4,544,844	5,037,360	
2003/01		1.00	1.3271	1.3271		120	61.60	4,605,159	5,104,200	
2003/07		1.00	1.1664	1.1664		120	61.23	4,658,874	5,163,720	
2004/01		1.00	1.1103	1.1103		120	61.23	4,710,601	5,221,080	
2004/07		1.00	0.8378	0.8378		120	61.23	4,750,066	5,264,880	
2005/01		1.00	0.8595	0.8595		120	61.23	4,790,893	5,310,120	
2005/07		1.00	0.7364	0.7364		120	61.23	4,826,173	5,349,240	
2006/01		1.00	0.9068	0.9068		120	61.23	4,869,937	5,397,720	
2006/07		1.00	0.8133	0.8133		120	61.23	4,909,544	5,441,640	
2007/01		0.95	1.0133	1.0133		120	58.16	4,956,803	5,496,720	
2007/07		0.95	1.1050	1.1050		120	56.43	5,008,840	5,557,440	
2008/01		0.90	0.8556	0.8556		120	56.43	5,047,408	5,604,960	
2008/07		0.90	0.6104	0.6104		120	56.43	5,075,138	5,639,160	
2009/01		0.85	1.3268	1.3268		120	56.28	5,132,375	5,714,040	
2009/07		0.85	0.6841	0.6841		120	56.28	5,162,220	5,753,160	
2010/01		0.80	0.8643	0.8643		120	52.57	5,196,335	5,802,840	
2010/07		0.80	0.7107	0.7107		120	50.44	5,223,432	5,844,120	
2011/01		0.75	0.9198	0.9198		120	50.44	5,256,481	5,897,880	
2011/07		0.75	0.9028	0.9028		120	50.44	5,289,122	5,951,160	
2012/01		0.70	0.3865	0.3865		120	56.29	5,303,434	5,974,200	
2012/07		0.70	0.9417	0.9417		120	53.63	5,337,523	6,030,480	
2013/01		0.65	0.4901	0.4901		120	53.63	5,354,105	6,060,000	
2013/07		0.65	0.6196	0.6196		120	53.63	5,375,129	6,097,560	
2014/01		0.60	0.8564	0.8564		120	54.81	5,402,651	6,149,760	
2014/07		0.60	1.2383	1.2383		120	47.91	5,437,618	6,225,960	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263567-00 - 2014/07

216.14

Orange City Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2810 ENTERPRISE RD	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
DEBARY, FL 32713	Days in CR 366	Maximum: 43,920	Standard: 184
County: Volusia [64]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 38,526	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 11,410	Inflation
Current Class North Large	Initial CR? False	Medicaid: 19,726	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	51.20179%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	87.71858%	Cost: 1.04963363
Open Date: 05/31/1991	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/31/1991	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 06/26/1991	Low Occupancy Adjustment Factor:	111.67072%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 211371			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	853,418	1,607,680	959,549	947,045		4,367,692	
1a	Audit Adjustments							
2	Cost Per Diem	43.2636	81.5006	48.6439	48.0100		221.4181	
3	Cost Per Diem Inflated	45.4109	84.1778	51.0583				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.4109	84.1778	51.0583	48.0100		228.6570	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.6948		53.3263				
7	Provider Target Rate	50.7302		54.4374				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.4109	84.1778	51.0583	13.6500		194.2970	
12/13	Medical Adjustment Rate		0.1138	0.0690				
14	Prospective Per Diem 11	45.4109	84.2916	51.1273	13.6500		194.4798	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263567-00 - 2014/07

216.14

Rate Semester 07/01/2014 through 12/31/2014

Orange City Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/26/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,937,265.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed	80% Capital(1):	4,303,923	9.5764
Indexed Asset Value	5,379,904	<60% of Base:	False	20% ROE(2):	1,075,981	0.3980
FRVS Base Asset:	3,642,240	Interest Rate:	8.0700%	Insurance Cost(3):	38,426	0.9974
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	57,320	1.4878
ROE Factor	0.014580	Amortization Rate:	6.2500%	Home Office(3):	10,391	0.2697
		Interest Only:	False	Replacement(3&4):	34,008	0.0000
		Yearly Payment:	377,503	Total FRVS PD:		12.7293

- (1) 80% Capital (\$4,303,923) amortized at 6.2500 % for 20 years Principal & Interest of \$377,503 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.5764
- (2) 20% ROE (\$1,075,981) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3980
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	07/01/1990	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.4109	45.4109	0.8063	44.6046
Direct Care	84.2916	84.2916	1.4966	82.7950
Indirect Care	51.1273	51.1273	0.9078	50.2195
Property	13.6500	12.7293	0.2260	12.5033
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.1145
Supplemental Rate Add-on				9.9025
Totals	194.4798	193.5591	3.4367	216.1394

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263567-00 - 2014/07

216.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	4,138,479	0.00	0.5899	0.5899		120	66.58	3,642,240	3,642,240	1
1991/07		0.10	1.4932	1.4932		120	66.58	3,647,678	3,718,320	
1992/01		0.10	2.0117	2.0117		120	66.58	3,655,017	3,793,080	
1992/07		0.20	1.8152	1.8152		120	66.58	3,668,285	3,861,960	
1993/01		0.20	1.7710	1.7710		120	66.58	3,681,278	3,930,360	
1993/07		0.30	1.5329	1.5329		120	66.58	3,698,208	3,990,600	
1994/01		0.30	1.6983	1.6983		120	71.11	3,717,050	4,058,400	
1994/07	31,069	0.40	1.5991	1.5991		120	52.23	3,770,696	4,123,320	
1995/01		0.40	1.5812	1.5812		120	52.23	3,793,344	4,188,480	
1995/07		0.50	1.5250	1.5250		120	52.23	3,820,812	4,252,320	
1996/01		0.50	1.7228	1.7228		120	52.23	3,852,067	4,325,640	
1996/07		0.60	1.3294	1.3294		120	52.23	3,881,244	4,383,120	
1997/01		0.60	1.4109	1.4109		120	52.23	3,912,444	4,444,920	
1997/07		0.70	1.0917	1.0917		120	52.23	3,940,837	4,493,400	
1998/01		0.70	1.1663	1.1663		120	57.04	3,973,010	4,545,840	
1998/07		0.80	1.0794	1.0794		120	57.04	4,007,317	4,594,920	
1999/01		0.80	1.4499	1.4499		120	60.86	4,007,317	4,661,520	5
1999/07		0.90	1.2299	1.2299		120	60.86	4,098,669	4,718,880	
2000/01		0.90	1.3356	1.3356		120	58.42	4,147,935	4,781,880	
2000/07		1.00	1.1129	1.1129		120	57.61	4,194,097	4,835,040	
2001/01		1.00	1.2976	1.2976		120	57.61	4,248,520	4,897,800	
2001/07		1.00	0.9615	0.9615		120	57.61	4,289,370	4,944,840	
2002/01		1.00	1.0301	1.0301		120	51.93	4,331,088	4,995,720	
2002/07		1.00	0.8337	0.8337		120	54.24	4,366,697	5,037,360	
2003/01		1.00	1.3271	1.3271		120	54.24	4,423,847	5,104,200	
2003/07		1.00	1.1664	1.1664		120	56.88	4,475,447	5,163,720	
2004/01		1.00	1.1103	1.1103		120	56.88	4,525,138	5,221,080	
2004/07		1.00	0.8378	0.8378		120	56.88	4,563,050	5,264,880	
2005/01		1.00	0.8595	0.8595		120	56.88	4,602,269	5,310,120	
2005/07		1.00	0.7364	0.7364		120	56.88	4,636,160	5,349,240	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263567-00 - 2014/07

216.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		120	56.88	4,678,201	5,397,720	
2006/07		1.00	0.8133	0.8133		120	56.88	4,716,249	5,441,640	
2007/01		1.00	1.0133	1.0133		120	54.78	4,763,848	5,496,720	
2007/07	31,667	1.00	1.1050	1.1050		120	56.36	4,848,156	5,557,440	
2008/01		1.00	0.8556	0.8556		120	56.36	4,889,637	5,604,960	
2008/07		1.00	0.6104	0.6104		120	56.36	4,919,483	5,639,160	
2009/01		1.00	1.3268	1.3268		120	51.32	4,980,387	5,714,040	
2009/07		1.00	0.6841	0.6841		120	51.32	5,012,178	5,753,160	
2010/01		1.00	0.8643	0.8643		120	56.40	5,055,498	5,802,840	
2010/07		1.00	0.7107	0.7107		120	60.20	5,091,427	5,844,120	
2011/01		1.00	0.9198	0.9198		120	60.20	5,138,258	5,897,880	
2011/07		0.95	0.9028	0.9028		120	56.43	5,182,329	5,951,160	
2012/01		0.95	0.3865	0.3865		120	56.43	5,201,359	5,974,200	
2012/07		0.90	0.9417	0.9417		120	54.16	5,244,767	6,030,480	
2013/01		0.90	0.4901	0.4901		120	54.16	5,267,548	6,060,000	
2013/07		0.85	0.6196	0.6196		120	54.16	5,294,868	6,097,560	
2014/01		0.85	0.8564	0.8564		120	51.20	5,330,746	6,149,760	
2014/07		0.80	1.2383	1.2383		120	51.20	5,379,904	6,225,960	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263575-00 - 2014/07

223.35

Bayshore Pointe Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3117 W GANDY BLVD	1/1/2012-12/31/2012	Number of Beds: 117	Superior: 0
TAMPA, FL 33611-2927	Days in CR 366	Maximum: 42,822	Standard: 184
County: Hillsborough [29]	First Used : 2013/07	Max Annualized: 42,705	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 39,097	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 13,928	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 22,215	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	56.82022%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.30120%	Cost: 1.04963363
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1970	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	116.23160%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 218022			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,033,303	1,859,139	1,028,750	623,131		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	48.8224	86.4375	48.6073				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.8224	86.4375	48.6073	28.0500		211.9172	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.5797		56.9504				
7	Provider Target Rate	48.5711		58.1370				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	48.5711	86.4375	48.6073	13.6500		197.2659	
12/13	Medical Adjustment Rate		0.6632	0.3730				
14	Prospective Per Diem 11	48.5711	87.1007	48.9803	13.6500		198.3021	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263575-00 - 2014/07

223.35

Rate Semester 07/01/2014 through 12/31/2014

Bayshore Pointe Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,925,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	3,756,360	9.9931
Indexed Asset Value	4,695,450	<60% of Base:	False	20% ROE(2):	939,090	0.3562
FRVS Base Asset:	683,039	Interest Rate:	8.2500%	Insurance Cost(3):	37,874	0.9687
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	123,666	3.1631
ROE Factor	0.014580	Amortization Rate:	8.2500%	Home Office(3):	10,545	0.2697
		Interest Only:	False	Replacement(3&4):	47,668	0.0000
		Yearly Payment:	384,080	Total FRVS PD:		14.7508

- (1) 80% Capital (\$3,756,360) amortized at 8.2500 % for 20 years Principal & Interest of \$384,080 divided by annual available days (42705) divided by Occup. Adj. (0.90) = \$9.9931
- (2) 20% ROE (\$939,090) times the ROE factor (0.014580) divided by annual available days (42705) divided by Occup. Adj. (0.90) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	75	Effective PBS Limitation	2,137,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.5711	48.5711	0.8624	47.7087
Direct Care	87.1007	87.1007	1.5465	85.5542
Indirect Care	48.9803	48.9803	0.8697	48.1106
Property	13.6500	14.7508	0.2619	14.4889
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.5886
Supplemental Rate Add-on				9.9025
Totals	198.3021	199.4029	3.5405	223.3535

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263575-00 - 2014/07

223.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	264,460	0.00				75	100.00	264,460	769,575	
1972/01		0.10	3.9787	3.0000	0.9787	75	100.00	265,253	800,175	
1972/07	871	0.10	5.9113	3.0000	2.9113	75	100.00	266,920	839,625	
1973/01		0.20	8.0622	3.0000	5.0622	75	100.00	268,522	882,900	
1973/07	4,522	0.20	10.7186	3.0000	7.7186	75	100.00	274,655	932,850	
1974/01		0.30	12.9457	3.0000	9.9457	75	100.00	277,127	981,600	
1974/07	7,003	0.30	13.0494	3.0000	10.0494	75	100.00	286,624	1,012,050	
1975/01		0.40	13.1399	3.0000	10.1399	75	100.00	290,063	1,043,325	
1975/07	5,420	0.40	14.2033	3.0000	11.2033	75	100.00	298,964	1,085,775	
1976/01		0.50	15.2478	3.0000	12.2478	75	100.00	303,448	1,129,650	
1976/07	11,452	0.50	15.7330	3.0000	12.7330	75	100.00	319,452	1,169,025	
1977/01		0.60	16.4836	3.0000	13.4836	75	100.00	325,202	1,212,900	
1977/07	6,192	0.60	18.5412	3.0000	15.5412	75	100.00	337,248	1,274,175	
1978/01		0.70	20.2809	3.0000	17.2809	75	100.00	344,330	1,334,625	
1978/07	19,832	0.70	22.8203	3.0000	19.8203	75	100.00	371,393	1,408,500	
1979/01		0.80	24.9476	3.0000	21.9476	75	100.00	380,306	1,480,725	
1979/07	7,456	0.80	26.1458	3.0000	23.1458	75	100.00	396,889	1,542,900	
1980/01		0.90	29.3115	3.0000	26.3115	75	91.13	407,605	1,638,075	
1980/07	9,243	0.90	30.1222	3.0000	27.1222	75	91.13	427,853	1,700,475	
1981/01		1.00	30.9462	3.0000	27.9462	75	92.94	440,689	1,765,500	
1981/07	37,248	1.00	30.5350	3.0000	27.5350	75	92.94	491,158	1,811,175	
1982/01		1.00	30.2110	3.0000	27.2110	75	89.01	505,893	1,859,700	
1982/07	17,989	1.00	29.5087	3.0000	26.5087	75	89.01	539,059	1,902,375	
1983/04		1.00	29.1375	3.0000	26.1375	75	82.75	555,231	1,952,400	
1983/07	17,593	1.00	30.0953	3.0000	27.0953	75	82.75	589,481	2,029,650	
1984/01		1.00	28.3905	3.0000	25.3905	75	75.97	607,165	2,055,975	
1984/07	18,450	1.00	27.3084	3.0000	24.3084	75	75.97	643,830	2,095,425	
1985/01		1.00	25.4555	3.0000	22.4555	75	73.21	663,145	2,119,425	
1985/10		1.00	23.3077	3.0000	20.3077	75	73.21	683,039	2,137,500	
1986/01		1.00	21.1376	3.0000	18.1376	75	73.21	703,530	2,155,275	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263575-00 - 2014/07

223.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	75	71.54	724,636	2,151,150	
1987/01		1.00	16.4441	3.0000	13.4441	75	71.54	746,375	2,189,625	
1987/07		1.00	14.3448	3.0000	11.3448	75	71.54	768,766	2,206,725	
1988/01		1.00	12.2455	3.0000	9.2455	75	63.49	791,829	2,224,650	
1988/07		1.00	9.8354	3.0000	6.8354	75	63.49	815,584	2,223,450	
1989/01		1.00	7.4253	3.0000	4.4253	75	69.59	840,052	2,236,575	
1989/07		1.00	5.0152	3.0000	2.0152	75	69.59	865,254	2,251,725	
1990/01		1.00	2.6051	2.6051		75	69.59	887,795	2,263,050	
1990/07		1.00	0.5899	0.5899		75	69.59	893,032	2,276,400	
1991/01		1.00	0.5899	0.5899		75	69.59	898,300	2,289,750	
1991/07		1.00	1.4932	1.4932		75	69.59	911,713	2,323,950	
1992/01		0.95	2.0117	2.0117		75	68.45	929,137	2,370,675	
1992/07		0.95	1.8152	1.8152		75	68.45	945,159	2,413,725	
1993/01		0.90	1.7710	1.7710		75	69.31	960,224	2,456,475	
1993/07		0.90	1.5329	1.5329		75	69.31	973,471	2,494,125	
1994/01		0.85	1.6983	1.6983		75	77.44	987,524	2,536,500	
1994/07		0.85	1.5991	1.5991		75	77.44	1,000,946	2,577,075	
1995/01		0.80	1.5812	1.5812		75	82.94	1,013,608	2,617,800	
1995/07		0.80	1.5250	1.5250		75	79.20	1,025,974	2,657,700	
1996/01		0.75	1.7228	1.7228		75	81.43	1,039,231	2,703,525	
1996/07		0.75	1.3294	1.3294		75	79.39	1,049,593	2,739,450	
1997/01		0.70	1.4109	1.4109		75	79.39	1,059,959	2,778,075	
1997/07		0.70	1.0917	1.0917		75	79.39	1,068,059	2,808,375	
1998/01		0.65	1.1663	1.1663		75	79.39	1,068,059	2,841,150	5
1998/07		0.65	1.0794	1.0794		75	79.39	1,083,706	2,871,825	
1999/01		0.60	1.4499	1.4499		75	79.39	1,093,133	2,913,450	
1999/07		0.60	1.2299	1.2299		75	83.13	1,101,199	2,949,300	
2000/01	3,271,774	0.55	1.3356	1.3356		117	73.25	4,381,062	4,662,333	
2000/07		0.55	1.1129	1.1129		117	73.25	4,407,878	4,714,164	
2001/01		0.50	1.2976	1.2976		117	64.61	4,436,476	4,775,355	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263575-00 - 2014/07

223.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		117	64.61	4,457,807	4,821,219	
2002/01		0.45	1.0301	1.0301		117	66.90	4,478,469	4,870,827	
2002/07		0.45	0.8337	0.8337		117	66.90	4,495,272	4,911,426	
2003/01		0.40	1.3271	1.3271		117	60.49	4,519,133	4,976,595	
2003/07		0.40	1.1664	1.1664		117	55.71	4,540,219	5,034,627	
2004/01	15,425	0.35	1.1103	1.1103		117	55.71	4,573,287	5,090,553	
2004/07	1,930	0.35	0.8378	0.8378		117	55.71	4,588,626	5,133,258	
2005/01		0.30	0.8595	0.8595		117	55.71	4,600,460	5,177,367	
2005/07		0.30	0.7364	0.7364		117	55.71	4,610,622	5,215,509	
2006/01		0.25	0.9068	0.9068		117	55.71	4,621,074	5,262,777	
2006/07		0.25	0.8133	0.8133		117	55.71	4,630,469	5,305,599	
2007/01		0.20	1.0133	1.0133		117	55.00	4,639,855	5,359,302	
2007/07		0.20	1.1050	1.1050		117	55.00	4,650,109	5,418,504	
2008/01		0.15	0.8556	0.8556		117	49.80	4,655,511	5,464,836	
2008/07		0.15	0.6104	0.6104		117	49.80	4,659,372	5,498,181	
2009/01		0.10	1.3268	1.3268		117	52.95	4,665,325	5,571,189	
2009/07		0.10	0.6841	0.6841		117	52.95	4,668,397	5,609,331	
2010/01	23,370	0.05	0.8643	0.8643		117	56.35	4,693,784	5,657,769	
2010/07		0.05	0.7107	0.7107		117	57.60	4,695,450	5,698,017	
2011/01		0.00	0.9198	0.9198		117	57.60	4,695,450	5,750,433	
2011/07		0.00	0.9028	0.9028		117	56.04	4,695,450	5,802,381	
2012/01		0.00	0.3865	0.3865		117	56.04	4,695,450	5,824,845	
2012/07		0.00	0.9417	0.9417		117	56.04	4,695,450	5,879,718	
2013/01		0.00	0.4901	0.4901		117	52.79	4,695,450	5,908,500	
2013/07		0.00	0.6196	0.6196		117	56.82	4,695,450	5,945,121	
2014/01		0.00	0.8564	0.8564		117	56.82	4,695,450	5,996,016	
2014/07		0.00	1.2383	1.2383		117	56.82	4,695,450	6,070,311	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263583-00 - 2014/07

205.57

Royal Oaks Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2225 KNOX MCRAE DR	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
TITUSVILLE, FL 32780	Days in CR 365	Maximum: 43,800	Standard: 184
County: Brevard [5]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 39,983	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 15,364	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 18,945	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	47.38264%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.28539%	Cost: 1.02471376
Open Date: 04/09/1993	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/09/1993	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 04/09/1993	Low Occupancy Adjustment Factor:	116.21147%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 210609			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	760,769	1,519,984	837,698	1,079,486		4,197,937	
1a	Audit Adjustments							
2	Cost Per Diem	40.1567	80.2314	44.2174	56.9800		221.5855	
3	Cost Per Diem Inflated	41.1491	82.0143	45.3102				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.1491	82.0143	45.3102	56.9800		225.4536	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.0240		54.6485				
7	Provider Target Rate	49.0246		55.7872				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	41.1491	82.0143	45.3102	13.6500		182.1236	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	41.1491	82.0143	45.3102	13.6500		182.1236	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263583-00 - 2014/07

205.57

Rate Semester 07/01/2014 through 12/31/2014

Royal Oaks Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/09/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,912,325.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,179,821	9.3003
RS to Start Calcs:	1993/01	<60% of Base:	False	20% ROE(2):	1,044,955	0.4970
Indexed Asset Value	5,224,776	Interest Rate:	8.0700%	Insurance Cost(3):	71,204	1.7809
FRVS Base Asset:	3,861,960	Chase Rate:	3.2500%	Taxes Cost(3):	60,431	1.5114
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	9,108	0.2278
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	47,443	0.0000
		Yearly Payment:	366,618	Total FRVS PD:		13.3174

- (1) 80% Capital (\$4,179,821) amortized at 6.2500 % for 20 years Principal & Interest of \$366,618 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.3003
- (2) 20% ROE (\$1,044,955) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4970
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,183
Comparison Date:	08/01/1992	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.1491	41.1491	0.7306	40.4185
Direct Care	82.0143	82.0143	1.4562	80.5581
Indirect Care	45.3102	45.3102	0.8045	44.5057
Property	13.6500	13.3174	0.2365	13.0809
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Quality Assess-Medicaid Share				17.1079
Totals	182.1236	181.7910	3.2278	205.5736

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263583-00 - 2014/07

205.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	4,213,095	0.00	1.7710	1.7710		120	57.35	3,861,960	3,861,960	1
1993/07		0.10	1.5329	1.5329		120	57.35	3,867,880	3,990,600	
1994/01		0.10	1.6983	1.6983		120	57.35	3,874,448	4,058,400	
1994/07		0.20	1.5991	1.5991		120	57.35	3,886,838	4,123,320	
1995/01		0.20	1.5812	1.5812		120	57.35	3,899,128	4,188,480	
1995/07		0.30	1.5250	1.5250		120	57.35	3,916,967	4,252,320	
1996/01		0.30	1.7228	1.7228		120	58.50	3,937,210	4,325,640	
1996/07		0.40	1.3294	1.3294		120	58.50	3,958,148	4,383,120	
1997/01		0.40	1.4109	1.4109		120	56.99	3,980,488	4,444,920	
1997/07		0.50	1.0917	1.0917		120	50.63	4,000,491	4,493,400	
1998/01		0.50	1.1663	1.1663		120	50.63	4,021,968	4,545,840	
1998/07		0.60	1.0794	1.0794		120	50.63	4,045,945	4,594,920	
1999/01		0.60	1.4499	1.4499		120	50.29	4,078,127	4,661,520	
1999/07		0.70	1.2299	1.2299		120	50.33	4,110,255	4,718,880	
2000/01		0.70	1.3356	1.3356		120	50.33	4,145,419	4,781,880	
2000/07		0.80	1.1129	1.1129		120	48.97	4,178,279	4,835,040	
2001/01		0.80	1.2976	1.2976		120	48.97	4,216,898	4,897,800	
2001/07		0.90	0.9615	0.9615		120	48.97	4,249,390	4,944,840	
2002/01		0.90	1.0301	1.0301		120	60.22	4,288,786	4,995,720	
2002/07		1.00	0.8337	0.8337		120	60.22	4,324,542	5,037,360	
2003/01		1.00	1.3271	1.3271		120	58.38	4,381,933	5,104,200	
2003/07		1.00	1.1664	1.1664		120	60.24	4,433,044	5,163,720	
2004/01		1.00	1.1103	1.1103		120	60.24	4,482,264	5,221,080	
2004/07		1.00	0.8378	0.8378		120	60.24	4,519,816	5,264,880	
2005/01		1.00	0.8595	0.8595		120	60.24	4,558,664	5,310,120	
2005/07		1.00	0.7364	0.7364		120	60.24	4,592,234	5,349,240	
2006/01		1.00	0.9068	0.9068		120	60.24	4,633,876	5,397,720	
2006/07		1.00	0.8133	0.8133		120	60.24	4,671,563	5,441,640	
2007/01		1.00	1.0133	1.0133		120	53.38	4,717,506	5,496,720	
2007/07		1.00	1.1050	1.1050		120	44.50	4,759,683	5,557,440	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263583-00 - 2014/07

205.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		120	44.50	4,792,632	5,604,960	
2008/07		1.00	0.6104	0.6104		120	44.50	4,816,301	5,639,160	
2009/01		1.00	1.3268	1.3268		120	42.75	4,865,971	5,714,040	
2009/07		1.00	0.6841	0.6841		120	42.75	4,891,845	5,753,160	
2010/01		1.00	0.8643	0.8643		120	44.56	4,926,100	5,802,840	
2010/07		1.00	0.7107	0.7107		120	47.08	4,956,068	5,844,120	
2011/01		1.00	0.9198	0.9198		120	47.08	4,995,090	5,897,880	
2011/07		1.00	0.9028	0.9028		120	47.08	5,033,692	5,951,160	
2012/01		1.00	0.3865	0.3865		120	46.56	5,033,692	5,974,200	5
2012/07		1.00	0.9417	0.9417		120	46.56	5,090,421	6,030,480	
2013/01		1.00	0.4901	0.4901		120	47.96	5,112,176	6,060,000	
2013/07		0.95	0.6196	0.6196		120	47.96	5,138,415	6,097,560	
2014/01		0.95	0.8564	0.8564		120	48.25	5,175,090	6,149,760	
2014/07		0.90	1.2383	1.2383		120	47.38	5,224,776	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263591-00 - 2014/07

218.17

Tuskawilla Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1024 WILLA SPRINGS DR	1/1/2013-12/31/2013	Number of Beds: 98	Superior: 0
WINTER SPRINGS, FL 32708	Days in CR 365	Maximum: 35,770	Standard: 184
County: Seminole [59]	First Used : 2014/07	Max Annualized: 35,770	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 31,979	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 14,868	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 14,096	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	44.07893%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.40173%	Cost: 1.02471376
Open Date: 11/07/1994	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/07/1994	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 11/07/1994	Low Occupancy Adjustment Factor:	113.81347%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 211966			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	600,871	1,220,240	718,023	834,201		3,373,335	
1a	Audit Adjustments							
2	Cost Per Diem	42.6271	86.5664	50.9381	59.1800		239.3116	
3	Cost Per Diem Inflated	43.6806	88.4901	52.1970				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.6806	88.4901	52.1970	59.1800		243.5477	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.6481		62.0530				
7	Provider Target Rate	53.7451		63.3459				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500			
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442				
10	Target Rate Class Ceiling	61.3634		72.4862				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.6806	88.4901	52.1970	13.6500		198.0177	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	43.6806	88.4901	52.1970	13.6500		198.0177	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263591-00 - 2014/07

218.17

Rate Semester 07/01/2014 through 12/31/2014

Tuskawilla Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/07/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,981,982.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Fixed	80% Capital(1):	3,179,831	8.6636
Indexed Asset Value	3,974,789	<60% of Base:	False	20% ROE(2):	794,958	0.4630
FRVS Base Asset:	3,043,800	Interest Rate:	8.0700%	Insurance Cost(3):	65,313	2.0424
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	65,426	2.0459
ROE Factor	0.018750	Amortization Rate:	6.2500%	Home Office(3):	7,284	0.2278
		Interest Only:	False	Replacement(3&4):	9,543	0.0000
		Yearly Payment:	278,907	Total FRVS PD:		13.4427

- (1) 80% Capital (\$3,179,831) amortized at 6.2500 % for 20 years Principal & Interest of \$278,907 divided by annual available days (35770) divided by Occup. Adj. (0.900) = \$8.6636
- (2) 20% ROE (\$794,958) times the ROE factor (0.018750) divided by annual available days (35770) divided by Occup. Adj. (0.900) = \$0.4630
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	01/01/1994	Current RS PBS:	51,883
Comparison Bed	90	Effective PBS Limitation	3,043,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.6806	43.6806	0.7756	42.9050
Direct Care	88.4901	88.4901	1.5712	86.9189
Indirect Care	52.1970	52.1970	0.9268	51.2702
Property	13.6500	13.4427	0.2387	13.2040
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				13.9730
Supplemental Rate Add-on				9.9025
Totals	198.0177	197.8104	3.5123	218.1736

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263591-00 - 2014/07

218.17

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	4,194,640	0.00	1.5991	1.5991		90	59.98	3,043,800	3,043,800	1
1995/01		0.10	1.5812	1.5812		90	59.98	3,048,612	3,141,360	
1995/07		0.10	1.5250	1.5250		90	48.91	3,052,746	3,189,240	
1996/01		0.20	1.7228	1.7228		90	48.91	3,062,101	3,244,230	
1996/07		0.20	1.3294	1.3294		90	48.91	3,069,342	3,287,340	
1997/01		0.30	1.4109	1.4109		90	48.91	3,080,896	3,333,690	
1997/07		0.30	1.0917	1.0917		90	48.91	3,089,869	3,370,050	
1998/01		0.40	1.1663	1.1663		90	48.91	3,102,687	3,409,380	
1998/07		0.40	1.0794	1.0794		90	54.17	3,115,882	3,446,190	
1999/01		0.50	1.4499	1.4499		90	54.17	3,138,131	3,496,140	
1999/07	17,357	0.50	1.2299	1.2299		90	54.13	3,174,482	3,539,160	
2000/01		0.60	1.3356	1.3356		90	54.13	3,199,520	3,586,410	
2000/07		0.60	1.1129	1.1129		90	46.41	3,217,547	3,626,280	
2001/01		0.70	1.2976	1.2976		98	51.38	3,244,848	3,999,870	
2001/07		0.70	0.9615	0.9615		98	51.38	3,265,252	4,038,286	
2002/01		0.80	1.0301	1.0301		98	51.38	3,290,390	4,079,838	
2002/07		0.80	0.8337	0.8337		98	52.79	3,311,455	4,113,844	
2003/01		0.90	1.3271	1.3271		98	54.81	3,350,870	4,168,430	
2003/07		0.90	1.1664	1.1664		98	51.27	3,383,662	4,217,038	
2004/01		1.00	1.1103	1.1103		98	51.27	3,383,662	4,263,882	5
2004/07		1.00	0.8378	0.8378		98	51.27	3,445,382	4,299,652	
2005/01		1.00	0.8595	0.8595		98	51.27	3,472,987	4,336,598	
2005/07		1.00	0.7364	0.7364		98	51.27	3,496,828	4,368,546	
2006/01		1.00	0.9068	0.9068		98	51.27	3,526,387	4,408,138	
2006/07		1.00	0.8133	0.8133		98	51.27	3,553,122	4,444,006	
2007/01		1.00	1.0133	1.0133		98	49.04	3,585,224	4,488,988	
2007/07		1.00	1.1050	1.1050		98	40.42	3,614,339	4,538,576	
2008/01		1.00	0.8556	0.8556		98	40.42	3,637,066	4,577,384	
2008/07		1.00	0.6104	0.6104		98	40.42	3,653,381	4,605,314	
2009/01		1.00	1.3268	1.3268		98	39.05	3,687,797	4,666,466	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263591-00 - 2014/07

218.17

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		1.00	0.6841	0.6841		98	39.05	3,705,709	4,698,414	
2010/01	15,886	1.00	0.8643	0.8643		98	39.54	3,744,621	4,738,986	
2010/07		1.00	0.7107	0.7107		98	47.36	3,767,537	4,772,698	
2011/01		1.00	0.9198	0.9198		98	47.36	3,797,377	4,816,602	
2011/07		1.00	0.9028	0.9028		98	50.09	3,828,599	4,860,114	
2012/01		1.00	0.3865	0.3865		98	50.09	3,842,076	4,878,930	
2012/07		1.00	0.9417	0.9417		98	46.95	3,872,961	4,924,892	
2013/01		1.00	0.4901	0.4901		98	46.95	3,889,164	4,949,000	
2013/07		1.00	0.6196	0.6196		98	46.95	3,909,734	4,979,674	
2014/01		1.00	0.8564	0.8564		98	42.70	3,935,729	5,022,304	
2014/07		1.00	1.2383	1.2383		98	44.08	3,974,789	5,084,534	

Message Code:

1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263605-00 - 2014/07

246.18

Hunter's Creek Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
14155 TOWN LOOP BLVD	1/1/2012-12/31/2012	Number of Beds: 116	Superior: 0
ORLANDO, FL 32837	Days in CR 366	Maximum: 42,456	Standard: 184
County: Orange [48]	First Used : 2014/01	Max Annualized: 42,340	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 39,549	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 11,153	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 24,475	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	61.88526%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.15291%	Cost: 1.04963363
Open Date: 05/26/1998	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/26/1998	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 05/26/1998	Low Occupancy Adjustment Factor:	118.58893%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 213691			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,102,163	2,276,991	1,677,439	1,402,173		6,458,766	
1a	Audit Adjustments							
2	Cost Per Diem	45.0322	93.0334	68.5368	57.2900		263.8924	
3	Cost Per Diem Inflated	47.2673	96.0894	71.9385				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.2673	96.0894	71.9385	57.2900		272.5852	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.4941		80.3075				
7	Provider Target Rate	52.5670		81.9808				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.2673	96.0894	61.9692	13.6500		218.9759	
12/13	Medical Adjustment Rate		1.2848	0.8286				
14	Prospective Per Diem 11	47.2673	97.3742	62.7978	13.6500		221.0893	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263605-00 - 2014/07

246.18

Rate Semester 07/01/2014 through 12/31/2014

Hunter's Creek Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/26/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,052,231.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,414,182 10.1604
RS to Start Calcs:	1998/01	<60% of Base:	False	20% ROE(2):	1,103,545 0.4222
Indexed Asset Value	5,517,727	Interest Rate:	8.0700%	Insurance Cost(3):	69,346 1.7534
FRVS Base Asset:	4,343,620	Chase Rate:	3.2500%	Taxes Cost(3):	120,607 3.0496
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	10,667 0.2697
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	40,749 0.0000
		Yearly Payment:	387,174	Total FRVS PD:	15.6553

- (1) 80% Capital (\$4,414,182) amortized at 6.2500 % for 20 years Principal & Interest of \$387,174 divided by annual available days (42340) divided by Occup. Adj. (0.900) = \$10.1604
- (2) 20% ROE (\$1,103,545) times the ROE factor (0.014580) divided by annual available days (42340) divided by Occup. Adj. (0.900) = \$0.4222
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,445
Comparison Date:	07/01/1997	Current RS PBS:	51,883
Comparison Bed	116	Effective PBS Limitation	4,343,620

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.2673	47.2673	0.8392	46.4281
Direct Care	97.3742	97.3742	1.7289	95.6453
Indirect Care	62.7978	62.7978	1.1150	61.6828
Property	13.6500	15.6553	0.2780	15.3773
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.1422
Supplemental Rate Add-on				9.9025
Totals	221.0893	223.0946	3.9611	246.1782

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263605-00 - 2014/07

246.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	11,089,244	0.00	1.1663	1.1663		116	44.04	4,343,620	4,343,620	1
1998/07		0.10	1.0794	1.0794		116	44.04	4,347,373	4,441,756	
1999/01		0.10	1.4499	1.4499		116	44.04	4,352,421	4,506,136	
1999/07		0.20	1.2299	1.2299		116	44.04	4,360,994	4,561,584	
2000/01		0.20	1.3356	1.3356		116	44.04	4,370,321	4,622,484	
2000/07	83,050	0.30	1.1129	1.1129		116	58.81	4,467,964	4,673,872	
2001/01		0.30	1.2976	1.2976		116	58.81	4,485,358	4,734,540	
2001/07		0.40	0.9615	0.9615		116	58.81	4,502,609	4,780,012	
2002/01		0.40	1.0301	1.0301		116	68.15	4,521,160	4,829,196	
2002/07		0.50	0.8337	0.8337		116	68.15	4,540,009	4,869,448	
2003/01		0.50	1.3271	1.3271		116	59.99	4,570,136	4,934,060	
2003/07		0.60	1.1664	1.1664		116	63.01	4,602,118	4,991,596	
2004/01		0.60	1.1103	1.1103		116	63.01	4,632,777	5,047,044	
2004/07		0.70	0.8378	0.8378		116	63.01	4,659,948	5,089,384	
2005/01		0.70	0.8595	0.8595		116	63.01	4,687,987	5,133,116	
2005/07		0.80	0.7364	0.7364		116	63.01	4,715,604	5,170,932	
2006/01		0.80	0.9068	0.9068		116	63.01	4,749,811	5,217,796	
2006/07		0.90	0.8133	0.8133		116	63.01	4,784,580	5,260,252	
2007/01		0.90	1.0133	1.0133		116	56.79	4,828,215	5,313,496	
2007/07		1.00	1.1050	1.1050		116	54.05	4,880,645	5,372,192	
2008/01		1.00	0.8556	0.8556		116	54.05	4,921,683	5,418,128	
2008/07		1.00	0.6104	0.6104		116	54.05	4,951,206	5,451,188	
2009/01		1.00	1.3268	1.3268		116	55.01	5,016,899	5,523,572	
2009/07		1.00	0.6841	0.6841		116	55.01	5,051,220	5,561,388	
2010/01	31,166	1.00	0.8643	0.8643		116	57.74	5,126,044	5,609,412	
2010/07		1.00	0.7107	0.7107		116	63.10	5,162,475	5,649,316	
2011/01		1.00	0.9198	0.9198		116	63.10	5,209,959	5,701,284	
2011/07	17,248	1.00	0.9028	0.9028		116	62.07	5,274,243	5,752,788	
2012/01		1.00	0.3865	0.3865		116	62.07	5,294,628	5,775,060	
2012/07		1.00	0.9417	0.9417		116	62.07	5,344,488	5,829,464	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263605-00 - 2014/07

246.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		116	58.66	5,370,681	5,858,000	
2013/07		1.00	0.6196	0.6196		116	58.66	5,403,958	5,894,308	
2014/01		1.00	0.8564	0.8564		116	61.89	5,450,237	5,944,768	
2014/07		1.00	1.2383	1.2383		116	61.89	5,517,727	6,018,428	

Message Code:

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 263605123120120101201209122013103524



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263613-00 - 2014/07

210.83

Boulevard Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2839 S. SEACREST BOULEVARD	1/1/2013-12/31/2013	Number of Beds: 167	Superior: 0
BOYNTON BEACH, FL 33435-7994	Days in CR 365	Maximum: 60,955	Standard: 184
County: Palm Beach [50]	First Used : 2014/07	Max Annualized: 60,955	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 52,587	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 17,394	Inflation
Current Class South Large	Initial CR? False	Medicaid: 27,584	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	52.45403%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	86.27184%	Cost: 1.02471376
Open Date: 01/01/1975	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1975	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 01/01/1975	Low Occupancy Adjustment Factor:	109.82894%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 259951			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,212,537	2,297,338	1,199,279	1,013,988		5,723,142	
1a	Audit Adjustments							
2	Cost Per Diem	43.9580	83.2852	43.4773	36.7600		207.4805	
3	Cost Per Diem Inflated	45.0444	85.1360	44.5518				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.0444	85.1360	44.5518	36.7600		211.4922	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.1526		62.8207				
7	Provider Target Rate	56.3018		64.1296				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.0444	85.1360	44.5518	13.6500		188.3822	
12/13	Medical Adjustment Rate		0.2350	0.1230				
14	Prospective Per Diem 11	45.0444	85.3710	44.6748	13.6500		188.7402	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263613-00 - 2014/07

210.83

Rate Semester 07/01/2014 through 12/31/2014

Boulevard Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/29/1988	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	4,011,868.00	Total Amount	Per Diem
RS to Start Calcs:	1975/01	Type:	Fixed	80% Capital(1):	4,138,934 6.6175
Indexed Asset Value	5,173,667	<60% of Base:	False	20% ROE(2):	1,034,733 0.3537
FRVS Base Asset:	1,533,066	Interest Rate:	8.0700%	Insurance Cost(3):	50,783 0.9657
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	140,325 2.6684
ROE Factor	0.018750	Amortization Rate:	6.2500%	Home Office(3):	11,979 0.2278
		Interest Only:	False	Replacement(3&4):	87,946 0.0000
		Yearly Payment:	363,032	Total FRVS PD:	10.8331

- (1) 80% Capital (\$4,138,934) amortized at 6.2500 % for 20 years Principal & Interest of \$363,032 divided by annual available days (60955) divided by Occup. Adj. (0.900) = \$6.6175
- (2) 20% ROE (\$1,034,733) times the ROE factor (0.018750) divided by annual available days (60955) divided by Occup. Adj. (0.900) = \$0.3537
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	110	Effective PBS Limitation	3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.0444	45.0444	0.7998	44.2446
Direct Care	85.3710	85.3710	1.5158	83.8552
Indirect Care	44.6748	44.6748	0.7932	43.8816
Property	13.6500	10.8331	0.1923	10.6408
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.3085
Supplemental Rate Add-on				9.9025
Totals	188.7402	185.9233	3.3011	210.8332

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263613-00 - 2014/07

210.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1975/01	1,246,500	0.00	3.0905	3.0000	0.0905	110	100.00	1,246,500	1,530,210	
1975/07		0.10	4.1539	3.0000	1.1539	110	100.00	1,250,240	1,592,470	
1976/01		0.10	5.1984	3.0000	2.1984	110	100.00	1,253,991	1,656,820	
1976/07		0.20	5.6836	3.0000	2.6836	110	100.00	1,261,515	1,714,570	
1977/01		0.20	6.4342	3.0000	3.4342	110	100.00	1,269,084	1,778,920	
1977/07		0.30	8.4918	3.0000	5.4918	110	100.00	1,280,506	1,868,790	
1978/01	9,342	0.30	10.2315	3.0000	7.2315	110	100.00	1,301,373	1,957,450	
1978/07	7,638	0.40	12.7709	3.0000	9.7709	110	100.00	1,324,627	2,065,800	
1979/01	2,888	0.40	14.8982	3.0000	11.8982	110	100.00	1,343,411	2,171,730	
1979/07		0.50	16.0964	3.0000	13.0964	110	100.00	1,363,562	2,262,920	
1980/01	3,121	0.50	19.2621	3.0000	16.2621	110	31.03	1,378,222	2,402,510	
1980/07	1,500	0.60	20.0727	3.0000	17.0727	110	31.03	1,393,718	2,494,030	
1981/01	13,635	0.60	20.8968	3.0000	17.8968	110	31.03	1,421,507	2,589,400	
1981/07	27,428	0.70	20.4856	3.0000	17.4856	110	31.03	1,465,777	2,656,390	
1982/01	14,408	0.70	20.1616	3.0000	17.1616	110	31.03	1,497,551	2,727,560	
1982/07	248	0.80	19.4593	3.0000	16.4593	110	31.03	1,518,076	2,790,150	
1983/04		0.80	19.0881	3.0000	16.0881	110	12.63	1,518,076	2,863,520	
1983/07	5,298	0.90	20.0459	3.0000	17.0459	110	12.63	1,523,374	2,976,820	
1984/01	2,500	0.90	18.3411	3.0000	15.3411	110	10.96	1,525,874	3,015,430	
1984/07		1.00	17.2590	3.0000	14.2590	110	12.63	1,525,874	3,073,290	
1985/01	7,192	1.00	15.4061	3.0000	12.4061	110	12.63	1,533,066	3,108,490	
1985/10		1.00	13.2583	3.0000	10.2583	110	10.96	1,533,066	3,135,000	
1986/01		1.00	11.0882	3.0000	8.0882	110	10.96	1,533,066	3,161,070	
1986/07		1.00	8.3856	3.0000	5.3856	110	11.39	1,533,066	3,155,020	
1987/01		1.00	6.3947	3.0000	3.3947	110	11.39	1,533,066	3,211,450	
1987/07		1.00	4.2954	3.0000	1.2954	110	15.37	1,533,066	3,236,530	
1988/01		1.00	2.1961	2.1961		110	15.37	1,533,066	3,262,820	
1988/07		1.00	0.5899	0.5899		110	22.10	1,533,066	3,261,060	
1989/01		1.00	0.5899	0.5899		110	22.10	1,533,066	3,280,310	
1989/07		1.00	0.5899	0.5899		110	17.77	1,533,066	3,302,530	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263613-00 - 2014/07

210.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01		1.00	0.5899	0.5899		110	17.77	1,533,066	3,319,140	
1990/07		1.00	0.5899	0.5899		110	19.96	1,533,066	3,338,720	
1991/01		1.00	0.5899	0.5899		110	19.96	1,533,066	3,358,300	
1991/07		1.00	1.4932	1.4932		110	22.24	1,533,066	3,408,460	
1992/01		1.00	2.0117	2.0117		110	22.24	1,533,066	3,476,990	
1992/07	1,335,488	1.00	1.8152	1.8152		154	28.55	2,882,999	4,956,182	
1993/01		1.00	1.7710	1.7710		154	28.55	2,909,503	5,043,962	
1993/07	402,818	1.00	1.5329	1.5329		167	41.12	3,345,665	5,553,585	
1994/01		1.00	1.6983	1.6983		167	41.12	3,388,145	5,647,940	
1994/07	59,962	1.00	1.5991	1.5991		167	47.53	3,494,928	5,738,287	
1995/01		1.00	1.5812	1.5812		167	47.53	3,542,684	5,828,968	
1995/07		0.95	1.5250	1.5250		167	51.54	3,590,782	5,917,812	
1996/01		0.95	1.7228	1.7228		167	51.54	3,645,855	6,019,849	
1996/07		0.90	1.3294	1.3294		167	55.42	3,689,478	6,099,842	
1997/01		0.90	1.4109	1.4109		167	55.42	3,736,327	6,185,847	
1997/07		0.85	1.0917	1.0917		167	55.42	3,770,996	6,253,315	
1998/01	119,983	0.85	1.1663	1.1663		167	58.31	3,928,365	6,326,294	
1998/07	30,815	0.80	1.0794	1.0794		167	61.22	3,993,101	6,394,597	
1999/01		0.80	1.4499	1.4499		167	61.22	3,993,101	6,487,282	5
1999/07	117,803	0.75	1.2299	1.2299		167	62.13	4,157,220	6,567,108	5
2000/01		0.75	1.3356	1.3356		167	62.13	4,236,496	6,654,783	
2000/07	48,511	0.70	1.1129	1.1129		167	61.81	4,318,009	6,728,764	
2001/01		0.70	1.2976	1.2976		167	61.81	4,357,229	6,816,105	
2001/07		0.65	0.9615	0.9615		167	64.32	4,384,462	6,881,569	
2002/01		0.65	1.0301	1.0301		167	64.57	4,413,820	6,952,377	
2002/07		0.60	0.8337	0.8337		167	64.57	4,435,898	7,010,326	
2003/01	56,014	0.60	1.3271	1.3271		167	61.51	4,491,912	7,103,345	5
2003/07		0.55	1.1664	1.1664		167	60.75	4,556,277	7,186,177	
2004/01		0.55	1.1103	1.1103		167	60.75	4,584,102	7,266,003	
2004/07		0.50	0.8378	0.8378		167	60.75	4,603,305	7,326,958	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263613-00 - 2014/07

210.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		0.50	0.8595	0.8595		167	60.75	4,623,090	7,389,917	
2005/07		0.45	0.7364	0.7364		167	60.75	4,638,411	7,444,359	
2006/01		0.45	0.9068	0.9068		167	60.75	4,657,340	7,511,827	
2006/07		0.40	0.8133	0.8133		167	60.75	4,672,490	7,572,949	
2007/01		0.40	1.0133	1.0133		167	60.82	4,691,428	7,649,602	
2007/07		0.35	1.1050	1.1050		167	60.82	4,709,574	7,734,104	
2008/01		0.35	0.8556	0.8556		167	58.00	4,723,679	7,800,236	
2008/07		0.30	0.6104	0.6104		167	58.00	4,732,328	7,847,831	
2009/01	366,637	0.30	1.3268	1.3268		167	55.80	5,117,800	7,952,039	
2009/07		0.25	0.6841	0.6841		167	55.80	5,126,551	8,006,481	
2010/01		0.25	0.8643	0.8643		167	54.10	5,137,448	8,075,619	
2010/07		0.20	0.7107	0.7107		167	54.10	5,144,629	8,133,067	
2011/01		0.20	0.9198	0.9198		167	53.48	5,153,834	8,207,883	
2011/07		0.15	0.9028	0.9028		167	53.48	5,160,619	8,282,031	
2012/01		0.15	0.3865	0.3865		167	52.27	5,163,464	8,314,095	
2012/07		0.10	0.9417	0.9417		167	49.81	5,167,869	8,392,418	
2013/01		0.10	0.4901	0.4901		167	49.81	5,170,162	8,433,500	
2013/07		0.05	0.6196	0.6196		167	49.81	5,171,614	8,485,771	
2014/01		0.05	0.8564	0.8564		167	51.02	5,173,667	8,558,416	
2014/07		0.00	1.2383	1.2383		167	52.45	5,173,667	8,664,461	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263621-00 - 2014/07

230.43

Palm City Nursing and Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2505 SW MARTIN HWY	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
PALM CITY, FL 34990	Days in CR 365	Maximum: 43,800	Standard: 184
County: Martin [43]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 37,541	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 10,832	Inflation
Current Class South Large	Initial CR? False	Medicaid: 22,424	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	59.73203%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.71005%	Cost: 1.02471376
Open Date: 10/19/1993	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/19/1993	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 10/19/1993	Low Occupancy Adjustment Factor:	109.11375%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 211265			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,037,177	2,050,483	1,052,511	1,395,446		5,535,617	
1a	Audit Adjustments							
2	Cost Per Diem	46.2530	91.4414	46.9368	62.2300		246.8612	
3	Cost Per Diem Inflated	47.3961	93.4734	48.0968				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.3961	93.4734	48.0968	62.2300		251.1963	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.3946		58.5241				
7	Provider Target Rate	52.4655		59.7435				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.3961	93.4734	48.0968	13.6500		202.6163	
12/13	Medical Adjustment Rate		1.0234	0.5266				
14	Prospective Per Diem 11	47.3961	94.4968	48.6234	13.6500		204.1663	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263621-00 - 2014/07

230.43

Rate Semester 07/01/2014 through 12/31/2014

Palm City Nursing and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/19/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,785,633.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,115,881	9.1580
RS to Start Calcs:	1993/07	<60% of Base:	False	20% ROE(2):	1,028,970	0.4894
Indexed Asset Value	5,144,851	Interest Rate:	8.0700%	Insurance Cost(3):	72,262	1.9249
FRVS Base Asset:	3,930,360	Chase Rate:	3.2500%	Taxes Cost(3):	106,562	2.8385
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	8,551	0.2278
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	92,938	0.0000
		Yearly Payment:	361,010	Total FRVS PD:		14.6386

- (1) 80% Capital (\$4,115,881) amortized at 6.2500 % for 20 years Principal & Interest of \$361,010 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.1580
- (2) 20% ROE (\$1,028,970) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4894
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,753
Comparison Date:	01/01/1993	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,930,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.3961	47.3961	0.8415	46.5546
Direct Care	94.4968	94.4968	1.6778	92.8190
Indirect Care	48.6234	48.6234	0.8633	47.7601
Property	13.6500	14.6386	0.2599	14.3787
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.0123
Supplemental Rate Add-on				9.9025
Totals	204.1663	205.1549	3.6425	230.4272

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263621-00 - 2014/07

230.43

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07	5,606,500	0.00	1.5329	1.5329		120	29.18	3,930,360	3,930,360	1
1994/01		0.10	1.6983	1.6983		116	43.76	3,935,670	3,923,120	
1994/07	(131,240)	0.10	1.5991	1.5991		116	37.55	3,808,726	3,985,876	
1995/01		0.20	1.5812	1.5812		116	37.55	3,816,948	4,048,864	
1995/07		0.20	1.5250	1.5250		116	37.55	3,824,896	4,110,576	
1996/01		0.30	1.7228	1.7228		116	37.55	3,824,896	4,181,452	5
1996/07		0.30	1.3294	1.3294		116	37.55	3,838,392	4,237,016	5
1997/01		0.40	1.4109	1.4109		116	37.55	3,863,674	4,296,756	
1997/07		0.40	1.0917	1.0917		116	37.55	3,875,193	4,343,620	
1998/01	40,132	0.50	1.1663	1.1663		116	42.59	3,915,325	4,394,312	5
1998/07		0.50	1.0794	1.0794		116	42.59	3,932,826	4,441,756	5
1999/01		0.60	1.4499	1.4499		116	49.33	3,980,075	4,506,136	
1999/07		0.60	1.2299	1.2299		116	49.33	4,006,416	4,561,584	
2000/01		0.70	1.3356	1.3356		116	49.83	4,040,351	4,622,484	
2000/07		0.70	1.1129	1.1129		116	53.81	4,071,144	4,673,872	
2001/01		0.80	1.2976	1.2976		116	53.81	4,112,492	4,734,540	
2001/07		0.80	0.9615	0.9615		116	53.81	4,112,492	4,780,012	5
2002/01		0.90	1.0301	1.0301		116	51.00	4,179,061	4,829,196	
2002/07		0.90	0.8337	0.8337		116	51.00	4,208,136	4,869,448	
2003/01		1.00	1.3271	1.3271		116	47.55	4,256,418	4,934,060	
2003/07		1.00	1.1664	1.1664		116	60.19	4,306,065	4,991,596	
2004/01		1.00	1.1103	1.1103		116	60.19	4,353,875	5,047,044	
2004/07		1.00	0.8378	0.8378		116	60.19	4,390,352	5,089,384	
2005/01		1.00	0.8595	0.8595		116	60.19	4,428,087	5,133,116	
2005/07		1.00	0.7364	0.7364		116	60.19	4,460,695	5,170,932	
2006/01		1.00	0.9068	0.9068		116	60.19	4,501,145	5,217,796	
2006/07		1.00	0.8133	0.8133		116	60.19	4,537,753	5,260,252	
2007/01		1.00	1.0133	1.0133		116	54.46	4,583,283	5,313,496	
2007/07		1.00	1.1050	1.1050		116	48.75	4,628,173	5,372,192	
2008/01		1.00	0.8556	0.8556		116	48.75	4,663,272	5,418,128	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263621-00 - 2014/07

230.43

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		1.00	0.6104	0.6104		116	48.75	4,688,502	5,451,188	
2009/01		1.00	1.3268	1.3268		116	49.78	4,688,502	5,523,572	5
2009/07		1.00	0.6841	0.6841		116	49.78	4,774,184	5,561,388	
2010/01		1.00	0.8643	0.8643		120	51.17	4,812,574	5,802,840	
2010/07		1.00	0.7107	0.7107		120	48.82	4,842,934	5,844,120	
2011/01		1.00	0.9198	0.9198		120	48.82	4,882,474	5,897,880	
2011/07		1.00	0.9028	0.9028		120	51.83	4,924,012	5,951,160	
2012/01		1.00	0.3865	0.3865		120	51.83	4,941,946	5,974,200	
2012/07		1.00	0.9417	0.9417		120	55.32	4,988,484	6,030,480	
2013/01		1.00	0.4901	0.4901		120	55.32	5,012,933	6,060,000	
2013/07		1.00	0.6196	0.6196		120	55.32	5,043,993	6,097,560	
2014/01		0.95	0.8564	0.8564		120	60.20	5,085,031	6,149,760	
2014/07		0.95	1.2383	1.2383		120	59.73	5,144,851	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263834-00 - 2014/07

224.52

Bay Pointe Nursing Pavilion

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4201 31ST ST S	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
SAINT PETERSBURG, FL 33712	Days in CR 366	Maximum: 43,920	Standard: 184
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 38,239	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 4,400	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 32,021	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	83.73911%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	87.06512%	Cost: 1.04963363
Open Date: 11/01/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/01/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 11/01/1984	Low Occupancy Adjustment Factor:	110.83883%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 251216			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,559,390	2,340,164	1,622,873	775,549		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	51.1161	75.4828	53.1970				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.1161	75.4828	53.1970	24.2200		204.0159	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1212		53.3361				
7	Provider Target Rate	45.0405		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.0405	75.4828	53.1970	13.6500		187.3703	
12/13	Medical Adjustment Rate		2.8651	2.0192				
14	Prospective Per Diem 11	45.0405	78.3479	55.2162	13.6500		192.2546	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263834-00 - 2014/07

224.52

Rate Semester 07/01/2014 through 12/31/2014

Bay Pointe Nursing Pavilion

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable	80% Capital(1):	4,183,365	11.2538
Indexed Asset Value	5,229,206	<60% of Base:	False	20% ROE(2):	1,045,841	0.3868
FRVS Base Asset:	3,072,207	Interest Rate:	11.9600%	Insurance Cost(3):	94,524	2.4719
Occup Adj Factor	0.9000	Chase Rate:	6.7500%	Taxes Cost(3):	61,291	1.6028
ROE Factor	0.014580	Amortization Rate:	8.7500%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	426,861	0.0000
		Yearly Payment:	443,626	Total FRVS PD:		15.7153

- (1) 80% Capital (\$4,183,365) amortized at 8.7500 % for 20 years Principal & Interest of \$443,626 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$11.2538
- (2) 20% ROE (\$1,045,841) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.0405	45.0405	0.7997	44.2408
Direct Care	78.3479	78.3479	1.3911	76.9568
Indirect Care	55.2162	55.2162	0.9804	54.2358
Property	13.6500	15.7153	0.2790	15.4363
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.7467
Supplemental Rate Add-on				9.9025
Totals	192.2546	194.3199	3.4502	224.5189

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263834-00 - 2014/07

224.52

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	3,070,194	0.10	1.1471	1.1471		120	42.33	3,070,194	3,391,080	
1985/10		0.10	0.8522	0.8522		120	42.33	3,072,207	3,420,000	
1986/01		0.20	0.8299	0.8299		120	42.33	3,076,132	3,448,440	
1986/07	20,094	0.20	0.2974	0.2974		120	42.33	3,097,635	3,441,840	
1987/01		0.30	1.0091	1.0091		120	42.33	3,104,852	3,503,400	
1987/07		0.30	0.9007	0.9007		120	57.94	3,113,241	3,530,760	
1988/01		0.40	0.9007	0.9007		120	70.41	3,124,458	3,559,440	
1988/07		0.40	0.5899	0.5899		120	70.41	3,131,832	3,557,520	
1989/01	27,798	0.50	0.5899	0.5899		120	79.31	3,168,869	3,578,520	
1989/07		0.50	0.5899	0.5899		120	79.31	3,178,217	3,602,760	
1990/01		0.60	0.5899	0.5899		120	79.31	3,189,465	3,620,880	
1990/07		0.60	0.5899	0.5899		120	70.69	3,200,753	3,642,240	
1991/01		0.70	0.5899	0.5899		120	72.34	3,213,969	3,663,600	
1991/07		0.70	1.4932	1.4932		120	72.34	3,247,561	3,718,320	
1992/01		0.80	2.0117	2.0117		120	72.34	3,299,827	3,793,080	
1992/07		0.80	1.8152	1.8152		120	72.34	3,299,827	3,861,960	5
1993/01		0.90	1.7710	1.7710		120	72.97	3,401,107	3,930,360	
1993/07		0.90	1.5329	1.5329		120	72.97	3,448,029	3,990,600	
1994/01		1.00	1.6983	1.6983		120	73.65	3,506,587	4,058,400	
1994/07		1.00	1.5991	1.5991		120	73.65	3,562,661	4,123,320	
1995/01		1.00	1.5812	1.5812		120	71.66	3,618,994	4,188,480	
1995/07		1.00	1.5250	1.5250		120	71.66	3,674,184	4,252,320	
1996/01		1.00	1.7228	1.7228		120	68.63	3,737,483	4,325,640	
1996/07		1.00	1.3294	1.3294		120	68.63	3,787,169	4,383,120	
1997/01		1.00	1.4109	1.4109		120	68.63	3,840,602	4,444,920	
1997/07		1.00	1.0917	1.0917		120	70.70	3,882,530	4,493,400	
1998/01		1.00	1.1663	1.1663		120	76.60	3,927,812	4,545,840	
1998/07		1.00	1.0794	1.0794		120	76.60	3,970,209	4,594,920	
1999/01		1.00	1.4499	1.4499		120	72.61	3,970,209	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	72.61	4,077,311	4,718,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263834-00 - 2014/07

224.52

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	76.74	4,131,768	4,781,880	
2000/07		1.00	1.1129	1.1129		120	76.74	4,177,750	4,835,040	
2001/01		1.00	1.2976	1.2976		120	77.40	4,231,960	4,897,800	
2001/07		1.00	0.9615	0.9615		120	77.40	4,272,650	4,944,840	
2002/01		1.00	1.0301	1.0301		120	79.67	4,316,663	4,995,720	
2002/07		1.00	0.8337	0.8337		120	79.67	4,352,651	5,037,360	
2003/01		1.00	1.3271	1.3271		120	81.01	4,410,415	5,104,200	
2003/07		1.00	1.1664	1.1664		120	76.97	4,461,858	5,163,720	
2004/01		1.00	1.1103	1.1103		120	76.97	4,511,398	5,221,080	
2004/07		1.00	0.8378	0.8378		120	76.97	4,549,194	5,264,880	
2005/01		0.95	0.8595	0.8595		120	76.97	4,586,338	5,310,120	
2005/07		0.95	0.7364	0.7364		120	76.97	4,618,424	5,349,240	
2006/01		0.90	0.9068	0.9068		120	78.83	4,656,115	5,397,720	
2006/07		0.90	0.8133	0.8133		120	78.83	4,690,198	5,441,640	
2007/01		0.85	1.0133	1.0133		120	76.56	4,730,595	5,496,720	
2007/07		0.85	1.1050	1.1050		120	76.56	4,775,029	5,557,440	
2008/01		0.80	0.8556	0.8556		120	76.49	4,807,714	5,604,960	
2008/07		0.80	0.6104	0.6104		120	79.69	4,831,190	5,639,160	
2009/01		0.75	1.3268	1.3268		120	79.69	4,879,265	5,714,040	
2009/07		0.75	0.6841	0.6841		120	79.69	4,904,301	5,753,160	
2010/01		0.70	0.8643	0.8643		120	75.46	4,933,972	5,802,840	
2010/07	43,780	0.70	0.7107	0.7107		120	73.37	5,002,299	5,844,120	
2011/01		0.65	0.9198	0.9198		120	73.37	5,032,208	5,897,880	
2011/07		0.65	0.9028	0.9028		120	73.37	5,061,737	5,951,160	
2012/01		0.60	0.3865	0.3865		120	73.34	5,073,475	5,974,200	
2012/07		0.60	0.9417	0.9417		120	78.45	5,102,140	6,030,480	
2013/01		0.55	0.4901	0.4901		120	78.45	5,115,895	6,060,000	
2013/07		0.55	0.6196	0.6196		120	78.45	5,133,330	6,097,560	
2014/01	41,715	0.50	0.8564	0.8564		120	83.74	5,197,026	6,149,760	
2014/07		0.50	1.2383	1.2383		120	83.74	5,229,206	6,225,960	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263842-00 - 2014/07

214.40

Boca Raton Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : 501(c)(3) Organization CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
755 MEADOWS ROAD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
BOCA RATON, FL 33486	Days in CR 365	Maximum: 43,800	Standard: 184
County: Palm Beach [50]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 37,505	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 12,012	Inflation
Current Class South Large	Initial CR? False	Medicaid: 22,888	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	61.02653%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.62785%	Cost: 1.02471376
Open Date: 09/01/1978	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/01/1978	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 09/01/1978	Low Occupancy Adjustment Factor:	109.00910%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 202177			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	883,040	1,808,891	1,235,804	690,989		4,618,724	
1a	Audit Adjustments							
2	Cost Per Diem	38.5809	79.0323	53.9935	30.1900		201.7967	
3	Cost Per Diem Inflated	39.5344	80.7886	55.3279				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	39.5344	80.7886	55.3279	30.1900		205.8409	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4166		55.4668				
7	Provider Target Rate	47.3837		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	39.5344	80.7886	55.3279	13.6500		189.3009	
12/13	Medical Adjustment Rate		1.0022	0.6863				
14	Prospective Per Diem 11	39.5344	81.7908	56.0142	13.6500		190.9894	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263842-00 - 2014/07

214.40

Rate Semester 07/01/2014 through 12/31/2014

Boca Raton Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,700,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,154,408 5.7957
RS to Start Calcs:	1978/07	<60% of Base:	False	20% ROE(2):	538,602 0.2562
Indexed Asset Value	2,693,010	Interest Rate:	11.9600%	Insurance Cost(3):	99,527 2.6537
FRVS Base Asset:	1,240,709	Chase Rate:	6.7500%	Taxes Cost(3):	89,809 2.3946
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	75,186 0.0000
		Yearly Payment:	228,465	Total FRVS PD:	11.1002

- (1) 80% Capital (\$2,154,408) amortized at 8.7500 % for 20 years Principal & Interest of \$228,465 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$5.7957
 (2) 20% ROE (\$538,602) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.2562
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	39.5344	39.5344	0.7019	38.8325
Direct Care	81.7908	81.7908	1.4522	80.3386
Indirect Care	56.0142	56.0142	0.9945	55.0197
Property	13.6500	11.1002	0.1971	10.9031
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.4054
Supplemental Rate Add-on				9.9025
Totals	190.9894	188.4396	3.3457	214.4018

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263842-00 - 2014/07

214.40

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/07	1,128,300	0.00	5.5395	3.0000	2.5395	120	100.00	1,128,300	2,253,600	
1979/01		0.10	7.6667	3.0000	4.6667	120	100.00	1,131,685	2,369,160	
1979/07	292	0.10	8.8649	3.0000	5.8649	120	100.00	1,135,372	2,468,640	
1980/01	16,227	0.20	12.0306	3.0000	9.0306	120	24.78	1,151,599	2,620,920	
1980/07	2,490	0.20	12.8413	3.0000	9.8413	120	24.78	1,154,089	2,720,760	
1981/01		0.30	13.6653	3.0000	10.6653	120	31.89	1,160,111	2,824,800	
1981/07	563	0.30	13.2541	3.0000	10.2541	120	31.89	1,166,728	2,897,880	
1982/01	5,323	0.40	12.9301	3.0000	9.9301	120	21.88	1,172,051	2,975,520	
1982/07	816	0.40	12.2278	3.0000	9.2278	120	21.88	1,172,867	3,043,800	
1983/04		0.50	11.8566	3.0000	8.8566	120	14.75	1,172,867	3,123,840	
1983/07	209	0.50	12.8144	3.0000	9.8144	120	14.75	1,173,076	3,247,440	
1984/01	32,532	0.60	11.1096	3.0000	8.1096	120	15.08	1,205,608	3,289,560	
1984/07	2,506	0.60	10.0275	3.0000	7.0275	120	15.08	1,208,114	3,352,680	
1985/01	12,850	0.70	8.1746	3.0000	5.1746	120	20.67	1,220,964	3,391,080	
1985/10	19,745	0.70	6.0268	3.0000	3.0268	120	20.67	1,240,709	3,420,000	
1986/01		0.80	3.8567	3.0000	0.8567	120	20.67	1,240,709	3,448,440	
1986/07		0.80	1.1541	1.1541		120	20.67	1,240,709	3,441,840	
1987/01		0.90	1.0091	1.0091		120	24.00	1,240,709	3,503,400	
1987/07		0.90	0.9007	0.9007		120	24.12	1,240,709	3,530,760	
1988/01		1.00	0.9007	0.9007		120	39.35	1,248,704	3,559,440	
1988/07		1.00	0.5899	0.5899		120	39.35	1,253,974	3,557,520	
1989/01		1.00	0.5899	0.5899		120	57.50	1,261,371	3,578,520	
1989/07		1.00	0.5899	0.5899		120	57.50	1,268,812	3,602,760	
1990/01		1.00	0.5899	0.5899		120	58.68	1,276,297	3,620,880	
1990/07		1.00	0.5899	0.5899		120	58.68	1,283,826	3,642,240	
1991/01	341,124	1.00	0.5899	0.5899		120	61.96	1,632,523	3,663,600	
1991/07		1.00	1.4932	1.4932		120	61.96	1,656,900	3,718,320	
1992/01		1.00	2.0117	2.0117		120	60.99	1,690,232	3,793,080	
1992/07		1.00	1.8152	1.8152		120	60.99	1,720,913	3,861,960	
1993/01		1.00	1.7710	1.7710		120	57.94	1,751,390	3,930,360	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263842-00 - 2014/07

214.40

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07		1.00	1.5329	1.5329		120	57.94	1,778,237	3,990,600	
1994/01		1.00	1.6983	1.6983		120	50.23	1,805,818	4,058,400	
1994/07		1.00	1.5991	1.5991		120	50.23	1,832,190	4,123,320	
1995/01		1.00	1.5812	1.5812		120	47.51	1,857,215	4,188,480	
1995/07		1.00	1.5250	1.5250		120	47.51	1,881,681	4,252,320	
1996/01		1.00	1.7228	1.7228		120	53.14	1,913,002	4,325,640	
1996/07		1.00	1.3294	1.3294		120	53.14	1,937,573	4,383,120	
1997/01		1.00	1.4109	1.4109		120	58.75	1,964,910	4,444,920	
1997/07		1.00	1.0917	1.0917		120	58.75	1,986,361	4,493,400	
1998/01		1.00	1.1663	1.1663		120	64.94	2,009,528	4,545,840	
1998/07		1.00	1.0794	1.0794		120	64.94	2,031,219	4,594,920	
1999/01		0.95	1.4499	1.4499		120	63.33	2,059,197	4,661,520	
1999/07		0.95	1.2299	1.2299		120	63.33	2,083,257	4,718,880	
2000/01		0.90	1.3356	1.3356		120	65.39	2,108,298	4,781,880	
2000/07		0.90	1.1129	1.1129		120	65.39	2,129,415	4,835,040	
2001/01		0.85	1.2976	1.2976		120	72.13	2,152,902	4,897,800	
2001/07		0.85	0.9615	0.9615		120	72.13	2,170,498	4,944,840	
2002/01		0.80	1.0301	1.0301		120	69.83	2,188,385	4,995,720	
2002/07		0.80	0.8337	0.8337		120	69.83	2,202,982	5,037,360	
2003/01		0.75	1.3271	1.3271		120	60.28	2,224,908	5,104,200	
2003/07		0.75	1.1664	1.1664		120	63.94	2,244,371	5,163,720	
2004/01		0.70	1.1103	1.1103		120	63.94	2,261,814	5,221,080	
2004/07		0.70	0.8378	0.8378		120	63.94	2,275,080	5,264,880	
2005/01		0.65	0.8595	0.8595		120	63.94	2,287,791	5,310,120	
2005/07		0.65	0.7364	0.7364		120	63.94	2,298,743	5,349,240	
2006/01	27,552	0.60	0.9068	0.9068		120	61.39	2,338,802	5,397,720	
2006/07		0.60	0.8133	0.8133		120	61.39	2,350,215	5,441,640	
2007/01		0.55	1.0133	1.0133		120	63.17	2,363,313	5,496,720	
2007/07		0.55	1.1050	1.1050		120	63.17	2,377,677	5,557,440	
2008/01		0.50	0.8556	0.8556		120	62.98	2,387,849	5,604,960	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263842-00 - 2014/07

214.40

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		0.50	0.6104	0.6104		120	64.90	2,395,137	5,639,160	
2009/01		0.45	1.3268	1.3268		120	64.90	2,409,438	5,714,040	
2009/07		0.45	0.6841	0.6841		120	60.03	2,416,854	5,753,160	
2010/01		0.40	0.8643	0.8643		120	60.03	2,425,209	5,802,840	
2010/07		0.40	0.7107	0.7107		120	63.39	2,432,104	5,844,120	
2011/01		0.35	0.9198	0.9198		120	63.39	2,439,933	5,897,880	
2011/07		0.35	0.9028	0.9028		120	63.39	2,447,643	5,951,160	
2012/01	23,244	0.30	0.3865	0.3865		120	66.01	2,473,726	5,974,200	
2012/07	28,111	0.30	0.9417	0.9417		120	58.73	2,508,825	6,030,480	
2013/01		0.25	0.4901	0.4901		120	58.73	2,511,898	6,060,000	
2013/07	165,973	0.25	0.6196	0.6196		120	57.29	2,681,762	6,097,560	
2014/01		0.20	0.8564	0.8564		120	57.29	2,686,356	6,149,760	
2014/07		0.20	1.2383	1.2383		120	61.03	2,693,010	6,225,960	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263851-00 - 2014/07

214.34

Deerfield Beach Health and Rehabilitation Center

Type of Cost Report: Prospective with Interim Component Type of Cost: Actual with Interim Component Type of Rate: Prospective
 Type of Ownership: Nonprofit : 501(c)(3) Organization CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
401 EAST SAMPLE ROAD	1/1/2012-12/31/2012	Number of Beds: 194	Superior: 0
POMPANO BEACH, FL 33064	Days in CR 366	Maximum: 71,004	Standard: 184
County: Broward [6]	First Used : 2014/01	Max Annualized: 70,810	Conditional: 0
Region: South Area: 10	Last Used: 2014/07	Total Patient: 59,447	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 9,152	Inflation
Current Class South Large	Initial CR? False	Medicaid: 39,405	FY Index: 1.28335532
Class at 1/94: South Large	Medical Utilization	66.28594%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	83.72345%	Cost: 1.04963363
Open Date: 08/01/1978	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/26/1988	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 10/26/1988	Low Occupancy Adjustment Factor:	106.58469%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 211770	Interim Component Effective Date:	01/01/2014	PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,409,563	2,947,489	1,973,128	1,115,950		7,446,130	
1a	Audit Adjustments							
2	Cost Per Diem	35.7712	74.7999	50.0730	28.3200		188.9641	
3	Cost Per Diem Inflated	37.5467	77.2569	52.5583				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	37.5467	77.2569	52.5583	28.3200		195.6819	
5a	Interim Adjustment	0.4299	0.2579	0.2827				
5b	Interim Adjusted Per Diem	37.9766	77.5148	52.8410				
6	Prior Semester: Provider Target Base	53.9622		63.7382				
7	Provider Target Rate	55.0866		65.0662				
7a	Interim Adjustment	0.4299		0.2827				
7b	Interim Adjustment Provider Target Rate	55.5165		65.3489				
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	37.9766	77.5148	52.8410	13.6500		181.9824	
12/13	Medical Adjustment Rate		1.4202	0.9681				
14	Prospective Per Diem 11	37.9766	78.9350	53.8091	13.6500		184.3707	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263851-00 - 2014/07

214.34

Rate Semester 07/01/2014 through 12/31/2014

Deerfield Beach Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/26/1988	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	4,000,000.00	Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable	80% Capital(1):	6,422,688 10.6874
Indexed Asset Value	8,028,360	<60% of Base:	False	20% ROE(2):	1,605,672 0.3673
FRVS Base Asset:	2,135,400	Interest Rate:	9.7100%	Insurance Cost(3):	157,848 2.6553
Occup Adj Factor	0.9000	Chase Rate:	6.7500%	Taxes Cost(3):	196,353 3.3030
ROE Factor	0.014580	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	107,377 0.0000
		Yearly Payment:	681,096	Total FRVS PD:	17.0130

- (1) 80% Capital (\$6,422,688) amortized at 8.7500 % for 20 years Principal & Interest of \$681,096 divided by annual available days (70810) divided by Occup. Adj. (0.900) = \$10.6874
- (2) 20% ROE (\$1,605,672) times the ROE factor (0.014580) divided by annual available days (70810) divided by Occup. Adj. (0.900) = \$0.3673
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	17,795
Comparison Date:	01/01/1978	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	2,135,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	37.9766	37.9766	0.6743	37.3023
Direct Care	78.9350	78.9350	1.4015	77.5335
Indirect Care	53.8091	53.8091	0.9554	52.8537
Property	13.6500	17.0130	0.3021	16.7109
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.0396
Supplemental Rate Add-on				9.9025
Totals	184.3707	187.7337	3.3333	214.3425

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263851-00 - 2014/07

214.34

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	2,135,400	0.00	0.5899	0.5899		120	21.51	2,135,400	3,557,520	
1989/01	428,969	0.10	0.5899	0.5899		120	21.51	2,564,369	3,578,520	
1989/07		0.10	0.5899	0.5899		120	21.51	2,564,369	3,602,760	
1990/01		0.20	0.5899	0.5899		120	21.51	2,564,369	3,620,880	
1990/07	2,193,804	0.20	0.5899	0.5899		194	46.42	4,760,727	5,888,288	
1991/01		0.30	0.5899	0.5899		194	46.42	4,767,839	5,922,820	
1991/07		0.30	1.4932	1.4932		194	46.42	4,785,867	6,011,284	
1992/01	49,201	0.40	2.0117	2.0117		194	46.42	4,867,572	6,132,146	
1992/07		0.40	1.8152	1.8152		194	46.42	4,897,402	6,243,502	
1993/01		0.50	1.7710	1.7710		194	46.42	4,934,003	6,354,082	
1993/07	27,983	0.50	1.5329	1.5329		194	63.42	4,999,805	6,451,470	
1994/01	60,058	0.60	1.6983	1.6983		194	67.54	5,110,811	6,561,080	
1994/07		0.60	1.5991	1.5991		194	67.54	5,159,849	6,666,034	
1995/01		0.70	1.5812	1.5812		194	52.84	5,214,715	6,771,376	
1995/07		0.70	1.5250	1.5250		194	52.84	5,268,196	6,874,584	
1996/01	20,327	0.80	1.7228	1.7228		194	52.84	5,358,278	6,993,118	
1996/07	16,396	0.80	1.3294	1.3294		194	52.84	5,429,421	7,086,044	
1997/01		0.90	1.4109	1.4109		194	52.84	5,495,656	7,185,954	
1997/07		0.90	1.0917	1.0917		194	52.84	5,547,530	7,264,330	
1998/01		1.00	1.1663	1.1663		194	52.84	5,609,690	7,349,108	
1998/07		1.00	1.0794	1.0794		194	56.10	5,670,241	7,428,454	
1999/01		1.00	1.4499	1.4499		194	56.10	5,752,454	7,536,124	
1999/07		1.00	1.2299	1.2299		194	55.35	5,823,203	7,628,856	
2000/01		1.00	1.3356	1.3356		194	55.35	5,900,978	7,730,706	
2000/07		1.00	1.1129	1.1129		194	52.87	5,964,107	7,816,648	
2001/01		1.00	1.2976	1.2976		194	52.87	6,038,500	7,918,110	
2001/07		1.00	0.9615	0.9615		194	53.11	6,094,565	7,994,158	
2002/01		1.00	1.0301	1.0301		194	60.98	6,157,345	8,076,414	
2002/07		1.00	0.8337	0.8337		194	60.98	6,208,679	8,143,732	
2003/01		1.00	1.3271	1.3271		194	60.59	6,291,074	8,251,790	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263851-00 - 2014/07

214.34

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		194	57.63	6,364,453	8,348,014	
2004/01		1.00	1.1103	1.1103		194	57.63	6,435,118	8,440,746	
2004/07		1.00	0.8378	0.8378		194	57.63	6,489,031	8,511,556	
2005/01		1.00	0.8595	0.8595		194	57.63	6,544,804	8,584,694	
2005/07		1.00	0.7364	0.7364		194	57.63	6,593,000	8,647,938	
2006/01	35,100	1.00	0.9068	0.9068		194	54.11	6,686,918	8,726,314	
2006/07		1.00	0.8133	0.8133		194	58.58	6,741,303	8,797,318	
2007/01		1.00	1.0133	1.0133		194	58.58	6,809,613	8,886,364	
2007/07		1.00	1.1050	1.1050		194	58.58	6,884,859	8,984,528	
2008/01		1.00	0.8556	0.8556		194	60.00	6,943,766	9,061,352	
2008/07		1.00	0.6104	0.6104		194	60.00	6,986,151	9,116,642	
2009/01		0.95	1.3268	1.3268		194	62.91	7,074,211	9,237,698	
2009/07		0.95	0.6841	0.6841		194	62.91	7,074,211	9,300,942	5
2010/01	51,415	0.90	0.8643	0.8643		194	67.02	7,226,989	9,381,258	
2010/07	99,846	0.90	0.7107	0.7107		194	70.65	7,373,059	9,447,994	
2011/01		0.85	0.9198	0.9198		194	70.65	7,430,702	9,534,906	
2011/07		0.85	0.9028	0.9028		194	70.65	7,487,725	9,621,042	
2012/01		0.80	0.3865	0.3865		194	62.60	7,510,877	9,658,290	
2012/07		0.80	0.9417	0.9417		194	62.60	7,567,464	9,749,276	
2013/01	137,268	0.75	0.4901	0.4901		194	63.42	7,732,550	9,797,000	
2013/07		0.75	0.6196	0.6196		194	63.42	7,768,483	9,857,722	
2014/01	144,313	0.70	0.8564	0.8564		194	66.29	7,959,368	9,942,112	
2014/07		0.70	1.2383	1.2383		194	66.29	8,028,360	10,065,302	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263869-00 - 2014/07

216.32

Rehabilitation and Healthcare Center of Cape Coral

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2629 DEL PRADO BLVD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
CAPE CORAL , FL 33904	Days in CR 365	Maximum: 43,800	Standard: 184
County: Lee [36]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 40,603	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 14,200	Inflation
Current Class South Large	Initial CR? False	Medicaid: 22,786	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	56.11901%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.70091%	Cost: 1.02471376
Open Date: 01/01/1979	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1979	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 03/01/1979	Low Occupancy Adjustment Factor:	118.01351%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 219231			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	940,943	1,787,711	1,319,537	647,578		4,695,769	
1a	Audit Adjustments							
2	Cost Per Diem	41.2948	78.4566	57.9100	28.4200		206.0814	
3	Cost Per Diem Inflated	42.3153	80.2001	59.3412				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.3153	80.2001	59.3412	28.4200		210.2766	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4166		55.4668				
7	Provider Target Rate	47.3837		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	42.3153	80.2001	56.6225	13.6500		192.7879	
12/13	Medical Adjustment Rate		0.5521	0.3898				
14	Prospective Per Diem 11	42.3153	80.7522	57.0123	13.6500		193.7298	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263869-00 - 2014/07

216.32

Rate Semester 07/01/2014 through 12/31/2014

Rehabilitation and Healthcare Center of Cape Coral

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,275,460 6.1213
RS to Start Calcs:	1979/01	<60% of Base:	False	20% ROE(2):	568,865 0.2706
Indexed Asset Value	2,844,325	Interest Rate:	11.9600%	Insurance Cost(3):	108,623 2.6752
FRVS Base Asset:	1,715,226	Chase Rate:	6.7500%	Taxes Cost(3):	103,115 2.5396
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	90,688 0.0000
		Yearly Payment:	241,302	Total FRVS PD:	11.6067

- (1) 80% Capital (\$2,275,460) amortized at 8.7500 % for 20 years Principal & Interest of \$241,302 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$6.1213
 (2) 20% ROE (\$568,865) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.3153	42.3153	0.7513	41.5640
Direct Care	80.7522	80.7522	1.4338	79.3184
Indirect Care	57.0123	57.0123	1.0123	56.0000
Property	13.6500	11.6067	0.2061	11.4006
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.1360
Supplemental Rate Add-on				9.9025
Totals	193.7298	191.6865	3.4035	216.3215

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263869-00 - 2014/07

216.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/01	1,654,849	0.00	5.1272	3.0000	2.1272	120	100.00	1,654,849	2,369,160	
1979/07		0.10	6.3255	3.0000	3.3255	120	100.00	1,659,814	2,468,640	
1980/01		0.10	9.4912	3.0000	6.4912	120	11.52	1,659,814	2,620,920	
1980/07		0.20	10.3018	3.0000	7.3018	120	11.52	1,659,814	2,720,760	
1981/01		0.20	11.1259	3.0000	8.1259	120	15.96	1,659,814	2,824,800	
1981/07		0.30	10.7147	3.0000	7.7147	120	15.96	1,659,814	2,897,880	
1982/01		0.30	10.3907	3.0000	7.3907	120	17.82	1,659,814	2,975,520	
1982/07		0.40	9.6883	3.0000	6.6883	120	17.82	1,659,814	3,043,800	
1983/04		0.40	9.3172	3.0000	6.3172	120	26.74	1,669,498	3,123,840	
1983/07		0.50	10.2750	3.0000	7.2750	120	26.74	1,681,673	3,247,440	
1984/01		0.50	8.5701	3.0000	5.5701	120	22.25	1,681,673	3,289,560	
1984/07		0.60	7.4880	3.0000	4.4880	120	22.25	1,681,673	3,352,680	
1985/01		0.60	5.6351	3.0000	2.6351	120	28.00	1,697,083	3,391,080	
1985/10		0.70	3.4873	3.0000	0.4873	120	28.00	1,715,226	3,420,000	
1986/01		0.70	1.3172	1.3172		120	26.95	1,722,975	3,448,440	
1986/07		0.80	0.2974	0.2974		120	26.95	1,724,983	3,441,840	
1987/01		0.80	1.0091	1.0091		120	26.95	1,731,807	3,503,400	
1987/07		0.90	0.9007	0.9007		120	26.95	1,738,686	3,530,760	
1988/01		0.90	0.9007	0.9007		120	35.59	1,747,806	3,559,440	
1988/07		1.00	0.5899	0.5899		120	35.59	1,754,478	3,557,520	
1989/01		1.00	0.5899	0.5899		120	49.01	1,763,700	3,578,520	
1989/07		1.00	0.5899	0.5899		120	49.01	1,772,971	3,602,760	
1990/01		1.00	0.5899	0.5899		120	49.01	1,782,291	3,620,880	
1990/07		1.00	0.5899	0.5899		120	46.92	1,791,260	3,642,240	
1991/01		1.00	0.5899	0.5899		120	43.19	1,791,260	3,663,600	5
1991/07		1.00	1.4932	1.4932		120	43.19	1,799,558	3,718,320	5
1992/01		1.00	2.0117	2.0117		120	52.17	1,855,401	3,793,080	
1992/07		1.00	1.8152	1.8152		120	52.17	1,887,347	3,861,960	
1993/01		1.00	1.7710	1.7710		120	52.88	1,919,484	3,930,360	
1993/07		1.00	1.5329	1.5329		120	52.88	1,947,774	3,990,600	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263869-00 - 2014/07

216.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01		1.00	1.6983	1.6983		120	47.57	1,976,384	4,058,400	
1994/07		1.00	1.5991	1.5991		120	47.57	2,003,719	4,123,320	
1995/01		1.00	1.5812	1.5812		120	44.48	2,003,719	4,188,480	5
1995/07		1.00	1.5250	1.5250		120	44.48	2,029,342	4,252,320	5
1996/01		1.00	1.7228	1.7228		120	48.89	2,085,831	4,325,640	
1996/07		1.00	1.3294	1.3294		120	48.89	2,110,480	4,383,120	
1997/01		1.00	1.4109	1.4109		120	50.83	2,137,999	4,444,920	
1997/07		1.00	1.0917	1.0917		120	50.83	2,159,570	4,493,400	
1998/01		1.00	1.1663	1.1663		120	54.74	2,159,570	4,545,840	5
1998/07		1.00	1.0794	1.0794		120	54.74	2,208,108	4,594,920	
1999/01		1.00	1.4499	1.4499		120	58.85	2,240,123	4,661,520	
1999/07		0.95	1.2299	1.2299		120	58.85	2,240,123	4,718,880	5
2000/01		0.95	1.3356	1.3356		120	65.04	2,295,052	4,781,880	
2000/07		0.90	1.1129	1.1129		120	65.04	2,318,039	4,835,040	
2001/01		0.90	1.2976	1.2976		120	63.29	2,345,109	4,897,800	
2001/07		0.85	0.9615	0.9615		120	63.29	2,364,276	4,944,840	
2002/01	23,013	0.85	1.0301	1.0301		120	65.14	2,407,991	4,995,720	
2002/07		0.80	0.8337	0.8337		120	65.14	2,424,052	5,037,360	
2003/01		0.80	1.3271	1.3271		120	62.18	2,449,788	5,104,200	
2003/07		0.75	1.1664	1.1664		120	63.55	2,471,219	5,163,720	
2004/01		0.75	1.1103	1.1103		120	63.55	2,491,797	5,221,080	
2004/07		0.70	0.8378	0.8378		120	63.55	2,506,411	5,264,880	
2005/01		0.70	0.8595	0.8595		120	63.55	2,521,492	5,310,120	
2005/07		0.65	0.7364	0.7364		120	63.55	2,533,562	5,349,240	
2006/01		0.65	0.9068	0.9068		120	61.94	2,548,495	5,397,720	
2006/07		0.60	0.8133	0.8133		120	61.94	2,560,932	5,441,640	
2007/01		0.60	1.0133	1.0133		120	59.81	2,576,502	5,496,720	
2007/07		0.55	1.1050	1.1050		120	60.81	2,592,162	5,557,440	
2008/01		0.55	0.8556	0.8556		120	60.81	2,604,361	5,604,960	
2008/07		0.50	0.6104	0.6104		120	63.21	2,612,310	5,639,160	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263869-00 - 2014/07

216.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		0.50	1.3268	1.3268		120	63.21	2,629,640	5,714,040	
2009/07		0.45	0.6841	0.6841		120	63.21	2,637,734	5,753,160	
2010/01		0.45	0.8643	0.8643		120	61.26	2,647,992	5,802,840	
2010/07		0.40	0.7107	0.7107		120	57.95	2,655,520	5,844,120	
2011/01		0.40	0.9198	0.9198		120	57.95	2,665,290	5,897,880	
2011/07	26,558	0.35	0.9028	0.9028		120	59.11	2,700,270	5,951,160	
2012/01		0.35	0.3865	0.3865		120	59.11	2,703,923	5,974,200	
2012/07		0.30	0.9417	0.9417		120	59.11	2,711,562	6,030,480	
2013/01		0.30	0.4901	0.4901		120	63.86	2,715,548	6,060,000	
2013/07		0.25	0.6196	0.6196		120	63.86	2,719,754	6,097,560	
2014/01	86,966	0.25	0.8564	0.8564		120	57.01	2,812,543	6,149,760	
2014/07	24,815	0.20	1.2383	1.2383		120	56.12	2,844,325	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263877-00 - 2014/07
209.02

Carrollwood Care Center

Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective	CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization					
Provider Information	Cost Report	Patient Days	Ratings Days		
15002 HUTCHINSON RD	1/1/2012-12/31/2012	Number of Beds: 120	Superior:	0	
TAMPA, FL 33625	Days in CR 366	Maximum: 43,920	Standard:	184	
County: Hillsborough [29]	First Used : 2013/07	Max Annualized: 43,800	Conditional:	0	
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 42,216	Total:	184	
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 12,054	Inflation		
Current Class Central Large	Initial CR? False	Medicaid: 25,530	FY Index:	1.28335532	
Class at 1/94: North Large	Medical Utilization	60.47470%	Semester Index:	1.34705290	
Operating Ex > 18 months	Occupancy:	96.12022%	Cost:	1.04963363	
Open Date: 01/01/1987	Statewide Low Occupancy Threshold:	78.55110%	Target:	1.01458517	
Acquired Date: 01/01/1987	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index:	1.20250000	
Entered Medicaid 01/01/1987	Low Occupancy Adjustment Factor:	122.36649%	DC Sem Index:	1.24200000	
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation:	1.03284823	
Previous Med # 209236			PS Target:	1.02083595	

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	880,954	1,876,864	1,297,140	480,985		4,535,942	
1a	Audit Adjustments							
2	Cost Per Diem	34.5066	73.5160	50.8085	18.8400		177.6711	
3	Cost Per Diem Inflated	36.2193	75.9309	53.3303				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	36.2193	75.9309	53.3303	18.8400		184.3205	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1212		53.3361				
7	Provider Target Rate	45.0405		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	36.2193	75.9309	53.3303	13.6500		179.1305	
12/13	Medical Adjustment Rate		0.8948	0.6284				
14	Prospective Per Diem 11	36.2193	76.8257	53.9587	13.6500		180.6537	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263877-00 - 2014/07

209.02

Rate Semester 07/01/2014 through 12/31/2014

Carrollwood Care Center

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
	5,100,000.00	Type: Variable	80% Capital(1): 4,366,479	8.9568	
		<60% of Base: False	20% ROE(2): 1,091,620	0.4037	
		Interest Rate: 8.7500%	Insurance Cost(3): 97,072	2.2994	
		Chase Rate: 3.2500%	Taxes Cost(3): 38,293	0.9071	
		Amortization Rate: 5.2500%	Home Office(3): 0	0.0000	
		Interest Only: False	Replacement(3&4): 30,534	0.0000	
		Yearly Payment: 353,079	Total FRVS PD:	12.5670	

- (1) 80% Capital (\$4,366,479) amortized at 5.2500 % for 20 years Principal & Interest of \$353,079 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$8.9568
 (2) 20% ROE (\$1,091,620) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4037
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	07/01/1986	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,441,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	36.2193	36.2193	0.6431	35.5762
Direct Care	76.8257	76.8257	1.3640	75.4617
Indirect Care	53.9587	53.9587	0.9580	53.0007
Property	13.6500	12.5670	0.2424	13.4076
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.6711
Supplemental Rate Add-on				9.9025
Totals	180.6537	179.5707	3.2075	209.0198

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263877-00 - 2014/07

209.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	3,057,712	0.00	1.0091	1.0091		120	65.11	3,057,712	3,503,400	
1987/07		0.10	0.9007	0.9007		120	65.11	3,060,467	3,530,760	
1988/01		0.10	0.9007	0.9007		120	65.11	3,063,224	3,559,440	
1988/07		0.20	0.5899	0.5899		120	65.11	3,066,839	3,557,520	
1989/01		0.20	0.5899	0.5899		120	65.11	3,070,458	3,578,520	
1989/07		0.30	0.5899	0.5899		120	65.11	3,075,893	3,602,760	
1990/01	50,503	0.30	0.5899	0.5899		120	71.70	3,131,840	3,620,880	
1990/07	45,802	0.40	0.5899	0.5899		120	59.15	3,185,033	3,642,240	
1991/01		0.40	0.5899	0.5899		120	59.15	3,192,550	3,663,600	
1991/07	178,956	0.50	1.4932	1.4932		120	71.37	3,395,342	3,718,320	
1992/01		0.50	2.0117	2.0117		120	71.37	3,429,496	3,793,080	
1992/07		0.60	1.8152	1.8152		120	70.72	3,466,847	3,861,960	
1993/01		0.60	1.7710	1.7710		120	70.72	3,503,686	3,930,360	
1993/07		0.70	1.5329	1.5329		120	68.71	3,541,281	3,990,600	
1994/01		0.70	1.6983	1.6983		120	68.71	3,583,380	4,058,400	
1994/07		0.80	1.5991	1.5991		120	71.04	3,629,222	4,123,320	
1995/01		0.80	1.5812	1.5812		120	71.04	3,675,132	4,188,480	
1995/07		0.90	1.5250	1.5250		120	62.47	3,725,573	4,252,320	
1996/01		0.90	1.7228	1.7228		120	62.47	3,783,338	4,325,640	
1996/07		1.00	1.3294	1.3294		120	60.01	3,833,634	4,383,120	
1997/01		1.00	1.4109	1.4109		120	60.01	3,887,723	4,444,920	
1997/07		1.00	1.0917	1.0917		120	60.01	3,930,165	4,493,400	
1998/01		1.00	1.1663	1.1663		120	60.16	3,976,003	4,545,840	
1998/07		1.00	1.0794	1.0794		120	60.16	4,018,920	4,594,920	
1999/01		1.00	1.4499	1.4499		120	63.65	4,077,190	4,661,520	
1999/07		1.00	1.2299	1.2299		120	60.29	4,127,335	4,718,880	
2000/01		1.00	1.3356	1.3356		120	60.29	4,127,335	4,781,880	5
2000/07		1.00	1.1129	1.1129		120	69.40	4,229,007	4,835,040	
2001/01		1.00	1.2976	1.2976		120	69.40	4,283,883	4,897,800	
2001/07		1.00	0.9615	0.9615		120	72.43	4,325,073	4,944,840	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263877-00 - 2014/07

209.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		120	66.08	4,369,626	4,995,720	
2002/07		1.00	0.8337	0.8337		120	66.08	4,406,056	5,037,360	
2003/01		1.00	1.3271	1.3271		120	67.20	4,464,529	5,104,200	
2003/07		1.00	1.1664	1.1664		120	65.62	4,516,603	5,163,720	
2004/01		1.00	1.1103	1.1103		120	65.62	4,566,751	5,221,080	
2004/07		1.00	0.8378	0.8378		120	65.62	4,605,011	5,264,880	
2005/01		1.00	0.8595	0.8595		120	65.62	4,644,591	5,310,120	
2005/07		1.00	0.7364	0.7364		120	65.62	4,678,794	5,349,240	
2006/01		1.00	0.9068	0.9068		120	66.15	4,721,221	5,397,720	
2006/07		1.00	0.8133	0.8133		120	66.15	4,759,619	5,441,640	
2007/01		1.00	1.0133	1.0133		120	65.61	4,807,848	5,496,720	
2007/07		0.95	1.1050	1.1050		120	65.61	4,858,321	5,557,440	
2008/01		0.95	0.8556	0.8556		120	64.10	4,897,809	5,604,960	
2008/07		0.90	0.6104	0.6104		120	63.65	4,924,718	5,639,160	
2009/01		0.90	1.3268	1.3268		120	63.65	4,983,524	5,714,040	
2009/07		0.85	0.6841	0.6841		120	63.65	5,012,503	5,753,160	
2010/01	65,765	0.85	0.8643	0.8643		120	70.32	5,115,095	5,802,840	
2010/07		0.80	0.7107	0.7107		120	66.83	5,144,179	5,844,120	
2011/01		0.80	0.9198	0.9198		120	66.83	5,182,030	5,897,880	
2011/07		0.75	0.9028	0.9028		120	66.83	5,217,118	5,951,160	
2012/01		0.75	0.3865	0.3865		120	62.77	5,232,242	5,974,200	
2012/07		0.70	0.9417	0.9417		120	64.74	5,266,733	6,030,480	
2013/01		0.70	0.4901	0.4901		120	64.74	5,284,803	6,060,000	
2013/07	81,765	0.65	0.6196	0.6196		120	60.47	5,387,850	6,097,560	
2014/01		0.65	0.8564	0.8564		120	60.47	5,417,844	6,149,760	
2014/07		0.60	1.2383	1.2383		120	60.47	5,458,099	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263885-00 - 2014/07

230.97

Casa Mora Rehabilitation and Extended Care

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1902 59TH ST W	1/1/2013-12/31/2013	Number of Beds: 240	Superior: 0
BRADENTON, FL 34209	Days in CR 365	Maximum: 87,600	Standard: 184
County: Manatee [41]	First Used : 2014/07	Max Annualized: 87,600	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 62,249	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 9,568	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 48,066	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	77.21570%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	71.06050%	Cost: 1.02471376
Open Date: 01/01/1978	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1978	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 06/01/1979	Low Occupancy Adjustment Factor:	90.46404%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 211745			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,328,419	4,152,290	2,432,369	1,440,538		10,353,616	
1a	Audit Adjustments							
2	Cost Per Diem	48.4421	86.3873	50.6048	29.9700		215.4042	
3	Cost Per Diem Inflated	49.6393	88.3070	51.8554				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.6393	88.3070	51.8554	29.9700		219.7717	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1212		53.3361				
7	Provider Target Rate	45.0405		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.0405	88.3070	51.8554	13.6500		198.8529	
12/13	Medical Adjustment Rate		2.7038	1.5877				
14	Prospective Per Diem 11	45.0405	91.0108	53.4431	13.6500		203.1444	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263885-00 - 2014/07

230.97

Rate Semester 07/01/2014 through 12/31/2014

Casa Mora Rehabilitation and Extended Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 06/01/1997		Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	4,800,000.00	Total Amount	Per Diem
RS to Start Calcs:	1978/01	Type:	Variable	80% Capital(1):	4,932,629 6.6347
Indexed Asset Value	6,165,786	<60% of Base:	False	20% ROE(2):	1,233,157 0.2933
FRVS Base Asset:	3,474,070	Interest Rate:	11.9600%	Insurance Cost(3):	202,712 3.2565
Occup Adj Factor	0.9000	Chase Rate:	6.7500%	Taxes Cost(3):	94,202 1.5133
ROE Factor	0.018750	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	155,086 0.0000
		Yearly Payment:	523,082	Total FRVS PD:	11.6978

- (1) 80% Capital (\$4,932,629) amortized at 8.7500 % for 20 years Principal & Interest of \$523,082 divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$6.6347
 (2) 20% ROE (\$1,233,157) times the ROE factor (0.018750) divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$0.2933
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	07/01/1985	Current RS PBS:	28,500
Comparison Bed	240	Effective PBS Limitation	51,883
			6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.0405	45.0405	0.7997	44.2408
Direct Care	91.0108	91.0108	1.6159	89.3949
Indirect Care	53.4431	53.4431	0.9489	52.4942
Property	13.6500	11.6978	0.2077	11.4901
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.4480
Supplemental Rate Add-on				9.9025
Totals	203.1444	201.1922	3.5722	230.9705

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263885-00 - 2014/07

230.97

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/01	1,434,270	0.00	4.7397	3.0000	1.7397	240	100.00	1,434,270	4,270,800	
1978/07		0.10	7.2791	3.0000	4.2791	240	100.00	1,438,573	4,507,200	
1979/01	43,625	0.10	9.4064	3.0000	6.4064	240	100.00	1,486,514	4,738,320	
1979/07	24,352	0.20	10.6046	3.0000	7.6046	240	100.00	1,519,785	4,937,280	
1980/01		0.20	13.7703	3.0000	10.7703	240	18.65	1,519,785	5,241,840	
1980/07		0.30	14.5810	3.0000	11.5810	240	18.65	1,519,785	5,441,520	
1981/01		0.30	15.4050	3.0000	12.4050	240	20.10	1,519,785	5,649,600	
1981/07	5,301	0.40	14.9938	3.0000	11.9938	240	20.10	1,525,086	5,795,760	
1982/01	3,005	0.40	14.6698	3.0000	11.6698	240	16.51	1,528,091	5,951,040	
1982/07	1,775,277	0.50	13.9675	3.0000	10.9675	240	16.51	3,303,368	6,087,600	
1983/04	30,238	0.50	13.5963	3.0000	10.5963	240	18.47	3,333,606	6,247,680	
1983/07	92,004	0.60	14.5541	3.0000	11.5541	240	18.47	3,425,610	6,494,880	
1984/01	10,087	0.60	12.8493	3.0000	9.8493	240	23.67	3,435,697	6,579,120	
1984/07		0.70	11.7672	3.0000	8.7672	240	23.67	3,435,697	6,705,360	
1985/01	38,373	0.70	9.9143	3.0000	6.9143	240	18.47	3,474,070	6,782,160	
1985/10		0.80	7.7665	3.0000	4.7665	240	23.70	3,474,070	6,840,000	
1986/01		0.80	5.5964	3.0000	2.5964	240	23.70	3,474,070	6,896,880	
1986/07		0.90	2.8938	2.8938		240	23.70	3,474,070	6,883,680	
1987/01		0.90	1.0091	1.0091		240	27.75	3,489,989	7,006,800	
1987/07		1.00	0.9007	0.9007		240	39.82	3,512,747	7,061,520	
1988/01		1.00	0.9007	0.9007		240	39.82	3,535,654	7,118,880	
1988/07	106,663	1.00	0.5899	0.5899		240	40.02	3,657,493	7,115,040	
1989/01		1.00	0.5899	0.5899		240	40.02	3,673,192	7,157,040	
1989/07		1.00	0.5899	0.5899		240	35.83	3,687,308	7,205,520	
1990/01		1.00	0.5899	0.5899		240	35.83	3,701,478	7,241,760	
1990/07	48,158	1.00	0.5899	0.5899		240	32.06	3,762,364	7,284,480	
1991/01		1.00	0.5899	0.5899		240	32.06	3,775,301	7,327,200	
1991/07		1.00	1.4932	1.4932		240	34.07	3,810,221	7,436,640	
1992/01		1.00	2.0117	2.0117		240	34.07	3,857,702	7,586,160	
1992/07	60,965	1.00	1.8152	1.8152		240	40.38	3,970,078	7,723,920	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263885-00 - 2014/07

230.97

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01		1.00	1.7710	1.7710		240	40.38	4,021,698	7,860,720	
1993/07		1.00	1.5329	1.5329		240	43.11	4,070,019	7,981,200	
1994/01		1.00	1.6983	1.6983		240	43.11	4,124,197	8,116,800	
1994/07	204,313	1.00	1.5991	1.5991		240	45.52	4,383,093	8,246,640	
1995/01		1.00	1.5812	1.5812		240	49.86	4,445,922	8,376,960	
1995/07	14,076	1.00	1.5250	1.5250		240	49.86	4,521,462	8,504,640	
1996/01	51,369	1.00	1.7228	1.7228		240	49.86	4,643,447	8,651,280	
1996/07	8,959	1.00	1.3294	1.3294		240	49.86	4,708,367	8,766,240	
1997/01		1.00	1.4109	1.4109		240	49.86	4,768,589	8,889,840	
1997/07		1.00	1.0917	1.0917		240	49.86	4,815,783	8,986,800	
1998/01		1.00	1.1663	1.1663		240	49.86	4,866,700	9,091,680	
1998/07		0.95	1.0794	1.0794		240	57.26	4,916,603	9,189,840	
1999/01		0.95	1.4499	1.4499		240	57.26	4,984,324	9,323,040	
1999/07		0.90	1.2299	1.2299		240	62.29	5,039,495	9,437,760	
2000/01		0.90	1.3356	1.3356		240	62.29	5,100,070	9,563,760	
2000/07		0.85	1.1129	1.1129		240	70.08	5,148,317	9,670,080	
2001/01		0.85	1.2976	1.2976		240	70.08	5,205,103	9,795,600	
2001/07		0.80	0.9615	0.9615		240	67.82	5,245,141	9,889,680	
2002/01		0.80	1.0301	1.0301		240	73.03	5,288,366	9,991,440	
2002/07		0.75	0.8337	0.8337		240	73.03	5,321,434	10,074,720	
2003/01		0.75	1.3271	1.3271		240	72.12	5,374,398	10,208,400	
2003/07		0.70	1.1664	1.1664		240	73.48	5,418,280	10,327,440	
2004/01		0.70	1.1103	1.1103		240	73.48	5,460,391	10,442,160	
2004/07		0.65	0.8378	0.8378		240	73.48	5,490,128	10,529,760	
2005/01		0.65	0.8595	0.8595		240	73.48	5,520,801	10,620,240	
2005/07		0.60	0.7364	0.7364		240	73.48	5,545,192	10,698,480	
2006/01		0.60	0.9068	0.9068		240	69.12	5,575,363	10,795,440	
2006/07		0.55	0.8133	0.8133		240	69.12	5,600,302	10,883,280	
2007/01		0.55	1.0133	1.0133		240	67.57	5,631,512	10,993,440	
2007/07		0.50	1.1050	1.1050		240	72.83	5,662,626	11,114,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263885-00 - 2014/07

230.97

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		0.50	0.8556	0.8556		240	72.83	5,686,851	11,209,920	
2008/07	56,647	0.45	0.6104	0.6104		240	76.10	5,759,120	11,278,320	
2009/01		0.45	1.3268	1.3268		240	76.10	5,793,508	11,428,080	
2009/07		0.40	0.6841	0.6841		240	76.10	5,809,359	11,506,320	
2010/01		0.40	0.8643	0.8643		240	78.90	5,829,442	11,605,680	
2010/07	39,227	0.35	0.7107	0.7107		240	80.28	5,883,167	11,688,240	
2011/01		0.35	0.9198	0.9198		240	80.28	5,902,105	11,795,760	
2011/07		0.30	0.9028	0.9028		240	76.33	5,918,088	11,902,320	
2012/01		0.30	0.3865	0.3865		240	76.33	5,924,953	11,948,400	
2012/07		0.25	0.9417	0.9417		240	76.33	5,938,900	12,060,960	
2013/01		0.25	0.4901	0.4901		240	78.15	5,946,175	12,120,000	
2013/07	190,291	0.20	0.6196	0.6196		240	76.54	6,136,466	12,195,120	5
2014/01		0.20	0.8564	0.8564		240	76.54	6,154,357	12,299,520	
2014/07		0.15	1.2383	1.2383		240	77.22	6,165,786	12,451,920	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 263885123120130101201304212014162616



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263893-00 - 2014/07

215.22

Evergreen Woods Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : 501(c)(3) Organization CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7045 EVERGREEN WOODS TRL	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
SPRING HILL, FL 34608	Days in CR 365	Maximum: 43,800	Standard: 184
County: Hernando [27]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 42,604	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 15,405	Inflation
Current Class North Large	Initial CR? False	Medicaid: 25,634	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	60.16806%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	97.26941%	Cost: 1.02471376
Open Date: 04/01/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/01/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 04/01/1984	Low Occupancy Adjustment Factor:	123.82947%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 207837			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,098,634	1,912,586	1,446,528	591,120		5,048,868	
1a	Audit Adjustments							
2	Cost Per Diem	42.8585	74.6113	56.4301	23.0600		196.9599	
3	Cost Per Diem Inflated	43.9177	76.2693	57.8247				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.9177	76.2693	57.8247	23.0600		201.0717	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.9902		51.2053				
7	Provider Target Rate	45.9276		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.9177	76.2693	52.2722	13.6500		186.1092	
12/13	Medical Adjustment Rate		0.8724	0.5979				
14	Prospective Per Diem 11	43.9177	77.1417	52.8701	13.6500		187.5795	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263893-00 - 2014/07

215.22

Rate Semester 07/01/2014 through 12/31/2014

Evergreen Woods Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1989	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,300,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,491,071	12.0816
RS to Start Calcs:	1984/01	<60% of Base:	False	20% ROE(2):	1,122,768	0.5340
Indexed Asset Value	5,613,839	Interest Rate:	11.9600%	Insurance Cost(3):	99,527	2.3361
FRVS Base Asset:	1,541,932	Chase Rate:	6.7500%	Taxes Cost(3):	89,631	2.1038
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	87,016	0.0000
		Yearly Payment:	476,257	Total FRVS PD:		17.0555

- (1) 80% Capital (\$4,491,071) amortized at 8.7500 % for 20 years Principal & Interest of \$476,257 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.0816
- (2) 20% ROE (\$1,122,768) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5340
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.9177	43.9177	0.7798	43.1379
Direct Care	77.1417	77.1417	1.3697	75.7720
Indirect Care	52.8701	52.8701	0.9387	51.9314
Property	13.6500	17.0555	0.3028	16.7527
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.7206
Supplemental Rate Add-on				9.9025
Totals	187.5795	190.9850	3.3910	215.2171

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263893-00 - 2014/07

215.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	1,535,634	0.00	1.2952	1.2952		60	47.24	1,535,634	1,644,780	
1984/07		0.10	1.9179	1.9179		60	47.24	1,538,164	1,676,340	
1985/01		0.10	1.1471	1.1471		60	47.24	1,539,679	1,695,540	
1985/10		0.20	0.8522	0.8522		60	47.24	1,541,932	1,710,000	
1986/01		0.20	0.8299	0.8299		60	47.24	1,544,130	1,724,220	
1986/07		0.30	0.2974	0.2974		60	50.16	1,545,386	1,720,920	
1987/01		0.30	1.0091	1.0091		60	50.16	1,549,652	1,751,700	
1987/07		0.40	0.9007	0.9007		60	50.16	1,554,744	1,765,380	
1988/01		0.40	0.9007	0.9007		60	50.14	1,559,851	1,779,720	
1988/07	28,956	0.50	0.5899	0.5899		120	48.58	1,592,871	3,557,520	
1989/01	1,960,498	0.50	0.5899	0.5899		120	48.58	3,557,519	3,578,520	
1989/07	15,317	0.60	0.5899	0.5899		120	54.96	3,585,417	3,602,760	
1990/01		0.60	0.5899	0.5899		120	54.96	3,598,097	3,620,880	
1990/07	40,665	0.70	0.5899	0.5899		120	49.22	3,652,057	3,642,240	
1991/01		0.70	0.5899	0.5899		120	49.22	3,665,552	3,663,600	
1991/07	20,033	0.80	1.4932	1.4932		120	52.67	3,727,519	3,718,320	
1992/01		0.80	2.0117	2.0117		120	52.67	3,784,968	3,793,080	
1992/07		0.90	1.8152	1.8152		120	49.30	3,840,395	3,861,960	
1993/01		0.90	1.7710	1.7710		120	49.30	3,895,263	3,930,360	
1993/07		1.00	1.5329	1.5329		120	44.21	3,943,259	3,990,600	
1994/01		1.00	1.6983	1.6983		120	44.21	3,997,089	4,058,400	
1994/07		1.00	1.5991	1.5991		120	43.87	4,048,072	4,123,320	
1995/01		1.00	1.5812	1.5812		120	43.87	4,099,127	4,188,480	
1995/07	43,474	1.00	1.5250	1.5250		120	39.14	4,187,087	4,252,320	
1996/01		1.00	1.7228	1.7228		120	39.14	4,238,421	4,325,640	
1996/07		1.00	1.3294	1.3294		120	36.06	4,275,363	4,383,120	
1997/01		1.00	1.4109	1.4109		120	36.06	4,314,912	4,444,920	
1997/07		1.00	1.0917	1.0917		120	36.06	4,345,796	4,493,400	
1998/01		1.00	1.1663	1.1663		120	31.61	4,374,926	4,545,840	
1998/07		1.00	1.0794	1.0794		120	31.61	4,402,066	4,594,920	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263893-00 - 2014/07

215.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		120	32.55	4,439,839	4,661,520	
1999/07		1.00	1.2299	1.2299		120	31.60	4,471,212	4,718,880	
2000/01		1.00	1.3356	1.3356		120	31.60	4,505,522	4,781,880	
2000/07		1.00	1.1129	1.1129		120	30.68	4,533,492	4,835,040	
2001/01		1.00	1.2976	1.2976		120	30.68	4,566,307	4,897,800	
2001/07		1.00	0.9615	0.9615		120	38.29	4,596,873	4,944,840	
2002/01		1.00	1.0301	1.0301		120	32.36	4,624,733	4,995,720	
2002/07		1.00	0.8337	0.8337		120	32.36	4,647,418	5,037,360	
2003/01		1.00	1.3271	1.3271		120	31.43	4,682,663	5,104,200	
2003/07		1.00	1.1664	1.1664		120	42.85	4,725,216	5,163,720	
2004/01		1.00	1.1103	1.1103		120	42.85	4,766,090	5,221,080	
2004/07		0.95	0.8378	0.8378		120	42.85	4,795,643	5,264,880	
2005/01		0.95	0.8595	0.8595		120	42.85	4,826,149	5,310,120	
2005/07		0.90	0.7364	0.7364		120	42.85	4,851,070	5,349,240	
2006/01		0.90	0.9068	0.9068		120	45.46	4,883,793	5,397,720	
2006/07		0.85	0.8133	0.8133		120	45.46	4,911,699	5,441,640	
2007/01		0.85	1.0133	1.0133		120	45.64	4,946,804	5,496,720	
2007/07		0.80	1.1050	1.1050		120	45.64	4,983,092	5,557,440	
2008/01		0.80	0.8556	0.8556		120	53.78	5,016,445	5,604,960	
2008/07		0.75	0.6104	0.6104		120	53.73	5,038,880	5,639,160	
2009/01		0.75	1.3268	1.3268		120	53.73	5,087,864	5,714,040	
2009/07		0.70	0.6841	0.6841		120	53.73	5,111,667	5,753,160	
2010/01	32,059	0.70	0.8643	0.8643		120	51.59	5,172,734	5,802,840	
2010/07		0.65	0.7107	0.7107		120	51.59	5,195,150	5,844,120	
2011/01	23,214	0.65	0.9198	0.9198		120	55.29	5,249,426	5,897,880	
2011/07	25,684	0.60	0.9028	0.9028		120	54.95	5,303,520	5,951,160	
2012/01		0.60	0.3865	0.3865		120	54.95	5,315,808	5,974,200	
2012/07	39,490	0.55	0.9417	0.9417		120	56.48	5,382,829	6,030,480	
2013/01		0.55	0.4901	0.4901		120	56.48	5,397,341	6,060,000	
2013/07		0.50	0.6196	0.6196		120	56.48	5,414,062	6,097,560	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263893-00 - 2014/07

215.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01	112,354	0.50	0.8564	0.8564		120	55.98	5,549,599	6,149,760	
2014/07	33,318	0.45	1.2383	1.2383		120	60.17	5,613,839	6,225,960	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 263893123120130101201304212014164609



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263907-00 - 2014/07

205.14

Highland Pines Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : 501(c)(3) Organization CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1111 S HIGHLAND AVE	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
CLEARWATER, FL 33756	Days in CR 365	Maximum: 43,800	Standard: 179
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 5
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 37,326	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 4,570	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 30,880	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	82.73054%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.21918%	Cost: 1.02471376
Open Date: 01/01/1971	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1971	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 01/01/1971	Low Occupancy Adjustment Factor:	108.48884%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 211737			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,140,331	2,405,127	1,350,736	1,015,952		5,912,146	
1a	Audit Adjustments							
2	Cost Per Diem	36.9278	77.8862	43.7415	32.9000		191.4555	
3	Cost Per Diem Inflated	37.8404	79.6170	44.8225				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	37.8404	79.6170	44.8225	32.9000		195.1799	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1626		53.3383				
7	Provider Target Rate	45.0828		54.4497				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	37.8404	79.6170	44.8225	13.6500		175.9299	
12/13	Medical Adjustment Rate		2.8520	1.6056				
14	Prospective Per Diem 11	37.8404	82.4690	46.4281	13.6500		180.3875	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

0 263907-00 - 2014/07

205.14

Rate Semester 07/01/2014 through 12/31/2014

Highland Pines Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,400,000.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable	80% Capital(1):	1,678,397 4.5151
Indexed Asset Value	2,097,996	<60% of Base:	False	20% ROE(2):	419,599 0.1996
FRVS Base Asset:	1,236,839	Interest Rate:	11.9600%	Insurance Cost(3):	130,770 3.5035
Occup Adj Factor	0.9000	Chase Rate:	6.7500%	Taxes Cost(3):	58,436 1.5656
ROE Factor	0.018750	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	249,817 0.0000
		Yearly Payment:	177,986	Total FRVS PD:	9.7838

- (1) 80% Capital (\$1,678,397) amortized at 8.7500 % for 20 years Principal & Interest of \$177,986 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$4.5151
- (2) 20% ROE (\$419,599) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.1996
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	37.8404	37.8404	0.6719	37.1685
Direct Care	82.4690	82.4690	1.4642	81.0048
Indirect Care	46.4281	46.4281	0.8243	45.6038
Property	13.6500	9.7838	0.1737	9.6101
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.8519
Supplemental Rate Add-on				9.9025
Totals	180.3875	176.5213	3.1341	205.1416

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263907-00 - 2014/07

205.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	630,976	0.00				120	100.00	630,976	1,231,320	
1972/01	12,595	0.10	3.9787	3.0000	0.9787	120	100.00	645,464	1,280,280	
1972/07		0.10	5.9113	3.0000	2.9113	120	100.00	647,400	1,343,400	
1973/01	14,079	0.20	8.0622	3.0000	5.0622	120	100.00	665,363	1,412,640	
1973/07		0.20	10.7186	3.0000	7.7186	120	100.00	669,355	1,492,560	
1974/01	6,001	0.30	12.9457	3.0000	9.9457	120	100.00	681,380	1,570,560	
1974/07		0.30	13.0494	3.0000	10.0494	120	100.00	687,512	1,619,280	
1975/01	10,712	0.40	13.1399	3.0000	10.1399	120	100.00	706,474	1,669,320	
1975/07		0.40	14.2033	3.0000	11.2033	120	100.00	714,952	1,737,240	
1976/01	17,291	0.50	15.2478	3.0000	12.2478	120	100.00	742,967	1,807,440	
1976/07		0.50	15.7330	3.0000	12.7330	120	100.00	754,112	1,870,440	
1977/01	6,193	0.60	16.4836	3.0000	13.4836	120	100.00	773,879	1,940,640	
1977/07		0.60	18.5412	3.0000	15.5412	120	100.00	787,809	2,038,680	
1978/01		0.70	20.2809	3.0000	17.2809	120	100.00	804,353	2,135,400	
1978/07	19,659	0.70	22.8203	3.0000	19.8203	120	100.00	840,903	2,253,600	
1979/01		0.80	24.9476	3.0000	21.9476	120	100.00	861,085	2,369,160	
1979/07		0.80	26.1458	3.0000	23.1458	120	100.00	881,751	2,468,640	
1980/01	242,347	0.90	29.3115	3.0000	26.3115	120	6.00	1,124,098	2,620,920	
1980/07	40,607	0.90	30.1222	3.0000	27.1222	120	6.00	1,164,705	2,720,760	
1981/01	1,828	1.00	30.9462	3.0000	27.9462	120	6.00	1,166,533	2,824,800	
1981/07	19,643	1.00	30.5350	3.0000	27.5350	120	6.00	1,186,176	2,897,880	
1982/01		1.00	30.2110	3.0000	27.2110	120	6.00	1,186,176	2,975,520	
1982/07	2,880	1.00	29.5087	3.0000	26.5087	120	6.00	1,189,056	3,043,800	
1983/04	763	1.00	29.1375	3.0000	26.1375	120	6.00	1,189,819	3,123,840	
1983/07	8,495	1.00	30.0953	3.0000	27.0953	120	6.00	1,198,314	3,247,440	
1984/01	13,101	1.00	28.3905	3.0000	25.3905	120	5.91	1,211,415	3,289,560	
1984/07	5,305	1.00	27.3084	3.0000	24.3084	120	4.66	1,216,720	3,352,680	
1985/01	17,409	1.00	25.4555	3.0000	22.4555	120	4.66	1,234,129	3,391,080	
1985/10	2,710	1.00	23.3077	3.0000	20.3077	120	4.66	1,236,839	3,420,000	
1986/01		1.00	21.1376	3.0000	18.1376	120	6.43	1,236,839	3,448,440	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263907-00 - 2014/07

205.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	120	6.43	1,236,839	3,441,840	
1987/01		1.00	16.4441	3.0000	13.4441	120	9.22	1,236,839	3,503,400	
1987/07		1.00	14.3448	3.0000	11.3448	120	12.66	1,236,839	3,530,760	
1988/01		1.00	12.2455	3.0000	9.2455	120	12.66	1,236,839	3,559,440	
1988/07	26,652	1.00	9.8354	3.0000	6.8354	120	13.13	1,263,491	3,557,520	
1989/01		1.00	7.4253	3.0000	4.4253	120	13.13	1,263,491	3,578,520	
1989/07		1.00	5.0152	3.0000	2.0152	120	13.13	1,263,491	3,602,760	
1990/01	17,182	1.00	2.6051	2.6051		120	18.36	1,280,673	3,620,880	
1990/07	45,653	1.00	0.5899	0.5899		120	23.74	1,326,326	3,642,240	
1991/01		1.00	0.5899	0.5899		120	23.74	1,326,326	3,663,600	
1991/07	24,734	1.00	1.4932	1.4932		120	32.91	1,362,910	3,718,320	
1992/01		0.95	2.0117	2.0117		120	32.91	1,378,495	3,793,080	
1992/07		0.95	1.8152	1.8152		120	40.99	1,396,211	3,861,960	
1993/01		0.90	1.7710	1.7710		120	40.99	1,412,796	3,930,360	
1993/07	19,654	0.90	1.5329	1.5329		120	49.34	1,449,935	3,990,600	
1994/01		0.85	1.6983	1.6983		120	49.34	1,468,712	4,058,400	
1994/07	41,803	0.85	1.5991	1.5991		120	50.76	1,528,939	4,123,320	
1995/01		0.80	1.5812	1.5812		120	59.71	1,548,280	4,188,480	
1995/07		0.80	1.5250	1.5250		120	59.71	1,567,169	4,252,320	
1996/01		0.75	1.7228	1.7228		120	59.71	1,587,418	4,325,640	
1996/07		0.75	1.3294	1.3294		120	59.71	1,603,246	4,383,120	
1997/01		0.70	1.4109	1.4109		120	59.71	1,619,080	4,444,920	
1997/07		0.70	1.0917	1.0917		120	59.71	1,631,453	4,493,400	
1998/01		0.65	1.1663	1.1663		120	59.71	1,643,821	4,545,840	
1998/07		0.65	1.0794	1.0794		120	62.95	1,655,354	4,594,920	
1999/01		0.60	1.4499	1.4499		120	62.95	1,669,754	4,661,520	
1999/07		0.60	1.2299	1.2299		120	63.88	1,682,075	4,718,880	
2000/01		0.55	1.3356	1.3356		120	63.88	1,694,432	4,781,880	
2000/07		0.55	1.1129	1.1129		120	60.98	1,704,804	4,835,040	
2001/01		0.50	1.2976	1.2976		120	60.98	1,715,865	4,897,800	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263907-00 - 2014/07

205.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		120	67.67	1,724,115	4,944,840	
2002/01		0.45	1.0301	1.0301		120	68.32	1,732,106	4,995,720	
2002/07		0.45	0.8337	0.8337		120	68.32	1,738,605	5,037,360	
2003/01		0.40	1.3271	1.3271		120	70.53	1,747,834	5,104,200	
2003/07		0.40	1.1664	1.1664		120	75.33	1,755,989	5,163,720	
2004/01		0.35	1.1103	1.1103		120	75.33	1,762,813	5,221,080	
2004/07		0.35	0.8378	0.8378		120	75.33	1,767,982	5,264,880	
2005/01		0.30	0.8595	0.8595		120	75.33	1,772,542	5,310,120	
2005/07		0.30	0.7364	0.7364		120	75.33	1,776,458	5,349,240	
2006/01		0.25	0.9068	0.9068		120	76.92	1,780,485	5,397,720	
2006/07		0.25	0.8133	0.8133		120	76.92	1,784,105	5,441,640	
2007/01		0.20	1.0133	1.0133		120	78.67	1,787,721	5,496,720	
2007/07		0.20	1.1050	1.1050		120	78.67	1,791,672	5,557,440	
2008/01	46,230	0.15	0.8556	0.8556		120	75.70	1,840,201	5,604,960	
2008/07		0.15	0.6104	0.6104		120	79.05	1,841,887	5,639,160	
2009/01		0.10	1.3268	1.3268		120	79.05	1,844,331	5,714,040	
2009/07		0.10	0.6841	0.6841		120	79.05	1,845,593	5,753,160	
2010/01		0.05	0.8643	0.8643		120	74.65	1,846,390	5,802,840	
2010/07		0.05	0.7107	0.7107		120	74.65	1,847,045	5,844,120	
2011/01	44,374	0.00	0.9198	0.9198		120	75.54	1,891,419	5,897,880	
2011/07		0.00	0.9028	0.9028		120	77.90	1,891,419	5,951,160	
2012/01		0.00	0.3865	0.3865		120	77.90	1,891,419	5,974,200	
2012/07	29,884	0.00	0.9417	0.9417		120	82.55	1,921,303	6,030,480	
2013/01		0.00	0.4901	0.4901		120	82.55	1,921,303	6,060,000	
2013/07		0.00	0.6196	0.6196		120	82.55	1,921,303	6,097,560	
2014/01	139,994	0.00	0.8564	0.8564		120	85.97	2,061,297	6,149,760	
2014/07	36,699	0.00	1.2383	1.2383		120	82.73	2,097,996	6,225,960	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263915-00 - 2014/07

223.04

Rehabilitation Center of The Palm Beaches

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
301 NORTHPOINTE PARKWAY	1/1/2012-12/31/2012	Number of Beds: 99	Superior: 0
WEST PALM BEACH , FL	Days in CR 366	Maximum: 36,234	Standard: 184
33407	First Used : 2013/07	Max Annualized: 36,135	Conditional: 0
County: Palm Beach [50]	Last Used: 2014/07	Total Patient: 34,862	Total: 184
Region: South Area: 9	Unaudited	Medicare: 5,889	Inflation
Control: Nonprofit : 501(c)(3) Organization	Initial CR? False	Medicaid: 23,139	FY Index: 1.28335532
Current Class South Small	Medical Utilization		Semester Index: 1.34705290
Class at 1/94: South Small	Occupancy:	66.37313%	Cost: 1.04963363
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	96.21350%	Target: 1.01458517
Open Date: 01/01/1970	Medicaid Low Occupancy Threshold:	78.55110%	DC FY Index: 1.20250000
Acquired Date: 01/01/1970	Low Occupancy Adjustment Factor:	41.17760%	DC Sem Index: 1.24200000
Entered Medicaid 01/01/1970	Weighted Low Occ Adjustment Factor:	122.48524%	DC Inflation: 1.03284823
Med # Active Date: 07/01/2003		100.00000%	PS Target: 1.02083595
Previous Med # 228419			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,014,831	1,665,982	1,218,005	598,606		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	46.0348	74.3639	55.2512				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.0348	74.3639	55.2512	25.8700		201.5199	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.8568		67.7484				
7	Provider Target Rate	59.0623		69.1600				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500			
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810				
10	Target Rate Class Ceiling	68.3236		80.3359				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	46.0348	74.3639	55.2512	13.6500		189.2999	
12/13	Medical Adjustment Rate		1.3698	1.0177				
14	Prospective Per Diem 11	46.0348	75.7337	56.2689	13.6500		191.6874	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263915-00 - 2014/07

223.04

Rate Semester 07/01/2014 through 12/31/2014

Rehabilitation Center of The Palm Beaches

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,300,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable	80% Capital(1):	3,498,391	11.4075
Indexed Asset Value	4,372,989	<60% of Base:	False	20% ROE(2):	874,598	0.3921
FRVS Base Asset:	1,055,594	Interest Rate:	11.9600%	Insurance Cost(3):	85,207	2.4441
Occup Adj Factor	0.9000	Chase Rate:	6.7500%	Taxes Cost(3):	132,049	3.7878
ROE Factor	0.014580	Amortization Rate:	8.7500%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	59,494	0.0000
		Yearly Payment:	370,988	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 (36135) divided by Occup. Adj. (0.900) = \$11.4075
- (2) 20% ROE (\$874,598) times the ROE factor (0.014580) divided by annual available days (36135) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.0348	46.0348	0.8174	45.2174
Direct Care	75.7337	75.7337	1.3447	74.3890
Indirect Care	56.2689	56.2689	0.9991	55.2698
Property	13.6500	18.0315	0.3202	17.7113
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.5484
Supplemental Rate Add-on				9.9025
Totals	191.6874	196.0689	3.4814	223.0384

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263915-00 - 2014/07

223.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	842,184	0.00				99	100.00	842,184	1,015,839	
1972/01		0.10	3.9787	3.0000	0.9787	99	100.00	844,711	1,056,231	
1972/07		0.10	5.9113	3.0000	2.9113	99	100.00	847,245	1,108,305	
1973/01		0.20	8.0622	3.0000	5.0622	99	100.00	852,328	1,165,428	
1973/07		0.20	10.7186	3.0000	7.7186	99	100.00	857,442	1,231,362	
1974/01		0.30	12.9457	3.0000	9.9457	99	100.00	865,159	1,295,712	
1974/07		0.30	13.0494	3.0000	10.0494	99	100.00	872,945	1,335,906	
1975/01		0.40	13.1399	3.0000	10.1399	99	100.00	883,420	1,377,189	
1975/07		0.40	14.2033	3.0000	11.2033	99	100.00	894,021	1,433,223	
1976/01		0.50	15.2478	3.0000	12.2478	99	100.00	907,431	1,491,138	
1976/07		0.50	15.7330	3.0000	12.7330	99	100.00	921,042	1,543,113	
1977/01		0.60	16.4836	3.0000	13.4836	99	100.00	937,621	1,601,028	
1977/07		0.60	18.5412	3.0000	15.5412	99	100.00	954,498	1,681,911	
1978/01		0.70	20.2809	3.0000	17.2809	99	100.00	974,542	1,761,705	
1978/07		0.70	22.8203	3.0000	19.8203	99	100.00	995,007	1,859,220	
1979/01		0.80	24.9476	3.0000	21.9476	99	100.00	1,018,887	1,954,557	
1979/07		0.80	26.1458	3.0000	23.1458	99	100.00	1,043,340	2,036,628	
1980/01		0.90	29.3115	3.0000	26.3115	99	11.27	1,043,340	2,162,259	
1980/07		0.90	30.1222	3.0000	27.1222	99	11.27	1,043,340	2,244,627	
1981/01		1.00	30.9462	3.0000	27.9462	99	12.72	1,043,340	2,330,460	
1981/07		1.00	30.5350	3.0000	27.5350	99	12.72	1,043,340	2,390,751	
1982/01		1.00	30.2110	3.0000	27.2110	99	17.43	1,043,340	2,454,804	
1982/07		1.00	29.5087	3.0000	26.5087	99	17.43	1,043,340	2,511,135	
1983/04		1.00	29.1375	3.0000	26.1375	99	16.47	1,043,340	2,577,168	
1983/07		1.00	30.0953	3.0000	27.0953	99	16.47	1,043,340	2,679,138	
1984/01	12,254	1.00	28.3905	3.0000	25.3905	99	17.41	1,055,594	2,713,887	
1984/07		1.00	27.3084	3.0000	24.3084	99	17.41	1,055,594	2,765,961	
1985/01		1.00	25.4555	3.0000	22.4555	99	21.14	1,055,594	2,797,641	
1985/10		1.00	23.3077	3.0000	20.3077	99	21.14	1,055,594	2,821,500	
1986/01		1.00	21.1376	3.0000	18.1376	99	21.14	1,055,594	2,844,963	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263915-00 - 2014/07

223.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	99	21.14	1,055,594	2,839,518	
1987/01	1,135,159	1.00	16.4441	3.0000	13.4441	99	20.80	2,190,753	2,890,305	
1987/07		1.00	14.3448	3.0000	11.3448	99	20.80	2,190,753	2,912,877	
1988/01		1.00	12.2455	3.0000	9.2455	99	23.04	2,190,753	2,936,538	
1988/07		1.00	9.8354	3.0000	6.8354	99	23.04	2,190,753	2,934,954	
1989/01		1.00	7.4253	3.0000	4.4253	99	45.59	2,245,231	2,952,279	
1989/07		1.00	5.0152	3.0000	2.0152	99	45.59	2,301,064	2,972,277	
1990/01	14,321	1.00	2.6051	2.6051		99	48.20	2,367,919	2,987,226	
1990/07		1.00	0.5899	0.5899		99	48.20	2,380,160	3,004,848	
1991/01		1.00	0.5899	0.5899		99	54.39	2,380,160	3,022,470	5
1991/07		1.00	1.4932	1.4932		99	54.39	2,394,045	3,067,614	5
1992/01		0.95	2.0117	2.0117		99	52.88	2,474,035	3,129,291	
1992/07		0.95	1.8152	1.8152		99	52.88	2,515,053	3,186,117	
1993/01		0.90	1.7710	1.7710		99	45.72	2,548,377	3,242,547	
1993/07		0.90	1.5329	1.5329		99	45.72	2,577,602	3,292,245	
1994/01		0.85	1.6983	1.6983		99	57.71	2,614,812	3,348,180	
1994/07		0.85	1.5991	1.5991		99	57.71	2,650,353	3,401,739	
1995/01		0.80	1.5812	1.5812		99	52.21	2,650,353	3,455,496	5
1995/07		0.80	1.5250	1.5250		99	52.21	2,682,179	3,508,164	5
1996/01		0.75	1.7228	1.7228		99	58.91	2,748,300	3,568,653	
1996/07		0.75	1.3294	1.3294		99	59.38	2,775,703	3,616,074	
1997/01		0.70	1.4109	1.4109		99	59.38	2,803,116	3,667,059	
1997/07		0.70	1.0917	1.0917		99	59.38	2,824,537	3,707,055	
1998/01		0.65	1.1663	1.1663		99	59.38	2,824,537	3,750,318	5
1998/07		0.65	1.0794	1.0794		99	59.38	2,865,917	3,790,809	
1999/01		0.60	1.4499	1.4499		99	61.27	2,890,848	3,845,754	
1999/07		0.60	1.2299	1.2299		99	61.27	2,912,180	3,893,076	
2000/01		0.55	1.3356	1.3356		99	68.04	2,933,573	3,945,051	
2000/07		0.55	1.1129	1.1129		99	68.04	2,951,529	3,988,908	
2001/01	9,987,746	0.50	1.2976	1.2976		99	73.13	4,040,685	4,040,685	8



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263915-00 - 2014/07

223.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		99	73.13	4,060,113	4,079,493	
2002/01		0.45	1.0301	1.0301		99	66.16	4,078,932	4,121,469	
2002/07		0.45	0.8337	0.8337		99	66.16	4,094,236	4,155,822	
2003/01		0.40	1.3271	1.3271		99	70.00	4,115,968	4,210,965	
2003/07		0.40	1.1664	1.1664		99	63.79	4,135,173	4,260,069	
2004/01		0.35	1.1103	1.1103		99	63.79	4,151,242	4,307,391	
2004/07		0.35	0.8378	0.8378		99	63.79	4,163,413	4,343,526	
2005/01		0.30	0.8595	0.8595		99	63.79	4,174,150	4,380,849	
2005/07		0.30	0.7364	0.7364		99	63.79	4,183,371	4,413,123	
2006/01		0.25	0.9068	0.9068		99	66.20	4,192,855	4,453,119	
2006/07		0.25	0.8133	0.8133		99	66.20	4,201,379	4,489,353	
2007/01		0.20	1.0133	1.0133		99	73.24	4,209,895	4,534,794	
2007/07	24,489	0.20	1.1050	1.1050		99	71.10	4,243,688	4,584,888	
2008/01		0.15	0.8556	0.8556		99	71.10	4,249,133	4,624,092	
2008/07		0.15	0.6104	0.6104		99	71.10	4,253,025	4,652,307	
2009/01		0.10	1.3268	1.3268		99	69.13	4,258,669	4,714,083	
2009/07		0.10	0.6841	0.6841		99	69.13	4,261,582	4,746,357	
2010/01		0.05	0.8643	0.8643		99	69.81	4,263,423	4,787,343	
2010/07		0.05	0.7107	0.7107		99	69.81	4,264,937	4,821,399	
2011/01		0.00	0.9198	0.9198		99	66.49	4,264,937	4,865,751	
2011/07		0.00	0.9028	0.9028		99	66.49	4,264,937	4,909,707	
2012/01		0.00	0.3865	0.3865		99	64.91	4,264,937	4,928,715	
2012/07	108,052	0.00	0.9417	0.9417		99	65.42	4,372,989	4,975,146	
2013/01		0.00	0.4901	0.4901		99	65.42	4,372,989	4,999,500	
2013/07		0.00	0.6196	0.6196		99	66.37	4,372,989	5,030,487	
2014/01		0.00	0.8564	0.8564		99	66.37	4,372,989	5,073,552	
2014/07		0.00	1.2383	1.2383		99	66.37	4,372,989	5,136,417	

Message Code:

- | |
|--|
| 5 Uncorrected Licensure Deficiency |
| 8 Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263923-00 - 2014/07

217.32

Pompano Health and Rehabilitation Center

Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective	CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization					
Provider Information	Cost Report	Patient Days	Ratings Days		
51 W SAMPLE ROAD	1/1/2013-12/31/2013	Number of Beds: 127	Superior:	0	
POMPANO BEACH , FL	Days in CR 365	Maximum: 46,355	Standard:	184	
33064	First Used : 2014/07	Max Annualized: 46,355	Conditional:	0	
County: Broward [6]	Last Used: 2014/07	Total Patient: 42,192	Total:	184	
Region: South Area: 10	Unaudited	Medicare: 7,452	Inflation		
Control: Nonprofit : 501(c)(3) Organization	Initial CR? False	Medicaid: 32,761	FY Index:	1.31456505	
Current Class South Large	Medical Utilization		Semester Index:	1.34705290	
Class at 1/94: South Large	Occupancy:	77.64742%	Cost:	1.02471376	
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	91.01931%	Target:	1.01458517	
Open Date: 04/01/1987	Medicaid Low Occupancy Threshold:	78.55110%	DC FY Index:	1.21500000	
Acquired Date: 11/01/1990	Low Occupancy Adjustment Factor:	41.17760%	DC Sem Index:	1.24200000	
Entered Medicaid 11/01/1990	Weighted Low Occ Adjustment Factor:	115.87274%	DC Inflation:	1.02222222	
Med # Active Date: 07/01/2003		100.00000%	PS Target:	1.02083595	
Previous Med # 211800					

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,246,153	2,475,229	1,627,137	871,115		6,219,634	
1a	Audit Adjustments							
2	Cost Per Diem	38.0377	75.5541	49.6669	26.5900		189.8487	
3	Cost Per Diem Inflated	38.9778	77.2331	50.8944				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.9778	77.2331	50.8944	26.5900		193.6953	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4166		55.4668				
7	Provider Target Rate	47.3837		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	38.9778	77.2331	50.8944	13.6500		180.7553	
12/13	Medical Adjustment Rate		2.4022	1.5830				
14	Prospective Per Diem 11	38.9778	79.6353	52.4774	13.6500		184.7405	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263923-00 - 2014/07

217.32

Rate Semester 07/01/2014 through 12/31/2014

Pompano Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/1990	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,500,000.00	Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Variable	80% Capital(1):	4,430,108 11.2607
Indexed Asset Value	5,537,635	<60% of Base:	False	20% ROE(2):	1,107,527 0.4978
FRVS Base Asset:	3,642,614	Interest Rate:	11.9600%	Insurance Cost(3):	111,024 2.6314
Occup Adj Factor	0.9000	Chase Rate:	6.7500%	Taxes Cost(3):	115,199 2.7304
ROE Factor	0.018750	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	65,026 0.0000
		Yearly Payment:	469,792	Total FRVS PD:	17.1203

- (1) 80% Capital (\$4,430,108) amortized at 8.7500 % for 20 years Principal & Interest of \$469,792 divided by annual available days (46355) divided by Occup. Adj. (0.900) = \$11.2607
- (2) 20% ROE (\$1,107,527) times the ROE factor (0.018750) divided by annual available days (46355) divided by Occup. Adj. (0.900) = \$0.4978
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	07/01/1986	Current RS PBS:	51,883
Comparison Bed	127	Effective PBS Limitation	3,642,614

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.9778	38.9778	0.6921	38.2857
Direct Care	79.6353	79.6353	1.4139	78.2214
Indirect Care	52.4774	52.4774	0.9317	51.5457
Property	13.6500	17.1203	0.3040	16.8163
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.5504
Supplemental Rate Add-on				9.9025
Totals	184.7405	188.2108	3.3417	217.3220

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263923-00 - 2014/07

217.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	3,642,614	0.00	0.5899	0.5899		127	19.41	3,642,614	3,854,704	
1991/01		0.10	0.5899	0.5899		127	19.41	3,642,614	3,877,310	
1991/07		0.10	1.4932	1.4932		127	19.41	3,642,614	3,935,222	5
1992/01		0.20	2.0117	2.0117		127	19.41	3,642,614	4,014,343	5
1992/07		0.20	1.8152	1.8152		127	19.41	3,642,614	4,087,241	
1993/01		0.30	1.7710	1.7710		127	19.41	3,642,614	4,159,631	
1993/07	13,295	0.30	1.5329	1.5329		127	29.56	3,664,913	4,223,385	
1994/01		0.40	1.6983	1.6983		127	51.61	3,688,274	4,295,140	
1994/07		0.40	1.5991	1.5991		127	51.61	3,710,410	4,363,847	
1995/01		0.50	1.5812	1.5812		127	55.72	3,739,745	4,432,808	
1995/07		0.50	1.5250	1.5250		127	55.72	3,768,261	4,500,372	
1996/01		0.60	1.7228	1.7228		127	55.72	3,807,214	4,577,969	
1996/07		0.60	1.3294	1.3294		127	55.72	3,837,580	4,638,802	
1997/01		0.70	1.4109	1.4109		127	55.72	3,875,480	4,704,207	
1997/07		0.70	1.0917	1.0917		127	55.72	3,905,096	4,755,515	
1998/01		0.80	1.1663	1.1663		127	55.72	3,941,531	4,811,014	
1998/07		0.80	1.0794	1.0794		127	56.50	3,975,566	4,862,957	
1999/01		0.90	1.4499	1.4499		127	56.50	3,975,566	4,933,442	5
1999/07		0.90	1.2299	1.2299		127	62.31	4,072,023	4,994,148	
2000/01		1.00	1.3356	1.3356		127	62.31	4,126,409	5,060,823	
2000/07		1.00	1.1129	1.1129		127	65.15	4,172,332	5,117,084	
2001/01		1.00	1.2976	1.2976		127	65.15	4,226,472	5,183,505	
2001/07		1.00	0.9615	0.9615		127	65.85	4,267,110	5,233,289	
2002/01		1.00	1.0301	1.0301		127	69.51	4,311,066	5,287,137	
2002/07		1.00	0.8337	0.8337		127	69.51	4,347,007	5,331,206	
2003/01		1.00	1.3271	1.3271		127	70.80	4,404,696	5,401,945	
2003/07		1.00	1.1664	1.1664		127	82.58	4,456,072	5,464,937	
2004/01		1.00	1.1103	1.1103		127	82.58	4,505,548	5,525,643	
2004/07		1.00	0.8378	0.8378		127	82.58	4,543,295	5,571,998	
2005/01		1.00	0.8595	0.8595		127	82.58	4,582,345	5,619,877	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263923-00 - 2014/07

217.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		127	82.58	4,616,089	5,661,279	
2006/01		1.00	0.9068	0.9068		127	79.63	4,657,948	5,712,587	
2006/07		1.00	0.8133	0.8133		127	79.63	4,695,831	5,759,069	
2007/01		1.00	1.0133	1.0133		127	72.47	4,743,414	5,817,362	
2007/07		1.00	1.1050	1.1050		127	75.19	4,795,829	5,881,624	
2008/01		1.00	0.8556	0.8556		127	75.19	4,836,862	5,931,916	
2008/07		1.00	0.6104	0.6104		127	77.71	4,866,386	5,968,111	
2009/01		1.00	1.3268	1.3268		127	77.71	4,930,953	6,047,359	
2009/07		1.00	0.6841	0.6841		127	77.71	4,964,686	6,088,761	
2010/01		1.00	0.8643	0.8643		127	78.78	5,007,596	6,141,339	
2010/07		1.00	0.7107	0.7107		127	76.88	5,043,185	6,185,027	
2011/01		0.95	0.9198	0.9198		127	76.88	5,087,252	6,241,923	
2011/07	17,828	0.95	0.9028	0.9028		127	75.54	5,148,713	6,298,311	
2012/01		0.90	0.3865	0.3865		127	75.54	5,166,625	6,322,695	
2012/07		0.90	0.9417	0.9417		127	75.54	5,210,412	6,382,258	
2013/01	56,834	0.85	0.4901	0.4901		127	78.84	5,288,953	6,413,500	
2013/07		0.85	0.6196	0.6196		127	78.84	5,316,810	6,453,251	
2014/01	88,669	0.80	0.8564	0.8564		127	80.86	5,441,904	6,508,496	
2014/07	41,823	0.80	1.2383	1.2383		127	77.65	5,537,635	6,589,141	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263931-00 - 2014/07

199.75

Healthcare and Rehabilitation Center of Sanford

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
950 MELLONVILLE AVE	1/1/2012-12/31/2012	Number of Beds: 114	Superior: 0
SANFORD, FL 32771	Days in CR 366	Maximum: 41,724	Standard: 184
County: Seminole [59]	First Used : 2014/01	Max Annualized: 41,610	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 39,123	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 7,458	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 27,476	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	70.22979%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.76618%	Cost: 1.04963363
Open Date: 03/01/1972	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/01/1972	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	119.36966%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 226866			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	925,062	2,050,753	1,247,209	695,967		4,918,990	
1a	Audit Adjustments							
2	Cost Per Diem	33.6680	74.6380	45.3927	25.3300		179.0287	
3	Cost Per Diem Inflated	35.3391	77.0897	47.6457				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	35.3391	77.0897	47.6457	25.3300		185.4045	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1212		53.3361				
7	Provider Target Rate	45.0405		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	35.3391	77.0897	47.6457	13.6500		173.7245	
12/13	Medical Adjustment Rate		1.7544	1.0843				
14	Prospective Per Diem 11	35.3391	78.8441	48.7300	13.6500		176.5632	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263931-00 - 2014/07

199.75

Rate Semester 07/01/2014 through 12/31/2014

Healthcare and Rehabilitation Center of Sanford

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,200,000.00	Total Amount	Per Diem
RS to Start Calcs:	1972/01	Type:	Variable	80% Capital(1):	1,491,474 4.2235
Indexed Asset Value	1,864,342	<60% of Base:	False	20% ROE(2):	372,868 0.1452
FRVS Base Asset:	952,108	Interest Rate:	11.9600%	Insurance Cost(3):	94,427 2.4136
Occup Adj Factor	0.9000	Chase Rate:	6.7500%	Taxes Cost(3):	32,790 0.8381
ROE Factor	0.014580	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	146,646 0.0000
		Yearly Payment:	158,164	Total FRVS PD:	7.6204

- (1) 80% Capital (\$1,491,474) amortized at 8.7500 % for 20 years Principal & Interest of \$158,164 divided by annual available days (41610) divided by Occup. Adj. (0.900) = \$4.2235
- (2) 20% ROE (\$372,868) times the ROE factor (0.014580) divided by annual available days (41610) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	114	Effective PBS Limitation	3,249,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	35.3391	35.3391	0.6274	34.7117
Direct Care	78.8441	78.8441	1.3999	77.4442
Indirect Care	48.7300	48.7300	0.8652	47.8648
Property	13.6500	7.6204	0.1353	7.4851
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3399
Supplemental Rate Add-on				9.9025
Totals	176.5632	170.5336	3.0278	199.7482

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263931-00 - 2014/07

199.75

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/01	558,459	0.00	3.9787	3.0000	0.9787	114	100.00	558,459	1,216,266	
1972/07		0.10	5.9113	3.0000	2.9113	114	100.00	560,134	1,276,230	
1973/01		0.10	8.0622	3.0000	5.0622	114	100.00	561,814	1,342,008	
1973/07		0.20	10.7186	3.0000	7.7186	114	100.00	565,185	1,417,932	
1974/01		0.20	12.9457	3.0000	9.9457	114	100.00	568,576	1,492,032	
1974/07		0.30	13.0494	3.0000	10.0494	114	100.00	573,693	1,538,316	
1975/01		0.30	13.1399	3.0000	10.1399	114	100.00	578,856	1,585,854	
1975/07		0.40	14.2033	3.0000	11.2033	114	100.00	585,802	1,650,378	
1976/01		0.40	15.2478	3.0000	12.2478	114	100.00	592,832	1,717,068	
1976/07		0.50	15.7330	3.0000	12.7330	114	100.00	601,724	1,776,918	
1977/01		0.50	16.4836	3.0000	13.4836	114	100.00	610,750	1,843,608	
1977/07		0.60	18.5412	3.0000	15.5412	114	100.00	621,744	1,936,746	
1978/01		0.60	20.2809	3.0000	17.2809	114	100.00	632,935	2,028,630	
1978/07		0.70	22.8203	3.0000	19.8203	114	100.00	646,227	2,140,920	
1979/01		0.70	24.9476	3.0000	21.9476	114	100.00	659,798	2,250,702	
1979/07		0.80	26.1458	3.0000	23.1458	114	100.00	675,633	2,345,208	
1980/01		0.80	29.3115	3.0000	26.3115	114	96.36	691,848	2,489,874	
1980/07		0.90	30.1222	3.0000	27.1222	114	96.36	710,528	2,584,722	
1981/01		0.90	30.9462	3.0000	27.9462	114	93.74	729,712	2,683,560	
1981/07		1.00	30.5350	3.0000	27.5350	114	93.74	751,603	2,752,986	
1982/01		1.00	30.2110	3.0000	27.2110	114	90.13	774,151	2,826,744	
1982/07		1.00	29.5087	3.0000	26.5087	114	90.13	797,376	2,891,610	
1983/04		1.00	29.1375	3.0000	26.1375	114	85.85	821,297	2,967,648	
1983/07		1.00	30.0953	3.0000	27.0953	114	85.85	845,936	3,085,068	
1984/01		1.00	28.3905	3.0000	25.3905	114	79.78	871,314	3,125,082	
1984/07		1.00	27.3084	3.0000	24.3084	114	79.78	897,453	3,185,046	
1985/01		1.00	25.4555	3.0000	22.4555	114	98.81	924,377	3,221,526	
1985/10		1.00	23.3077	3.0000	20.3077	114	81.00	952,108	3,249,000	
1986/01		1.00	21.1376	3.0000	18.1376	114	81.00	980,671	3,276,018	
1986/07		1.00	18.4350	3.0000	15.4350	114	81.00	1,010,091	3,269,748	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263931-00 - 2014/07

199.75

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01		1.00	16.4441	3.0000	13.4441	114	81.00	1,040,394	3,328,230	
1987/07		1.00	14.3448	3.0000	11.3448	114	80.67	1,071,606	3,354,222	
1988/01		1.00	12.2455	3.0000	9.2455	114	83.00	1,103,754	3,381,468	
1988/07		1.00	9.8354	3.0000	6.8354	114	83.00	1,136,867	3,379,644	
1989/01		1.00	7.4253	3.0000	4.4253	114	82.05	1,170,973	3,399,594	
1989/07		1.00	5.0152	3.0000	2.0152	114	82.05	1,206,102	3,422,622	
1990/01		1.00	2.6051	2.6051		114	75.06	1,237,522	3,439,836	
1990/07		1.00	0.5899	0.5899		114	75.06	1,244,822	3,460,128	
1991/01		1.00	0.5899	0.5899		114	76.81	1,252,165	3,480,420	
1991/07		1.00	1.4932	1.4932		114	76.81	1,270,862	3,532,404	
1992/01		1.00	2.0117	2.0117		114	79.92	1,296,428	3,603,426	
1992/07		0.95	1.8152	1.8152		114	79.92	1,318,784	3,668,862	
1993/01		0.95	1.7710	1.7710		114	78.90	1,340,973	3,733,842	
1993/07		0.90	1.5329	1.5329		114	78.90	1,340,973	3,791,070	5
1994/01	49,953	0.90	1.6983	1.6983		114	74.49	1,430,206	3,855,480	
1994/07		0.85	1.5991	1.5991		114	74.49	1,449,645	3,917,154	
1995/01		0.85	1.5812	1.5812		114	73.15	1,469,128	3,979,056	
1995/07		0.80	1.5250	1.5250		114	73.15	1,487,051	4,039,704	
1996/01		0.80	1.7228	1.7228		114	75.31	1,507,546	4,109,358	
1996/07		0.75	1.3294	1.3294		114	75.31	1,522,578	4,163,964	
1997/01		0.75	1.4109	1.4109		114	75.31	1,538,690	4,222,674	
1997/07		0.70	1.0917	1.0917		114	76.03	1,550,449	4,268,730	
1998/01		0.70	1.1663	1.1663		114	76.88	1,563,107	4,318,548	
1998/07		0.65	1.0794	1.0794		114	76.88	1,574,074	4,365,174	
1999/01		0.65	1.4499	1.4499		114	77.30	1,588,908	4,428,444	
1999/07		0.60	1.2299	1.2299		114	77.30	1,588,908	4,482,936	5
2000/01		0.60	1.3356	1.3356		114	79.14	1,613,460	4,542,786	
2000/07		0.55	1.1129	1.1129		114	79.14	1,623,336	4,593,288	
2001/01		0.55	1.2976	1.2976		114	79.88	1,634,922	4,652,910	
2001/07		0.50	0.9615	0.9615		114	79.88	1,642,783	4,697,598	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263931-00 - 2014/07

199.75

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		0.50	1.0301	1.0301		114	76.58	1,651,245	4,745,934	
2002/07		0.45	0.8337	0.8337		114	76.58	1,657,440	4,785,492	
2003/01		0.45	1.3271	1.3271		114	73.91	1,667,338	4,848,990	
2003/07		0.40	1.1664	1.1664		114	73.71	1,675,118	4,905,534	
2004/01		0.40	1.1103	1.1103		114	73.71	1,682,557	4,960,026	
2004/07		0.35	0.8378	0.8378		114	73.71	1,687,490	5,001,636	
2005/01		0.35	0.8595	0.8595		114	73.71	1,692,566	5,044,614	
2005/07		0.30	0.7364	0.7364		114	73.71	1,696,305	5,081,778	
2006/01		0.30	0.9068	0.9068		114	72.98	1,700,919	5,127,834	
2006/07		0.25	0.8133	0.8133		114	72.98	1,704,377	5,169,558	
2007/01		0.25	1.0133	1.0133		114	73.94	1,708,694	5,221,884	
2007/07	26,176	0.20	1.1050	1.1050		114	71.03	1,738,646	5,279,568	
2008/01		0.20	0.8556	0.8556		114	71.03	1,741,621	5,324,712	
2008/07		0.15	0.6104	0.6104		114	66.83	1,743,216	5,357,202	
2009/01		0.15	1.3268	1.3268		114	66.83	1,746,685	5,428,338	
2009/07		0.10	0.6841	0.6841		114	66.83	1,747,880	5,465,502	
2010/01		0.10	0.8643	0.8643		114	69.97	1,749,390	5,512,698	
2010/07	23,932	0.05	0.7107	0.7107		114	72.09	1,773,943	5,551,914	
2011/01		0.05	0.9198	0.9198		114	72.09	1,774,759	5,602,986	
2011/07		0.00	0.9028	0.9028		114	71.45	1,774,759	5,653,602	
2012/01		0.00	0.3865	0.3865		114	71.45	1,774,759	5,675,490	
2012/07		0.00	0.9417	0.9417		114	71.45	1,774,759	5,728,956	
2013/01	49,588	0.00	0.4901	0.4901		114	68.05	1,824,347	5,757,000	
2013/07		0.00	0.6196	0.6196		114	68.05	1,824,347	5,792,682	
2014/01	39,995	0.00	0.8564	0.8564		114	70.23	1,864,342	5,842,272	
2014/07		0.00	1.2383	1.2383		114	70.23	1,864,342	5,914,662	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263940-00 - 2014/07

204.96

Rehabilitation and Healthcare Center of Tampa

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4411 N HABANA AVE	1/1/2012-12/31/2012	Number of Beds: 174	Superior: 0
TAMPA, FL 33614	Days in CR 366	Maximum: 63,684	Standard: 184
County: Hillsborough [29]	First Used : 2014/01	Max Annualized: 63,510	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 58,385	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 18,333	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 37,266	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	63.82804%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.67923%	Cost: 1.04963363
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1971	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 01/01/1974	Low Occupancy Adjustment Factor:	116.71285%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 227102			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,339,448	2,863,123	1,819,885	875,378		6,897,833	
1a	Audit Adjustments							
2	Cost Per Diem	35.9429	76.8294	48.8350	23.4900		185.0973	
3	Cost Per Diem Inflated	37.7269	79.3531	51.2589				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	37.7269	79.3531	51.2589	23.4900		191.8289	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1417		53.3368				
7	Provider Target Rate	45.0614		54.4481				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	37.7269	79.3531	51.2589	13.6500		181.9889	
12/13	Medical Adjustment Rate		1.2345	0.7974				
14	Prospective Per Diem 11	37.7269	80.5876	52.0563	13.6500		184.0208	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

0 263940-00 - 2014/07

204.96

Rate Semester 07/01/2014 through 12/31/2014

Rehabilitation and Healthcare Center of Tampa

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,600,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,179,667 4.0439
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	544,917 0.1390
Indexed Asset Value	2,724,584	Interest Rate:	11.9600%	Insurance Cost(3):	136,894 2.3447
FRVS Base Asset:	1,545,483	Chase Rate:	6.7500%	Taxes Cost(3):	83,102 1.4233
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	68,373 0.0000
		Yearly Payment:	231,143	Total FRVS PD:	7.9509

- (1) 80% Capital (\$2,179,667) amortized at 8.7500 % for 20 years Principal & Interest of \$231,143 divided by annual available days (63510) divided by Occup. Adj. (0.900) = \$4.0439
- (2) 20% ROE (\$544,917) times the ROE factor (0.014580) divided by annual available days (63510) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	174	Effective PBS Limitation	4,959,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	37.7269	37.7269	0.6698	37.0571
Direct Care	80.5876	80.5876	1.4308	79.1568
Indirect Care	52.0563	52.0563	0.9243	51.1320
Property	13.6500	7.9509	0.1412	7.8097
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.8994
Supplemental Rate Add-on				9.9025
Totals	184.0208	178.3217	3.1661	204.9575

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263940-00 - 2014/07

204.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	1,136,560	0.00				174	100.00	1,136,560	1,785,414	
1972/01		0.10	3.9787	3.0000	0.9787	174	100.00	1,139,970	1,856,406	
1972/07		0.10	5.9113	3.0000	2.9113	174	100.00	1,143,390	1,947,930	
1973/01		0.20	8.0622	3.0000	5.0622	174	100.00	1,150,250	2,048,328	
1973/07		0.20	10.7186	3.0000	7.7186	174	100.00	1,157,152	2,164,212	
1974/01		0.30	12.9457	3.0000	9.9457	174	100.00	1,167,566	2,277,312	
1974/07		0.30	13.0494	3.0000	10.0494	174	100.00	1,178,074	2,347,956	
1975/01		0.40	13.1399	3.0000	10.1399	174	100.00	1,192,211	2,420,514	
1975/07		0.40	14.2033	3.0000	11.2033	174	100.00	1,206,518	2,518,998	
1976/01		0.50	15.2478	3.0000	12.2478	174	100.00	1,224,616	2,620,788	
1976/07		0.50	15.7330	3.0000	12.7330	174	100.00	1,242,985	2,712,138	
1977/01		0.60	16.4836	3.0000	13.4836	174	100.00	1,265,359	2,813,928	
1977/07		0.60	18.5412	3.0000	15.5412	174	100.00	1,288,135	2,956,086	
1978/01		0.70	20.2809	3.0000	17.2809	174	100.00	1,315,186	3,096,330	
1978/07		0.70	22.8203	3.0000	19.8203	174	100.00	1,342,805	3,267,720	
1979/01		0.80	24.9476	3.0000	21.9476	174	100.00	1,375,032	3,435,282	
1979/07		0.80	26.1458	3.0000	23.1458	174	100.00	1,408,033	3,579,528	
1980/01		0.90	29.3115	3.0000	26.3115	174	30.45	1,429,081	3,800,334	
1980/07		0.90	30.1222	3.0000	27.1222	174	30.45	1,450,443	3,945,102	
1981/01		1.00	30.9462	3.0000	27.9462	174	32.96	1,476,519	4,095,960	
1981/07		1.00	30.5350	3.0000	27.5350	174	32.96	1,503,064	4,201,926	
1982/01		1.00	30.2110	3.0000	27.2110	174	25.69	1,524,126	4,314,504	
1982/07		1.00	29.5087	3.0000	26.5087	174	25.69	1,545,483	4,413,510	
1983/04		1.00	29.1375	3.0000	26.1375	174	23.31	1,545,483	4,529,568	
1983/07		1.00	30.0953	3.0000	27.0953	174	23.31	1,545,483	4,708,788	
1984/01		1.00	28.3905	3.0000	25.3905	174	23.66	1,545,483	4,769,862	
1984/07		1.00	27.3084	3.0000	24.3084	174	23.66	1,545,483	4,861,386	
1985/01		1.00	25.4555	3.0000	22.4555	174	23.91	1,545,483	4,917,066	
1985/10		1.00	23.3077	3.0000	20.3077	174	23.91	1,545,483	4,959,000	
1986/01		1.00	21.1376	3.0000	18.1376	174	23.91	1,545,483	5,000,238	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263940-00 - 2014/07

204.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	174	23.91	1,545,483	4,990,668	
1987/01		1.00	16.4441	3.0000	13.4441	174	23.00	1,545,483	5,079,930	
1987/07		1.00	14.3448	3.0000	11.3448	174	22.55	1,545,483	5,119,602	
1988/01		1.00	12.2455	3.0000	9.2455	174	31.31	1,571,877	5,161,188	
1988/07		1.00	9.8354	3.0000	6.8354	174	31.31	1,598,722	5,158,404	
1989/01		1.00	7.4253	3.0000	4.4253	174	42.90	1,636,132	5,188,854	
1989/07		1.00	5.0152	3.0000	2.0152	174	42.90	1,674,417	5,224,002	
1990/01		1.00	2.6051	2.6051		174	44.85	1,709,987	5,250,276	
1990/07		1.00	0.5899	0.5899		174	44.85	1,718,213	5,281,248	
1991/01		1.00	0.5899	0.5899		174	48.95	1,727,234	5,312,220	
1991/07		1.00	1.4932	1.4932		174	48.95	1,750,188	5,391,564	
1992/01		0.95	2.0117	2.0117		174	47.43	1,779,032	5,499,966	
1992/07		0.95	1.8152	1.8152		174	47.43	1,805,487	5,599,842	
1993/01		0.90	1.7710	1.7710		174	49.74	1,831,512	5,699,022	
1993/07		0.90	1.5329	1.5329		174	49.74	1,854,363	5,786,370	
1994/01	294,284	0.85	1.6983	1.6983		174	51.58	2,173,752	5,884,680	
1994/07		0.85	1.5991	1.5991		174	51.58	2,201,460	5,978,814	
1995/01		0.80	1.5812	1.5812		174	51.03	2,227,298	6,073,296	
1995/07		0.80	1.5250	1.5250		174	51.03	2,252,510	6,165,864	
1996/01	27,460	0.75	1.7228	1.7228		174	51.51	2,307,228	6,272,178	
1996/07		0.75	1.3294	1.3294		174	51.51	2,328,774	6,355,524	
1997/01		0.70	1.4109	1.4109		174	51.51	2,350,314	6,445,134	
1997/07		0.70	1.0917	1.0917		174	60.11	2,368,275	6,515,430	
1998/01		0.65	1.1663	1.1663		174	73.67	2,386,229	6,591,468	
1998/07		0.65	1.0794	1.0794		174	73.67	2,402,971	6,662,634	
1999/01		0.60	1.4499	1.4499		174	67.72	2,423,874	6,759,204	
1999/07		0.60	1.2299	1.2299		174	67.72	2,423,874	6,842,376	5
2000/01		0.55	1.3356	1.3356		174	67.51	2,441,760	6,933,726	5
2000/07		0.55	1.1129	1.1129		174	67.51	2,474,753	7,010,808	
2001/01		0.50	1.2976	1.2976		174	71.98	2,490,809	7,101,810	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263940-00 - 2014/07

204.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		174	71.98	2,502,785	7,170,018	
2002/01		0.45	1.0301	1.0301		174	66.09	2,514,385	7,243,794	
2002/07		0.45	0.8337	0.8337		174	66.09	2,523,819	7,304,172	
2003/01		0.40	1.3271	1.3271		174	68.87	2,537,215	7,401,090	
2003/07		0.40	1.1664	1.1664		174	74.73	2,549,054	7,487,394	
2004/01		0.35	1.1103	1.1103		174	74.73	2,558,960	7,570,566	
2004/07		0.35	0.8378	0.8378		174	74.73	2,566,463	7,634,076	
2005/01		0.30	0.8595	0.8595		174	74.73	2,573,082	7,699,674	
2005/07		0.30	0.7364	0.7364		174	74.73	2,578,766	7,756,398	
2006/01		0.25	0.9068	0.9068		174	72.82	2,584,612	7,826,694	
2006/07		0.25	0.8133	0.8133		174	72.82	2,589,867	7,890,378	
2007/01		0.20	1.0133	1.0133		174	69.71	2,595,117	7,970,244	
2007/07		0.20	1.1050	1.1050		174	71.28	2,600,852	8,058,288	
2008/01		0.15	0.8556	0.8556		174	71.28	2,604,189	8,127,192	
2008/07		0.15	0.6104	0.6104		174	70.66	2,606,574	8,176,782	
2009/01		0.10	1.3268	1.3268		174	70.66	2,610,033	8,285,358	
2009/07		0.10	0.6841	0.6841		174	70.66	2,611,818	8,342,082	
2010/01		0.05	0.8643	0.8643		174	70.03	2,612,946	8,414,118	
2010/07		0.05	0.7107	0.7107		174	66.64	2,613,874	8,473,974	
2011/01		0.00	0.9198	0.9198		174	66.64	2,613,874	8,551,926	
2011/07		0.00	0.9028	0.9028		174	64.93	2,613,874	8,629,182	
2012/01		0.00	0.3865	0.3865		174	64.93	2,613,874	8,662,590	
2012/07		0.00	0.9417	0.9417		174	66.87	2,613,874	8,744,196	
2013/01		0.00	0.4901	0.4901		174	66.87	2,613,874	8,787,000	
2013/07		0.00	0.6196	0.6196		174	66.87	2,613,874	8,841,462	
2014/01	110,710	0.00	0.8564	0.8564		174	63.83	2,724,584	8,917,152	
2014/07		0.00	1.2383	1.2383		174	63.83	2,724,584	9,027,642	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263958-00 - 2014/07

222.32

The Abbey Rehabilitation and Nursing Center

Type of Cost Report: Prospective with Interim Component Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7101 DR MARTIN LUTHER KING JR ST N	1/1/2012-12/31/2012	Number of Beds: 152	Superior: 0
SAINT PETERSBURG, FL 33702	Days in CR 366	Maximum: 55,632	Standard: 184
County: Pinellas [52]	First Used : 2013/07	Max Annualized: 55,480	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 38,678	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 3,486	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 32,697	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	84.53643%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	69.52473%	Cost: 1.04963363
Open Date: 08/01/1977	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 08/01/1977	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 08/01/1977	Low Occupancy Adjustment Factor:	88.50892%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 211711	Interim Component Effective Date:	07/01/2013	PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,337,809	2,535,838	1,756,059	944,289		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	42.9461	80.1033	56.3727				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.9461	80.1033	56.3727	28.8800		208.3021	
5a	Interim Adjustment	0.4003	0.1223	0.1019				
5b	Interim Adjusted Per Diem	43.3464	80.2256	56.4746				
6	Prior Semester: Provider Target Base	44.1212		53.3361				
7	Provider Target Rate	45.0405		54.4474				
7a	Interim Adjustment	0.4003		0.1019				
7b	Interim Adjustment Provider Target Rate	45.4408		54.5493				
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.3464	80.2256	54.5493	13.6500		191.7713	
12/13	Medical Adjustment Rate		3.1170	2.1194				
14	Prospective Per Diem 11	43.3464	83.3426	56.6687	13.6500		197.0077	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

0 263958-00 - 2014/07

222.32

Rate Semester 07/01/2014 through 12/31/2014

The Abbey Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,600,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,178,302 4.6263
RS to Start Calcs:	1977/07	<60% of Base:	False	20% ROE(2):	544,575 0.1590
Indexed Asset Value	2,722,877	Interest Rate:	11.9600%	Insurance Cost(3):	128,227 3.3152
FRVS Base Asset:	1,258,236	Chase Rate:	6.7500%	Taxes Cost(3):	47,134 1.2186
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	700,794 0.0000
		Yearly Payment:	230,999	Total FRVS PD:	9.3191

- (1) 80% Capital (\$2,178,302) amortized at 8.7500 % for 20 years Principal & Interest of \$230,999 divided by annual available days (55480) divided by Occup. Adj. (0.900) = \$4.6263
- (2) 20% ROE (\$544,575) times the ROE factor (0.014580) divided by annual available days (55480) divided by Occup. Adj. (0.900) = \$0.1590
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	146	Effective PBS Limitation	4,161,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.3464	43.3464	0.7696	42.5768
Direct Care	83.3426	83.3426	1.4798	81.8628
Indirect Care	56.6687	56.6687	1.0062	55.6625
Property	13.6500	9.3191	0.1655	9.1536
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.1571
Supplemental Rate Add-on				9.9025
Totals	197.0077	192.6768	3.4211	222.3153

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263958-00 - 2014/07

222.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1977/07	1,146,786	0.00	5.0576	3.0000	2.0576	146	100.00	1,146,786	2,480,394	
1978/01		0.10	6.7973	3.0000	3.7973	146	100.00	1,150,226	2,598,070	
1978/07		0.10	9.3367	3.0000	6.3367	146	100.00	1,153,677	2,741,880	
1979/01		0.20	11.4640	3.0000	8.4640	146	100.00	1,160,599	2,882,478	
1979/07		0.20	12.6622	3.0000	9.6622	146	100.00	1,167,563	3,003,512	
1980/01		0.30	15.8279	3.0000	12.8279	146	28.48	1,173,004	3,188,786	
1980/07		0.30	16.6385	3.0000	13.6385	146	28.48	1,178,471	3,310,258	
1981/01		0.40	17.4626	3.0000	14.4626	146	29.50	1,186,056	3,436,840	
1981/07		0.40	17.0514	3.0000	14.0514	146	29.50	1,193,690	3,525,754	
1982/01		0.50	16.7274	3.0000	13.7274	146	28.71	1,203,037	3,620,216	
1982/07		0.50	16.0251	3.0000	13.0251	146	28.71	1,212,457	3,703,290	
1983/04		0.60	15.6539	3.0000	12.6539	146	25.42	1,222,544	3,800,672	
1983/07	9,893	0.60	16.6117	3.0000	13.6117	146	25.42	1,242,608	3,951,052	
1984/01	1,824	0.70	14.9069	3.0000	11.9069	146	22.61	1,244,432	4,002,298	
1984/07		0.70	13.8248	3.0000	10.8248	146	22.61	1,244,432	4,079,094	
1985/01		0.80	11.9719	3.0000	8.9719	146	25.42	1,258,236	4,125,814	
1985/10		0.80	9.8241	3.0000	6.8241	146	22.66	1,258,236	4,161,000	
1986/01		0.90	7.6540	3.0000	4.6540	146	22.66	1,258,236	4,195,602	
1986/07		0.90	4.9514	3.0000	1.9514	146	22.66	1,258,236	4,187,572	
1987/01		1.00	2.9605	2.9605		146	19.20	1,258,236	4,262,470	
1987/07		1.00	0.9007	0.9007		146	24.22	1,258,236	4,295,758	
1988/01		1.00	0.9007	0.9007		146	24.22	1,258,236	4,330,652	
1988/07	71,895	1.00	0.5899	0.5899		152	32.83	1,334,561	4,506,192	
1989/01		1.00	0.5899	0.5899		152	32.83	1,339,260	4,532,792	
1989/07	110,358	1.00	0.5899	0.5899		152	43.18	1,455,820	4,563,496	
1990/01		1.00	0.5899	0.5899		152	43.18	1,462,562	4,586,448	
1990/07	25,815	1.00	0.5899	0.5899		152	51.13	1,496,398	4,613,504	
1991/01		1.00	0.5899	0.5899		152	51.13	1,504,604	4,640,560	
1991/07	42,603	1.00	1.4932	1.4932		152	60.01	1,569,674	4,709,872	
1992/01		1.00	2.0117	2.0117		152	60.01	1,601,251	4,804,568	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263958-00 - 2014/07

222.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07	25,317	1.00	1.8152	1.8152		152	65.94	1,655,634	4,891,816	
1993/01		1.00	1.7710	1.7710		152	65.94	1,684,955	4,978,456	
1993/07	26,965	1.00	1.5329	1.5329		152	70.92	1,737,749	5,054,760	
1994/01		1.00	1.6983	1.6983		152	70.92	1,767,261	5,140,640	
1994/07	54,958	1.00	1.5991	1.5991		152	69.99	1,850,479	5,222,872	
1995/01		1.00	1.5812	1.5812		152	74.68	1,879,739	5,305,408	
1995/07		1.00	1.5250	1.5250		152	74.68	1,908,405	5,386,272	
1996/01		1.00	1.7228	1.7228		152	74.68	1,941,283	5,479,144	
1996/07		1.00	1.3294	1.3294		152	74.68	1,967,090	5,551,952	
1997/01		1.00	1.4109	1.4109		152	74.68	1,994,844	5,630,232	
1997/07		1.00	1.0917	1.0917		152	74.68	2,016,622	5,691,640	
1998/01		0.95	1.1663	1.1663		152	74.68	2,038,966	5,758,064	
1998/07		0.95	1.0794	1.0794		152	72.51	2,059,874	5,820,232	
1999/01		0.90	1.4499	1.4499		152	72.51	2,086,753	5,904,592	
1999/07		0.90	1.2299	1.2299		152	71.78	2,086,753	5,977,248	5
2000/01		0.85	1.3356	1.3356		152	71.78	2,133,804	6,057,048	
2000/07		0.85	1.1129	1.1129		152	74.98	2,153,990	6,124,384	
2001/01		0.80	1.2976	1.2976		152	74.98	2,176,351	6,203,880	
2001/07		0.80	0.9615	0.9615		152	78.68	2,193,091	6,263,464	
2002/01		0.75	1.0301	1.0301		152	74.63	2,210,035	6,327,912	
2002/07		0.75	0.8337	0.8337		152	74.63	2,223,854	6,380,656	
2003/01		0.70	1.3271	1.3271		152	73.07	2,244,514	6,465,320	
2003/07		0.70	1.1664	1.1664		152	76.36	2,262,840	6,540,712	
2004/01		0.65	1.1103	1.1103		152	76.36	2,279,171	6,613,368	
2004/07		0.65	0.8378	0.8378		152	76.36	2,291,583	6,668,848	
2005/01		0.60	0.8595	0.8595		152	76.36	2,303,401	6,726,152	
2005/07		0.60	0.7364	0.7364		152	76.36	2,313,577	6,775,704	
2006/01		0.55	0.9068	0.9068		152	80.30	2,325,115	6,837,112	
2006/07		0.55	0.8133	0.8133		152	80.30	2,335,515	6,892,744	
2007/01		0.50	1.0133	1.0133		152	80.70	2,347,349	6,962,512	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263958-00 - 2014/07

222.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07		0.50	1.1050	1.1050		152	80.70	2,360,318	7,039,424	
2008/01		0.45	0.8556	0.8556		152	81.83	2,369,405	7,099,616	
2008/07	18,751	0.45	0.6104	0.6104		152	82.41	2,394,665	7,142,936	
2009/01		0.40	1.3268	1.3268		152	82.41	2,394,665	7,237,784	5
2009/07		0.40	0.6841	0.6841		152	82.41	2,413,960	7,287,336	
2010/01	129,778	0.35	0.8643	0.8643		152	81.51	2,551,040	7,350,264	
2010/07		0.35	0.7107	0.7107		152	82.36	2,557,384	7,402,552	
2011/01		0.30	0.9198	0.9198		152	82.36	2,564,440	7,470,648	
2011/07		0.30	0.9028	0.9028		152	82.36	2,571,385	7,538,136	
2012/01	28,524	0.25	0.3865	0.3865		152	81.01	2,602,393	7,567,320	
2012/07		0.25	0.9417	0.9417		152	81.01	2,608,519	7,638,608	
2013/01		0.20	0.4901	0.4901		152	83.78	2,611,075	7,676,000	
2013/07	100,032	0.20	0.6196	0.6196		152	84.54	2,714,342	7,723,576	
2014/01		0.15	0.8564	0.8564		152	84.54	2,717,830	7,789,696	
2014/07		0.15	1.2383	1.2383		152	84.54	2,722,877	7,886,216	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263966-00 - 2014/07
208.00

The Oaks at Avon Park

Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective	CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization					
Provider Information	Cost Report	Patient Days	Ratings Days		
1010 US 27 N	1/1/2013-12/31/2013	Number of Beds: 104	Superior:	0	
AVON PARK, FL 33825	Days in CR 365	Maximum: 37,960	Standard:	184	
County: Highlands [28]	First Used : 2014/07	Max Annualized: 37,960	Conditional:	0	
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 33,384	Total:	184	
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 10,381	Inflation		
Current Class Central Large	Initial CR? False	Medicaid: 19,973	FY Index:	1.31456505	
Class at 1/94: South Large	Medical Utilization		Semester Index:	1.34705290	
Operating Ex > 18 months	Occupancy:	59.82806%	Cost:	1.02471376	
Open Date: 11/25/1992	Statewide Low Occupancy Threshold:	87.94521%	Target:	1.01458517	
Acquired Date: 01/05/1993	Medicaid Low Occupancy Threshold:	78.55110%	DC FY Index:	1.21500000	
Entered Medicaid 01/05/1993	Low Occupancy Adjustment Factor:	41.17760%	DC Sem Index:	1.24200000	
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	111.95923%	DC Inflation:	1.02222222	
Previous Med # 228486		100.00000%	PS Target:	1.02083595	

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	741,089	1,407,456	1,032,134	623,957		3,804,636	
1a	Audit Adjustments							
2	Cost Per Diem	37.1045	70.4679	51.6765	31.2400		190.4889	
3	Cost Per Diem Inflated	38.0215	72.0339	52.9536				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.0215	72.0339	52.9536	31.2400		194.2490	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1704		53.3361				
7	Provider Target Rate	45.0907		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	38.0215	72.0339	52.9536	13.6500		176.6590	
12/13	Medical Adjustment Rate		0.7964	0.5855				
14	Prospective Per Diem 11	38.0215	72.8303	53.5391	13.6500		178.0409	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263966-00 - 2014/07

208.00

Rate Semester 07/01/2014 through 12/31/2014

The Oaks at Avon Park

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/05/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	1,764,618.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,001,550	11.7564
RS to Start Calcs:	1993/01	<60% of Base:	False	20% ROE(2):	1,000,388	0.5490
Indexed Asset Value	5,001,938	Interest Rate:	8.0000%	Insurance Cost(3):	86,243	2.5834
FRVS Base Asset:	2,781,592	Chase Rate:	7.7500%	Taxes Cost(3):	101,634	3.0444
Occup Adj Factor	0.9000	Amortization Rate:	8.0000%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	34,353	0.0000
		Yearly Payment:	401,647	Total FRVS PD:		17.9332

- (1) 80% Capital (\$4,001,550) amortized at 8.0000 % for 20 years Principal & Interest of \$401,647 divided by annual available days (37960) divided by Occup. Adj. (0.900) = \$11.7564
- (2) 20% ROE (\$1,000,388) times the ROE factor (0.018750) divided by annual available days (37960) divided by Occup. Adj. (0.900) = \$0.5490
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	31,609
Comparison Date:	01/01/1992	Current RS PBS:	51,883
Comparison Bed	88	Effective PBS Limitation	2,781,592

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.0215	38.0215	0.6751	37.3464
Direct Care	72.8303	72.8303	1.2931	71.5372
Indirect Care	53.5391	53.5391	0.9506	52.5885
Property	13.6500	17.9332	0.3184	17.6148
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.0101
Supplemental Rate Add-on				9.9025
Totals	178.0409	182.3241	3.2372	207.9995

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263966-00 - 2014/07

208.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	3,629,732	0.00	1.7710	1.7710		88	52.27	2,781,592	2,781,592	1
1993/07		0.10	1.5329	1.5329		88	52.27	2,785,645	2,926,440	
1994/01	45,384	0.10	1.6983	1.6983		88	52.27	2,835,524	2,976,160	
1994/07		0.20	1.5991	1.5991		88	41.05	2,842,292	3,023,768	
1995/01		0.20	1.5812	1.5812		88	41.05	2,849,000	3,071,552	
1995/07	63,795	0.30	1.5250	1.5250		88	51.56	2,925,014	3,118,368	
1996/01		0.30	1.7228	1.7228		88	51.56	2,939,185	3,172,136	
1996/07	566,976	0.40	1.3294	1.3294		104	55.64	3,521,792	3,798,704	
1997/01		0.40	1.4109	1.4109		104	55.64	3,541,669	3,852,264	
1997/07		0.50	1.0917	1.0917		104	55.64	3,561,003	3,894,280	
1998/01		0.50	1.1663	1.1663		104	55.64	3,581,771	3,939,728	
1998/07		0.60	1.0794	1.0794		104	55.64	3,604,967	3,982,264	
1999/01		0.60	1.4499	1.4499		104	51.86	3,634,536	4,039,984	
1999/07		0.70	1.2299	1.2299		104	51.86	3,664,039	4,089,696	
2000/01		0.70	1.3356	1.3356		104	59.25	3,698,294	4,144,296	
2000/07		0.80	1.1129	1.1129		104	59.25	3,698,294	4,190,368	5
2001/01		0.80	1.2976	1.2976		104	54.98	3,769,940	4,244,760	
2001/07		0.90	0.9615	0.9615		104	54.98	3,802,553	4,285,528	
2002/01		0.90	1.0301	1.0301		104	55.14	3,837,806	4,329,624	
2002/07		1.00	0.8337	0.8337		104	55.14	3,869,802	4,365,712	
2003/01		1.00	1.3271	1.3271		104	58.46	3,921,158	4,423,640	
2003/07		1.00	1.1664	1.1664		104	65.96	3,966,894	4,475,224	
2004/01		1.00	1.1103	1.1103		104	65.96	4,010,938	4,524,936	
2004/07		1.00	0.8378	0.8378		104	65.96	4,044,542	4,562,896	
2005/01		1.00	0.8595	0.8595		104	65.96	4,044,542	4,602,104	5
2005/07		1.00	0.7364	0.7364		104	65.96	4,109,345	4,636,008	
2006/01		1.00	0.9068	0.9068		104	61.50	4,146,609	4,678,024	
2006/07		1.00	0.8133	0.8133		104	61.50	4,180,333	4,716,088	
2007/01		1.00	1.0133	1.0133		104	59.34	4,222,692	4,763,824	
2007/07		1.00	1.1050	1.1050		104	59.34	4,269,353	4,816,448	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263966-00 - 2014/07

208.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		104	60.72	4,305,882	4,857,632	
2008/07		1.00	0.6104	0.6104		104	62.12	4,332,165	4,887,272	
2009/01		1.00	1.3268	1.3268		104	62.12	4,332,165	4,952,168	5
2009/07		1.00	0.6841	0.6841		104	62.12	4,419,674	4,986,072	
2010/01	90,334	1.00	0.8643	0.8643		104	62.47	4,548,207	5,029,128	
2010/07		1.00	0.7107	0.7107		104	63.46	4,580,531	5,064,904	
2011/01		1.00	0.9198	0.9198		104	63.46	4,622,663	5,111,496	
2011/07		1.00	0.9028	0.9028		104	61.20	4,664,396	5,157,672	
2012/01		1.00	0.3865	0.3865		104	61.20	4,682,424	5,177,640	
2012/07		1.00	0.9417	0.9417		104	61.20	4,726,518	5,226,416	
2013/01		1.00	0.4901	0.4901		104	58.60	4,749,683	5,252,000	
2013/07		0.95	0.6196	0.6196		104	58.60	4,777,640	5,284,552	
2014/01	109,773	0.95	0.8564	0.8564		104	61.51	4,926,284	5,329,792	
2014/07	20,751	0.90	1.2383	1.2383		104	59.83	5,001,938	5,395,832	

Message Code:

1	Per Bed Standard Limitation
5	Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263974-00 - 2014/07
232.29

Titusville Rehabilitation and Nursing Center

Type of Cost Report: Prospective with Interim Component		Type of Cost: Actual	Type of Rate: Prospective
Type of Ownership: Nonprofit : 501(c)(3) Organization		CHOW Status based on this Cost Report: No Change	
Provider Information	Cost Report	Patient Days	Ratings Days
1705 JESS PARRISH CT	1/1/2012-12/31/2012	Number of Beds: 157	Superior: 0
TITUSVILLE, FL 32796	Days in CR 366	Maximum: 57,462	Standard: 184
County: Brevard [5]	First Used : 2013/07	Max Annualized: 57,305	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 41,757	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 5,258	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 31,225	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	74.77788%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	72.66889%	Cost: 1.04963363
Open Date: 11/01/1971	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/01/1971	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 11/01/1971	Low Occupancy Adjustment Factor:	92.51161%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 227692	Interim Component Effective Date:	07/01/2013	PS Target: 1.02083595

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,337,779	2,640,798	1,667,032	874,612		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	44.9697	87.3513	56.0375				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.9697	87.3513	56.0375	28.0100		216.3685	
5a	Interim Adjustment	0.4810	0.2104	0.1978				
5b	Interim Adjusted Per Diem	45.4507	87.5617	56.2353				
6	Prior Semester: Provider Target Base	44.1212		53.3361				
7	Provider Target Rate	45.0405		54.4474				
7a	Interim Adjustment	0.4810		0.1978				
7b	Interim Adjustment Provider Target Rate	45.5215		54.6452				
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.4507	87.5617	54.6452	13.6500		201.3076	
12/13	Medical Adjustment Rate		2.4408	1.5232				
14	Prospective Per Diem 11	45.4507	90.0025	56.1684	13.6500		205.2716	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263974-00 - 2014/07

232.29

Rate Semester 07/01/2014 through 12/31/2014

Titusville Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,300,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,659,564 5.4685
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	664,891 0.1880
Indexed Asset Value	3,324,455	Interest Rate:	11.9600%	Insurance Cost(3):	123,231 2.9511
FRVS Base Asset:	1,729,005	Chase Rate:	6.7500%	Taxes Cost(3):	49,834 1.1934
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	38,157 0.0000
		Yearly Payment:	282,034	Total FRVS PD:	9.8010

- (1) 80% Capital (\$2,659,564) amortized at 8.7500 % for 20 years Principal & Interest of \$282,034 divided by annual available days (57305) divided by Occup. Adj. (0.900) = \$5.4685
- (2) 20% ROE (\$664,891) times the ROE factor (0.014580) divided by annual available days (57305) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	157	Effective PBS Limitation	4,474,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.4507	45.4507	0.8070	44.6437
Direct Care	90.0025	90.0025	1.5980	88.4045
Indirect Care	56.1684	56.1684	0.9973	55.1711
Property	13.6500	9.8010	0.1740	9.6270
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.5423
Supplemental Rate Add-on				9.9025
Totals	205.2716	201.4226	3.5763	232.2911

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263974-00 - 2014/07

232.29

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	561,689	0.00				157	100.00	561,689	1,610,977	
1972/01		0.10	3.9787	3.0000	0.9787	157	100.00	563,374	1,675,033	
1972/07		0.10	5.9113	3.0000	2.9113	157	100.00	565,064	1,757,615	
1973/01		0.20	8.0622	3.0000	5.0622	157	100.00	568,454	1,848,204	
1973/07		0.20	10.7186	3.0000	7.7186	157	100.00	571,865	1,952,766	
1974/01		0.30	12.9457	3.0000	9.9457	157	100.00	577,012	2,054,816	
1974/07		0.30	13.0494	3.0000	10.0494	157	100.00	582,205	2,118,558	
1975/01		0.40	13.1399	3.0000	10.1399	157	100.00	589,191	2,184,027	
1975/07	28,490	0.40	14.2033	3.0000	11.2033	157	100.00	624,751	2,272,889	
1976/01		0.50	15.2478	3.0000	12.2478	157	100.00	634,122	2,364,734	
1976/07		0.50	15.7330	3.0000	12.7330	157	100.00	643,634	2,447,159	
1977/01		0.60	16.4836	3.0000	13.4836	157	100.00	655,219	2,539,004	
1977/07		0.60	18.5412	3.0000	15.5412	157	100.00	667,013	2,667,273	
1978/01		0.70	20.2809	3.0000	17.2809	157	100.00	681,020	2,793,815	
1978/07		0.70	22.8203	3.0000	19.8203	157	100.00	695,321	2,948,460	
1979/01		0.80	24.9476	3.0000	21.9476	157	100.00	712,009	3,099,651	
1979/07		0.80	26.1458	3.0000	23.1458	157	100.00	729,097	3,229,804	
1980/01		0.90	29.3115	3.0000	26.3115	157	55.00	748,783	3,429,037	
1980/07		0.90	30.1222	3.0000	27.1222	157	55.00	769,000	3,559,661	
1981/01		1.00	30.9462	3.0000	27.9462	157	55.00	792,070	3,695,780	
1981/07		1.00	30.5350	3.0000	27.5350	157	55.00	815,832	3,791,393	
1982/01		1.00	30.2110	3.0000	27.2110	157	55.00	840,307	3,892,972	
1982/07	582,498	1.00	29.5087	3.0000	26.5087	157	55.00	1,448,014	3,982,305	
1983/04		1.00	29.1375	3.0000	26.1375	157	55.00	1,491,454	4,087,024	
1983/07		1.00	30.0953	3.0000	27.0953	157	55.00	1,536,198	4,248,734	
1984/01		1.00	28.3905	3.0000	25.3905	157	55.00	1,582,284	4,303,841	
1984/07		1.00	27.3084	3.0000	24.3084	157	55.00	1,629,753	4,386,423	
1985/01		1.00	25.4555	3.0000	22.4555	157	55.00	1,678,646	4,436,663	
1985/10		1.00	23.3077	3.0000	20.3077	157	65.36	1,729,005	4,474,500	
1986/01		1.00	21.1376	3.0000	18.1376	157	65.36	1,780,875	4,511,709	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263974-00 - 2014/07

232.29

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	157	65.36	1,834,301	4,503,074	
1987/01		1.00	16.4441	3.0000	13.4441	157	70.00	1,889,330	4,583,615	
1987/07		1.00	14.3448	3.0000	11.3448	157	70.38	1,946,010	4,619,411	
1988/01		1.00	12.2455	3.0000	9.2455	157	70.91	2,004,390	4,656,934	
1988/07		1.00	9.8354	3.0000	6.8354	157	70.91	2,064,522	4,654,422	
1989/01	19,691	1.00	7.4253	3.0000	4.4253	157	70.99	2,146,149	4,681,897	
1989/07		1.00	5.0152	3.0000	2.0152	157	70.99	2,210,533	4,713,611	
1990/01		1.00	2.6051	2.6051		157	70.06	2,268,120	4,737,318	
1990/07		1.00	0.5899	0.5899		157	70.06	2,281,500	4,765,264	
1991/01		1.00	0.5899	0.5899		157	70.59	2,294,959	4,793,210	
1991/07		1.00	1.4932	1.4932		157	70.59	2,329,227	4,864,802	
1992/01		0.95	2.0117	2.0117		157	70.86	2,373,741	4,962,613	
1992/07		0.95	1.8152	1.8152		157	70.86	2,414,674	5,052,731	
1993/01		0.90	1.7710	1.7710		157	75.72	2,453,161	5,142,221	
1993/07		0.90	1.5329	1.5329		157	75.72	2,487,005	5,221,035	
1994/01	36,587	0.85	1.6983	1.6983		157	76.97	2,559,494	5,309,740	
1994/07		0.85	1.5991	1.5991		157	76.97	2,594,283	5,394,677	
1995/01		0.80	1.5812	1.5812		157	74.14	2,627,101	5,479,928	
1995/07		0.80	1.5250	1.5250		157	74.14	2,659,152	5,563,452	
1996/01		0.75	1.7228	1.7228		157	75.24	2,693,511	5,659,379	
1996/07		0.75	1.3294	1.3294		157	75.24	2,720,368	5,734,582	
1997/01		0.70	1.4109	1.4109		157	72.94	2,747,234	5,815,437	
1997/07		0.70	1.0917	1.0917		157	72.94	2,768,228	5,878,865	
1998/01		0.65	1.1663	1.1663		157	69.26	2,789,214	5,947,474	
1998/07		0.65	1.0794	1.0794		157	69.26	2,808,783	6,011,687	
1999/01		0.60	1.4499	1.4499		157	69.79	2,833,217	6,098,822	
1999/07		0.60	1.2299	1.2299		157	69.79	2,854,123	6,173,868	
2000/01		0.55	1.3356	1.3356		157	70.57	2,854,123	6,256,293	5
2000/07		0.55	1.1129	1.1129		157	70.57	2,892,687	6,325,844	
2001/01		0.50	1.2976	1.2976		157	67.29	2,911,455	6,407,955	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263974-00 - 2014/07

232.29

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		157	67.29	2,925,453	6,469,499	
2002/01	29,651	0.45	1.0301	1.0301		157	69.45	2,968,663	6,536,067	
2002/07		0.45	0.8337	0.8337		157	69.45	2,979,801	6,590,546	
2003/01		0.40	1.3271	1.3271		157	67.74	2,995,618	6,677,995	
2003/07		0.40	1.1664	1.1664		157	66.46	3,009,596	6,755,867	
2004/01		0.35	1.1103	1.1103		157	66.46	3,021,291	6,830,913	
2004/07		0.35	0.8378	0.8378		157	66.46	3,021,291	6,888,218	5
2005/01		0.30	0.8595	0.8595		157	66.46	3,037,964	6,947,407	
2005/07		0.30	0.7364	0.7364		157	66.46	3,044,675	6,998,589	
2006/01		0.25	0.9068	0.9068		157	59.53	3,051,577	7,062,017	
2006/07		0.25	0.8133	0.8133		157	59.53	3,057,781	7,119,479	
2007/01		0.20	1.0133	1.0133		157	63.82	3,063,979	7,191,542	
2007/07		0.20	1.1050	1.1050		157	63.82	3,070,750	7,270,984	
2008/01		0.15	0.8556	0.8556		157	62.16	3,074,690	7,333,156	
2008/07		0.15	0.6104	0.6104		157	73.02	3,077,506	7,377,901	
2009/01		0.10	1.3268	1.3268		157	73.02	3,081,590	7,475,869	
2009/07		0.10	0.6841	0.6841		157	73.02	3,083,698	7,527,051	
2010/01		0.05	0.8643	0.8643		157	74.50	3,085,030	7,592,049	
2010/07	115,399	0.05	0.7107	0.7107		157	73.38	3,201,524	7,646,057	
2011/01		0.00	0.9198	0.9198		157	73.38	3,201,524	7,716,393	
2011/07		0.00	0.9028	0.9028		157	73.38	3,201,524	7,786,101	
2012/01		0.00	0.3865	0.3865		157	75.26	3,201,524	7,816,245	
2012/07		0.00	0.9417	0.9417		157	75.26	3,201,524	7,889,878	
2013/01		0.00	0.4901	0.4901		157	74.50	3,201,524	7,928,500	
2013/07	122,931	0.00	0.6196	0.6196		157	74.78	3,324,455	7,977,641	
2014/01		0.00	0.8564	0.8564		157	74.78	3,324,455	8,045,936	
2014/07		0.00	1.2383	1.2383		157	74.78	3,324,455	8,145,631	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263982-00 - 2014/07

211.57

Sarasota Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : 501(c)(3) Organization CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1524 EAST AVENUE SOUTH	1/1/2013-12/31/2013	Number of Beds: 169	Superior: 0
SARASOTA, FL 34239	Days in CR 365	Maximum: 61,685	Standard: 184
County: Sarasota [58]	First Used : 2014/07	Max Annualized: 61,685	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 45,455	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 4,264	Inflation
Current Class South Large	Initial CR? False	Medicaid: 39,390	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	86.65713%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	73.68890%	Cost: 1.02471376
Open Date: 10/01/1971	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/01/1971	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 10/01/1971	Low Occupancy Adjustment Factor:	93.81014%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 214922			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,347,782	2,985,176	1,857,225	1,149,006		7,339,189	
1a	Audit Adjustments							
2	Cost Per Diem	34.2163	75.7851	47.1497	29.1700		186.3211	
3	Cost Per Diem Inflated	35.0619	77.4692	48.3149				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	35.0619	77.4692	48.3149	29.1700		190.0160	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4166		55.4668				
7	Provider Target Rate	47.3837		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	35.0619	77.4692	48.3149	13.6500		174.4960	
12/13	Medical Adjustment Rate		3.1948	1.9925				
14	Prospective Per Diem 11	35.0619	80.6640	50.3074	13.6500		179.6833	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

0 263982-00 - 2014/07

211.57

Rate Semester 07/01/2014 through 12/31/2014

Sarasota Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,731,188 9.0373
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	1,182,797 0.3995
Indexed Asset Value	5,913,985	Interest Rate:	11.9600%	Insurance Cost(3):	140,223 3.0849
FRVS Base Asset:	3,074,907	Chase Rate:	6.7500%	Taxes Cost(3):	68,900 1.5158
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	194,256 0.0000
		Yearly Payment:	501,720	Total FRVS PD:	14.0375

- (1) 80% Capital (\$4,731,188) amortized at 8.7500 % for 20 years Principal & Interest of \$501,720 divided by annual available days (61685) divided by Occup. Adj. (0.900) = \$9.0373
 (2) 20% ROE (\$1,182,797) times the ROE factor (0.018750) divided by annual available days (61685) divided by Occup. Adj. (0.900) = \$0.3995
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	169	Effective PBS Limitation	4,816,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	35.0619	35.0619	0.6225	34.4394
Direct Care	80.6640	80.6640	1.4322	79.2318
Indirect Care	50.3074	50.3074	0.8932	49.4142
Property	13.6500	14.0375	0.2492	13.7883
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.7902
Supplemental Rate Add-on				9.9025
Totals	179.6833	180.0708	3.1971	211.5664

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263982-00 - 2014/07

211.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	959,000	0.00				169	100.00	959,000	1,734,109	
1972/01		0.10	3.9787	3.0000	0.9787	169	100.00	961,877	1,803,061	
1972/07		0.10	5.9113	3.0000	2.9113	169	100.00	964,763	1,891,955	
1973/01		0.20	8.0622	3.0000	5.0622	169	100.00	970,552	1,989,468	
1973/07		0.20	10.7186	3.0000	7.7186	169	100.00	976,375	2,102,022	
1974/01		0.30	12.9457	3.0000	9.9457	169	100.00	985,162	2,211,872	
1974/07		0.30	13.0494	3.0000	10.0494	169	100.00	994,028	2,280,486	
1975/01		0.40	13.1399	3.0000	10.1399	169	100.00	1,005,956	2,350,959	
1975/07		0.40	14.2033	3.0000	11.2033	169	100.00	1,018,027	2,446,613	
1976/01		0.50	15.2478	3.0000	12.2478	169	100.00	1,033,297	2,545,478	
1976/07		0.50	15.7330	3.0000	12.7330	169	100.00	1,048,796	2,634,203	
1977/01	738,570	0.60	16.4836	3.0000	13.4836	169	100.00	1,806,244	2,733,068	
1977/07		0.60	18.5412	3.0000	15.5412	169	100.00	1,838,756	2,871,141	
1978/01	107,515	0.70	20.2809	3.0000	17.2809	169	100.00	1,984,885	3,007,355	
1978/07		0.70	22.8203	3.0000	19.8203	169	100.00	2,026,568	3,173,820	
1979/01	42,175	0.80	24.9476	3.0000	21.9476	169	100.00	2,117,381	3,336,567	
1979/07		0.80	26.1458	3.0000	23.1458	169	100.00	2,168,198	3,476,668	
1980/01		0.90	29.3115	3.0000	26.3115	169	55.57	2,226,739	3,691,129	
1980/07		0.90	30.1222	3.0000	27.1222	169	55.57	2,286,861	3,831,737	
1981/01		1.00	30.9462	3.0000	27.9462	169	60.34	2,355,467	3,978,260	
1981/07		1.00	30.5350	3.0000	27.5350	169	60.34	2,426,131	4,081,181	
1982/01		1.00	30.2110	3.0000	27.2110	169	60.58	2,498,915	4,190,524	
1982/07		1.00	29.5087	3.0000	26.5087	169	60.58	2,573,882	4,286,685	
1983/04		1.00	29.1375	3.0000	26.1375	169	64.24	2,651,098	4,399,408	
1983/07		1.00	30.0953	3.0000	27.0953	169	64.24	2,730,631	4,573,478	
1984/01		1.00	28.3905	3.0000	25.3905	169	66.10	2,812,550	4,632,797	
1984/07		1.00	27.3084	3.0000	24.3084	169	66.10	2,896,927	4,721,691	
1985/01	1,512	1.00	25.4555	3.0000	22.4555	169	68.31	2,985,347	4,775,771	
1985/10		1.00	23.3077	3.0000	20.3077	169	68.31	3,074,907	4,816,500	
1986/01		1.00	21.1376	3.0000	18.1376	169	68.31	3,167,154	4,856,553	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263982-00 - 2014/07

211.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	169	68.31	3,262,169	4,847,258	
1987/01		1.00	16.4441	3.0000	13.4441	169	66.00	3,360,034	4,933,955	
1987/07		1.00	14.3448	3.0000	11.3448	169	65.09	3,460,835	4,972,487	
1988/01		1.00	12.2455	3.0000	9.2455	169	67.01	3,564,660	5,012,878	
1988/07		1.00	9.8354	3.0000	6.8354	169	67.01	3,671,600	5,010,174	
1989/01		1.00	7.4253	3.0000	4.4253	169	63.09	3,781,748	5,039,749	
1989/07		1.00	5.0152	3.0000	2.0152	169	63.09	3,895,200	5,073,887	
1990/01		1.00	2.6051	2.6051		169	55.20	3,996,674	5,099,406	
1990/07		1.00	0.5899	0.5899		169	55.20	4,020,250	5,129,488	
1991/01	316,498	1.00	0.5899	0.5899		169	58.56	4,360,463	5,159,570	
1991/07		1.00	1.4932	1.4932		169	58.56	4,360,463	5,236,634	5
1992/01	51,271	0.95	2.0117	2.0117		169	69.22	4,561,421	5,341,921	
1992/07		0.95	1.8152	1.8152		169	69.22	4,640,078	5,438,927	
1993/01		0.90	1.7710	1.7710		169	62.65	4,714,036	5,535,257	
1993/07		0.90	1.5329	1.5329		169	62.65	4,779,071	5,620,095	
1994/01		0.85	1.6983	1.6983		169	62.55	4,779,071	5,715,580	5
1994/07		0.85	1.5991	1.5991		169	62.55	4,848,062	5,807,009	5
1995/01		0.80	1.5812	1.5812		169	61.07	4,976,119	5,898,776	
1995/07		0.80	1.5250	1.5250		169	61.07	5,036,828	5,988,684	
1996/01		0.75	1.7228	1.7228		169	61.88	5,101,909	6,091,943	
1996/07		0.75	1.3294	1.3294		169	61.88	5,152,780	6,172,894	
1997/01		0.70	1.4109	1.4109		169	61.88	5,203,669	6,259,929	
1997/07		0.70	1.0917	1.0917		169	72.24	5,243,435	6,328,205	
1998/01		0.65	1.1663	1.1663		169	77.44	5,243,435	6,402,058	5
1998/07		0.65	1.0794	1.0794		169	77.44	5,320,252	6,471,179	
1999/01		0.60	1.4499	1.4499		169	80.56	5,320,252	6,564,974	5
1999/07		0.60	1.2299	1.2299		169	80.56	5,366,533	6,645,756	5
2000/01		0.55	1.3356	1.3356		169	80.90	5,445,846	6,734,481	
2000/07		0.55	1.1129	1.1129		169	80.90	5,445,846	6,809,348	5
2001/01		0.50	1.2976	1.2976		169	86.59	5,514,729	6,897,735	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 263982-00 - 2014/07

211.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		169	86.59	5,514,729	6,963,983	5
2002/01		0.45	1.0301	1.0301		169	90.06	5,566,928	7,035,639	
2002/07		0.45	0.8337	0.8337		169	90.06	5,587,815	7,094,282	
2003/01		0.40	1.3271	1.3271		169	84.50	5,617,475	7,188,415	
2003/07		0.40	1.1664	1.1664		169	76.76	5,643,686	7,272,239	
2004/01		0.35	1.1103	1.1103		169	76.76	5,665,617	7,353,021	
2004/07		0.35	0.8378	0.8378		169	76.76	5,682,229	7,414,706	
2005/01		0.30	0.8595	0.8595		169	76.76	5,696,883	7,478,419	
2005/07		0.30	0.7364	0.7364		169	76.76	5,709,467	7,533,513	
2006/01		0.25	0.9068	0.9068		169	75.95	5,722,410	7,601,789	
2006/07		0.25	0.8133	0.8133		169	75.95	5,734,044	7,663,643	
2007/01		0.20	1.0133	1.0133		169	75.19	5,745,667	7,741,214	
2007/07		0.20	1.1050	1.1050		169	75.19	5,758,365	7,826,728	
2008/01		0.15	0.8556	0.8556		169	75.36	5,765,753	7,893,652	
2008/07		0.15	0.6104	0.6104		169	75.36	5,771,034	7,941,817	
2009/01		0.10	1.3268	1.3268		169	77.56	5,778,692	8,047,273	
2009/07		0.10	0.6841	0.6841		169	77.56	5,782,645	8,102,367	
2010/01		0.05	0.8643	0.8643		169	80.16	5,785,143	8,172,333	
2010/07		0.05	0.7107	0.7107		169	84.08	5,787,197	8,230,469	
2011/01		0.00	0.9198	0.9198		169	84.08	5,787,197	8,306,181	
2011/07		0.00	0.9028	0.9028		169	86.75	5,787,197	8,381,217	
2012/01		0.00	0.3865	0.3865		169	86.75	5,787,197	8,413,665	
2012/07		0.00	0.9417	0.9417		169	86.75	5,787,197	8,492,926	
2013/01		0.00	0.4901	0.4901		169	86.02	5,787,197	8,534,500	
2013/07		0.00	0.6196	0.6196		169	86.02	5,787,197	8,587,397	
2014/01	126,788	0.00	0.8564	0.8564		169	88.10	5,913,985	8,660,912	
2014/07		0.00	1.2383	1.2383		169	86.66	5,913,985	8,768,227	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 263991-00 - 2014/07

204.77

Windsor Woods Rehabilitation and Healthcare Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : 501(c)(3) Organization CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
13719 DALLAS DR	1/1/2012-12/31/2012	Number of Beds: 103	Superior: 0
HUDSON, FL 34667	Days in CR 366	Maximum: 37,698	Standard: 184
County: Pasco [51]	First Used : 2014/01	Max Annualized: 37,595	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 34,152	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 7,201	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 20,075	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	58.78133%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	90.59367%	Cost: 1.04963363
Open Date: 04/01/1987	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/01/1987	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 05/11/1987	Low Occupancy Adjustment Factor:	115.33087%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 227030			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	703,644	1,360,071	990,026	452,691		3,506,431	
1a	Audit Adjustments							
2	Cost Per Diem	35.0508	67.7495	49.3164	22.5500		174.6667	
3	Cost Per Diem Inflated	36.7905	69.9750	51.7642				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	36.7905	69.9750	51.7642	22.5500		181.0797	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1212		53.3361				
7	Provider Target Rate	45.0405		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	36.7905	69.9750	51.7642	13.6500		172.1797	
12/13	Medical Adjustment Rate		0.6913	0.5114				
14	Prospective Per Diem 11	36.7905	70.6663	52.2756	13.6500		173.3824	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 263991-00 - 2014/07

204.77

Rate Semester 07/01/2014 through 12/31/2014

Windsor Woods Rehabilitation and Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,400,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,733,594	11.7016
RS to Start Calcs:	1987/01	<60% of Base:	False	20% ROE(2):	933,399	0.4022
Indexed Asset Value	4,666,993	Interest Rate:	11.9600%	Insurance Cost(3):	91,296	2.6732
FRVS Base Asset:	1,720,920	Chase Rate:	6.7500%	Taxes Cost(3):	41,148	1.2048
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0	0.0000
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	4,601	0.0000
		Yearly Payment:	395,930	Total FRVS PD:		15.9818

- (1) 80% Capital (\$3,733,594) amortized at 8.7500 % for 20 years Principal & Interest of \$395,930 divided by annual available days (37595) divided by Occup. Adj. (0.90) = \$11.7016
- (2) 20% ROE (\$933,399) times the ROE factor (0.014580) divided by annual available days (37595) divided by Occup. Adj. (0.90) = \$0.4022
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	07/01/1986	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,720,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	36.7905	36.7905	0.6532	36.1373
Direct Care	70.6663	70.6663	1.2547	69.4116
Indirect Care	52.2756	52.2756	0.9282	51.3474
Property	13.6500	15.9818	0.2838	15.6980
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.2720
Supplemental Rate Add-on				9.9025
Totals	173.3824	175.7142	3.1199	204.7688

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263991-00 - 2014/07

204.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	3,750,934	0.00	1.0091	1.0091		60	32.59	1,720,920	1,720,920	1
1987/07		0.10	0.9007	0.9007		60	32.59	1,721,839	1,765,380	
1988/01		0.10	0.9007	0.9007		60	32.59	1,722,758	1,779,720	
1988/07		0.20	0.5899	0.5899		60	32.59	1,723,963	1,778,760	
1989/01		0.20	0.5899	0.5899		60	32.59	1,725,168	1,789,260	
1989/07		0.30	0.5899	0.5899		60	32.59	1,726,977	1,801,380	
1990/01	46,869	0.30	0.5899	0.5899		60	48.69	1,776,552	1,810,440	
1990/07		0.40	0.5899	0.5899		60	48.27	1,780,232	1,821,120	
1991/01		0.40	0.5899	0.5899		60	48.27	1,783,919	1,831,800	
1991/07		0.50	1.4932	1.4932		60	52.78	1,796,700	1,859,160	
1992/01		0.50	2.0117	2.0117		60	52.78	1,814,044	1,896,540	
1992/07		0.60	1.8152	1.8152		60	52.50	1,832,903	1,930,980	
1993/01		0.60	1.7710	1.7710		60	52.50	1,851,494	1,965,180	
1993/07	1,332,398	0.70	1.5329	1.5329		60	40.06	3,198,362	1,995,300	
1994/01		0.70	1.6983	1.6983		60	40.06	3,226,056	2,029,200	
1994/07		0.80	1.5991	1.5991		60	39.61	3,255,779	2,061,660	
1995/01		0.80	1.5812	1.5812		60	39.61	3,285,440	2,094,240	
1995/07		0.90	1.5250	1.5250		103	45.22	3,322,514	3,649,908	
1996/01		0.90	1.7228	1.7228		103	45.22	3,364,869	3,712,841	
1996/07		1.00	1.3294	1.3294		103	46.11	3,402,371	3,762,178	
1997/01		1.00	1.4109	1.4109		103	46.11	3,442,616	3,815,223	
1997/07		1.00	1.0917	1.0917		103	46.11	3,474,124	3,856,835	
1998/01		1.00	1.1663	1.1663		103	50.67	3,511,453	3,901,846	
1998/07		1.00	1.0794	1.0794		103	44.58	3,542,175	3,943,973	
1999/01		1.00	1.4499	1.4499		103	44.58	3,583,803	4,001,138	
1999/07		1.00	1.2299	1.2299		103	37.59	3,613,928	4,050,372	
2000/01		1.00	1.3356	1.3356		103	37.59	3,646,917	4,104,447	
2000/07		1.00	1.1129	1.1129		103	41.42	3,677,482	4,150,076	
2001/01		1.00	1.2976	1.2976		103	41.42	3,713,419	4,203,945	
2001/07		1.00	0.9615	0.9615		103	51.29	3,746,715	4,244,321	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 263991-00 - 2014/07

204.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		103	51.77	3,783,043	4,287,993	
2002/07		1.00	0.8337	0.8337		103	51.77	3,812,730	4,323,734	
2003/01		1.00	1.3271	1.3271		103	56.47	3,863,329	4,381,105	
2003/07		1.00	1.1664	1.1664		103	51.60	3,905,605	4,432,193	
2004/01		1.00	1.1103	1.1103		103	51.60	3,946,288	4,481,427	
2004/07		1.00	0.8378	0.8378		103	51.60	3,977,306	4,519,022	
2005/01		1.00	0.8595	0.8595		103	51.60	4,009,378	4,557,853	
2005/07		1.00	0.7364	0.7364		103	51.60	4,037,078	4,591,431	
2006/01		1.00	0.9068	0.9068		103	57.47	4,073,686	4,633,043	
2006/07		1.00	0.8133	0.8133		103	57.47	4,106,817	4,670,741	
2007/01		1.00	1.0133	1.0133		103	61.00	4,148,431	4,718,018	
2007/07		0.95	1.1050	1.1050		103	61.00	4,191,981	4,770,136	
2008/01		0.95	0.8556	0.8556		103	61.11	4,226,053	4,810,924	
2008/07		0.90	0.6104	0.6104		103	61.11	4,249,271	4,840,279	
2009/01		0.90	1.3268	1.3268		103	59.58	4,300,012	4,904,551	
2009/07		0.85	0.6841	0.6841		103	59.58	4,325,017	4,938,129	
2010/01		0.85	0.8643	0.8643		103	59.41	4,356,793	4,980,771	
2010/07		0.80	0.7107	0.7107		103	58.37	4,381,566	5,016,203	
2011/01		0.80	0.9198	0.9198		103	58.37	4,413,806	5,062,347	
2011/07	21,747	0.75	0.9028	0.9028		103	54.83	4,465,347	5,108,079	
2012/01		0.75	0.3865	0.3865		103	54.83	4,478,252	5,127,855	
2012/07		0.70	0.9417	0.9417		103	54.83	4,507,681	5,176,162	
2013/01		0.70	0.4901	0.4901		103	58.27	4,523,147	5,201,500	
2013/07		0.65	0.6196	0.6196		103	58.27	4,541,362	5,233,739	
2014/01	65,929	0.65	0.8564	0.8564		103	58.78	4,632,573	5,278,544	
2014/07		0.60	1.2383	1.2383		103	58.78	4,666,993	5,343,949	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 264008-00 - 2014/07

213.72

Winkler Court

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3250 WINKLER AVENUE EXTENSION FORT MYERS, FL 33916	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
County: Lee [36]	Days in CR 365	Maximum: 43,800	Standard: 184
Region: South Area: 8	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Control: Nonprofit : 501(c)(3) Organization	Last Used: 2014/07	Total Patient: 42,072	Total: 184
Current Class South Large	Unaudited	Medicare: 8,451	Inflation
Class at 1/94: South Large	Initial CR? False	Medicaid: 31,706	FY Index: 1.31456505
Operating Ex > 18 months	Medical Utilization	75.36129%	Semester Index: 1.34705290
Open Date: 04/12/1995	Occupancy:	96.05479%	Cost: 1.02471376
Acquired Date: 04/12/1995	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Entered Medicaid 04/12/1995	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Med # Active Date: 07/01/2003	Low Occupancy Adjustment Factor:	122.28319%	DC Sem Index: 1.24200000
Previous Med # 211818	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,251,676	2,387,100	1,439,175	869,379		5,947,330	
1a	Audit Adjustments							
2	Cost Per Diem	39.4776	75.2886	45.3913	27.4200		187.5775	
3	Cost Per Diem Inflated	40.4532	76.9617	46.5131				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.4532	76.9617	46.5131	27.4200		191.3480	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4166		55.4668				
7	Provider Target Rate	47.3837		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	40.4532	76.9617	46.5131	13.6500		177.5780	
12/13	Medical Adjustment Rate		2.1958	1.3271				
14	Prospective Per Diem 11	40.4532	79.1575	47.8402	13.6500		181.1009	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 264008-00 - 2014/07

213.72

Rate Semester 07/01/2014 through 12/31/2014

Winkler Court

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/12/1995	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,300,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,433,546 11.9269
RS to Start Calcs:	1995/01	<60% of Base:	False	20% ROE(2):	1,108,387 0.5272
Indexed Asset Value	5,541,933	Interest Rate:	11.9600%	Insurance Cost(3):	100,901 2.3983
FRVS Base Asset:	4,098,639	Chase Rate:	6.7500%	Taxes Cost(3):	120,745 2.8700
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	48,297 0.0000
		Yearly Payment:	470,157	Total FRVS PD:	17.7224

- (1) 80% Capital (\$4,433,546) amortized at 8.7500 % for 20 years Principal & Interest of \$470,157 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$11.9269
- (2) 20% ROE (\$1,108,387) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5272
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	07/01/1994	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,123,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.4532	40.4532	0.7183	39.7349
Direct Care	79.1575	79.1575	1.4054	77.7521
Indirect Care	47.8402	47.8402	0.8494	46.9908
Property	13.6500	17.7224	0.3147	17.4077
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.9362
Supplemental Rate Add-on				9.9025
Totals	181.1009	185.1733	3.2878	213.7242

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 264008-00 - 2014/07

213.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	4,098,639	0.00	1.5812	1.5812		120	25.98	4,098,639	4,188,480	
1995/07		0.10	1.5250	1.5250		120	25.98	4,101,591	4,252,320	
1996/01		0.10	1.7228	1.7228		120	25.98	4,104,929	4,325,640	
1996/07		0.20	1.3294	1.3294		120	25.98	4,110,085	4,383,120	
1997/01		0.20	1.4109	1.4109		120	25.98	4,110,085	4,444,920	5
1997/07		0.30	1.0917	1.0917		120	25.98	4,115,564	4,493,400	5
1998/01		0.30	1.1663	1.1663		120	42.55	4,133,089	4,545,840	
1998/07		0.40	1.0794	1.0794		120	42.55	4,133,089	4,594,920	5
1999/01		0.40	1.4499	1.4499		120	51.97	4,169,623	4,661,520	
1999/07		0.50	1.2299	1.2299		120	51.97	4,169,623	4,718,880	5
2000/01		0.50	1.3356	1.3356		120	58.48	4,193,853	4,781,880	5
2000/07		0.60	1.1129	1.1129		120	58.48	4,250,049	4,835,040	
2001/01		0.60	1.2976	1.2976		120	72.58	4,283,140	4,897,800	
2001/07		0.70	0.9615	0.9615		120	72.58	4,311,970	4,944,840	
2002/01		0.70	1.0301	1.0301		120	76.25	4,343,064	4,995,720	
2002/07		0.80	0.8337	0.8337		120	76.25	4,372,032	5,037,360	
2003/01		0.80	1.3271	1.3271		120	73.26	4,418,450	5,104,200	
2003/07		0.90	1.1664	1.1664		120	76.69	4,464,835	5,163,720	
2004/01		0.90	1.1103	1.1103		120	76.69	4,509,452	5,221,080	
2004/07		1.00	0.8378	0.8378		120	76.69	4,547,232	5,264,880	
2005/01		1.00	0.8595	0.8595		120	76.69	4,547,232	5,310,120	5
2005/07		1.00	0.7364	0.7364		120	76.69	4,620,089	5,349,240	
2006/01		1.00	0.9068	0.9068		120	74.33	4,661,984	5,397,720	
2006/07		1.00	0.8133	0.8133		120	74.33	4,699,900	5,441,640	
2007/01		1.00	1.0133	1.0133		120	72.73	4,747,524	5,496,720	
2007/07		1.00	1.1050	1.1050		120	77.44	4,799,984	5,557,440	
2008/01		1.00	0.8556	0.8556		120	77.44	4,841,053	5,604,960	
2008/07		1.00	0.6104	0.6104		120	76.18	4,870,603	5,639,160	
2009/01		1.00	1.3268	1.3268		120	76.18	4,935,226	5,714,040	
2009/07		1.00	0.6841	0.6841		120	76.18	4,968,988	5,753,160	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 264008-00 - 2014/07

213.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		1.00	0.8643	0.8643		120	74.46	5,011,935	5,802,840	
2010/07	28,146	1.00	0.7107	0.7107		120	73.55	5,075,701	5,844,120	
2011/01		1.00	0.9198	0.9198		120	73.55	5,122,387	5,897,880	
2011/07		1.00	0.9028	0.9028		120	73.55	5,168,632	5,951,160	
2012/01	40,818	1.00	0.3865	0.3865		120	76.78	5,229,427	5,974,200	
2012/07		1.00	0.9417	0.9417		120	77.15	5,278,673	6,030,480	
2013/01		1.00	0.4901	0.4901		120	77.15	5,304,544	6,060,000	
2013/07		1.00	0.6196	0.6196		120	77.15	5,337,411	6,097,560	
2014/01	70,965	1.00	0.8564	0.8564		120	77.82	5,454,086	6,149,760	
2014/07	20,309	1.00	1.2383	1.2383		120	75.36	5,541,933	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014

ID: 264008123120130101201304212014164201



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 264482-00 - 2014/07

188.81

Lafayette Healthcare Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
512 W MAIN ST	11/1/2012-10/31/2013	Number of Beds: 60	Superior: 0
MAYO, FL 32066	Days in CR 365	Maximum: 21,900	Standard: 184
County: Lafayette [34]	First Used : 2014/07	Max Annualized: 21,900	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 20,046	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 2,780	Inflation
Current Class North Small	Initial CR? False	Medicaid: 14,245	FY Index: 1.31107019
Class at 1/94: North Small	Medical Utilization	71.06156%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.53425%	Cost: 1.02744530
Open Date: 06/16/1997	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/16/1997	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21266554
Entered Medicaid 07/15/1997	Low Occupancy Adjustment Factor:	116.52829%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02419007
Previous Med # 213179			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	510,311	893,603	530,576	390,883		2,325,373	
1a	Audit Adjustments							
2	Cost Per Diem	35.8239	62.7310	37.2465	27.4400		163.2414	
3	Cost Per Diem Inflated	36.8071	64.2485	38.2687				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	36.8071	64.2485	38.2687	27.4400		166.7643	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.4388		56.3577				
7	Provider Target Rate	48.4272		57.5320				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	53.3690	93.7426	69.3890	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.6361		65.1932				
10	Target Rate Class Ceiling	54.4184		66.1441				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	36.8071	64.2485	38.2687	13.6500		152.9743	
12/13	Medical Adjustment Rate		1.5223	0.9067				
14	Prospective Per Diem 11	36.8071	65.7708	39.1754	13.6500		155.4033	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 264482-00 - 2014/07

188.81

Rate Semester 07/01/2014 through 12/31/2014

Lafayette Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/15/1997	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,510,000.00	Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Variable	80% Capital(1):	2,233,409 12.8198
Indexed Asset Value	2,791,761	<60% of Base:	False	20% ROE(2):	558,352 0.4929
FRVS Base Asset:	0	Interest Rate:	9.6630%	Insurance Cost(3):	9,552 0.4765
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	40,936 2.0421
ROE Factor	0.017400	Amortization Rate:	9.6630%	Home Office(3):	1,571 0.0784
		Interest Only:	False	Replacement(3&4):	2,266 0.0000
		Yearly Payment:	252,679	Total FRVS PD:	15.9097

- (1) 80% Capital (\$2,233,409) amortized at 9.6630 % for 20 years Principal & Interest of \$252,679 divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$12.8198
- (2) 20% ROE (\$558,352) times the ROE factor (0.017400) divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$0.4929
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,526
Comparison Date:	07/01/1996	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	2,191,560

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	36.8071	36.8071	0.6535	36.1536
Direct Care	65.7708	65.7708	1.1678	64.6030
Indirect Care	39.1754	39.1754	0.6956	38.4798
Property	13.6500	15.9097	0.2825	15.6272
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.0456
Supplemental Rate Add-on				9.9025
Totals	155.4033	157.6630	2.7994	188.8117

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 10/31/2013

0 264482-00 - 2014/07

188.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	2,950,000	0.00	1.0917	1.0917		60	72.32	2,191,560	2,191,560	1
1998/01		0.10	1.1663	1.1663		60	72.32	2,194,115	2,272,920	
1998/07		0.10	1.0794	1.0794		60	72.32	2,196,482	2,297,460	
1999/01		0.20	1.4499	1.4499		60	72.32	2,202,852	2,330,760	
1999/07		0.20	1.2299	1.2299		60	72.32	2,208,271	2,359,440	
2000/01		0.30	1.3356	1.3356		60	72.67	2,217,120	2,390,940	
2000/07		0.30	1.1129	1.1129		60	72.67	2,224,523	2,417,520	
2001/01		0.40	1.2976	1.2976		60	79.86	2,236,068	2,448,900	
2001/07		0.40	0.9615	0.9615		60	83.64	2,244,668	2,472,420	
2002/01		0.50	1.0301	1.0301		60	83.64	2,256,230	2,497,860	
2002/07		0.50	0.8337	0.8337		60	79.13	2,265,636	2,518,680	
2003/01		0.60	1.3271	1.3271		60	81.57	2,283,677	2,552,100	
2003/07		0.60	1.1664	1.1664		60	81.57	2,299,658	2,581,860	
2004/01		0.70	1.1103	1.1103		60	81.57	2,317,531	2,610,540	
2004/07		0.70	0.8378	0.8378		60	81.57	2,331,123	2,632,440	
2005/01		0.80	0.8595	0.8595		60	81.57	2,347,152	2,655,060	
2005/07		0.80	0.7364	0.7364		60	81.57	2,360,979	2,674,620	
2006/01		0.90	0.9068	0.9068		60	81.57	2,380,247	2,698,860	
2006/07		0.90	0.8133	0.8133		60	77.02	2,397,670	2,720,820	
2007/01		1.00	1.0133	1.0133		60	77.02	2,421,966	2,748,360	
2007/07		1.00	1.1050	1.1050		60	81.06	2,448,729	2,778,720	
2008/01		1.00	0.8556	0.8556		60	81.06	2,469,680	2,802,480	
2008/07	33,979	1.00	0.6104	0.6104		60	81.06	2,518,734	2,819,580	
2009/01		1.00	1.3268	1.3268		60	81.06	2,552,153	2,857,020	
2009/07		1.00	0.6841	0.6841		60	77.00	2,569,612	2,876,580	
2010/01		1.00	0.8643	0.8643		60	77.00	2,591,821	2,901,420	
2010/07		1.00	0.7107	0.7107		60	77.00	2,610,241	2,922,060	
2011/01		1.00	0.9198	0.9198		60	79.71	2,634,250	2,948,940	
2011/07		1.00	0.9028	0.9028		60	77.03	2,658,032	2,975,580	
2012/01		1.00	0.3865	0.3865		60	77.03	2,668,305	2,987,100	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 10/31/2013

0 264482-00 - 2014/07

188.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		1.00	0.9417	0.9417		60	81.75	2,693,432	3,015,240	
2013/01		1.00	0.4901	0.4901		60	81.75	2,706,633	3,030,000	
2013/07	10,794	1.00	0.6196	0.6196		60	74.64	2,734,197	3,048,780	
2014/01		1.00	0.8564	0.8564		60	74.64	2,757,613	3,074,880	
2014/07		1.00	1.2383	1.2383		60	71.06	2,791,761	3,112,980	

Message Code:

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 264482103120131101201204282014122508



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 264491-00 - 2014/07

240.21

Clifford Chester Sims State Veterans' Nursing Home

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4419 TRAM ROAD	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
PANAMA CITY, FL 32404	Days in CR 365	Maximum: 43,800	Standard: 184
County: Bay [3]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 2	Last Used: 2014/07	Total Patient: 43,740	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 3,379	Inflation
Current Class North Large	Initial CR? False	Medicaid: 9,279	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization		Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy: 99.86301%	21.21399%	Cost: 1.03716397
Open Date: 10/20/2003	Statewide Low Occupancy Threshold: 78.55110%		Target: 1.01458517
Acquired Date: 10/20/2003	Medicaid Low Occupancy Threshold: 41.17760%		DC FY Index: 1.20850000
Entered Medicaid 11/05/2003	Low Occupancy Adjustment Factor: 127.13127%		DC Sem Index: 1.24200000
Med # Active Date: 11/05/2003	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02772031
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	464,426	1,086,061	517,336	115,152		2,182,975
1a	Audit Adjustments						
2	Cost Per Diem	50.0513	117.0450	55.7534	12.4100		235.2597
3	Cost Per Diem Inflated	51.9114	120.2895	57.8254			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.9114	120.2895	57.8254	12.4100		242.4363
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.5949		56.4659			
7	Provider Target Rate	64.9200		57.6424			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500		
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527			
10	Target Rate Class Ceiling	50.8465		60.1169			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.7653	95.0998	57.6424	12.4100		214.9175
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	49.7653	95.0998	57.6424	12.4100		214.9175
15	Inflated Usual & Customary Charge						0.00
Usual and Customary Limitations not applied after 7/1/2002.							



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 264491-00 - 2014/07

240.21

Rate Semester 07/01/2014 through 12/31/2014

Clifford Chester Sims State Veterans' Nursing Home

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/05/2003	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	2003/07	Type:	None	80% Capital(1):	4,342,518 4.3396
Indexed Asset Value	5,428,148	<60% of Base:	True	20% ROE(2):	1,085,630 0.3960
FRVS Base Asset:	5,104,200	Interest Rate:	4.0000%	Insurance Cost(3):	5,794 0.1325
Occup Adj Factor	0.9000	Chase Rate:	4.0000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.014380	Amortization Rate:	4.0000%	Home Office(3):	48,430 1.1072
		Interest Only:	True	Replacement(3&4):	59,272 0.0000
		Yearly Payment:	171,067	Total FRVS PD:	5.9753

- (1) 80% Capital (\$4,342,518) amortized at 4.0000 % for 20 years Interest of \$171,067 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$4.3396
- (2) 20% ROE (\$1,085,630) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3960
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	42,535
Comparison Date:	01/01/2003	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	5,104,200

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7653	49.7653	0.8836	48.8817
Direct Care	95.0998	95.0998	1.6885	93.4113
Indirect Care	57.6424	57.6424	1.0234	56.6190
Property	12.4100	5.9753	0.1061	5.8692
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.5255
Supplemental Rate Add-on				9.9025
Totals	214.9175	208.4828	3.7016	240.2092

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 264491-00 - 2014/07

240.21

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07	11,660,759	0.00	1.1664	1.1664		120	40.24	5,104,200	5,104,200	1
2004/01		0.10	1.1103	1.1103		120	40.24	5,108,345	5,221,080	
2004/07		0.10	0.8378	0.8378		120	40.24	5,111,477	5,264,880	
2005/01		0.20	0.8595	0.8595		120	40.24	5,117,906	5,310,120	
2005/07		0.20	0.7364	0.7364		120	40.24	5,123,422	5,349,240	
2006/01		0.30	0.9068	0.9068		120	40.24	5,133,618	5,397,720	
2006/07		0.30	0.8133	0.8133		120	30.12	5,140,478	5,441,640	
2007/01		0.40	1.0133	1.0133		120	30.12	5,151,888	5,496,720	
2007/07		0.40	1.1050	1.1050		120	35.02	5,166,387	5,557,440	
2008/01		0.50	0.8556	0.8556		120	34.09	5,180,086	5,604,960	
2008/07		0.50	0.6104	0.6104		120	34.09	5,189,885	5,639,160	
2009/01		0.60	1.3268	1.3268		120	34.09	5,215,494	5,714,040	
2009/07		0.60	0.6841	0.6841		120	33.68	5,228,604	5,753,160	
2010/01		0.70	0.8643	0.8643		120	33.68	5,247,975	5,802,840	
2010/07		0.70	0.7107	0.7107		120	34.49	5,264,348	5,844,120	
2011/01		0.80	0.9198	0.9198		120	34.49	5,288,638	5,897,880	
2011/07		0.80	0.9028	0.9028		120	29.70	5,309,263	5,951,160	
2012/01	29,419	0.90	0.3865	0.3865		120	25.94	5,347,394	5,974,200	
2012/07		0.90	0.9417	0.9417		120	25.94	5,368,768	6,030,480	
2013/01		1.00	0.4901	0.4901		120	25.94	5,381,178	6,060,000	
2013/07		1.00	0.6196	0.6196		120	20.94	5,381,178	6,097,560	
2014/01		1.00	0.8564	0.8564		120	20.94	5,381,178	6,149,760	
2014/07	46,970	1.00	1.2383	1.2383		120	21.21	5,428,148	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 264512-00 - 2014/07

238.89

Conway Lakes Health & Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5201 CURRY FORD ROAD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
ORLANDO , FL 32812	Days in CR 365	Maximum: 43,800	Standard: 184
County: Orange [48]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 39,896	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 20,324	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 15,470	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	38.77582%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.08676%	Cost: 1.02471376
Open Date: 11/13/1991	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/13/1991	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 12/23/1991	Low Occupancy Adjustment Factor:	115.95861%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 259969			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	833,790	1,370,811	925,921	335,080		3,465,602	
1a	Audit Adjustments							
2	Cost Per Diem	53.8972	88.6109	59.8527	21.6600		224.0208	
3	Cost Per Diem Inflated	55.2292	90.5800	61.3319				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.2292	90.5800	61.3319	21.6600		228.8011	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7418		65.5740				
7	Provider Target Rate	54.8616		66.9403				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.0915	90.5800	61.3319	13.6500		217.6534	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	52.0915	90.5800	61.3319	13.6500		217.6534	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 264512-00 - 2014/07

238.89

Rate Semester 07/01/2014 through 12/31/2014

Conway Lakes Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/23/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,146,031.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Variable	80% Capital(1):	4,420,673	10.9152
Indexed Asset Value	5,525,841	<60% of Base:	False	20% ROE(2):	1,105,168	0.5257
FRVS Base Asset:	3,663,600	Interest Rate:	7.5900%	Insurance Cost(3):	94,393	2.3660
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	55,882	1.4007
ROE Factor	0.018750	Amortization Rate:	7.5900%	Home Office(3):	18,661	0.4677
		Interest Only:	False	Replacement(3&4):	126,966	0.0000
		Yearly Payment:	430,276	Total FRVS PD:		15.6753

- (1) 80% Capital (\$4,420,673) amortized at 7.5900 % for 20 years Principal & Interest of \$430,276 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.9152
- (2) 20% ROE (\$1,105,168) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5257
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,530
Comparison Date: 01/01/1991	Current RS PBS:	51,883
Comparison Bed 120	Effective PBS Limitation	3,663,600

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0915	52.0915	0.9249	51.1666
Direct Care	90.5800	90.5800	1.6083	88.9717
Indirect Care	61.3319	61.3319	1.0890	60.2429
Property	13.6500	15.6753	0.2783	15.3970
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				13.2086
Supplemental Rate Add-on				9.9025
Totals	217.6534	219.6787	3.9005	238.8893

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 264512-00 - 2014/07

238.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07	5,194,873	0.00	1.4932	1.4932		120	43.07	3,663,600	3,663,600	1
1992/01		0.10	2.0117	2.0117		120	43.07	3,669,372	3,793,080	
1992/07		0.10	1.8152	1.8152		120	43.07	3,674,587	3,861,960	
1993/01		0.20	1.7710	1.7710		120	43.07	3,684,779	3,930,360	
1993/07		0.20	1.5329	1.5329		120	43.07	3,693,626	3,990,600	
1994/01		0.30	1.6983	1.6983		120	43.07	3,708,363	4,058,400	
1994/07	47,332	0.30	1.5991	1.5991		120	48.19	3,771,281	4,123,320	
1995/01		0.40	1.5812	1.5812		120	48.19	3,792,181	4,188,480	
1995/07		0.40	1.5250	1.5250		120	49.37	3,792,181	4,252,320	5
1996/01		0.50	1.7228	1.7228		120	49.37	3,812,945	4,325,640	5
1996/07	11,182	0.50	1.3294	1.3294		120	57.35	3,879,151	4,383,120	
1997/01		0.60	1.4109	1.4109		120	57.35	3,911,988	4,444,920	
1997/07		0.60	1.0917	1.0917		120	57.35	3,937,612	4,493,400	
1998/01		0.70	1.1663	1.1663		120	57.35	3,969,759	4,545,840	
1998/07		0.70	1.0794	1.0794		120	57.35	3,999,754	4,594,920	
1999/01		0.80	1.4499	1.4499		120	55.79	4,046,147	4,661,520	
1999/07		0.80	1.2299	1.2299		120	62.11	4,085,957	4,718,880	
2000/01		0.90	1.3356	1.3356		120	62.11	4,085,957	4,781,880	5
2000/07		0.90	1.1129	1.1129		120	62.11	4,176,487	4,835,040	
2001/01		1.00	1.2976	1.2976		120	60.11	4,230,681	4,897,800	
2001/07		1.00	0.9615	0.9615		120	60.11	4,271,359	4,944,840	
2002/01		1.00	1.0301	1.0301		120	57.14	4,315,358	4,995,720	
2002/07	17,659	1.00	0.8337	0.8337		120	61.44	4,368,994	5,037,360	
2003/01		1.00	1.3271	1.3271		120	61.44	4,426,975	5,104,200	
2003/07		1.00	1.1664	1.1664		120	54.84	4,478,461	5,163,720	
2004/01		1.00	1.1103	1.1103		120	54.84	4,528,041	5,221,080	
2004/07		1.00	0.8378	0.8378		120	54.84	4,565,867	5,264,880	
2005/01		1.00	0.8595	0.8595		120	54.84	4,604,996	5,310,120	
2005/07		1.00	0.7364	0.7364		120	54.84	4,638,809	5,349,240	
2006/01		1.00	0.9068	0.9068		120	54.84	4,680,751	5,397,720	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 264512-00 - 2014/07

238.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07		1.00	0.8133	0.8133		120	54.84	4,718,709	5,441,640	
2007/01		1.00	1.0133	1.0133		120	57.23	4,766,524	5,496,720	
2007/07		1.00	1.1050	1.1050		120	56.81	4,819,194	5,557,440	
2008/01		1.00	0.8556	0.8556		120	56.81	4,860,427	5,604,960	
2008/07		1.00	0.6104	0.6104		120	56.81	4,890,095	5,639,160	
2009/01		1.00	1.3268	1.3268		120	57.67	4,954,977	5,714,040	
2009/07		1.00	0.6841	0.6841		120	57.67	4,988,874	5,753,160	
2010/01	33,569	1.00	0.8643	0.8643		120	48.01	5,060,082	5,802,840	
2010/07	30,438	1.00	0.7107	0.7107		120	49.57	5,122,932	5,844,120	
2011/01		1.00	0.9198	0.9198		120	49.57	5,165,401	5,897,880	
2011/07		1.00	0.9028	0.9028		120	49.57	5,207,430	5,951,160	
2012/01	88,035	0.95	0.3865	0.3865		120	47.91	5,312,122	5,974,200	
2012/07		0.95	0.9417	0.9417		120	46.61	5,352,395	6,030,480	
2013/01		0.90	0.4901	0.4901		120	46.61	5,372,403	6,060,000	
2013/07		0.90	0.6196	0.6196		120	46.61	5,397,790	6,097,560	
2014/01	37,847	0.85	0.8564	0.8564		120	43.21	5,466,505	6,149,760	
2014/07	18,765	0.85	1.2383	1.2383		120	38.78	5,525,841	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 264521-00 - 2014/07

224.98

Belleair Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1150 PONCE DE LEON BLVD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
CLEARWATER, FL 33756	Days in CR 365	Maximum: 43,800	Standard: 184
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 39,861	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 13,256	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 21,477	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	53.87973%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.00685%	Cost: 1.02471376
Open Date: 09/01/1981	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/01/1981	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 09/01/1981	Low Occupancy Adjustment Factor:	115.85688%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 259977			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,094,302	1,727,250	1,334,527	416,009		4,572,088	
1a	Audit Adjustments							
2	Cost Per Diem	50.9523	80.4232	62.1375	19.3700		212.8830	
3	Cost Per Diem Inflated	52.2115	82.2104	63.6732				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.2115	82.2104	63.6732	19.3700		217.4651	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.3461		53.7502				
7	Provider Target Rate	49.3534		54.8701				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	49.3534	82.2104	54.8701	13.6500		200.0839	
12/13	Medical Adjustment Rate		0.3588	0.2395				
14	Prospective Per Diem 11	49.3534	82.5692	55.1096	13.6500		200.6822	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 264521-00 - 2014/07

224.98

Rate Semester 07/01/2014 through 12/31/2014

Belleair Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	1,852,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,652,537	9.1967
RS to Start Calcs:	1981/07	<60% of Base:	False	20% ROE(2):	913,134	0.4343
Indexed Asset Value	4,565,671	Interest Rate:	7.8500%	Insurance Cost(3):	83,093	2.0846
FRVS Base Asset:	2,648,565	Chase Rate:	8.2500%	Taxes Cost(3):	65,451	1.6420
Occup Adj Factor	0.9000	Amortization Rate:	7.8500%	Home Office(3):	17,144	0.4301
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	76,206	0.0000
		Yearly Payment:	362,534	Total FRVS PD:		13.7877

- (1) 80% Capital (\$3,652,537) amortized at 7.8500 % for 20 years Principal & Interest of \$362,534 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.1967
- (2) 20% ROE (\$913,134) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4343
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.3534	49.3534	0.8763	48.4771
Direct Care	82.5692	82.5692	1.4660	81.1032
Indirect Care	55.1096	55.1096	0.9785	54.1311
Property	13.6500	13.7877	0.2448	13.5429
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.8269
Supplemental Rate Add-on				9.9025
Totals	200.6822	200.8199	3.5656	224.9837

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 264521-00 - 2014/07

224.98

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	2,600,000	0.00	2.5888	2.5888		120	6.93	2,600,000	2,897,880	
1982/01		0.10	2.6760	2.6760		120	6.69	2,600,000	2,975,520	
1982/07		0.10	2.2977	2.2977		120	6.69	2,600,000	3,043,800	
1983/04		0.20	2.6288	2.6288		120	6.34	2,600,000	3,123,840	
1983/07	43,771	0.20	3.9578	3.0000	0.9578	120	6.34	2,643,771	3,247,440	
1984/01		0.30	2.2530	2.2530		120	7.35	2,643,771	3,289,560	
1984/07	4,794	0.30	1.9179	1.9179		120	7.35	2,648,565	3,352,680	
1985/01		0.40	1.1471	1.1471		120	7.37	2,648,565	3,391,080	
1985/10		0.40	0.8522	0.8522		120	7.35	2,648,565	3,420,000	
1986/01		0.50	0.8299	0.8299		120	6.76	2,648,565	3,448,440	
1986/07		0.50	0.2974	0.2974		120	6.76	2,648,565	3,441,840	
1987/01		0.60	1.0091	1.0091		120	6.76	2,648,565	3,503,400	
1987/07		0.60	0.9007	0.9007		120	6.76	2,648,565	3,530,760	
1988/01		0.70	0.9007	0.9007		120	6.76	2,648,565	3,559,440	
1988/07		0.70	0.5899	0.5899		120	6.76	2,648,565	3,557,520	
1989/01		0.80	0.5899	0.5899		120	5.88	2,648,565	3,578,520	
1989/07		0.80	0.5899	0.5899		120	5.88	2,648,565	3,602,760	
1990/01		0.90	0.5899	0.5899		120	11.34	2,648,565	3,620,880	
1990/07		0.90	0.5899	0.5899		120	11.34	2,648,565	3,642,240	
1991/01		1.00	0.5899	0.5899		120	13.07	2,648,565	3,663,600	5
1991/07		1.00	1.4932	1.4932		120	13.07	2,648,565	3,718,320	5
1992/01		1.00	2.0117	2.0117		120	19.13	2,648,565	3,793,080	
1992/07		1.00	1.8152	1.8152		120	29.08	2,673,984	3,861,960	
1993/01		1.00	1.7710	1.7710		120	29.08	2,673,984	3,930,360	5
1993/07	129,753	1.00	1.5329	1.5329		120	33.33	2,853,848	3,990,600	
1994/01		1.00	1.6983	1.6983		120	33.33	2,883,219	4,058,400	
1994/07	29,164	1.00	1.5991	1.5991		120	33.35	2,940,340	4,123,320	
1995/01		1.00	1.5812	1.5812		120	33.35	2,968,531	4,188,480	
1995/07	122,106	1.00	1.5250	1.5250		120	39.31	3,122,993	4,252,320	
1996/01		1.00	1.7228	1.7228		120	39.31	3,161,447	4,325,640	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 264521-00 - 2014/07

224.98

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		120	49.10	3,198,967	4,383,120	
1997/01		1.00	1.4109	1.4109		120	49.10	3,239,260	4,444,920	
1997/07		1.00	1.0917	1.0917		120	49.10	3,270,830	4,493,400	
1998/01		1.00	1.1663	1.1663		120	49.10	3,304,885	4,545,840	
1998/07		1.00	1.0794	1.0794		120	49.10	3,336,731	4,594,920	
1999/01		1.00	1.4499	1.4499		120	53.41	3,383,712	4,661,520	
1999/07		1.00	1.2299	1.2299		120	53.41	3,424,125	4,718,880	
2000/01		1.00	1.3356	1.3356		120	53.41	3,468,536	4,781,880	
2000/07		1.00	1.1129	1.1129		120	53.26	3,505,916	4,835,040	
2001/01		1.00	1.2976	1.2976		120	58.23	3,551,409	4,897,800	
2001/07		1.00	0.9615	0.9615		120	58.23	3,585,556	4,944,840	
2002/01	18,287	0.95	1.0301	1.0301		120	61.86	3,638,931	4,995,720	
2002/07		0.95	0.8337	0.8337		120	61.86	3,667,751	5,037,360	
2003/01		0.90	1.3271	1.3271		120	61.79	3,711,559	5,104,200	
2003/07		0.90	1.1664	1.1664		120	60.63	3,750,523	5,163,720	
2004/01		0.85	1.1103	1.1103		120	60.63	3,785,920	5,221,080	
2004/07		0.85	0.8378	0.8378		120	60.63	3,812,880	5,264,880	
2005/01		0.80	0.8595	0.8595		120	60.63	3,839,097	5,310,120	
2005/07		0.80	0.7364	0.7364		120	60.63	3,861,713	5,349,240	
2006/01		0.75	0.9068	0.9068		120	60.63	3,887,977	5,397,720	
2006/07		0.75	0.8133	0.8133		120	60.63	3,911,694	5,441,640	
2007/01		0.70	1.0133	1.0133		120	65.39	3,939,440	5,496,720	
2007/07		0.70	1.1050	1.1050		120	65.39	3,969,912	5,557,440	
2008/01		0.65	0.8556	0.8556		120	59.74	3,991,989	5,604,960	
2008/07		0.65	0.6104	0.6104		120	59.74	4,007,829	5,639,160	
2009/01		0.60	1.3268	1.3268		120	62.36	4,039,735	5,714,040	
2009/07		0.60	0.6841	0.6841		120	62.36	4,056,318	5,753,160	
2010/01		0.55	0.8643	0.8643		120	59.21	4,075,602	5,802,840	
2010/07	20,385	0.55	0.7107	0.7107		120	64.25	4,111,919	5,844,120	
2011/01		0.50	0.9198	0.9198		120	64.25	4,130,830	5,897,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 264521-00 - 2014/07

224.98

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		120	64.25	4,149,477	5,951,160	
2012/01	137,674	0.45	0.3865	0.3865		120	55.28	4,294,367	5,974,200	
2012/07	129,047	0.45	0.9417	0.9417		120	55.31	4,441,614	6,030,480	
2013/01		0.40	0.4901	0.4901		120	55.31	4,450,320	6,060,000	
2013/07		0.40	0.6196	0.6196		120	55.31	4,461,348	6,097,560	
2014/01	24,541	0.35	0.8564	0.8564		120	55.93	4,499,260	6,149,760	
2014/07	47,308	0.35	1.2383	1.2383		120	53.88	4,565,671	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 264521123120130101201304212014112524



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 264539-00 - 2014/07

228.80

East Bay Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4470 E BAY DR	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 184
CLEARWATER, FL 33764	Days in CR 366	Maximum: 43,920	Standard: 0
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 40,876	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 11,569	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 20,361	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	49.81163%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.06922%	Cost: 1.04963363
Open Date: 05/03/1990	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/03/1990	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 07/26/1990	Low Occupancy Adjustment Factor:	118.48239%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 259985			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	915,319	1,698,709	1,101,458	252,476		3,967,961	
1a	Audit Adjustments							
2	Cost Per Diem	44.9545	83.4296	54.0965	12.4000		194.8806	
3	Cost Per Diem Inflated	47.1858	86.1701	56.7815				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.1858	86.1701	56.7815	12.4000		202.5374	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.6142		55.4092				
7	Provider Target Rate	53.7105		56.5637				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.1858	86.1701	56.5637	12.4000		202.3196	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	47.1858	86.1701	56.5637	12.4000		202.3196	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 264539-00 - 2014/07

228.80

Rate Semester 07/01/2014 through 12/31/2014

East Bay Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/26/1990	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,600,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,627,498 11.6254
RS to Start Calcs:	1990/01	<60% of Base:	False	20% ROE(2):	1,156,875 0.4279
Indexed Asset Value	5,784,373	Interest Rate:	7.8200%	Insurance Cost(3):	67,898 1.6611
FRVS Base Asset:	3,602,760	Chase Rate:	8.2500%	Taxes Cost(3):	71,210 1.7421
Occup Adj Factor	0.9000	Amortization Rate:	7.8200%	Home Office(3):	16,982 0.4155
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	21,777 0.0000
		Yearly Payment:	458,274	Total FRVS PD:	15.8720

- (1) 80% Capital (\$4,627,498) amortized at 7.8200 % for 20 years Principal & Interest of \$458,274 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$11.6254
- (2) 20% ROE (\$1,156,875) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	30,023
Comparison Date:	07/01/1989	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.1858	47.1858	0.8378	46.3480
Direct Care	86.1701	86.1701	1.5300	84.6401
Indirect Care	56.5637	56.5637	1.0043	55.5594
Property	12.4000	15.8720	0.2818	15.5902
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.7581
Supplemental Rate Add-on				9.9025
Totals	202.3196	205.7916	3.6539	228.7983

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 264539-00 - 2014/07

228.80

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	4,677,582	0.00	0.5899	0.5899		120		3,602,760	3,602,760	1
1990/07		0.10	0.5899	0.5899		120	42.64	3,604,408	3,642,240	
1991/01		0.10	0.5899	0.5899		120	42.64	3,606,057	3,663,600	
1991/07		0.20	1.4932	1.4932		120	42.64	3,614,405	3,718,320	
1992/01		0.20	2.0117	2.0117		120	42.64	3,625,678	3,793,080	
1992/07		0.30	1.8152	1.8152		120	42.64	3,640,986	3,861,960	
1993/01		0.30	1.7710	1.7710		120	42.64	3,655,983	3,930,360	
1993/07		0.40	1.5329	1.5329		120	47.51	3,675,348	3,990,600	
1994/01		0.40	1.6983	1.6983		120	47.51	3,675,348	4,058,400	5
1994/07	52,649	0.50	1.5991	1.5991		120	49.51	3,776,174	4,123,320	
1995/01		0.50	1.5812	1.5812		120	49.51	3,803,048	4,188,480	
1995/07		0.60	1.5250	1.5250		120	48.04	3,833,442	4,252,320	
1996/01		0.60	1.7228	1.7228		120	48.04	3,868,054	4,325,640	
1996/07		0.70	1.3294	1.3294		120	51.09	3,901,491	4,383,120	
1997/01		0.70	1.4109	1.4109		120	51.09	3,937,283	4,444,920	
1997/07		0.80	1.0917	1.0917		120	51.09	3,969,227	4,493,400	
1998/01		0.80	1.1663	1.1663		120	51.09	4,003,627	4,545,840	
1998/07		0.90	1.0794	1.0794		120	51.09	4,039,757	4,594,920	
1999/01		0.90	1.4499	1.4499		120	51.09	4,088,724	4,661,520	
1999/07		1.00	1.2299	1.2299		120	55.09	4,139,011	4,718,880	
2000/01		1.00	1.3356	1.3356		120	57.25	4,194,292	4,781,880	
2000/07	78,196	1.00	1.1129	1.1129		120	55.92	4,319,166	4,835,040	
2001/01		1.00	1.2976	1.2976		120	55.92	4,375,211	4,897,800	
2001/07		1.00	0.9615	0.9615		120	55.92	4,417,279	4,944,840	
2002/01		1.00	1.0301	1.0301		120	55.63	4,462,781	4,995,720	
2002/07		1.00	0.8337	0.8337		120	61.96	4,499,987	5,037,360	
2003/01		1.00	1.3271	1.3271		120	61.96	4,559,706	5,104,200	
2003/07		1.00	1.1664	1.1664		120	63.56	4,612,890	5,163,720	
2004/01		1.00	1.1103	1.1103		120	63.56	4,664,107	5,221,080	
2004/07		1.00	0.8378	0.8378		120	63.56	4,703,183	5,264,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 264539-00 - 2014/07

228.80

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		1.00	0.8595	0.8595		120	63.56	4,743,607	5,310,120	
2005/07		1.00	0.7364	0.7364		120	63.56	4,778,539	5,349,240	
2006/01		1.00	0.9068	0.9068		120	63.56	4,821,871	5,397,720	
2006/07		1.00	0.8133	0.8133		120	63.56	4,861,087	5,441,640	
2007/01		1.00	1.0133	1.0133		120	54.68	4,910,058	5,496,720	
2007/07		1.00	1.1050	1.1050		120	54.68	4,963,998	5,557,440	
2008/01		1.00	0.8556	0.8556		120	56.08	5,006,470	5,604,960	
2008/07		1.00	0.6104	0.6104		120	56.08	5,037,029	5,639,160	
2009/01		1.00	1.3268	1.3268		120	53.92	5,102,548	5,714,040	
2009/07		1.00	0.6841	0.6841		120	53.92	5,136,769	5,753,160	
2010/01		1.00	0.8643	0.8643		120	53.64	5,180,068	5,802,840	
2010/07	37,375	0.95	0.7107	0.7107		120	53.57	5,251,509	5,844,120	
2011/01		0.95	0.9198	0.9198		120	53.57	5,296,204	5,897,880	
2011/07	112,765	0.90	0.9028	0.9028		120	57.28	5,452,001	5,951,160	
2012/01		0.90	0.3865	0.3865		120	57.28	5,470,969	5,974,200	
2012/07	135,764	0.85	0.9417	0.9417		120	54.18	5,649,870	6,030,480	
2013/01		0.85	0.4901	0.4901		120	54.18	5,673,056	6,060,000	
2013/07		0.80	0.6196	0.6196		120	54.18	5,700,758	6,097,560	
2014/01		0.80	0.8564	0.8564		120	49.81	5,736,128	6,149,760	
2014/07		0.75	1.2383	1.2383		120	49.81	5,784,373	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 264547-00 - 2014/07

234.29

Melbourne Terrace Restorative Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
251 FLORIDA AVE	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
MELBOURNE, FL 32901	Days in CR 365	Maximum: 43,800	Standard: 184
County: Brevard [5]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 39,268	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 20,820	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 13,243	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	33.72466%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.65297%	Cost: 1.02471376
Open Date: 02/09/1989	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 02/09/1989	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 02/09/1989	Low Occupancy Adjustment Factor:	114.13331%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 258458			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	736,630	1,140,174	878,384	439,932		3,195,120	
1a	Audit Adjustments							
2	Cost Per Diem	55.6241	86.0964	66.3282	33.2200		241.2687	
3	Cost Per Diem Inflated	56.9988	88.0097	67.9674				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.9988	88.0097	67.9674	33.2200		246.1959	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.5876		54.5833				
7	Provider Target Rate	53.6833		55.7206				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.0915	88.0097	55.7206	13.6500		209.4718	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	52.0915	88.0097	55.7206	13.6500		209.4718	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 264547-00 - 2014/07

234.29

Rate Semester 07/01/2014 through 12/31/2014

Melbourne Terrace Restorative Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/09/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,782,837.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,873,249 14.9306
RS to Start Calcs:	1989/01	<60% of Base:	False	20% ROE(2):	1,218,312 0.5795
Indexed Asset Value	6,091,561	Interest Rate:	10.6200%	Insurance Cost(3):	111,631 2.8428
FRVS Base Asset:	3,557,520	Chase Rate:	9.0000%	Taxes Cost(3):	58,689 1.4946
Occup Adj Factor	0.9000	Amortization Rate:	10.6200%	Home Office(3):	19,917 0.5072
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	33,972 0.0000
		Yearly Payment:	588,564	Total FRVS PD:	20.3547

- (1) 80% Capital (\$4,873,249) amortized at 10.6200 % for 20 years Principal & Interest of \$588,564 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$14.9306
- (2) 20% ROE (\$1,218,312) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5795
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 07/01/1988	Current RS PBS:	51,883
Comparison Bed 120	Effective PBS Limitation	3,557,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0915	52.0915	0.9249	51.1666
Direct Care	88.0097	88.0097	1.5626	86.4471
Indirect Care	55.7206	55.7206	0.9893	54.7313
Property	13.6500	20.3547	0.3614	19.9933
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				12.0500
Supplemental Rate Add-on				9.9025
Totals	209.4718	216.1765	3.8382	234.2908

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 264547-00 - 2014/07

234.29

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	4,499,415	0.00	0.5899	0.5899		120	40.39	3,557,520	3,557,520	1
1989/07		0.10	0.5899	0.5899		120	40.39	3,559,061	3,602,760	
1990/01		0.10	0.5899	0.5899		120	40.39	3,560,603	3,620,880	
1990/07		0.20	0.5899	0.5899		120	40.39	3,563,688	3,642,240	
1991/01		0.20	0.5899	0.5899		120	40.39	3,566,776	3,663,600	
1991/07		0.30	1.4932	1.4932		120	40.39	3,566,776	3,718,320	5
1992/01		0.30	2.0117	2.0117		120	56.35	3,600,107	3,793,080	
1992/07		0.40	1.8152	1.8152		120	64.80	3,626,247	3,861,960	
1993/01		0.40	1.7710	1.7710		120	64.80	3,651,935	3,930,360	
1993/07		0.50	1.5329	1.5329		120	68.13	3,679,927	3,990,600	
1994/01		0.50	1.6983	1.6983		120	68.13	3,711,177	4,058,400	
1994/07	40,435	0.60	1.5991	1.5991		120	64.92	3,787,221	4,123,320	
1995/01		0.60	1.5812	1.5812		120	64.92	3,823,150	4,188,480	
1995/07	96,868	0.70	1.5250	1.5250		120	59.68	3,960,830	4,252,320	
1996/01		0.70	1.7228	1.7228		120	59.68	4,008,598	4,325,640	
1996/07		0.80	1.3294	1.3294		120	75.25	4,051,229	4,383,120	
1997/01		0.80	1.4109	1.4109		120	75.25	4,096,955	4,444,920	
1997/07		0.90	1.0917	1.0917		120	75.25	4,137,208	4,493,400	
1998/01		0.90	1.1663	1.1663		120	75.25	4,137,208	4,545,840	5
1998/07		1.00	1.0794	1.0794		120	75.25	4,225,762	4,594,920	
1999/01		1.00	1.4499	1.4499		120	75.42	4,225,762	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	78.47	4,339,757	4,718,880	
2000/01		1.00	1.3356	1.3356		120	78.47	4,339,757	4,781,880	5
2000/07	21,613	1.00	1.1129	1.1129		120	77.23	4,468,274	4,835,040	
2001/01		1.00	1.2976	1.2976		120	77.23	4,526,254	4,897,800	
2001/07		1.00	0.9615	0.9615		120	77.23	4,569,774	4,944,840	
2002/01		1.00	1.0301	1.0301		120	78.34	4,616,847	4,995,720	
2002/07		1.00	0.8337	0.8337		120	70.73	4,655,338	5,037,360	
2003/01		1.00	1.3271	1.3271		120	70.73	4,655,338	5,104,200	5
2003/07		1.00	1.1664	1.1664		120	71.63	4,772,139	5,163,720	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 264547-00 - 2014/07

234.29

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		120	71.63	4,825,124	5,221,080	
2004/07		1.00	0.8378	0.8378		120	71.63	4,865,549	5,264,880	
2005/01		1.00	0.8595	0.8595		120	71.63	4,907,368	5,310,120	
2005/07		1.00	0.7364	0.7364		120	71.63	4,943,506	5,349,240	
2006/01		1.00	0.9068	0.9068		120	71.63	4,988,334	5,397,720	
2006/07		1.00	0.8133	0.8133		120	71.63	5,028,904	5,441,640	
2007/01		1.00	1.0133	1.0133		120	69.84	5,079,862	5,496,720	
2007/07		1.00	1.1050	1.1050		120	69.84	5,135,994	5,557,440	
2008/01		1.00	0.8556	0.8556		120	68.77	5,179,938	5,604,960	
2008/07		1.00	0.6104	0.6104		120	68.77	5,211,556	5,639,160	
2009/01	41,671	1.00	1.3268	1.3268		120	64.02	5,253,227	5,714,040	5
2009/07	186,397	0.95	0.6841	0.6841		120	62.83	5,543,361	5,753,160	
2010/01		0.95	0.8643	0.8643		120	62.83	5,588,878	5,802,840	
2010/07	23,015	0.90	0.7107	0.7107		120	57.37	5,647,639	5,844,120	
2011/01		0.90	0.9198	0.9198		120	57.37	5,694,390	5,897,880	
2011/07		0.85	0.9028	0.9028		120	57.37	5,738,089	5,951,160	
2012/01	102,664	0.85	0.3865	0.3865		120	54.58	5,859,459	5,974,200	
2012/07		0.80	0.9417	0.9417		120	54.53	5,903,227	6,030,480	
2013/01		0.80	0.4901	0.4901		120	54.53	5,926,176	6,060,000	
2013/07		0.75	0.6196	0.6196		120	54.53	5,953,480	6,097,560	
2014/01	29,568	0.75	0.8564	0.8564		120	42.97	6,012,923	6,149,760	
2014/07	46,684	0.70	1.2383	1.2383		120	33.72	6,091,561	6,225,960	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 264563-00 - 2014/07

224.49

Centre Point Health and Rehab Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2255 CENTERVILLE ROAD	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
TALLAHASSEE , FL 32308	Days in CR 366	Maximum: 43,920	Standard: 184
County: Leon [37]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 2	Last Used: 2014/07	Total Patient: 40,582	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 13,978	Inflation
Current Class North Large	Initial CR? False	Medicaid: 17,208	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	42.40304%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.39982%	Cost: 1.04963363
Open Date: 06/25/1987	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/25/1987	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 06/25/1987	Low Occupancy Adjustment Factor:	117.63021%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 260070			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	774,541	1,457,392	923,230	260,701		3,415,863	
1a	Audit Adjustments							
2	Cost Per Diem	45.0105	84.6927	53.6512	15.1500		198.5044	
3	Cost Per Diem Inflated	47.2445	87.4747	56.3141				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.2445	87.4747	56.3141	15.1500		206.1833	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.6266		57.0107				
7	Provider Target Rate	58.8273		58.1986				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.2445	87.4747	56.3141	13.6500		204.6833	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	47.2445	87.4747	56.3141	13.6500		204.6833	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 264563-00 - 2014/07

224.49

Rate Semester 07/01/2014 through 12/31/2014

Centre Point Health and Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/25/1987	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,900,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,766,599	9.0531
RS to Start Calcs:	1987/01	<60% of Base:	False	20% ROE(2):	1,191,650	0.4407
Indexed Asset Value	5,958,249	Interest Rate:	4.3375%	Insurance Cost(3):	64,459	1.5884
FRVS Base Asset:	2,524,016	Chase Rate:	4.5000%	Taxes Cost(3):	69,787	1.7197
Occup Adj Factor	0.9000	Amortization Rate:	4.3375%	Home Office(3):	17,561	0.4327
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	12,882	0.0000
		Yearly Payment:	356,872	Total FRVS PD:		13.2346

- (1) 80% Capital (\$4,766,599) amortized at 4.3375 % for 20 years Principal & Interest of \$356,872 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.0531
- (2) 20% ROE (\$1,191,650) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,682
Comparison Date:	07/01/1986	Current RS PBS:	51,883
Comparison Bed	88	Effective PBS Limitation	2,524,016

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.2445	47.2445	0.8388	46.4057
Direct Care	87.4747	87.4747	1.5531	85.9216
Indirect Care	56.3141	56.3141	0.9999	55.3142
Property	13.6500	13.2346	0.2350	12.9996
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Quality Assess-Medicaid Share				13.9468
Totals	204.6833	204.2679	3.6268	224.4904

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 264563-00 - 2014/07

224.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	3,046,900	0.00	1.0091	1.0091		88	48.00	2,524,016	2,524,016	1
1987/07		0.10	0.9007	0.9007		88	48.00	2,526,001	2,589,224	
1988/01	941,536	0.10	0.9007	0.9007		120	68.62	3,469,813	3,559,440	
1988/07		0.20	0.5899	0.5899		120	68.62	3,473,907	3,557,520	
1989/01		0.20	0.5899	0.5899		120	68.62	3,478,006	3,578,520	
1989/07		0.30	0.5899	0.5899		120	68.62	3,484,162	3,602,760	
1990/01		0.30	0.5899	0.5899		120	68.62	3,490,329	3,620,880	
1990/07		0.40	0.5899	0.5899		120	68.62	3,498,566	3,642,240	
1991/01		0.40	0.5899	0.5899		120	67.84	3,498,566	3,663,600	5
1991/07		0.50	1.4932	1.4932		120	67.84	3,506,823	3,718,320	5
1992/01		0.50	2.0117	2.0117		120	68.27	3,568,543	3,793,080	
1992/07		0.60	1.8152	1.8152		120	63.68	3,607,408	3,861,960	
1993/01		0.60	1.7710	1.7710		120	63.68	3,645,740	3,930,360	
1993/07	30,721	0.70	1.5329	1.5329		120	59.95	3,715,580	3,990,600	
1994/01		0.70	1.6983	1.6983		120	59.95	3,759,751	4,058,400	
1994/07		0.80	1.5991	1.5991		120	65.38	3,807,849	4,123,320	
1995/01		0.80	1.5812	1.5812		120	65.38	3,856,018	4,188,480	
1995/07		0.90	1.5250	1.5250		120	65.85	3,908,942	4,252,320	
1996/01		0.90	1.7228	1.7228		120	65.85	3,969,550	4,325,640	
1996/07		1.00	1.3294	1.3294		120	65.50	4,022,321	4,383,120	
1997/01		1.00	1.4109	1.4109		120	65.50	4,079,072	4,444,920	
1997/07		1.00	1.0917	1.0917		120	65.50	4,123,603	4,493,400	
1998/01		1.00	1.1663	1.1663		120	65.50	4,171,697	4,545,840	
1998/07		1.00	1.0794	1.0794		120	65.50	4,216,726	4,594,920	
1999/01		1.00	1.4499	1.4499		120	65.50	4,277,864	4,661,520	
1999/07		1.00	1.2299	1.2299		120	64.02	4,330,477	4,718,880	
2000/01		1.00	1.3356	1.3356		120	64.02	4,330,477	4,781,880	5
2000/07		1.00	1.1129	1.1129		120	67.65	4,437,153	4,835,040	
2001/01		1.00	1.2976	1.2976		120	67.05	4,494,729	4,897,800	
2001/07		1.00	0.9615	0.9615		120	67.05	4,537,946	4,944,840	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 264563-00 - 2014/07

224.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01	22,015	1.00	1.0301	1.0301		120	64.50	4,606,706	4,995,720	
2002/07		1.00	0.8337	0.8337		120	64.50	4,645,112	5,037,360	
2003/01		1.00	1.3271	1.3271		120	65.86	4,706,757	5,104,200	
2003/07	15,550	1.00	1.1664	1.1664		120	62.92	4,777,207	5,163,720	
2004/01	31,799	1.00	1.1103	1.1103		120	62.92	4,862,047	5,221,080	
2004/07	27,022	1.00	0.8378	0.8378		120	62.92	4,929,803	5,264,880	
2005/01		1.00	0.8595	0.8595		120	62.92	4,972,175	5,310,120	
2005/07		1.00	0.7364	0.7364		120	62.92	5,008,790	5,349,240	
2006/01		1.00	0.9068	0.9068		120	62.92	5,008,790	5,397,720	5
2006/07		1.00	0.8133	0.8133		120	62.92	5,095,316	5,441,640	
2007/01	31,750	1.00	1.0133	1.0133		120	56.18	5,178,697	5,496,720	
2007/07	122,592	0.95	1.1050	1.1050		120	43.74	5,301,289	5,557,440	5
2008/01		0.95	0.8556	0.8556		120	43.74	5,379,072	5,604,960	
2008/07		0.90	0.6104	0.6104		120	43.74	5,402,574	5,639,160	
2009/01		0.90	1.3268	1.3268		120	41.51	5,451,263	5,714,040	
2009/07		0.85	0.6841	0.6841		120	41.51	5,475,187	5,753,160	
2010/01	43,471	0.85	0.8643	0.8643		120	47.19	5,553,172	5,802,840	
2010/07		0.80	0.7107	0.7107		120	40.66	5,576,515	5,844,120	
2011/01		0.80	0.9198	0.9198		120	40.66	5,606,849	5,897,880	
2011/07		0.75	0.9028	0.9028		120	40.66	5,634,915	5,951,160	
2012/01	71,225	0.75	0.3865	0.3865		120	40.76	5,718,246	5,974,200	
2012/07	118,418	0.70	0.9417	0.9417		120	41.93	5,865,401	6,030,480	
2013/01		0.70	0.4901	0.4901		120	41.93	5,880,743	6,060,000	
2013/07		0.65	0.6196	0.6196		120	42.40	5,898,999	6,097,560	
2014/01		0.65	0.8564	0.8564		120	42.40	5,924,315	6,149,760	
2014/07		0.60	1.2383	1.2383		120	42.40	5,958,249	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 264571-00 - 2014/07

233.56

Spring Lake Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1540 6TH ST NW	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
WINTER HAVEN, FL 33881	Days in CR 365	Maximum: 43,800	Standard: 157
County: Polk [53]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 27
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 40,353	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 25,123	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 11,327	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	28.06978%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.13014%	Cost: 1.02471376
Open Date: 04/04/1991	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/17/1991	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 05/17/1991	Low Occupancy Adjustment Factor:	117.28689%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 260088			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	619,940	1,015,816	756,665	394,066		2,786,487	
1a	Audit Adjustments							
2	Cost Per Diem	54.7312	89.6809	66.8019	34.7900		246.0040	
3	Cost Per Diem Inflated	56.0838	91.6738	68.4528				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.0838	91.6738	68.4528	34.7900		251.0004	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.5819		54.7852				
7	Provider Target Rate	57.7608		55.9267				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.0915	91.6738	55.9267	13.6500		213.3420	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	52.0915	91.6738	55.9267	13.6500		213.3420	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 264571-00 - 2014/07

233.56

Rate Semester 07/01/2014 through 12/31/2014

Spring Lake Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 05/17/1991		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,599,947.00	Total Amount	Per Diem	
RS to Start Calcs:	1991/01	Type:	Variable	80% Capital(1):	4,547,126	11.2274
Indexed Asset Value	5,683,907	<60% of Base:	False	20% ROE(2):	1,136,781	0.5407
FRVS Base Asset:	3,642,240	Interest Rate:	7.5900%	Insurance Cost(3):	133,434	3.3067
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	83,375	2.0661
ROE Factor	0.018750	Amortization Rate:	7.5900%	Home Office(3):	21,142	0.5239
		Interest Only:	False	Replacement(3&4):	74,168	0.0000
		Yearly Payment:	442,584	Total FRVS PD:		17.6648

- (1) 80% Capital (\$4,547,126) amortized at 7.5900 % for 20 years Principal & Interest of \$442,584 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$11.2274
- (2) 20% ROE (\$1,136,781) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	
Comparison Date:	07/01/1990	Current RS PBS:	30,352
Comparison Bed	120	Effective PBS Limitation	51,883
			3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0915	52.0915	0.9249	51.1666
Direct Care	91.6738	91.6738	1.6277	90.0461
Indirect Care	55.9267	55.9267	0.9930	54.9337
Property	13.6500	17.6648	0.3136	17.3512
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				10.1610
Supplemental Rate Add-on				9.9025
Totals	213.3420	217.3568	3.8592	233.5611

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 264571-00 - 2014/07

233.56

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	5,749,294	0.00	0.5899	0.5899		120	58.73	3,642,240	3,642,240	1
1991/07		0.10	1.4932	1.4932		120	58.73	3,647,678	3,718,320	
1992/01		0.10	2.0117	2.0117		120	58.73	3,655,017	3,793,080	
1992/07		0.20	1.8152	1.8152		120	58.73	3,668,285	3,861,960	
1993/01		0.20	1.7710	1.7710		120	58.73	3,681,278	3,930,360	
1993/07		0.30	1.5329	1.5329		120	58.73	3,698,208	3,990,600	
1994/01		0.30	1.6983	1.6983		120	58.73	3,717,050	4,058,400	
1994/07	47,812	0.40	1.5991	1.5991		120	57.52	3,788,636	4,123,320	
1995/01		0.40	1.5812	1.5812		120	57.52	3,812,599	4,188,480	
1995/07	52,901	0.50	1.5250	1.5250		120	61.39	3,894,571	4,252,320	
1996/01		0.50	1.7228	1.7228		120	61.39	3,928,119	4,325,640	
1996/07		0.60	1.3294	1.3294		120	59.96	3,959,450	4,383,120	
1997/01		0.60	1.4109	1.4109		120	59.96	3,992,967	4,444,920	
1997/07		0.70	1.0917	1.0917		120	59.96	4,023,481	4,493,400	
1998/01		0.70	1.1663	1.1663		120	59.96	4,023,481	4,545,840	5
1998/07		0.80	1.0794	1.0794		120	59.96	4,091,355	4,594,920	
1999/01		0.80	1.4499	1.4499		120	59.96	4,138,811	4,661,520	
1999/07		0.90	1.2299	1.2299		120	61.90	4,184,623	4,718,880	
2000/01		0.90	1.3356	1.3356		120	63.55	4,234,922	4,781,880	
2000/07		1.00	1.1129	1.1129		120	63.55	4,282,052	4,835,040	
2001/01		1.00	1.2976	1.2976		120	68.71	4,337,616	4,897,800	
2001/07		1.00	0.9615	0.9615		120	68.71	4,379,322	4,944,840	
2002/01		1.00	1.0301	1.0301		120	65.35	4,424,433	4,995,720	
2002/07		1.00	0.8337	0.8337		120	65.35	4,461,319	5,037,360	
2003/01		1.00	1.3271	1.3271		120	64.68	4,520,525	5,104,200	
2003/07		1.00	1.1664	1.1664		120	62.87	4,573,252	5,163,720	
2004/01		1.00	1.1103	1.1103		120	62.87	4,624,029	5,221,080	
2004/07		1.00	0.8378	0.8378		120	62.87	4,662,769	5,264,880	
2005/01		1.00	0.8595	0.8595		120	62.87	4,702,845	5,310,120	
2005/07		1.00	0.7364	0.7364		120	62.87	4,737,477	5,349,240	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 264571-00 - 2014/07

233.56

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		120	62.87	4,780,436	5,397,720	
2006/07		1.00	0.8133	0.8133		120	62.87	4,819,315	5,441,640	
2007/01		1.00	1.0133	1.0133		120	59.15	4,868,149	5,496,720	
2007/07		1.00	1.1050	1.1050		120	59.99	4,921,942	5,557,440	
2008/01		1.00	0.8556	0.8556		120	59.99	4,964,054	5,604,960	
2008/07		1.00	0.6104	0.6104		120	59.99	4,994,355	5,639,160	
2009/01		1.00	1.3268	1.3268		120	54.71	5,060,271	5,714,040	
2009/07	19,251	1.00	0.6841	0.6841		120	44.14	5,107,304	5,753,160	
2010/01		1.00	0.8643	0.8643		120	44.14	5,142,730	5,802,840	
2010/07	74,280	1.00	0.7107	0.7107		120	43.02	5,245,598	5,844,120	
2011/01		1.00	0.9198	0.9198		120	43.02	5,283,337	5,897,880	
2011/07		0.95	0.9028	0.9028		120	43.02	5,318,782	5,951,160	
2012/01	81,464	0.95	0.3865	0.3865		120	43.47	5,415,682	5,974,200	
2012/07		0.90	0.9417	0.9417		120	40.67	5,449,621	6,030,480	
2013/01		0.90	0.4901	0.4901		120	40.67	5,467,396	6,060,000	
2013/07		0.85	0.6196	0.6196		120	40.67	5,488,690	6,097,560	
2014/01	41,045	0.85	0.8564	0.8564		120	37.40	5,556,902	6,149,760	
2014/07	98,911	0.80	1.2383	1.2383		120	28.07	5,683,907	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 265381-00 - 2014/07

235.66

Life Care Center of Estero

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3850 WILLIAMS ROAD	7/1/2012-6/30/2013	Number of Beds: 155	Superior: 0
ESTERO, FL 33928	Days in CR 365	Maximum: 56,575	Standard: 184
County: Lee [36]	First Used : 2014/07	Max Annualized: 56,575	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 47,805	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 17,928	Inflation
Current Class South Large	Initial CR? False	Medicaid: 23,638	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	49.44671%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	84.49845%	Cost: 1.03716397
Open Date: 09/23/2003	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/23/2003	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 10/23/2003	Low Occupancy Adjustment Factor:	107.57131%	DC Sem Index: 1.24200000
Med # Active Date: 10/23/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	986,200	2,129,366	1,411,154	714,577		5,241,297	
1a	Audit Adjustments							
2	Cost Per Diem	41.7210	90.0823	59.6985	30.2300		221.7318	
3	Cost Per Diem Inflated	43.2715	92.5794	61.9171				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.2715	92.5794	61.9171	30.2300		227.9980	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.8609		61.2822				
7	Provider Target Rate	56.0040		62.5591				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.2715	92.5794	61.9171	13.6500		211.4180	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	43.2715	92.5794	61.9171	13.6500		211.4180	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 265381-00 - 2014/07

235.66

Rate Semester 07/01/2014 through 12/31/2014

Life Care Center of Estero

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/23/2003	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	11,100,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	6,284,989 9.2118
RS to Start Calcs:	2003/07	<60% of Base:	False	20% ROE(2):	1,571,247 0.4437
Indexed Asset Value	7,856,236	Interest Rate:	4.3000%	Insurance Cost(3):	35,505 0.7427
FRVS Base Asset:	6,592,925	Chase Rate:	3.2500%	Taxes Cost(3):	150,181 3.1415
Occup Adj Factor	0.9000	Amortization Rate:	4.3000%	Home Office(3):	46,228 0.9670
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	109,535 0.0000
		Yearly Payment:	469,040	Total FRVS PD:	14.5067

- (1) 80% Capital (\$6,284,989) amortized at 4.3000 % for 20 years Principal & Interest of \$469,040 divided by annual available days (56575) divided by Occup. Adj. (0.900) = \$9.2118
- (2) 20% ROE (\$1,571,247) times the ROE factor (0.014380) divided by annual available days (56575) divided by Occup. Adj. (0.900) = \$0.4437
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	42,535
Comparison Date:	01/01/2003	Current RS PBS:	51,883
Comparison Bed	155	Effective PBS Limitation	6,592,925

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.2715	43.2715	0.7683	42.5032
Direct Care	92.5794	92.5794	1.6438	90.9356
Indirect Care	61.9171	61.9171	1.0993	60.8178
Property	13.6500	14.5067	0.2576	14.2491
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.2533
Supplemental Rate Add-on				9.9025
Totals	211.4180	212.2747	3.7690	235.6615

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 265381-00 - 2014/07

235.66

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07	11,852,323	0.00	1.1664	1.1664		155	15.07	6,592,925	6,592,925	1
2004/01	44,017	0.10	1.1103	1.1103		155	15.07	6,636,942	6,743,895	
2004/07		0.10	0.8378	0.8378		155	15.07	6,636,942	6,800,470	
2005/01		0.20	0.8595	0.8595		155	15.07	6,636,942	6,858,905	
2005/07		0.20	0.7364	0.7364		155	15.07	6,636,942	6,909,435	
2006/01		0.30	0.9068	0.9068		155	15.07	6,636,942	6,972,055	
2006/07	47,276	0.30	0.8133	0.8133		155	46.50	6,697,909	7,028,785	
2007/01		0.40	1.0133	1.0133		155	46.50	6,720,860	7,099,930	
2007/07	45,709	0.40	1.1050	1.1050		155	40.82	6,788,616	7,178,360	
2008/01		0.50	0.8556	0.8556		155	40.82	6,810,170	7,239,740	
2008/07	27,885	0.50	0.6104	0.6104		155	43.76	6,854,592	7,283,915	
2009/01		0.60	1.3268	1.3268		155	43.76	6,898,009	7,380,635	
2009/07	201,748	0.60	0.6841	0.6841		155	49.20	7,125,087	7,431,165	
2010/01	34,516	0.70	0.8643	0.8643		155	53.12	7,201,236	7,495,335	
2010/07		0.70	0.7107	0.7107		155	53.12	7,235,838	7,548,655	
2011/01	45,888	0.80	0.9198	0.9198		155	54.69	7,334,667	7,618,095	
2011/07		0.80	0.9028	0.9028		155	54.69	7,387,339	7,686,915	
2012/01	50,817	0.90	0.3865	0.3865		155	52.17	7,462,534	7,716,675	
2012/07		0.90	0.9417	0.9417		155	52.17	7,522,525	7,789,370	
2013/01	59,858	1.00	0.4901	0.4901		155	47.72	7,614,371	7,827,500	
2013/07		1.00	0.6196	0.6196		155	47.72	7,655,305	7,876,015	
2014/01		1.00	0.8564	0.8564		155	47.72	7,712,187	7,943,440	
2014/07	58,186	1.00	1.2383	1.2383		155	49.45	7,856,236	8,041,865	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 265560-00 - 2014/07

191.46

Valencia Hills Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Partnership CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1350 SLEEPY HILL RD	1/1/2012-12/31/2012	Number of Beds: 300	Superior: 0
LAKELAND, FL 33810	Days in CR 366	Maximum: 109,800	Standard: 184
County: Polk [53]	First Used : 2014/01	Max Annualized: 109,500	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 88,393	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 11,096	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 54,089	FY Index: 1.28335532
Class at 1/94: South Large	Medical Utilization	61.19150%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	80.50364%	Cost: 1.04963363
Open Date: 01/01/1982	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 01/01/1985	Low Occupancy Adjustment Factor:	102.48569%	DC Sem Index: 1.24200000
Med # Active Date: 09/04/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 269026			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,867,915	4,319,653	2,575,322	868,669		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	36.2482	82.4852	49.9759				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	36.2482	82.4852	49.9759	16.0600		184.7693	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1212		56.4782				
7	Provider Target Rate	45.0405		57.6550				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	36.2482	82.4852	49.9759	13.6500		182.3593	
12/13	Medical Adjustment Rate		1.0385	0.6292				
14	Prospective Per Diem 11	36.2482	83.5237	50.6051	13.6500		184.0270	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 265560-00 - 2014/07

191.46

Rate Semester 07/01/2014 through 12/31/2014

Valencia Hills Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/1994	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,625,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	8,204,918	9.5620
RS to Start Calcs:	1982/01	<60% of Base:	False	20% ROE(2):	2,051,229	0.3035
Indexed Asset Value	10,256,147	Interest Rate:	9.8800%	Insurance Cost(3):	93,463	1.0574
FRVS Base Asset:	5,789,828	Chase Rate:	7.7500%	Taxes Cost(3):	64,694	0.7319
Occup Adj Factor	0.9000	Amortization Rate:	9.8800%	Home Office(3):	21,556	0.2439
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	52,856	0.0000
		Yearly Payment:	942,336	Total FRVS PD:		11.8987

- (1) 80% Capital (\$8,204,918) amortized at 9.8800 % for 20 years Principal & Interest of \$942,336 divided by annual available days (109500) divided by Occup. Adj. (0.900) = \$9.5620
 (2) 20% ROE (\$2,051,229) times the ROE factor (0.014580) divided by annual available days (109500) divided by Occup. Adj. (0.900) = \$0.3035
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	300	Effective PBS Limitation	8,550,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	36.2482	36.2482	0.6436	35.6046
Direct Care	83.5237	83.5237	1.4830	82.0407
Indirect Care	50.6051	50.6051	0.8985	49.7066
Property	13.6500	11.8987	0.2113	11.6874
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.5225
Supplemental Rate Add-on				9.9025
Totals	184.0270	182.2757	3.2364	191.4643

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 265560-00 - 2014/07

191.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	5,558,444	0.00	2.6760	2.6760		300		5,558,444	7,438,800	
1982/07		0.10	2.2977	2.2977		300		5,558,444	7,609,500	
1983/04		0.10	2.6288	2.6288		300		5,558,444	7,809,600	
1983/07	129,039	0.20	3.9578	3.0000	0.9578	300		5,687,483	8,118,600	
1984/01	62,888	0.20	2.2530	2.2530		300		5,750,371	8,223,900	
1984/07		0.30	1.9179	1.9179		300		5,750,371	8,381,700	
1985/01		0.30	1.1471	1.1471		300	85.27	5,770,158	8,477,700	
1985/10		0.40	0.8522	0.8522		300	85.27	5,789,828	8,550,000	
1986/01		0.40	0.8299	0.8299		300	85.27	5,809,050	8,621,100	
1986/07		0.50	0.2974	0.2974		300	85.27	5,817,688	8,604,600	
1987/01		0.50	1.0091	1.0091		300	85.00	5,847,044	8,758,500	
1987/07		0.60	0.9007	0.9007		300	86.82	5,878,641	8,826,900	
1988/01		0.60	0.9007	0.9007		300	86.82	5,910,409	8,898,600	
1988/07		0.70	0.5899	0.5899		300	86.82	5,934,813	8,893,800	
1989/01	111,247	0.70	0.5899	0.5899		300	86.41	6,070,565	8,946,300	
1989/07		0.80	0.5899	0.5899		300	87.16	6,099,212	9,006,900	
1990/01		0.80	0.5899	0.5899		300	87.16	6,127,994	9,052,200	
1990/07		0.90	0.5899	0.5899		300	87.16	6,160,528	9,105,600	
1991/01		0.90	0.5899	0.5899		300	83.67	6,193,234	9,159,000	
1991/07		1.00	1.4932	1.4932		300	83.67	6,285,711	9,295,800	
1992/01		1.00	2.0117	2.0117		300	83.67	6,412,161	9,482,700	
1992/07		1.00	1.8152	1.8152		300	91.94	6,528,555	9,654,900	
1993/01		1.00	1.7710	1.7710		300	91.94	6,644,176	9,825,900	
1993/07		1.00	1.5329	1.5329		300	93.70	6,746,025	9,976,500	
1994/01		1.00	1.6983	1.6983		300	93.70	6,860,593	10,146,000	
1994/07		1.00	1.5991	1.5991		300	93.10	6,970,301	10,308,300	
1995/01		1.00	1.5812	1.5812		300	93.10	7,080,515	10,471,200	
1995/07		1.00	1.5250	1.5250		300	93.10	7,188,493	10,630,800	
1996/01		1.00	1.7228	1.7228		300	92.93	7,312,336	10,814,100	
1996/07		1.00	1.3294	1.3294		300	92.93	7,409,546	10,957,800	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 265560-00 - 2014/07

191.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		300	90.50	7,409,546	11,112,300	5
1997/07		1.00	1.0917	1.0917		300	80.87	7,596,118	11,233,500	
1998/01		1.00	1.1663	1.1663		300	80.87	7,596,118	11,364,600	5
1998/07	238,432	1.00	1.0794	1.0794		300	84.76	8,006,093	11,487,300	
1999/01		1.00	1.4499	1.4499		300	84.76	8,122,173	11,653,800	
1999/07		1.00	1.2299	1.2299		300	79.79	8,222,068	11,797,200	
2000/01		1.00	1.3356	1.3356		300	79.79	8,331,882	11,954,700	
2000/07		1.00	1.1129	1.1129		300	79.79	8,424,608	12,087,600	
2001/01		1.00	1.2976	1.2976		300	77.64	8,533,926	12,244,500	
2001/07		1.00	0.9615	0.9615		300	77.64	8,615,980	12,362,100	
2002/01		1.00	1.0301	1.0301		300	77.64	8,704,733	12,489,300	
2002/07		0.95	0.8337	0.8337		300	77.64	8,773,674	12,593,400	
2003/01		0.95	1.3271	1.3271		300	77.64	8,884,284	12,760,500	
2003/07		0.90	1.1664	1.1664		300	76.90	8,977,551	12,909,300	
2004/01		0.90	1.1103	1.1103		300	76.90	9,067,264	13,052,700	
2004/07		0.85	0.8378	0.8378		300	76.90	9,131,832	13,162,200	
2005/01		0.85	0.8595	0.8595		300	76.90	9,198,549	13,275,300	
2005/07		0.80	0.7364	0.7364		300	76.90	9,252,738	13,373,100	
2006/01		0.80	0.9068	0.9068		300	75.80	9,319,857	13,494,300	
2006/07		0.75	0.8133	0.8133		300	75.80	9,376,708	13,604,100	
2007/01	41,020	0.75	1.0133	1.0133		300	77.15	9,488,991	13,741,800	
2007/07		0.70	1.1050	1.1050		300	77.15	9,562,388	13,893,600	
2008/01		0.70	0.8556	0.8556		300	78.53	9,619,657	14,012,400	
2008/07	99,192	0.65	0.6104	0.6104		300	75.81	9,757,020	14,097,900	
2009/01		0.65	1.3268	1.3268		300	75.81	9,841,165	14,285,100	
2009/07		0.60	0.6841	0.6841		300	75.81	9,881,563	14,382,900	
2010/01		0.60	0.8643	0.8643		300	72.83	9,932,809	14,507,100	
2010/07		0.55	0.7107	0.7107		300	70.65	9,971,636	14,610,300	
2011/01		0.55	0.9198	0.9198		300	70.65	10,022,083	14,744,700	
2011/07		0.50	0.9028	0.9028		300	70.65	10,067,323	14,877,900	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 265560-00 - 2014/07

191.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		300	64.52	10,086,783	14,935,500	
2012/07		0.45	0.9417	0.9417		300	64.52	10,129,531	15,076,200	
2013/01		0.45	0.4901	0.4901		300	62.88	10,151,867	15,150,000	
2013/07		0.40	0.6196	0.6196		300	62.88	10,177,023	15,243,900	
2014/01		0.40	0.8564	0.8564		300	61.19	10,211,889	15,374,400	
2014/07		0.35	1.2383	1.2383		300	61.19	10,256,147	15,564,900	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 265560123120120101201209272013144721



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 265730-00 - 2014/07

204.51

Hialeah Nursing and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
190 W 28TH STREET	1/1/2013-12/31/2013	Number of Beds: 276	Superior: 0
HIALEAH, FL 33010	Days in CR 365	Maximum: 100,740	Standard: 184
County: Dade [13]	First Used : 2014/07	Max Annualized: 100,740	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 96,373	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 12,222	Inflation
Current Class South Large	Initial CR? False	Medicaid: 76,607	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	79.49011%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.66508%	Cost: 1.02471376
Open Date: 02/01/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 02/01/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 02/01/1984	Low Occupancy Adjustment Factor:	121.78707%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 207713			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,734,219	6,381,230	3,804,258	997,423		13,917,130	
1a	Audit Adjustments							
2	Cost Per Diem	35.6915	83.2983	49.6594	13.0200		181.6692	
3	Cost Per Diem Inflated	36.5736	85.1494	50.8867				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	36.5736	85.1494	50.8867	13.0200		185.6297	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4166		56.9960				
7	Provider Target Rate	47.3837		58.1836				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	36.5736	85.1494	50.8867	13.0200		185.6297	
12/13	Medical Adjustment Rate		2.8249	1.6882				
14	Prospective Per Diem 11	36.5736	87.9743	52.5749	13.0200		190.1428	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 265730-00 - 2014/07

204.51

Rate Semester 07/01/2014 through 12/31/2014

Hialeah Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,132,355.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed	80% Capital(1):	9,570,188	15.4722
Indexed Asset Value	11,962,735	<60% of Base:	False	20% ROE(2):	2,392,547	0.4948
FRVS Base Asset:	6,410,022	Interest Rate:	13.6960%	Insurance Cost(3):	160,956	1.6701
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	55,396	0.5748
ROE Factor	0.018750	Amortization Rate:	13.6960%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	84,767	0.0000
		Yearly Payment:	1,402,802	Total FRVS PD:		18.2119

- (1) 80% Capital (\$9,570,188) amortized at 13.6960 % for 20 years Principal & Interest of \$1,402,802 divided by annual available days (100740) divided by Occup. Adj. (0.900) = \$15.4722
- (2) 20% ROE (\$2,392,547) times the ROE factor (0.018750) divided by annual available days (100740) divided by Occup. Adj. (0.900) = \$0.4948
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	276	Effective PBS Limitation	7,866,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	36.5736	36.5736	0.6494	35.9242
Direct Care	87.9743	87.9743	1.5620	86.4123
Indirect Care	52.5749	52.5749	0.9335	51.6414
Property	13.0200	18.2119	0.3234	17.8885
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.7458
Supplemental Rate Add-on				9.9025
Totals	190.1428	195.3347	3.4683	204.5147

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 265730-00 - 2014/07

204.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	6,379,551	0.00	1.2952	1.2952		276	96.26	6,379,551	7,565,988	
1984/07		0.10	1.9179	1.9179		276	96.26	6,391,787	7,711,164	
1985/01		0.10	1.1471	1.1471		276	96.26	6,399,118	7,799,484	
1985/10		0.20	0.8522	0.8522		276	96.26	6,410,022	7,866,000	
1986/01		0.20	0.8299	0.8299		276	96.26	6,420,663	7,931,412	
1986/07		0.30	0.2974	0.2974		276	96.26	6,426,390	7,916,232	
1987/01		0.30	1.0091	1.0091		276	96.26	6,445,843	8,057,820	
1987/07		0.40	0.9007	0.9007		276	96.81	6,469,067	8,120,748	
1988/01		0.40	0.9007	0.9007		276	96.81	6,492,375	8,186,712	
1988/07	37,140	0.50	0.5899	0.5899		276	97.86	6,548,668	8,182,296	
1989/01	28,159	0.50	0.5899	0.5899		276	99.04	6,596,146	8,230,596	
1989/07		0.60	0.5899	0.5899		276	99.04	6,619,490	8,286,348	
1990/01		0.60	0.5899	0.5899		276	96.91	6,642,916	8,328,024	
1990/07		0.70	0.5899	0.5899		276	96.91	6,670,345	8,377,152	
1991/01		0.70	0.5899	0.5899		276	93.20	6,697,887	8,426,280	
1991/07		0.80	1.4932	1.4932		276	93.20	6,777,900	8,552,136	
1992/01		0.80	2.0117	2.0117		276	93.20	6,886,984	8,724,084	
1992/07		0.90	1.8152	1.8152		276	97.36	6,999,497	8,882,508	
1993/01		0.90	1.7710	1.7710		276	99.68	7,111,062	9,039,828	
1993/07		1.00	1.5329	1.5329		276	99.68	7,220,067	9,178,380	
1994/01		1.00	1.6983	1.6983		276	99.67	7,342,685	9,334,320	
1994/07		1.00	1.5991	1.5991		276	99.67	7,460,102	9,483,636	
1995/01	43,437	1.00	1.5812	1.5812		276	95.03	7,621,498	9,633,504	
1995/07		1.00	1.5250	1.5250		276	95.03	7,737,726	9,780,336	
1996/01		1.00	1.7228	1.7228		276	93.88	7,871,032	9,948,972	
1996/07		1.00	1.3294	1.3294		276	93.88	7,975,669	10,081,176	
1997/01		1.00	1.4109	1.4109		276	92.39	8,088,198	10,223,316	
1997/07		1.00	1.0917	1.0917		276	92.39	8,176,497	10,334,820	
1998/01		1.00	1.1663	1.1663		276	91.65	8,271,859	10,455,432	
1998/07		1.00	1.0794	1.0794		276	91.65	8,361,145	10,568,316	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 265730-00 - 2014/07

204.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		276	89.87	8,482,373	10,721,496	
1999/07		1.00	1.2299	1.2299		276	89.87	8,586,698	10,853,424	
2000/01		1.00	1.3356	1.3356		276	89.87	8,701,382	10,998,324	
2000/07		1.00	1.1129	1.1129		276	88.57	8,798,220	11,120,592	
2001/01		1.00	1.2976	1.2976		276	91.08	8,912,386	11,264,940	
2001/07		1.00	0.9615	0.9615		276	91.08	8,998,079	11,373,132	
2002/01		1.00	1.0301	1.0301		276	89.35	9,090,768	11,490,156	
2002/07		1.00	0.8337	0.8337		276	89.35	9,166,558	11,585,928	
2003/01	349,944	1.00	1.3271	1.3271		276	84.30	9,638,151	11,739,660	
2003/07		1.00	1.1664	1.1664		276	81.51	9,750,570	11,876,556	
2004/01		1.00	1.1103	1.1103		276	81.51	9,858,831	12,008,484	
2004/07		0.95	0.8378	0.8378		276	81.51	9,937,297	12,109,224	
2005/01		0.95	0.8595	0.8595		276	81.51	9,937,297	12,213,276	5
2005/07		0.90	0.7364	0.7364		276	79.68	10,084,837	12,303,252	
2006/01		0.90	0.9068	0.9068		276	79.68	10,167,139	12,414,756	
2006/07		0.85	0.8133	0.8133		276	79.68	10,237,424	12,515,772	
2007/01	296,170	0.85	1.0133	1.0133		276	80.67	10,621,769	12,642,456	
2007/07		0.80	1.1050	1.1050		276	80.67	10,715,665	12,782,112	
2008/01	103,553	0.80	0.8556	0.8556		276	72.54	10,892,567	12,891,408	
2008/07	223,330	0.75	0.6104	0.6104		276	76.68	11,165,763	12,970,068	
2009/01		0.75	1.3268	1.3268		276	76.68	11,276,874	13,142,292	
2009/07		0.70	0.6841	0.6841		276	76.68	11,330,879	13,232,268	
2010/01		0.70	0.8643	0.8643		276	75.67	11,399,431	13,346,532	
2010/07		0.65	0.7107	0.7107		276	75.67	11,452,096	13,441,476	
2011/01	62,248	0.65	0.9198	0.9198		276	74.64	11,582,816	13,565,124	
2011/07		0.60	0.9028	0.9028		276	72.18	11,645,560	13,687,668	
2012/01		0.60	0.3865	0.3865		276	72.18	11,672,566	13,740,660	
2012/07		0.55	0.9417	0.9417		276	72.18	11,733,018	13,870,104	
2013/01	44,490	0.55	0.4901	0.4901		276	76.45	11,809,140	13,938,000	
2013/07		0.50	0.6196	0.6196		276	76.45	11,845,725	14,024,388	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 265730-00 - 2014/07

204.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		276	75.20	11,896,448	14,144,448	
2014/07		0.45	1.2383	1.2383		276	79.49	11,962,735	14,319,708	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 265730123120130101201304212014105147



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 266108-00 - 2014/07

232.45

Life Care Center of Ocala

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2800 SW 41ST ST	2/1/2013-1/31/2014	Number of Beds: 120	Superior: 0
OCALA, FL 34474	Days in CR 365	Maximum: 43,800	Standard: 184
County: Marion [42]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 38,946	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 23,271	Inflation
Current Class North Large	Initial CR? False	Medicaid: 12,696	FY Index: 1.31445245
Class at 1/94: North Large	Medical Utilization	32.59898%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	88.91781%	Cost: 1.02480154
Open Date: 10/01/1998	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/01/1998	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21633187
Entered Medicaid 10/01/1998	Low Occupancy Adjustment Factor:	113.19741%	DC Sem Index: 1.24200000
Med # Active Date: 02/01/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02110290
Previous Med # 253154			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	591,547	1,133,106	869,165	301,530		2,895,348	
1a	Audit Adjustments							
2	Cost Per Diem	46.5932	89.2491	68.4598	23.7500		228.0521	
3	Cost Per Diem Inflated	47.7488	91.1325	70.1577				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.7488	91.1325	70.1577	23.7500		232.7890	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.0058		59.2711				
7	Provider Target Rate	53.0894		60.5061				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.7488	91.1325	60.1169	13.6500		212.6482	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	47.7488	91.1325	60.1169	13.6500		212.6482	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 266108-00 - 2014/07

232.45

Rate Semester 07/01/2014 through 12/31/2014

Life Care Center of Ocala

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1998	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	7,929,850.00	Total Amount	Per Diem
RS to Start Calcs:	1998/07	Type:	Fixed	80% Capital(1):	4,710,266 12.4435
Indexed Asset Value	5,887,833	<60% of Base:	False	20% ROE(2):	1,177,567 0.5849
FRVS Base Asset:	4,545,840	Interest Rate:	8.5000%	Insurance Cost(3):	27,555 0.7075
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	62,867 1.6142
ROE Factor	0.019580	Amortization Rate:	8.5000%	Home Office(3):	50,727 1.3025
		Interest Only:	False	Replacement(3&4):	36,546 0.0000
		Yearly Payment:	490,521	Total FRVS PD:	16.6526

- (1) 80% Capital (\$4,710,266) amortized at 8.5000 % for 20 years Principal & Interest of \$490,521 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$12.4435
- (2) 20% ROE (\$1,177,567) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5849
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,882
Comparison Date:	01/01/1998	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,545,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.7488	47.7488	0.8478	46.9010
Direct Care	91.1325	91.1325	1.6181	89.5144
Indirect Care	60.1169	60.1169	1.0674	59.0495
Property	13.6500	16.6526	0.2957	16.3569
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				10.7271
Supplemental Rate Add-on				9.9025
Totals	212.6482	215.6508	3.8290	232.4514

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 1/31/2014

0 266108-00 - 2014/07

232.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07	8,853,006	0.00	1.0794	1.0794		120	28.32	4,545,840	4,545,840	1
1999/01		0.10	1.4499	1.4499		120	28.32	4,549,234	4,661,520	
1999/07		0.10	1.2299	1.2299		120	28.32	4,552,115	4,718,880	
2000/01		0.20	1.3356	1.3356		120	28.32	4,558,376	4,781,880	
2000/07		0.20	1.1129	1.1129		120	28.32	4,563,601	4,835,040	
2001/01		0.30	1.2976	1.2976		120	28.32	4,572,749	4,897,800	
2001/07		0.30	0.9615	0.9615		120	28.32	4,579,542	4,944,840	
2002/01	33,962	0.40	1.0301	1.0301		120	45.66	4,629,168	4,995,720	
2002/07	44,624	0.40	0.8337	0.8337		120	36.23	4,673,792	5,037,360	5
2003/01		0.50	1.3271	1.3271		120	36.23	4,704,437	5,104,200	
2003/07	43,003	0.50	1.1664	1.1664		120	33.00	4,763,902	5,163,720	
2004/01		0.60	1.1103	1.1103		120	33.00	4,782,944	5,221,080	
2004/07		0.60	0.8378	0.8378		120	37.79	4,799,464	5,264,880	
2005/01		0.70	0.8595	0.8595		120	37.79	4,819,306	5,310,120	
2005/07	50,716	0.70	0.7364	0.7364		120	32.23	4,884,580	5,349,240	
2006/01		0.80	0.9068	0.9068		120	32.23	4,905,344	5,397,720	
2006/07	18,967	0.80	0.8133	0.8133		120	26.89	4,939,914	5,441,640	
2007/01		0.90	1.0133	1.0133		120	26.89	4,961,940	5,496,720	
2007/07		0.90	1.1050	1.1050		120	23.79	4,961,940	5,557,440	
2008/01		1.00	0.8556	0.8556		120	23.79	4,961,940	5,604,960	
2008/07		1.00	0.6104	0.6104		120	23.79	4,961,940	5,639,160	
2009/01		1.00	1.3268	1.3268		120	26.51	4,993,672	5,714,040	
2009/07	169,956	1.00	0.6841	0.6841		120	27.32	5,180,597	5,753,160	
2010/01		1.00	0.8643	0.8643		120	27.32	5,202,838	5,802,840	
2010/07	401,061	1.00	0.7107	0.7107		120	29.05	5,623,429	5,844,120	
2011/01		1.00	0.9198	0.9198		120	29.05	5,650,749	5,897,880	
2011/07		1.00	0.9028	0.9028		120	33.85	5,682,146	5,951,160	
2012/01		1.00	0.3865	0.3865		120	33.85	5,695,662	5,974,200	
2012/07		1.00	0.9417	0.9417		120	33.85	5,728,673	6,030,480	
2013/01		1.00	0.4901	0.4901		120	28.56	5,743,252	6,060,000	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 1/31/2014

0 266108-00 - 2014/07

232.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		1.00	0.6196	0.6196		120	28.56	5,761,730	6,097,560	
2014/01	18,875	1.00	0.8564	0.8564		120	27.13	5,804,945	6,149,760	
2014/07	40,281	1.00	1.2383	1.2383		120	32.60	5,887,833	6,225,960	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 266108013120140201201304142014131656



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 266124-00 - 2014/07

240.57

Oasis Health and Rehabilitation Center

Type of Cost Report: Prospective with Interim Component Type of Cost: Actual with Interim Component Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1201 12TH AVENUE SOUTH	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
LAKE WORTH , FL 33460	Days in CR 366	Maximum: 43,920	Standard: 184
County: Palm Beach [50]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 39,640	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 3,428	Inflation
Current Class South Large	Initial CR? False	Medicaid: 32,520	FY Index: 1.28335532
Class at 1/94: South Large	Medical Utilization	82.03835%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	90.25501%	Cost: 1.04963363
Open Date: 06/01/1986	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/01/1986	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 06/01/1986	Low Occupancy Adjustment Factor:	114.89974%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 209279	Interim Component Effective Date:	01/01/2014	PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,730,933	2,449,972	1,716,256	593,165		6,490,326	
1a	Audit Adjustments							
2	Cost Per Diem	53.2267	75.3374	52.7754	18.2400		199.5795	
3	Cost Per Diem Inflated	55.8685	77.8121	55.3948				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.8685	77.8121	55.3948	18.2400		207.3154	
5a	Interim Adjustment	0.6515	0.1235	0.3704				
5b	Interim Adjusted Per Diem	56.5200	77.9356	55.7652				
6	Prior Semester: Provider Target Base	61.9564		55.4668				
7	Provider Target Rate	63.2473		56.6225				
7a	Interim Adjustment	0.6515		0.3704				
7b	Interim Adjustment Provider Target Rate	63.8988		56.9929				
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	77.9356	55.7652	13.6500		201.7684	
12/13	Medical Adjustment Rate		2.8090	2.0100				
14	Prospective Per Diem 11	54.4176	80.7446	57.7752	13.6500		206.5874	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 266124-00 - 2014/07

240.57

Rate Semester 07/01/2014 through 12/31/2014

Oasis Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Variable	80% Capital(1):	4,384,641	11.1644
Indexed Asset Value	5,480,801	<60% of Base:	False	20% ROE(2):	1,096,160	0.4054
FRVS Base Asset:	3,092,950	Interest Rate:	8.0000%	Insurance Cost(3):	97,827	2.4679
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	92,912	2.3439
ROE Factor	0.014580	Amortization Rate:	8.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	118,850	0.0000
		Yearly Payment:	440,099	Total FRVS PD:		16.3816

- (1) 80% Capital (\$4,384,641) amortized at 8.0000 % for 20 years Principal & Interest of \$440,099 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$11.1644
- (2) 20% ROE (\$1,096,160) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4054
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,737
Comparison Date:	01/01/1986	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,448,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	80.7446	80.7446	1.4336	79.3110
Indirect Care	57.7752	57.7752	1.0258	56.7494
Property	13.6500	16.3816	0.2909	16.0907
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.0676
Supplemental Rate Add-on				9.9025
Totals	206.5874	209.3190	3.7165	240.5726

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 266124-00 - 2014/07

240.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	3,092,950	0.00	0.8299	0.8299		120	79.47	3,092,950	3,448,440	
1986/07		0.10	0.2974	0.2974		120	79.47	3,093,869	3,441,840	
1987/01		0.10	1.0091	1.0091		120	96.60	3,096,991	3,503,400	
1987/07		0.20	0.9007	0.9007		120	88.49	3,102,569	3,530,760	
1988/01		0.20	0.9007	0.9007		120	88.49	3,108,157	3,559,440	
1988/07		0.30	0.5899	0.5899		120	88.49	3,113,658	3,557,520	
1989/01		0.30	0.5899	0.5899		120	88.49	3,119,169	3,578,520	
1989/07		0.40	0.5899	0.5899		120	85.68	3,126,530	3,602,760	
1990/01		0.40	0.5899	0.5899		120	85.68	3,133,909	3,620,880	
1990/07		0.50	0.5899	0.5899		120	82.55	3,143,154	3,642,240	
1991/01		0.50	0.5899	0.5899		120	82.55	3,152,426	3,663,600	
1991/07	183,303	0.60	1.4932	1.4932		120	75.47	3,363,972	3,718,320	
1992/01		0.60	2.0117	2.0117		120	75.47	3,404,575	3,793,080	
1992/07		0.70	1.8152	1.8152		120	71.23	3,447,834	3,861,960	
1993/01		0.70	1.7710	1.7710		120	71.23	3,490,577	3,930,360	
1993/07		0.80	1.5329	1.5329		120	79.43	3,533,382	3,990,600	
1994/01		0.80	1.6983	1.6983		120	79.43	3,581,387	4,058,400	
1994/07	31,365	0.90	1.5991	1.5991		120	85.85	3,664,295	4,123,320	
1995/01		0.90	1.5812	1.5812		120	85.85	3,716,442	4,188,480	
1995/07		1.00	1.5250	1.5250		120	81.56	3,716,442	4,252,320	5
1996/01		1.00	1.7228	1.7228		120	81.56	3,838,121	4,325,640	
1996/07		1.00	1.3294	1.3294		120	80.67	3,889,145	4,383,120	
1997/01		1.00	1.4109	1.4109		120	80.67	3,944,017	4,444,920	
1997/07		1.00	1.0917	1.0917		120	69.21	3,987,074	4,493,400	
1998/01		1.00	1.1663	1.1663		120	69.21	4,033,575	4,545,840	
1998/07		1.00	1.0794	1.0794		120	64.61	4,077,113	4,594,920	
1999/01		1.00	1.4499	1.4499		120	64.61	4,077,113	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	67.38	4,187,098	4,718,880	
2000/01		1.00	1.3356	1.3356		120	67.38	4,243,021	4,781,880	
2000/07		1.00	1.1129	1.1129		120	60.37	4,290,242	4,835,040	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 266124-00 - 2014/07

240.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		120	60.37	4,345,912	4,897,800	
2001/07		1.00	0.9615	0.9615		120	61.05	4,387,698	4,944,840	
2002/01		1.00	1.0301	1.0301		120	58.44	4,432,896	4,995,720	
2002/07		1.00	0.8337	0.8337		120	58.44	4,469,853	5,037,360	
2003/01		1.00	1.3271	1.3271		120	66.43	4,469,853	5,104,200	5
2003/07		1.00	1.1664	1.1664		120	63.37	4,582,000	5,163,720	
2004/01		1.00	1.1103	1.1103		120	63.37	4,632,874	5,221,080	
2004/07		1.00	0.8378	0.8378		120	63.37	4,671,688	5,264,880	
2005/01		1.00	0.8595	0.8595		120	63.37	4,711,841	5,310,120	
2005/07		1.00	0.7364	0.7364		120	63.37	4,746,539	5,349,240	
2006/01		1.00	0.9068	0.9068		120	64.78	4,789,581	5,397,720	
2006/07		0.95	0.8133	0.8133		120	64.78	4,826,585	5,441,640	
2007/01		0.95	1.0133	1.0133		120	57.70	4,873,046	5,496,720	
2007/07		0.90	1.1050	1.1050		120	57.70	4,921,508	5,557,440	
2008/01		0.90	0.8556	0.8556		120	62.83	4,959,404	5,604,960	
2008/07		0.85	0.6104	0.6104		120	58.10	4,985,133	5,639,160	
2009/01		0.85	1.3268	1.3268		120	58.10	5,041,355	5,714,040	
2009/07	18,297	0.80	0.6841	0.6841		120	68.24	5,087,243	5,753,160	
2010/01		0.80	0.8643	0.8643		120	68.24	5,122,416	5,802,840	
2010/07	89,901	0.75	0.7107	0.7107		120	73.82	5,239,619	5,844,120	
2011/01		0.75	0.9198	0.9198		120	73.82	5,275,767	5,897,880	
2011/07		0.70	0.9028	0.9028		120	73.82	5,309,110	5,951,160	
2012/01		0.70	0.3865	0.3865		120	79.20	5,323,476	5,974,200	
2012/07		0.65	0.9417	0.9417		120	79.20	5,356,061	6,030,480	
2013/01	22,710	0.65	0.4901	0.4901		120	81.74	5,395,835	6,060,000	
2013/07		0.60	0.6196	0.6196		120	81.74	5,415,897	6,097,560	
2014/01		0.60	0.8564	0.8564		120	82.04	5,443,724	6,149,760	
2014/07		0.55	1.2383	1.2383		120	82.04	5,480,801	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 266281-00 - 2014/07

178.96

Southpoint Terrace

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4325 SOUTHPOINT BOULEVARD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
JACKSONVILLE, FL 32216	Days in CR 365	Maximum: 43,800	Standard: 184
County: Duval [16]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 42,910	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 7,659	Inflation
Current Class North Large	Initial CR? False	Medicaid: 23,973	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	55.86810%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	97.96804%	Cost: 1.02471376
Open Date: 01/08/2004	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/08/2004	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 02/20/2004	Low Occupancy Adjustment Factor:	124.71886%	DC Sem Index: 1.24200000
Med # Active Date: 02/20/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	754,966	1,523,840	851,269	647,990		3,778,065	
1a	Audit Adjustments							
2	Cost Per Diem	31.4923	63.5648	35.5095	27.0300		157.5966	
3	Cost Per Diem Inflated	32.2706	64.9774	36.3871				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	32.2706	64.9774	36.3871	27.0300		160.6651	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	41.8258		51.2053				
7	Provider Target Rate	42.6973		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	32.2706	64.9774	36.3871	13.6500		147.2851	
12/13	Medical Adjustment Rate		0.4290	0.2402				
14	Prospective Per Diem 11	32.2706	65.4064	36.6273	13.6500		147.9543	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 266281-00 - 2014/07

178.96

Rate Semester 07/01/2014 through 12/31/2014

Southpoint Terrace

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/20/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	7,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	2004/01	Type:	Variable	80% Capital(1):	4,574,305	9.3754
Indexed Asset Value	5,717,881	<60% of Base:	False	20% ROE(2):	1,143,576	0.5439
FRVS Base Asset:	5,163,720	Interest Rate:	5.2400%	Insurance Cost(3):	51,946	1.2106
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	142,222	3.3144
ROE Factor	0.018750	Amortization Rate:	5.2400%	Home Office(3):	8,739	0.2037
		Interest Only:	False	Replacement(3&4):	63,860	0.0000
		Yearly Payment:	369,578	Total FRVS PD:		14.6480

- (1) 80% Capital (\$4,574,305) amortized at 5.2400 % for 20 years Principal & Interest of \$369,578 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.3754
- (2) 20% ROE (\$1,143,576) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5439
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	43,031
Comparison Date:	07/01/2003	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	5,163,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	32.2706	32.2706	0.5730	31.6976
Direct Care	65.4064	65.4064	1.1613	64.2451
Indirect Care	36.6273	36.6273	0.6503	35.9770
Property	13.6500	14.6480	0.2601	14.3879
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.7482
Supplemental Rate Add-on				9.9025
Totals	147.9543	148.9523	2.6447	178.9583

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 266281-00 - 2014/07

178.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01	9,046,928	0.00	1.1103	1.1103		120	48.27	5,163,720	5,163,720	1
2004/07		0.10	0.8378	0.8378		120	48.27	5,167,518	5,264,880	
2005/01		0.10	0.8595	0.8595		120	48.27	5,171,418	5,310,120	
2005/07		0.20	0.7364	0.7364		120	48.27	5,178,103	5,349,240	
2006/01		0.20	0.9068	0.9068		120	48.27	5,186,347	5,397,720	
2006/07		0.30	0.8133	0.8133		120	48.27	5,197,453	5,441,640	
2007/01		0.30	1.0133	1.0133		120	57.13	5,213,253	5,496,720	
2007/07		0.40	1.1050	1.1050		120	57.13	5,236,296	5,557,440	
2008/01		0.40	0.8556	0.8556		120	64.48	5,254,215	5,604,960	
2008/07		0.50	0.6104	0.6104		120	64.48	5,270,251	5,639,160	
2009/01		0.50	1.3268	1.3268		120	57.16	5,305,214	5,714,040	
2009/07		0.60	0.6841	0.6841		120	57.16	5,326,992	5,753,160	
2010/01		0.60	0.8643	0.8643		120	52.74	5,353,483	5,802,840	
2010/07		0.70	0.7107	0.7107		120	52.74	5,379,022	5,844,120	
2011/01		0.70	0.9198	0.9198		120	56.06	5,413,658	5,897,880	
2011/07		0.80	0.9028	0.9028		120	56.06	5,452,755	5,951,160	
2012/01		0.80	0.3865	0.3865		120	57.29	5,469,615	5,974,200	
2012/07		0.90	0.9417	0.9417		120	57.29	5,515,970	6,030,480	
2013/01		0.90	0.4901	0.4901		120	59.76	5,540,301	6,060,000	
2013/07		1.00	0.6196	0.6196		120	59.76	5,574,629	6,097,560	
2014/01	25,573	1.00	0.8564	0.8564		120	58.52	5,647,943	6,149,760	
2014/07		1.00	1.2383	1.2383		120	55.87	5,717,881	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 266612-00 - 2014/07

163.76

Whispering Oaks

Type of Cost Report: Prospective with Interim Component Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : 501(c)(3) Organization CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1514 E CHELSEA ST	1/1/2012-12/31/2012	Number of Beds: 240	Superior: 0
TAMPA, FL 33610	Days in CR 366	Maximum: 87,840	Standard: 184
County: Hillsborough [29]	First Used : 2013/07	Max Annualized: 87,600	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 83,496	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 6,047	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 72,101	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	86.35264%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.05464%	Cost: 1.04963363
Open Date: 06/01/1982	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 06/01/1982	Low Occupancy Adjustment Factor:	121.00994%	DC Sem Index: 1.24200000
Med # Active Date: 05/07/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 211125	Interim Component Effective Date:	07/01/2013	PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,306,415	4,835,680	2,580,059	835,651		10,557,805	
1a	Audit Adjustments							
2	Cost Per Diem	31.9887	67.0681	35.7840	11.5900		146.4308	
3	Cost Per Diem Inflated	33.5764	69.2712	37.5601				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	33.5764	69.2712	37.5601	11.5900		151.9977	
5a	Interim Adjustment	0.2697	0.0629	0.0607				
5b	Interim Adjusted Per Diem	33.8461	69.3341	37.6208				
6	Prior Semester: Provider Target Base	44.1212		53.3361				
7	Provider Target Rate	45.0405		54.4474				
7a	Interim Adjustment	0.2697		0.0607				
7b	Interim Adjustment Provider Target Rate	45.3102		54.5081				
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	33.8461	69.3341	37.6208	11.5900		152.3910	
12/13	Medical Adjustment Rate		2.8355	1.5386				
14	Prospective Per Diem 11	33.8461	72.1696	39.1594	11.5900		156.7651	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 266612-00 - 2014/07

163.76

Rate Semester 07/01/2014 through 12/31/2014

Whispering Oaks

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/01/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	9,880,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	5,721,905 6.8835
RS to Start Calcs:	1982/01	<60% of Base:	False	20% ROE(2):	1,430,476 0.2645
Indexed Asset Value	7,152,381	Interest Rate:	7.9632%	Insurance Cost(3):	113,509 1.3595
FRVS Base Asset:	3,774,478	Chase Rate:	4.2500%	Taxes Cost(3):	1,032 0.0124
Occup Adj Factor	0.9000	Amortization Rate:	7.2500%	Home Office(3):	0 0.0000
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	416,009 0.0000
		Yearly Payment:	542,695	Total FRVS PD:	8.5199

- (1) 80% Capital (\$5,721,905) amortized at 7.2500 % for 20 years Principal & Interest of \$542,695 divided by annual available days (87600) divided by Occup. Adj. (0.900) = \$6.8835
- (2) 20% ROE (\$1,430,476) times the ROE factor (0.014580) divided by annual available days (87600) divided by Occup. Adj. (0.900) = \$0.2645
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	33.8461	33.8461	0.6009	33.2452
Direct Care	72.1696	72.1696	1.2814	70.8882
Indirect Care	39.1594	39.1594	0.6953	38.4641
Property	11.5900	8.5199	0.1513	8.3686
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.8872
Supplemental Rate Add-on				9.9025
Totals	156.7651	153.6950	2.7289	163.7558

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 266612-00 - 2014/07

163.76

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	3,670,352	0.00	2.6760	2.6760		240	81.24	3,670,352	5,951,040	
1982/07		0.10	2.2977	2.2977		240	81.24	3,678,786	6,087,600	
1983/04		0.10	2.6288	2.6288		240	84.76	3,688,458	6,247,680	
1983/07		0.20	3.9578	3.0000	0.9578	240	84.76	3,710,589	6,494,880	
1984/01		0.20	2.2530	2.2530		240	82.27	3,727,309	6,579,120	
1984/07		0.30	1.9179	1.9179		240	82.27	3,748,756	6,705,360	
1985/01		0.30	1.1471	1.1471		240	78.47	3,761,655	6,782,160	
1985/10		0.40	0.8522	0.8522		240	78.47	3,774,478	6,840,000	
1986/01		0.40	0.8299	0.8299		240	78.47	3,787,009	6,896,880	
1986/07		0.50	0.2974	0.2974		240	78.47	3,792,640	6,883,680	
1987/01		0.50	1.0091	1.0091		240	82.00	3,811,778	7,006,800	
1987/07		0.60	0.9007	0.9007		240	82.00	3,832,377	7,061,520	
1988/01		0.60	0.9007	0.9007		240	82.90	3,853,087	7,118,880	
1988/07		0.70	0.5899	0.5899		240	82.90	3,868,996	7,115,040	
1989/01		0.70	0.5899	0.5899		240	88.18	3,884,971	7,157,040	
1989/07		0.80	0.5899	0.5899		240	88.18	3,903,304	7,205,520	
1990/01		0.80	0.5899	0.5899		240	88.18	3,921,724	7,241,760	
1990/07		0.90	0.5899	0.5899		240	88.18	3,942,544	7,284,480	
1991/01		0.90	0.5899	0.5899		240	88.18	3,963,475	7,327,200	
1991/07		1.00	1.4932	1.4932		240	88.18	4,022,658	7,436,640	
1992/01		1.00	2.0117	2.0117		240	86.30	4,103,582	7,586,160	
1992/07		1.00	1.8152	1.8152		240	88.86	4,178,070	7,723,920	
1993/01		1.00	1.7710	1.7710		240	88.86	4,252,064	7,860,720	
1993/07		1.00	1.5329	1.5329		240	92.14	4,252,064	7,981,200	5
1994/01		1.00	1.6983	1.6983		240	92.14	4,317,244	8,116,800	5
1994/07		1.00	1.5991	1.5991		240	90.18	4,390,564	8,246,640	5
1995/01		1.00	1.5812	1.5812		240	90.18	4,531,308	8,376,960	
1995/07		1.00	1.5250	1.5250		240	90.18	4,531,308	8,504,640	5
1996/01		1.00	1.7228	1.7228		240	90.18	4,679,666	8,651,280	
1996/07		1.00	1.3294	1.3294		240	90.18	4,741,877	8,766,240	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 266612-00 - 2014/07

163.76

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		240	90.18	4,808,780	8,889,840	
1997/07		1.00	1.0917	1.0917		240	92.46	4,861,277	8,986,800	
1998/01		1.00	1.1663	1.1663		240	92.46	4,917,974	9,091,680	
1998/07		1.00	1.0794	1.0794		240	92.75	4,971,059	9,189,840	
1999/01		1.00	1.4499	1.4499		240	92.75	5,043,134	9,323,040	
1999/07		1.00	1.2299	1.2299		240	93.20	5,105,160	9,437,760	
2000/01	268,895	1.00	1.3356	1.3356		240	94.61	5,442,240	9,563,760	
2000/07		1.00	1.1129	1.1129		240	94.61	5,502,807	9,670,080	
2001/01		1.00	1.2976	1.2976		240	94.61	5,502,807	9,795,600	5
2001/07	165,744	1.00	0.9615	0.9615		240	94.47	5,793,551	9,889,680	
2002/01		1.00	1.0301	1.0301		240	91.95	5,853,230	9,991,440	
2002/07		0.95	0.8337	0.8337		240	91.95	5,899,588	10,074,720	
2003/01		0.95	1.3271	1.3271		240	89.70	5,973,964	10,208,400	
2003/07		0.90	1.1664	1.1664		240	89.70	6,036,679	10,327,440	
2004/01		0.90	1.1103	1.1103		240	89.70	6,097,004	10,442,160	
2004/07		0.85	0.8378	0.8378		240	89.70	6,140,421	10,529,760	
2005/01		0.85	0.8595	0.8595		240	89.70	6,185,283	10,620,240	
2005/07		0.80	0.7364	0.7364		240	90.37	6,221,721	10,698,480	
2006/01		0.80	0.9068	0.9068		240	90.37	6,266,853	10,795,440	
2006/07		0.75	0.8133	0.8133		240	89.17	6,305,081	10,883,280	
2007/01		0.75	1.0133	1.0133		240	89.17	6,353,000	10,993,440	
2007/07		0.70	1.1050	1.1050		240	87.95	6,402,140	11,114,880	
2008/01		0.70	0.8556	0.8556		240	87.95	6,440,482	11,209,920	
2008/07		0.65	0.6104	0.6104		240	90.01	6,466,038	11,278,320	
2009/01		0.65	1.3268	1.3268		240	90.01	6,521,801	11,428,080	
2009/07	107,161	0.60	0.6841	0.6841		240	89.43	6,655,734	11,506,320	
2010/01		0.60	0.8643	0.8643		240	89.43	6,690,251	11,605,680	
2010/07		0.55	0.7107	0.7107		240	89.43	6,716,403	11,688,240	
2011/01	37,543	0.55	0.9198	0.9198		240	88.15	6,787,924	11,795,760	
2011/07		0.50	0.9028	0.9028		240	86.88	6,818,565	11,902,320	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 266612-00 - 2014/07

163.76

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		240	86.88	6,831,745	11,948,400	
2012/07		0.45	0.9417	0.9417		240	86.88	6,860,698	12,060,960	
2013/01		0.45	0.4901	0.4901		240	90.08	6,875,826	12,120,000	
2013/07	204,337	0.40	0.6196	0.6196		240	86.35	7,097,201	12,195,120	
2014/01		0.40	0.8564	0.8564		240	86.35	7,121,516	12,299,520	
2014/07		0.35	1.2383	1.2383		240	86.35	7,152,381	12,451,920	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 266612123120120101201204232013144931



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 267724-00 - 2014/07

229.65

The Springs At Boca Ciega Bay

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1255 PASADENA AVE S, SUITE C	1/1/2012-12/31/2012	Number of Beds: 109	Superior: 0
SOUTH PASADENA, FL 33707	Days in CR 366	Maximum: 39,894	Standard: 184
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 39,785	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 37,241	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 13,372	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 14,932	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	40.09559%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.34988%	Cost: 1.04963363
Open Date: 08/01/1974	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 07/01/1987	Low Occupancy Adjustment Factor:	118.83969%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 213217			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	647,860	1,324,984	946,150	307,301		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	45.5409	91.6493	66.5089				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.5409	91.6493	66.5089	20.5800		224.2791	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.3154		65.2029				
7	Provider Target Rate	50.3429		66.5615				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.5409	91.6493	61.9692	13.6500		212.8094	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	45.5409	91.6493	61.9692	13.6500		212.8094	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 267724-00 - 2014/07

229.65

Rate Semester 07/01/2014 through 12/31/2014

The Springs At Boca Ciega Bay

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1987	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00		Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	2,070,277	4.8704
RS to Start Calcs:	1987/07	<60% of Base:	True	20% ROE(2):	517,569	0.2107
Indexed Asset Value	2,587,846	Interest Rate:	8.5000%	Insurance Cost(3):	62,763	1.6853
FRVS Base Asset:	1,963,200	Chase Rate:	8.5000%	Taxes Cost(3):	46,766	1.2558
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	8,860	0.2379
ROE Factor	0.014580	Interest Only:	True	Replacement(3&4):	183,302	0.0000
		Yearly Payment:	174,393	Total FRVS PD:		8.2601

- (1) 80% Capital (\$2,070,277) amortized at 8.5000 % for 20 years Interest of \$174,393 divided by annual available days (39785) divided by Occup. Adj. (0.900) = \$4.8704
- (2) 20% ROE (\$517,569) times the ROE factor (0.014580) divided by annual available days (39785) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	13,088
Comparison Date:	01/01/1974	Current RS PBS:	51,883
Comparison Bed	150	Effective PBS Limitation	1,963,200

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.5409	45.5409	0.8086	44.7323
Direct Care	91.6493	91.6493	1.6272	90.0221
Indirect Care	61.9692	61.9692	1.1003	60.8689
Property	13.6500	8.2601	0.1467	8.1134
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.0130
Supplemental Rate Add-on				9.9025
Totals	212.8094	207.4195	3.6828	229.6522

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 267724-00 - 2014/07

229.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	2,706,255	0.00	0.9007	0.9007		150	3.00	1,963,200	1,963,200	1
1988/01		0.10	0.9007	0.9007		150	3.00	1,963,200	4,449,300	
1988/07		0.10	0.5899	0.5899		150	3.00	1,963,200	4,446,900	
1989/01		0.20	0.5899	0.5899		150	3.00	1,963,200	4,473,150	
1989/07		0.20	0.5899	0.5899		150	3.00	1,963,200	4,503,450	
1990/01		0.30	0.5899	0.5899		150	3.00	1,963,200	4,526,100	
1990/07		0.30	0.5899	0.5899		150	3.00	1,963,200	4,552,800	5
1991/01	61,688	0.40	0.5899	0.5899		150	6.05	2,024,888	4,579,500	5
1991/07		0.40	1.4932	1.4932		150	6.05	2,024,888	4,647,900	
1992/01		0.50	2.0117	2.0117		150	6.92	2,024,888	4,741,350	
1992/07		0.50	1.8152	1.8152		150	6.92	2,024,888	4,827,450	
1993/01		0.60	1.7710	1.7710		150	9.01	2,024,888	4,912,950	5
1993/07	51,294	0.60	1.5329	1.5329		150	15.29	2,076,182	4,988,250	
1994/01		0.70	1.6983	1.6983		150	15.29	2,076,182	5,073,000	
1994/07		0.70	1.5991	1.5991		150	19.95	2,076,182	5,154,150	5
1995/01		0.80	1.5812	1.5812		150	19.95	2,076,182	5,235,600	5
1995/07		0.80	1.5250	1.5250		150	19.95	2,076,182	5,315,400	5
1996/01		0.90	1.7228	1.7228		150	24.88	2,076,182	5,407,050	5
1996/07		0.90	1.3294	1.3294		150	25.52	2,087,708	5,478,900	
1997/01		1.00	1.4109	1.4109		150	25.52	2,087,708	5,556,150	5
1997/07	15,111	1.00	1.0917	1.0917		150	30.29	2,116,486	5,616,750	5
1998/01	26,099	1.00	1.1663	1.1663		150	30.29	2,155,219	5,682,300	5
1998/07		1.00	1.0794	1.0794		150	30.29	2,181,788	5,743,650	
1999/01		1.00	1.4499	1.4499		150	30.29	2,199,210	5,826,900	
1999/07		1.00	1.2299	1.2299		150	30.29	2,214,106	5,898,600	
2000/01	(248,561)	1.00	1.3356	1.3356		132	35.46	1,984,611	5,260,068	
2000/07		1.00	1.1129	1.1129		132	35.46	1,998,851	5,318,544	
2001/01		1.00	1.2976	1.2976		132	38.51	2,017,012	5,387,580	
2001/07		1.00	0.9615	0.9615		132	38.51	2,030,591	5,439,324	
2002/01		1.00	1.0301	1.0301		132	41.82	2,046,496	5,495,292	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 267724-00 - 2014/07

229.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		132	41.82	2,059,469	5,541,096	
2003/01		1.00	1.3271	1.3271		132	47.59	2,083,118	5,614,620	
2003/07		1.00	1.1664	1.1664		132	47.59	2,104,142	5,680,092	
2004/01	33,781	1.00	1.1103	1.1103		97	39.21	2,154,578	4,220,373	
2004/07		1.00	0.8378	0.8378		97	39.21	2,167,447	4,255,778	
2005/01		1.00	0.8595	0.8595		97	39.21	2,180,728	4,292,347	
2005/07		1.00	0.7364	0.7364		97	39.21	2,192,177	4,323,969	
2006/01		1.00	0.9068	0.9068		97	39.21	2,206,349	4,363,157	
2006/07		1.00	0.8133	0.8133		97	39.21	2,219,142	4,398,659	
2007/01		1.00	1.0133	1.0133		97	36.77	2,234,175	4,443,182	
2007/07		1.00	1.1050	1.1050		97	36.77	2,250,680	4,492,264	
2008/01		0.95	0.8556	0.8556		97	32.44	2,261,470	4,530,676	
2008/07	195,087	0.95	0.6104	0.6104		109	30.08	2,463,729	5,122,237	
2009/01		0.90	1.3268	1.3268		109	30.08	2,479,819	5,190,253	
2009/07		0.90	0.6841	0.6841		109	31.39	2,488,533	5,225,787	
2010/01		0.85	0.8643	0.8643		109	31.39	2,498,968	5,270,913	
2010/07		0.85	0.7107	0.7107		109	34.10	2,508,328	5,308,409	
2011/01		0.80	0.9198	0.9198		109	34.10	2,519,771	5,357,241	
2011/07		0.80	0.9028	0.9028		109	35.68	2,531,576	5,405,637	
2012/01		0.75	0.3865	0.3865		109	35.68	2,536,337	5,426,565	
2012/07		0.75	0.9417	0.9417		109	35.68	2,547,958	5,477,686	
2013/01		0.70	0.4901	0.4901		109	39.93	2,554,305	5,504,500	
2013/07		0.70	0.6196	0.6196		109	39.93	2,562,348	5,538,617	
2014/01		0.65	0.8564	0.8564		109	40.10	2,572,748	5,586,032	
2014/07		0.65	1.2383	1.2383		109	40.10	2,587,846	5,655,247	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 267902-00 - 2014/07

200.32

The Nursing Center At Mercy

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Partnership CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3671 S MIAMI AVENUE	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
MIAMI , FL 33133	Days in CR 365	Maximum: 43,800	Standard: 184
County: Dade [13]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 40,689	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 34,949	Inflation
Current Class South Large	Initial CR? False	Medicaid: 5,114	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	12.56851%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.89726%	Cost: 1.02471376
Open Date: 12/06/1994	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/04/1994	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 12/04/1994	Low Occupancy Adjustment Factor:	118.26347%	DC Sem Index: 1.24200000
Med # Active Date: 03/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 211494			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	215,621	352,004	319,256	143,243		1,030,124
1a	Audit Adjustments						
2	Cost Per Diem	42.1629	68.8314	62.4278	28.0100		201.4321
3	Cost Per Diem Inflated	43.2049	70.3610	63.9706			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2049	70.3610	63.9706	28.0100		205.5465
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.2953		72.6623			
7	Provider Target Rate	51.3433		74.1763			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224			
10	Target Rate Class Ceiling	56.5683		63.9416			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.2049	70.3610	63.9416	13.6500		191.1575
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	43.2049	70.3610	63.9416	13.6500		191.1575
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 267902-00 - 2014/07

200.32

Rate Semester 07/01/2014 through 12/31/2014

The Nursing Center At Mercy

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/04/1994	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	6,640,000.00	Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Variable	80% Capital(1):	3,913,894 6.9898
Indexed Asset Value	4,892,367	<60% of Base:	False	20% ROE(2):	978,473 0.4654
FRVS Base Asset:	4,058,400	Interest Rate:	3.6300%	Insurance Cost(3):	78,876 1.9385
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	132,589 3.2586
ROE Factor	0.018750	Amortization Rate:	3.6300%	Home Office(3):	5,248 0.1290
		Interest Only:	False	Replacement(3&4):	67,264 0.0000
		Yearly Payment:	275,536	Total FRVS PD:	12.7813

- (1) 80% Capital (\$3,913,894) amortized at 3.6300 % for 20 years Principal & Interest of \$275,536 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$6.9898
- (2) 20% ROE (\$978,473) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4654
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	01/01/1994	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,058,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.2049	43.2049	0.7671	42.4378
Direct Care	70.3610	70.3610	1.2493	69.1117
Indirect Care	63.9416	63.9416	1.1353	62.8063
Property	13.6500	12.7813	0.2269	12.5544
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				3.5032
Supplemental Rate Add-on				9.9025
Totals	191.1575	190.2888	3.3786	200.3159

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 267902-00 - 2014/07

200.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	5,761,017	0.00	1.5991	1.5991		120	53.71	4,058,400	4,058,400	1
1995/01		0.10	1.5812	1.5812		120	53.71	4,064,666	4,188,480	
1995/07		0.10	1.5250	1.5250		120	53.71	4,070,719	4,252,320	
1996/01		0.20	1.7228	1.7228		120	53.71	4,084,418	4,325,640	
1996/07		0.20	1.3294	1.3294		120	53.71	4,095,024	4,383,120	
1997/01		0.30	1.4109	1.4109		120	53.71	4,111,952	4,444,920	
1997/07		0.30	1.0917	1.0917		120	53.71	4,125,103	4,493,400	
1998/01	46,932	0.40	1.1663	1.1663		120	55.95	4,191,279	4,545,840	
1998/07		0.40	1.0794	1.0794		120	55.95	4,209,377	4,594,920	
1999/01	19,657	0.50	1.4499	1.4499		120	61.68	4,259,552	4,661,520	
1999/07		0.50	1.2299	1.2299		120	61.68	4,285,748	4,718,880	
2000/01		0.60	1.3356	1.3356		120	61.68	4,320,094	4,781,880	
2000/07		0.60	1.1129	1.1129		120	61.68	4,348,939	4,835,040	
2001/01	26,345	0.70	1.2976	1.2976		120	58.84	4,414,785	4,897,800	
2001/07	25,392	0.70	0.9615	0.9615		120	60.35	4,469,893	4,944,840	
2002/01		0.80	1.0301	1.0301		120	59.67	4,506,729	4,995,720	
2002/07		0.80	0.8337	0.8337		120	59.67	4,536,789	5,037,360	
2003/01		0.90	1.3271	1.3271		120	55.72	4,536,789	5,104,200	5
2003/07		0.90	1.1664	1.1664		120	55.72	4,639,172	5,163,720	
2004/01		1.00	1.1103	1.1103		120	55.72	4,690,681	5,221,080	
2004/07		1.00	0.8378	0.8378		120	55.72	4,690,681	5,264,880	5
2005/01		1.00	0.8595	0.8595		120	55.72	4,770,634	5,310,120	
2005/07		1.00	0.7364	0.7364		120	55.72	4,805,765	5,349,240	
2006/01		1.00	0.9068	0.9068		120	46.40	4,842,530	5,397,720	
2006/07		1.00	0.8133	0.8133		120	30.91	4,864,664	5,441,640	
2007/01		1.00	1.0133	1.0133		120	30.91	4,892,367	5,496,720	
2007/07		1.00	1.1050	1.1050		120	20.94	4,892,367	5,557,440	
2008/01		1.00	0.8556	0.8556		120	20.94	4,892,367	5,604,960	
2008/07		1.00	0.6104	0.6104		120	20.94	4,892,367	5,639,160	
2009/01		1.00	1.3268	1.3268		120	17.55	4,892,367	5,714,040	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 267902-00 - 2014/07

200.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		1.00	0.6841	0.6841		120	17.55	4,892,367	5,753,160	
2010/01		1.00	0.8643	0.8643		120	13.70	4,892,367	5,802,840	
2010/07		1.00	0.7107	0.7107		120	13.70	4,892,367	5,844,120	
2011/01		1.00	0.9198	0.9198		120	11.65	4,892,367	5,897,880	
2011/07		1.00	0.9028	0.9028		120	11.65	4,892,367	5,951,160	
2012/01		1.00	0.3865	0.3865		120	14.25	4,892,367	5,974,200	
2012/07		1.00	0.9417	0.9417		120	14.25	4,892,367	6,030,480	
2013/01		1.00	0.4901	0.4901		120	14.04	4,892,367	6,060,000	
2013/07		1.00	0.6196	0.6196		120	14.04	4,892,367	6,097,560	
2014/01		1.00	0.8564	0.8564		120	11.78	4,892,367	6,149,760	
2014/07		1.00	1.2383	1.2383		120	12.57	4,892,367	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 268003-00 - 2014/07

213.71

Lanier Manor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
12740 LANIER ROAD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
JACKSONVILLE, FL 32226	Days in CR 365	Maximum: 43,800	Standard: 184
County: Duval [16]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 39,749	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 4,242	Inflation
Current Class North Large	Initial CR? False	Medicaid: 31,383	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	78.95293%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	90.75114%	Cost: 1.02471376
Open Date: 07/01/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 08/15/1984	Low Occupancy Adjustment Factor:	115.53134%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 228893			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,176,773	2,286,215	1,553,886	466,351		5,483,225	
1a	Audit Adjustments							
2	Cost Per Diem	37.4971	72.8488	49.5136	14.8600		174.7195	
3	Cost Per Diem Inflated	38.4238	74.4677	50.7373				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.4238	74.4677	50.7373	14.8600		178.4888	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	41.8258		51.2053				
7	Provider Target Rate	42.6973		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	38.4238	74.4677	50.7373	13.6500		177.2788	
12/13	Medical Adjustment Rate		2.4256	1.6526				
14	Prospective Per Diem 11	38.4238	76.8933	52.3899	13.6500		181.3570	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 268003-00 - 2014/07

213.71

Rate Semester 07/01/2014 through 12/31/2014

Lanier Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	560,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,986,662	11.7115
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	996,666	0.4741
Indexed Asset Value	4,983,328	Interest Rate:	10.0000%	Insurance Cost(3):	61,152	1.5385
FRVS Base Asset:	623,247	Chase Rate:	13.0000%	Taxes Cost(3):	56,530	1.4222
Occup Adj Factor	0.9000	Amortization Rate:	10.0000%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	23,326	0.0000
		Yearly Payment:	461,666	Total FRVS PD:		15.1463

(1) 80% Capital (\$3,986,662) amortized at 10.0000 % for 20 years Principal & Interest of \$461,666 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.7115

(2) 20% ROE (\$996,666) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4741

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

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

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	55	Effective PBS Limitation	1,567,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.4238	38.4238	0.6822	37.7416
Direct Care	76.8933	76.8933	1.3652	75.5281
Indirect Care	52.3899	52.3899	0.9302	51.4597
Property	13.6500	15.1463	0.2689	14.8774
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.2003
Supplemental Rate Add-on				9.9025
Totals	181.3570	182.8533	3.2465	213.7096

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 268003-00 - 2014/07

213.71

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	622,003	0.00	1.9179	1.9179		55	91.56	622,003	1,536,645	
1985/01		0.10	1.1471	1.1471		55	91.56	622,716	1,554,245	
1985/10		0.10	0.8522	0.8522		55	91.56	623,247	1,567,500	
1986/01		0.20	0.8299	0.8299		55	91.56	624,282	1,580,535	
1986/07		0.20	0.2974	0.2974		55	91.56	624,653	1,577,510	
1987/01		0.30	1.0091	1.0091		55	89.19	626,544	1,605,725	
1987/07		0.30	0.9007	0.9007		55	89.19	628,237	1,618,265	
1988/01		0.40	0.9007	0.9007		55	89.19	630,501	1,631,410	
1988/07		0.40	0.5899	0.5899		55	92.53	631,989	1,630,530	
1989/01		0.50	0.5899	0.5899		55	92.53	633,853	1,640,155	
1989/07	83,440	0.50	0.5899	0.5899		55	95.74	719,163	1,651,265	
1990/01		0.60	0.5899	0.5899		55	95.74	721,708	1,659,570	
1990/07	1,838,802	0.60	0.5899	0.5899		116	91.15	2,563,064	3,520,832	
1991/01		0.70	0.5899	0.5899		116	91.15	2,573,647	3,541,480	
1991/07	298,293	0.70	1.4932	1.4932		120	92.18	2,898,840	3,718,320	
1992/01		0.80	2.0117	2.0117		120	92.18	2,945,494	3,793,080	
1992/07		0.80	1.8152	1.8152		120	83.52	2,988,268	3,861,960	
1993/01		0.90	1.7710	1.7710		120	83.52	3,035,898	3,930,360	
1993/07		0.90	1.5329	1.5329		120	81.73	3,077,781	3,990,600	
1994/01		1.00	1.6983	1.6983		120	81.73	3,130,051	4,058,400	
1994/07		1.00	1.5991	1.5991		120	82.58	3,180,104	4,123,320	
1995/01		1.00	1.5812	1.5812		120	82.58	3,230,388	4,188,480	
1995/07		1.00	1.5250	1.5250		120	80.06	3,279,651	4,252,320	
1996/01		1.00	1.7228	1.7228		120	80.06	3,336,153	4,325,640	
1996/07	41,522	1.00	1.3294	1.3294		120	78.60	3,422,026	4,383,120	
1997/01		1.00	1.4109	1.4109		120	78.60	3,422,026	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	80.62	3,508,192	4,493,400	
1998/01		1.00	1.1663	1.1663		120	80.62	3,549,108	4,545,840	
1998/07		1.00	1.0794	1.0794		120	79.47	3,587,417	4,594,920	
1999/01		1.00	1.4499	1.4499		120	79.47	3,639,431	4,661,520	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 268003-00 - 2014/07

213.71

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	79.47	3,684,192	4,718,880	
2000/01	24,914	1.00	1.3356	1.3356		120	83.78	3,758,312	4,781,880	
2000/07		1.00	1.1129	1.1129		120	81.17	3,800,138	4,835,040	
2001/01		1.00	1.2976	1.2976		120	81.17	3,849,449	4,897,800	
2001/07		1.00	0.9615	0.9615		120	75.40	3,886,461	4,944,840	
2002/01	28,100	1.00	1.0301	1.0301		120	75.40	3,954,595	4,995,720	
2002/07	1,444	1.00	0.8337	0.8337		120	75.40	3,989,008	5,037,360	
2003/01		1.00	1.3271	1.3271		120	75.40	4,041,946	5,104,200	
2003/07		1.00	1.1664	1.1664		120	73.99	4,041,946	5,163,720	5
2004/01		1.00	1.1103	1.1103		120	73.99	4,134,492	5,221,080	
2004/07		1.00	0.8378	0.8378		120	73.99	4,169,131	5,264,880	
2005/01		0.95	0.8595	0.8595		120	73.99	4,203,172	5,310,120	
2005/07		0.95	0.7364	0.7364		120	73.99	4,232,577	5,349,240	
2006/01	25,818	0.90	0.9068	0.9068		120	73.44	4,292,937	5,397,720	
2006/07		0.90	0.8133	0.8133		120	73.44	4,324,361	5,441,640	
2007/01		0.85	1.0133	1.0133		120	73.44	4,361,607	5,496,720	
2007/07		0.85	1.1050	1.1050		120	73.46	4,402,576	5,557,440	
2008/01		0.80	0.8556	0.8556		120	73.46	4,432,712	5,604,960	
2008/07		0.80	0.6104	0.6104		120	68.40	4,454,357	5,639,160	
2009/01		0.75	1.3268	1.3268		120	68.40	4,498,682	5,714,040	
2009/07	17,843	0.75	0.6841	0.6841		120	73.00	4,539,608	5,753,160	
2010/01		0.70	0.8643	0.8643		120	73.00	4,567,073	5,802,840	
2010/07	17,832	0.70	0.7107	0.7107		120	73.57	4,607,626	5,844,120	
2011/01		0.65	0.9198	0.9198		120	78.34	4,635,175	5,897,880	
2011/07		0.65	0.9028	0.9028		120	78.34	4,662,374	5,951,160	
2012/01	102,750	0.60	0.3865	0.3865		120	78.15	4,775,936	5,974,200	
2012/07		0.60	0.9417	0.9417		120	78.15	4,802,920	6,030,480	
2013/01		0.55	0.4901	0.4901		120	78.15	4,815,869	6,060,000	
2013/07		0.55	0.6196	0.6196		120	78.15	4,832,281	6,097,560	
2014/01	99,688	0.50	0.8564	0.8564		120	76.13	4,952,661	6,149,760	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 268003-00 - 2014/07

213.71

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	78.95	4,983,328	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 268003123120130101201304092014100635



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 268062-00 - 2014/07

259.10

Susanna Wesley Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : 501(c)(3) Organization CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5300 W 16TH AVENUE	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
HIALEAH, FL 33012	Days in CR 365	Maximum: 43,800	Standard: 184
County: Dade [13]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 38,989	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 12,010	Inflation
Current Class South Large	Initial CR? False	Medicaid: 25,102	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	64.38226%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.01598%	Cost: 1.02471376
Open Date: 04/01/1985	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/01/1985	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 04/01/1985	Low Occupancy Adjustment Factor:	113.32239%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 228478			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,490,503	2,494,178	1,625,263	299,718		5,909,662	
1a	Audit Adjustments							
2	Cost Per Diem	59.3779	99.3617	64.7464	11.9400		235.4260	
3	Cost Per Diem Inflated	60.8454	101.5697	66.3465				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.8454	101.5697	66.3465	11.9400		240.7016	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.9408		60.9117				
7	Provider Target Rate	70.3772		62.1809				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	98.4475	62.1809	11.9400		226.9860	
12/13	Medical Adjustment Rate		1.5929	1.0061				
14	Prospective Per Diem 11	54.4176	100.0404	63.1870	11.9400		229.5850	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 268062-00 - 2014/07

259.10

Rate Semester 07/01/2014 through 12/31/2014

Susanna Wesley Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/30/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,995,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,638,146 14.0963
RS to Start Calcs:	1985/01	<60% of Base:	False	20% ROE(2):	1,159,536 0.5515
Indexed Asset Value	5,797,682	Interest Rate:	10.5000%	Insurance Cost(3):	86,240 2.2119
FRVS Base Asset:	3,420,000	Chase Rate:	13.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	10.5000%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	85,289 0.0000
		Yearly Payment:	555,676	Total FRVS PD:	16.8597

- (1) 80% Capital (\$4,638,146) amortized at 10.5000 % for 20 years Principal & Interest of \$555,676 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$14.0963
- (2) 20% ROE (\$1,159,536) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5515
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	100.0404	100.0404	1.7762	98.2642
Indirect Care	63.1870	63.1870	1.1219	62.0651
Property	11.9400	16.8597	0.2993	16.5604
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.8555
Supplemental Rate Add-on				9.9025
Totals	229.5850	234.5047	4.1636	259.0991

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 268062-00 - 2014/07

259.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	5,233,655	0.00	1.1471	1.1471		120	35.45	5,233,655	3,391,080	
1985/10		0.10	0.8522	0.8522		120	35.45	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	35.45	3,421,830	3,448,440	
1986/07		0.20	0.2974	0.2974		120	35.45	3,423,142	3,441,840	
1987/01		0.20	1.0091	1.0091		120	35.45	3,427,594	3,503,400	
1987/07		0.30	0.9007	0.9007		120	35.45	3,433,563	3,530,760	
1988/01		0.30	0.9007	0.9007		120	47.21	3,441,526	3,559,440	
1988/07		0.40	0.5899	0.5899		120	47.21	3,448,498	3,557,520	
1989/01		0.40	0.5899	0.5899		120	56.98	3,456,636	3,578,520	
1989/07		0.50	0.5899	0.5899		120	56.98	3,466,833	3,602,760	
1990/01		0.50	0.5899	0.5899		120	52.40	3,476,577	3,620,880	
1990/07		0.60	0.5899	0.5899		120	52.40	3,488,299	3,642,240	
1991/01		0.60	0.5899	0.5899		120	56.43	3,500,644	3,663,600	
1991/07		0.70	1.4932	1.4932		120	56.43	3,537,233	3,718,320	
1992/01		0.70	2.0117	2.0117		120	61.00	3,537,233	3,793,080	5
1992/07		0.80	1.8152	1.8152		120	61.00	3,639,135	3,861,960	
1993/01		0.80	1.7710	1.7710		120	64.74	3,690,694	3,930,360	
1993/07		0.90	1.5329	1.5329		120	64.74	3,741,611	3,990,600	
1994/01		0.90	1.6983	1.6983		120	67.92	3,741,611	4,058,400	5
1994/07		1.00	1.5991	1.5991		120	67.92	3,798,802	4,123,320	5
1995/01		1.00	1.5812	1.5812		120	70.08	3,859,549	4,188,480	5
1995/07		1.00	1.5250	1.5250		120	70.08	3,980,365	4,252,320	
1996/01		1.00	1.7228	1.7228		120	67.27	4,048,939	4,325,640	
1996/07		1.00	1.3294	1.3294		120	67.27	4,102,766	4,383,120	
1997/01		1.00	1.4109	1.4109		120	69.70	4,160,652	4,444,920	
1997/07		1.00	1.0917	1.0917		120	69.70	4,206,074	4,493,400	
1998/01		1.00	1.1663	1.1663		120	75.92	4,255,129	4,545,840	
1998/07		1.00	1.0794	1.0794		120	75.92	4,301,059	4,594,920	
1999/01		1.00	1.4499	1.4499		120	75.92	4,363,420	4,661,520	
1999/07		1.00	1.2299	1.2299		120	71.83	4,417,086	4,718,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 268062-00 - 2014/07

259.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	71.83	4,476,081	4,781,880	
2000/07	90,337	1.00	1.1129	1.1129		120	70.25	4,616,232	4,835,040	
2001/01		1.00	1.2976	1.2976		120	54.44	4,675,522	4,897,800	
2001/07		1.00	0.9615	0.9615		120	54.44	4,720,019	4,944,840	
2002/01		1.00	1.0301	1.0301		120	54.44	4,768,145	4,995,720	
2002/07		1.00	0.8337	0.8337		120	54.44	4,807,492	5,037,360	
2003/01		1.00	1.3271	1.3271		120	54.44	4,870,643	5,104,200	
2003/07		1.00	1.1664	1.1664		120	58.19	4,927,454	5,163,720	
2004/01		1.00	1.1103	1.1103		120	58.19	4,982,164	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.19	5,023,905	5,264,880	
2005/01		1.00	0.8595	0.8595		120	58.19	5,067,085	5,310,120	
2005/07		0.95	0.7364	0.7364		120	58.19	5,102,534	5,349,240	
2006/01		0.95	0.9068	0.9068		120	54.53	5,146,117	5,397,720	
2006/07		0.90	0.8133	0.8133		120	54.53	5,183,465	5,441,640	
2007/01		0.90	1.0133	1.0133		120	54.53	5,230,334	5,496,720	
2007/07		0.85	1.1050	1.1050		120	54.84	5,279,320	5,557,440	
2008/01		0.85	0.8556	0.8556		120	61.80	5,317,716	5,604,960	
2008/07		0.80	0.6104	0.6104		120	61.80	5,343,682	5,639,160	
2009/01		0.80	1.3268	1.3268		120	66.66	5,400,400	5,714,040	
2009/07	72,264	0.75	0.6841	0.6841		120	59.93	5,500,373	5,753,160	
2010/01		0.75	0.8643	0.8643		120	59.93	5,536,026	5,802,840	
2010/07		0.70	0.7107	0.7107		120	59.44	5,563,568	5,844,120	
2011/01		0.70	0.9198	0.9198		120	59.44	5,599,392	5,897,880	
2011/07		0.65	0.9028	0.9028		120	60.02	5,632,249	5,951,160	
2012/01		0.65	0.3865	0.3865		120	60.02	5,646,397	5,974,200	
2012/07		0.60	0.9417	0.9417		120	60.78	5,678,299	6,030,480	
2013/01		0.60	0.4901	0.4901		120	60.78	5,694,999	6,060,000	
2013/07		0.55	0.6196	0.6196		120	61.28	5,714,408	6,097,560	
2014/01		0.55	0.8564	0.8564		120	61.28	5,741,323	6,149,760	
2014/07	20,809	0.50	1.2383	1.2383		120	64.38	5,797,682	6,225,960	

Message Code:

1 Per Bed Standard Limitation

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 268062123120130101201304182014174321



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 268186-00 - 2014/07

217.12

Life Care Center of Palm Bay

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
175 VILLA NUEVA AVE	1/1/2013-12/31/2013	Number of Beds: 141	Superior: 0
PALM BAY, FL 32907	Days in CR 365	Maximum: 51,465	Standard: 184
County: Brevard [5]	First Used : 2014/07	Max Annualized: 51,465	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 44,256	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 15,953	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 18,283	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	41.31191%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.99242%	Cost: 1.02471376
Open Date: 11/01/2003	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/2003	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 05/28/2004	Low Occupancy Adjustment Factor:	109.47322%	DC Sem Index: 1.24200000
Med # Active Date: 05/28/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	763,314	1,503,744	987,803	442,083		3,696,944	
1a	Audit Adjustments							
2	Cost Per Diem	41.7499	82.2482	54.0285	24.1800		202.2066	
3	Cost Per Diem Inflated	42.7817	84.0759	55.3637				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.7817	84.0759	55.3637	24.1800		206.4013	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.5749		58.2932				
7	Provider Target Rate	60.8162		59.5078				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	42.7817	84.0759	55.3637	13.6500		195.8713	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	42.7817	84.0759	55.3637	13.6500		195.8713	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 268186-00 - 2014/07

217.12

Rate Semester 07/01/2014 through 12/31/2014

Life Care Center of Palm Bay

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/28/2004	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	8,650,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	5,770,022	9.0586
RS to Start Calcs:	2003/07	<60% of Base:	False	20% ROE(2):	1,442,505	0.5839
Indexed Asset Value	7,212,527	Interest Rate:	4.0000%	Insurance Cost(3):	22,462	0.5075
FRVS Base Asset:	0	Chase Rate:	3.2500%	Taxes Cost(3):	95,779	2.1642
Occup Adj Factor	0.9000	Amortization Rate:	4.0000%	Home Office(3):	51,101	1.1547
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	67,695	0.0000
		Yearly Payment:	419,582	Total FRVS PD:		13.4689

- (1) 80% Capital (\$5,770,022) amortized at 4.0000 % for 20 years Principal & Interest of \$419,582 divided by annual available days (51465) divided by Occup. Adj. (0.900) = \$9.0586
- (2) 20% ROE (\$1,442,505) times the ROE factor (0.018750) divided by annual available days (51465) divided by Occup. Adj. (0.900) = \$0.5839
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	42,535
Comparison Date:	01/01/2003	Current RS PBS:	51,883
Comparison Bed	141	Effective PBS Limitation	5,997,435

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.7817	42.7817	0.7596	42.0221
Direct Care	84.0759	84.0759	1.4928	82.5831
Indirect Care	55.3637	55.3637	0.9830	54.3807
Property	13.6500	13.4689	0.2391	13.2298
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.0009
Supplemental Rate Add-on				9.9025
Totals	195.8713	195.6902	3.4745	217.1191

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 268186-00 - 2014/07

217.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01	11,151,724	0.00	1.1103	1.1103		141	11.86	5,997,435	5,997,435	1
2004/07	22,318	0.10	0.8378	0.8378		141	11.86	6,019,753	6,186,234	
2005/01		0.10	0.8595	0.8595		141	11.86	6,019,753	6,239,391	
2005/07		0.20	0.7364	0.7364		141	11.86	6,019,753	6,285,357	
2006/01		0.20	0.9068	0.9068		141	11.86	6,019,753	6,342,321	
2006/07		0.30	0.8133	0.8133		141	11.86	6,019,753	6,393,927	
2007/01	208,159	0.30	1.0133	1.0133		141	31.38	6,238,353	6,458,646	
2007/07		0.40	1.1050	1.1050		141	31.38	6,254,085	6,529,992	
2008/01	81,580	0.40	0.8556	0.8556		141	37.43	6,350,230	6,585,828	
2008/07		0.50	0.6104	0.6104		141	37.43	6,363,420	6,626,013	
2009/01	110,492	0.50	1.3268	1.3268		141	41.65	6,505,880	6,713,997	
2009/07	282,841	0.60	0.6841	0.6841		141	42.97	6,759,963	6,759,963	8
2010/01		0.60	0.8643	0.8643		141	42.97	6,787,352	6,818,337	
2010/07	47,113	0.70	0.7107	0.7107		141	39.76	6,858,876	6,866,841	
2011/01		0.70	0.9198	0.9198		141	39.76	6,890,803	6,930,009	
2011/07		0.80	0.9028	0.9028		141	39.76	6,926,779	6,992,613	
2012/01		0.80	0.3865	0.3865		141	41.64	6,942,994	7,019,685	
2012/07		0.90	0.9417	0.9417		141	41.64	6,987,543	7,085,814	
2013/01	33,267	0.90	0.4901	0.4901		141	39.58	7,042,991	7,120,500	
2013/07		1.00	0.6196	0.6196		141	39.58	7,074,395	7,164,633	
2014/01		1.00	0.8564	0.8564		141	40.34	7,118,831	7,225,968	
2014/07	27,485	1.00	1.2383	1.2383		141	41.31	7,212,527	7,315,503	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation |
| 8 Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 268585-00 - 2014/07

239.43

HarborChase of Naples

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7801 AIRPORT PULLING ROAD N NAPLES, FL 34109	1/1/2013-12/31/2013	Number of Beds: 40	Superior: 0
County: Collier [11]	Days in CR 365	Maximum: 14,600	Standard: 184
Region: South Area: 8	First Used : 2014/07	Max Annualized: 14,600	Conditional: 0
Control: Proprietary : Corporation	Last Used: 2014/07	Total Patient: 13,573	Total: 184
Current Class South Small	Unaudited	Medicare: 9,021	Inflation
Class at 1/94: South Small	Initial CR? False	Medicaid: 2,681	FY Index: 1.31456505
Operating Ex > 18 months	Medical Utilization	19.75245%	Semester Index: 1.34705290
Open Date: 02/16/1998	Occupancy:	92.96575%	Cost: 1.02471376
Acquired Date: 09/12/1997	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Entered Medicaid 06/16/1998	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Med # Active Date: 01/01/2004	Low Occupancy Adjustment Factor:	118.35067%	DC Sem Index: 1.24200000
Previous Med # 214078	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	144,050	250,738	183,198	88,205		666,191
1a	Audit Adjustments						
2	Cost Per Diem	53.7300	93.5241	68.3320	32.9000		248.4861
3	Cost Per Diem Inflated	55.0579	95.6024	70.0207			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.0579	95.6024	70.0207	32.9000		253.5810
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.8568		67.7484			
7	Provider Target Rate	59.0623		69.1600			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500		
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810			
10	Target Rate Class Ceiling	68.3236		80.3359			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	55.0579	95.6024	69.1600	13.6500		233.4703
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	55.0579	95.6024	69.1600	13.6500		233.4703
15	Inflated Usual & Customary Charge						0.00
		Usual and Customary Limitations not applied after 7/1/2002.					



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 268585-00 - 2014/07

239.43

Rate Semester 07/01/2014 through 12/31/2014

HarborChase of Naples

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/16/1998	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	13,681,685.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,538,986	11.1084
RS to Start Calcs:	1997/07	<60% of Base:	False	20% ROE(2):	384,746	0.5490
Indexed Asset Value	1,923,732	Interest Rate:	11.8800%	Insurance Cost(3):	12,879	0.9489
FRVS Base Asset:	0	Chase Rate:	5.2500%	Taxes Cost(3):	17,001	1.2526
Occup Adj Factor	0.9000	Amortization Rate:	7.2500%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	46,159	0.0000
		Yearly Payment:	145,965	Total FRVS PD:		13.8589

- (1) 80% Capital (\$1,538,986) amortized at 7.2500 % for 20 years Principal & Interest of \$145,965 divided by annual available days (14600) divided by Occup. Adj. (0.900) = \$11.1084
 (2) 20% ROE (\$384,746) times the ROE factor (0.018750) divided by annual available days (14600) divided by Occup. Adj. (0.900) = \$0.5490
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,445
Comparison Date:	07/01/1997	Current RS PBS:	51,883
Comparison Bed	40	Effective PBS Limitation	1,497,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.0579	55.0579	0.9776	54.0803
Direct Care	95.6024	95.6024	1.6974	93.9050
Indirect Care	69.1600	69.1600	1.2279	67.9321
Property	13.6500	13.8589	0.2461	13.6128
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	233.4703	233.6792	4.1490	239.4327

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 268585-00 - 2014/07

239.43

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	13,515,581	0.00	1.1663	1.1663		40	11.83	1,497,800	1,497,800	1
1998/07		0.10	1.0794	1.0794		40	11.83	1,497,800	1,531,640	
1999/01		0.10	1.4499	1.4499		40	11.83	1,497,800	1,553,840	
1999/07		0.20	1.2299	1.2299		40	11.83	1,497,800	1,572,960	
2000/01		0.20	1.3356	1.3356		40	11.83	1,497,800	1,593,960	
2000/07		0.30	1.1129	1.1129		40	11.83	1,497,800	1,611,680	
2001/01		0.30	1.2976	1.2976		40	11.83	1,497,800	1,632,600	
2001/07		0.40	0.9615	0.9615		40	34.41	1,501,404	1,648,280	
2002/01		0.40	1.0301	1.0301		40	34.41	1,505,274	1,665,240	
2002/07		0.50	0.8337	0.8337		40	48.86	1,510,849	1,679,120	
2003/01		0.50	1.3271	1.3271		40	48.86	1,519,756	1,701,400	
2003/07		0.60	1.1664	1.1664		40	45.36	1,528,527	1,721,240	
2004/01		0.60	1.1103	1.1103		40	45.36	1,536,925	1,740,360	
2004/07	5,891	0.70	0.8378	0.8378		40	43.24	1,549,903	1,754,960	
2005/01		0.70	0.8595	0.8595		40	43.24	1,557,235	1,770,040	
2005/07	40,336	0.80	0.7364	0.7364		40	44.30	1,604,960	1,783,080	
2006/01		0.80	0.9068	0.9068		40	44.30	1,614,337	1,799,240	
2006/07		0.90	0.8133	0.8133		40	44.30	1,623,855	1,813,880	
2007/01		0.90	1.0133	1.0133		40	44.30	1,635,783	1,832,240	
2007/07	51,012	1.00	1.1050	1.1050		40	35.71	1,698,531	1,852,480	
2008/01	10,798	1.00	0.8556	0.8556		40	35.71	1,718,765	1,868,320	
2008/07	30,384	1.00	0.6104	0.6104		40	29.03	1,754,687	1,879,720	
2009/01		1.00	1.3268	1.3268		40	29.03	1,766,975	1,904,680	
2009/07		1.00	0.6841	0.6841		40	29.03	1,773,355	1,917,720	
2010/01	10,356	1.00	0.8643	0.8643		40	39.16	1,794,624	1,934,280	
2010/07		1.00	0.7107	0.7107		40	39.16	1,803,705	1,948,040	
2011/01	10,521	1.00	0.9198	0.9198		40	34.74	1,824,705	1,965,960	
2011/07		1.00	0.9028	0.9028		40	26.13	1,832,531	1,983,720	
2012/01		1.00	0.3865	0.3865		40	26.13	1,835,896	1,991,400	
2012/07	8,392	1.00	0.9417	0.9417		40	23.44	1,844,288	2,010,160	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 268585-00 - 2014/07

239.43

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		40	23.44	1,844,288	2,020,000	
2013/07		1.00	0.6196	0.6196		40	23.44	1,844,288	2,032,520	
2014/01	49,877	1.00	0.8564	0.8564		40	22.20	1,894,165	2,049,920	
2014/07	29,567	1.00	1.2383	1.2383		40	19.75	1,923,732	2,075,320	

Message Code:

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 268585123120130101201304182014091827



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 268755-00 - 2014/07

240.90

Abbiejean Russell Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
700 S 29TH STREET	1/1/2012-12/31/2012	Number of Beds: 79	Superior: 0
FORT PIERCE, FL 34947	Days in CR 366	Maximum: 28,914	Standard: 184
County: St Lucie [56]	First Used : 2014/01	Max Annualized: 28,835	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 23,628	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 3,672	Inflation
Current Class South Small	Initial CR? False	Medicaid: 17,801	FY Index: 1.28335532
Class at 1/94: South Small	Medical Utilization	75.33858%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	81.71820%	Cost: 1.04963363
Open Date: 10/01/1976	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/01/1976	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 10/01/1976	Low Occupancy Adjustment Factor:	104.03190%	DC Sem Index: 1.24200000
Med # Active Date: 05/01/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 204609			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,128,509	1,366,478	941,968	360,470		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	66.5424	79.2857	55.5430				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	66.5424	79.2857	55.5430	20.2500		221.6211	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	72.3851		67.7484				
7	Provider Target Rate	73.8933		69.1600				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500			
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810				
10	Target Rate Class Ceiling	68.3236		80.3359				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	62.8974	79.2857	55.5430	13.6500		211.3761	
12/13	Medical Adjustment Rate		2.2601	1.5833				
14	Prospective Per Diem 11	62.8974	81.5458	57.1263	13.6500		215.2195	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 268755-00 - 2014/07

240.90

Rate Semester 07/01/2014 through 12/31/2014

Abbiejean Russell Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	425,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,496,314	4.0278
RS to Start Calcs:	1976/07	<60% of Base:	True	20% ROE(2):	624,079	0.3506
Indexed Asset Value	3,120,393	Interest Rate:	8.0000%	Insurance Cost(3):	70,492	2.9834
FRVS Base Asset:	1,587,352	Chase Rate:	4.2500%	Taxes Cost(3):	56,462	2.3896
Occup Adj Factor	0.9000	Amortization Rate:	4.2500%	Home Office(3):	12,130	0.5134
ROE Factor	0.014580	Interest Only:	True	Replacement(3&4):	77,236	0.0000
		Yearly Payment:	104,528	Total FRVS PD:		10.2648

- (1) 80% Capital (\$2,496,314) amortized at 4.2500 % for 20 years Interest of \$104,528 divided by annual available days (28835) divided by Occup. Adj. (0.900) = \$4.0278
- (2) 20% ROE (\$624,079) times the ROE factor (0.014580) divided by annual available days (28835) divided by Occup. Adj. (0.900) = \$0.3506
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	78	Effective PBS Limitation	2,223,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.8974	62.8974	1.1167	61.7807
Direct Care	81.5458	81.5458	1.4479	80.0979
Indirect Care	57.1263	57.1263	1.0143	56.1120
Property	13.6500	10.2648	0.1823	10.0825
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.9240
Supplemental Rate Add-on				9.9025
Totals	215.2195	211.8343	3.7612	240.8996

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 268755-00 - 2014/07

240.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1976/07	1,214,821	0.00	3.4853	3.0000	0.4853	78	100.00	1,214,821	1,215,786	
1977/01		0.10	4.2359	3.0000	1.2359	78	100.00	1,218,465	1,261,416	
1977/07		0.10	6.2934	3.0000	3.2934	78	100.00	1,222,120	1,325,142	
1978/01		0.20	8.0331	3.0000	5.0331	78	100.00	1,229,453	1,388,010	
1978/07		0.20	10.5726	3.0000	7.5726	78	100.00	1,236,830	1,464,840	
1979/01		0.30	12.6998	3.0000	9.6998	78	100.00	1,247,961	1,539,954	
1979/07		0.30	13.8980	3.0000	10.8980	78	100.00	1,259,193	1,604,616	
1980/01		0.40	17.0638	3.0000	14.0638	78	82.00	1,274,303	1,703,598	
1980/07		0.40	17.8744	3.0000	14.8744	78	82.00	1,289,595	1,768,494	
1981/01		0.50	18.6984	3.0000	15.6984	78	79.04	1,308,939	1,836,120	
1981/07		0.50	18.2872	3.0000	15.2872	78	79.04	1,328,573	1,883,622	
1982/01		0.60	17.9632	3.0000	14.9632	78	74.49	1,352,487	1,934,088	
1982/07		0.60	17.2609	3.0000	14.2609	79	74.49	1,376,832	2,003,835	
1983/04		0.70	16.8897	3.0000	13.8897	79	76.71	1,405,745	2,056,528	
1983/07		0.70	17.8475	3.0000	14.8475	79	76.71	1,435,266	2,137,898	
1984/01		0.80	16.1427	3.0000	13.1427	79	78.63	1,469,712	2,165,627	
1984/07		0.80	15.0606	3.0000	12.0606	79	78.63	1,504,985	2,207,181	
1985/01		0.90	13.2077	3.0000	10.2077	79	80.89	1,545,620	2,232,461	
1985/10		0.90	11.0599	3.0000	8.0599	78	77.89	1,587,352	2,223,000	
1986/01		1.00	8.8898	3.0000	5.8898	78	77.89	1,634,973	2,241,486	
1986/07		1.00	6.1872	3.0000	3.1872	79	80.89	1,684,022	2,265,878	
1987/01		1.00	4.1963	3.0000	1.1963	79	80.89	1,734,543	2,306,405	
1987/07		1.00	2.0970	2.0970		79	73.88	1,770,916	2,324,417	
1988/01		1.00	0.9007	0.9007		79	73.88	1,786,867	2,343,298	
1988/07		1.00	0.5899	0.5899		79	76.58	1,797,408	2,342,034	
1989/01		1.00	0.5899	0.5899		79	76.58	1,808,011	2,355,859	
1989/07		1.00	0.5899	0.5899		79	78.33	1,818,676	2,371,817	
1990/01		1.00	0.5899	0.5899		79	78.33	1,829,404	2,383,746	
1990/07	155,027	1.00	0.5899	0.5899		79	83.93	1,995,223	2,397,808	
1991/01		1.00	0.5899	0.5899		79	83.93	2,006,993	2,411,870	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 268755-00 - 2014/07

240.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07	9,178	1.00	1.4932	1.4932		79	82.23	2,046,139	2,447,894	
1992/01		1.00	2.0117	2.0117		79	82.23	2,087,301	2,497,111	
1992/07		1.00	1.8152	1.8152		79	82.86	2,125,190	2,542,457	
1993/01		1.00	1.7710	1.7710		79	82.86	2,162,827	2,587,487	
1993/07		1.00	1.5329	1.5329		79	84.79	2,195,981	2,627,145	
1994/01		1.00	1.6983	1.6983		79	84.79	2,233,275	2,671,780	
1994/07	12,577	1.00	1.5991	1.5991		79	79.90	2,281,564	2,714,519	
1995/01		1.00	1.5812	1.5812		79	79.90	2,317,640	2,757,416	
1995/07		1.00	1.5250	1.5250		79	77.54	2,352,984	2,799,444	
1996/01		1.00	1.7228	1.7228		79	77.54	2,393,521	2,847,713	
1996/07		1.00	1.3294	1.3294		79	79.74	2,425,340	2,885,554	
1997/01		0.95	1.4109	1.4109		79	79.74	2,457,849	2,926,239	
1997/07		0.95	1.0917	1.0917		79	78.04	2,483,339	2,958,155	
1998/01		0.90	1.1663	1.1663		79	78.04	2,509,407	2,992,678	
1998/07		0.90	1.0794	1.0794		79	83.42	2,533,786	3,024,989	
1999/01		0.85	1.4499	1.4499		79	83.42	2,565,012	3,068,834	
1999/07		0.85	1.2299	1.2299		79	82.55	2,591,827	3,106,596	
2000/01		0.80	1.3356	1.3356		79	82.55	2,619,521	3,148,071	
2000/07	12,106	0.80	1.1129	1.1129		79	79.06	2,654,949	3,183,068	
2001/01		0.75	1.2976	1.2976		79	79.06	2,680,787	3,224,385	
2001/07		0.75	0.9615	0.9615		79	77.46	2,700,118	3,255,353	
2002/01		0.70	1.0301	1.0301		79	77.46	2,719,589	3,288,849	
2002/07		0.70	0.8337	0.8337		79	82.88	2,735,461	3,316,262	
2003/01		0.65	1.3271	1.3271		79	82.88	2,735,461	3,360,265	5
2003/07		0.65	1.1664	1.1664		79	82.88	2,759,057	3,399,449	5
2004/01		0.60	1.1103	1.1103		79	76.46	2,798,496	3,437,211	
2004/07		0.60	0.8378	0.8378		79	76.46	2,798,496	3,466,046	5
2005/01		0.55	0.8595	0.8595		79	76.46	2,812,564	3,495,829	5
2005/07		0.55	0.7364	0.7364		79	76.46	2,825,859	3,521,583	5
2006/01		0.50	0.9068	0.9068		79	76.46	2,850,168	3,553,499	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 268755-00 - 2014/07

240.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07		0.50	0.8133	0.8133		79	76.46	2,861,760	3,582,413	
2007/01	58,176	0.45	1.0133	1.0133		79	84.71	2,932,986	3,618,674	
2007/07		0.45	1.1050	1.1050		79	70.35	2,947,572	3,658,648	
2008/01		0.40	0.8556	0.8556		79	70.35	2,957,659	3,689,932	
2008/07		0.40	0.6104	0.6104		79	70.35	2,964,882	3,712,447	
2009/01	16,555	0.35	1.3268	1.3268		79	67.11	2,995,206	3,761,743	
2009/07		0.35	0.6841	0.6841		79	67.11	3,002,377	3,787,497	
2010/01		0.30	0.8643	0.8643		79	72.54	3,010,162	3,820,203	
2010/07		0.30	0.7107	0.7107		79	72.54	3,016,580	3,847,379	
2011/01	69,955	0.25	0.9198	0.9198		79	69.72	3,093,473	3,882,771	
2011/07		0.25	0.9028	0.9028		79	68.51	3,100,455	3,917,847	
2012/01		0.20	0.3865	0.3865		79	68.51	3,102,852	3,933,015	
2012/07		0.20	0.9417	0.9417		79	68.51	3,108,695	3,970,066	
2013/01		0.15	0.4901	0.4901		79	70.01	3,110,980	3,989,500	
2013/07		0.15	0.6196	0.6196		79	70.01	3,113,870	4,014,227	
2014/01		0.10	0.8564	0.8564		79	75.34	3,116,535	4,048,592	
2014/07		0.10	1.2383	1.2383		79	75.34	3,120,393	4,098,757	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 268763-00 - 2014/07

210.08

Good Samaritan Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : Other CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
10676 MARVIN JONES BLVD	7/1/2012-6/30/2013	Number of Beds: 161	Superior: 0
LIVE OAK, FL 32060	Days in CR 365	Maximum: 58,765	Standard: 154
County: Suwannee [61]	First Used : 2014/01	Max Annualized: 58,765	Conditional: 30
Region: North Area: 3	Last Used: 2014/07	Total Patient: 56,194	Total: 184
Control: Nonprofit : Other	Unaudited	Medicare: 5,169	Inflation
Current Class North Large	Initial CR? False	Medicaid: 41,581	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	73.99544%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.62495%	Cost: 1.03716397
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/01/1985	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	121.73598%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med # 202771			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,561,367	3,310,209	1,709,503	498,972		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	38.9455	81.8155	42.6405				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.9455	81.8155	42.6405	12.0000		175.4015	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.8333		55.2954				
7	Provider Target Rate	46.7883		56.4475				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	38.9455	81.8155	42.6405	12.0000		175.4015	
12/13	Medical Adjustment Rate		1.8485	0.9634				
14	Prospective Per Diem 11	38.9455	83.6640	43.6039	12.0000		178.2134	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 268763-00 - 2014/07

210.08

Rate Semester 07/01/2014 through 12/31/2014

Good Samaritan Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	7,715,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	5,301,013	9.3250
RS to Start Calcs:	1985/10	<60% of Base:	False	20% ROE(2):	1,325,253	0.3603
Indexed Asset Value	6,626,266	Interest Rate:	7.0000%	Insurance Cost(3):	26,377	0.4694
FRVS Base Asset:	2,464,423	Chase Rate:	10.5000%	Taxes Cost(3):	0	0.0000
Occup Adj Factor	0.9000	Amortization Rate:	7.0000%	Home Office(3):	105,321	1.8742
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	25,183	0.0000
		Yearly Payment:	493,184	Total FRVS PD:		12.0289

- (1) 80% Capital (\$5,301,013) amortized at 7.0000 % for 20 years Principal & Interest of \$493,184 divided by annual available days (58765) divided by Occup. Adj. (0.90) = \$9.3250
- (2) 20% ROE (\$1,325,253) times the ROE factor (0.014380) divided by annual available days (58765) divided by Occup. Adj. (0.90) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	107	Effective PBS Limitation	3,049,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.9455	38.9455	0.6915	38.2540
Direct Care	83.6640	83.6640	1.4855	82.1785
Indirect Care	43.6039	43.6039	0.7742	42.8297
Property	12.0000	12.0289	0.2136	11.8153
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.0990
Supplemental Rate Add-on				9.9025
Totals	178.2134	178.2423	3.1648	210.0790

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 268763-00 - 2014/07

210.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	3,562	0.00				107	100.00	3,562	1,097,927	
1972/01		0.10	3.9787	3.0000	0.9787	107	100.00	3,573	1,141,583	
1972/07		0.10	5.9113	3.0000	2.9113	107	100.00	3,584	1,197,865	
1973/01		0.20	8.0622	3.0000	5.0622	107	100.00	3,606	1,259,604	
1973/07		0.20	10.7186	3.0000	7.7186	107	100.00	3,628	1,330,866	
1974/01	2,470	0.30	12.9457	3.0000	9.9457	107	100.00	6,131	1,400,416	
1974/07		0.30	13.0494	3.0000	10.0494	107	100.00	6,186	1,443,858	
1975/01	1,443,858	0.40	13.1399	3.0000	10.1399	107	100.00	1,450,118	1,488,477	
1975/07		0.40	14.2033	3.0000	11.2033	107	100.00	1,467,519	1,549,039	
1976/01	2,196	0.50	15.2478	3.0000	12.2478	107	100.00	1,491,728	1,611,634	
1976/07		0.50	15.7330	3.0000	12.7330	107	100.00	1,514,104	1,667,809	
1977/01	20,462	0.60	16.4836	3.0000	13.4836	107	100.00	1,561,820	1,730,404	
1977/07		0.60	18.5412	3.0000	15.5412	107	100.00	1,589,933	1,817,823	
1978/01	643	0.70	20.2809	3.0000	17.2809	107	100.00	1,623,965	1,904,065	
1978/07		0.70	22.8203	3.0000	19.8203	107	100.00	1,658,068	2,009,460	
1979/01		0.80	24.9476	3.0000	21.9476	107	100.00	1,697,862	2,112,501	
1979/07		0.80	26.1458	3.0000	23.1458	107	100.00	1,738,611	2,201,204	
1980/01		0.90	29.3115	3.0000	26.3115	107	72.75	1,785,553	2,336,987	
1980/07		0.90	30.1222	3.0000	27.1222	107	72.75	1,833,763	2,426,011	
1981/01		1.00	30.9462	3.0000	27.9462	107	65.07	1,888,776	2,518,780	
1981/07		1.00	30.5350	3.0000	27.5350	107	65.07	1,945,439	2,583,943	
1982/01		1.00	30.2110	3.0000	27.2110	107	66.11	2,003,802	2,653,172	
1982/07		1.00	29.5087	3.0000	26.5087	107	66.11	2,063,916	2,714,055	
1983/04		1.00	29.1375	3.0000	26.1375	107	66.51	2,125,833	2,785,424	
1983/07		1.00	30.0953	3.0000	27.0953	107	66.51	2,189,608	2,895,634	
1984/01		1.00	28.3905	3.0000	25.3905	107	64.52	2,255,296	2,933,191	
1984/07		1.00	27.3084	3.0000	24.3084	107	64.52	2,322,955	2,989,473	
1985/01		1.00	25.4555	3.0000	22.4555	107	64.51	2,392,644	3,023,713	
1985/10		1.00	23.3077	3.0000	20.3077	107	64.51	2,464,423	3,049,500	
1986/01		1.00	21.1376	3.0000	18.1376	107	62.15	2,538,356	3,074,859	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 268763-00 - 2014/07

210.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	107	62.15	2,614,507	3,068,974	
1987/01		1.00	16.4441	3.0000	13.4441	107	62.10	2,692,942	3,123,865	
1987/07		1.00	14.3448	3.0000	11.3448	107	62.10	2,773,730	3,148,261	
1988/01		1.00	12.2455	3.0000	9.2455	107	60.02	2,856,942	3,173,834	
1988/07		1.00	9.8354	3.0000	6.8354	107	60.02	2,942,650	3,172,122	
1989/01		1.00	7.4253	3.0000	4.4253	107	62.88	3,030,930	3,190,847	
1989/07		1.00	5.0152	3.0000	2.0152	107	62.88	3,121,858	3,212,461	
1990/01		1.00	2.6051	2.6051		107	61.64	3,203,186	3,228,618	
1990/07		1.00	0.5899	0.5899		107	61.64	3,222,082	3,247,664	
1991/01	19,484	1.00	0.5899	0.5899		107	65.73	3,260,573	3,266,710	
1991/07	1,639,008	1.00	1.4932	1.4932		107	65.73	4,948,268	3,315,502	
1992/01		0.95	2.0117	2.0117		161	71.37	5,042,834	5,089,049	
1992/07		0.95	1.8152	1.8152		161	71.37	5,129,793	5,181,463	
1993/01		0.90	1.7710	1.7710		161	68.39	5,211,557	5,273,233	
1993/07		0.90	1.5329	1.5329		161	68.39	5,283,456	5,354,055	
1994/01		0.85	1.6983	1.6983		161	74.02	5,359,728	5,445,020	
1994/07		0.85	1.5991	1.5991		161	74.02	5,432,577	5,532,121	
1995/01		0.80	1.5812	1.5812		161	70.81	5,501,299	5,619,544	
1995/07		0.80	1.5250	1.5250		161	70.81	5,568,415	5,705,196	
1996/01		0.75	1.7228	1.7228		161	70.94	5,640,364	5,803,567	
1996/07		0.75	1.3294	1.3294		161	70.94	5,696,604	5,880,686	
1997/01		0.70	1.4109	1.4109		161	71.57	5,752,864	5,963,601	
1997/07		0.70	1.0917	1.0917		161	71.57	5,796,827	6,028,645	
1998/01	24,442	0.65	1.1663	1.1663		161	72.61	5,865,215	6,099,002	
1998/07		0.65	1.0794	1.0794		161	72.61	5,906,365	6,164,851	
1999/01		0.60	1.4499	1.4499		161	69.68	5,957,744	6,254,206	
1999/07		0.60	1.2299	1.2299		161	69.68	6,001,706	6,331,164	
2000/01	25,901	0.55	1.3356	1.3356		161	67.86	6,071,696	6,415,689	
2000/07		0.55	1.1129	1.1129		161	67.86	6,108,861	6,487,012	
2001/01		0.50	1.2976	1.2976		161	71.98	6,148,495	6,571,215	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 268763-00 - 2014/07

210.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		161	71.98	6,178,057	6,634,327	
2002/01	23,559	0.45	1.0301	1.0301		161	71.17	6,230,251	6,702,591	
2002/07		0.45	0.8337	0.8337		161	71.17	6,253,627	6,758,458	
2003/01		0.40	1.3271	1.3271		161	76.17	6,286,821	6,848,135	
2003/07		0.40	1.1664	1.1664		161	76.17	6,316,155	6,927,991	
2004/01		0.35	1.1103	1.1103		161	78.30	6,340,700	7,004,949	
2004/07		0.35	0.8378	0.8378		161	78.30	6,359,291	7,063,714	
2005/01		0.30	0.8595	0.8595		161	78.30	6,375,692	7,124,411	
2005/07		0.30	0.7364	0.7364		161	78.82	6,389,776	7,176,897	
2006/01		0.25	0.9068	0.9068		161	76.13	6,404,262	7,241,941	
2006/07		0.25	0.8133	0.8133		161	76.13	6,417,282	7,300,867	
2007/01		0.20	1.0133	1.0133		161	76.13	6,430,290	7,374,766	
2007/07		0.20	1.1050	1.1050		161	73.09	6,444,501	7,456,232	
2008/01		0.15	0.8556	0.8556		161	73.09	6,452,769	7,519,988	
2008/07	25,047	0.15	0.6104	0.6104		161	78.28	6,483,727	7,565,873	
2009/01		0.10	1.3268	1.3268		161	78.28	6,492,331	7,666,337	
2009/07		0.10	0.6841	0.6841		161	76.31	6,496,772	7,718,823	
2010/01		0.05	0.8643	0.8643		161	76.31	6,499,579	7,785,477	
2010/07		0.05	0.7107	0.7107		161	74.64	6,501,886	7,840,861	
2011/01		0.00	0.9198	0.9198		161	74.64	6,501,886	7,912,989	
2011/07		0.00	0.9028	0.9028		161	73.54	6,501,886	7,984,473	
2012/01		0.00	0.3865	0.3865		161	76.22	6,501,886	8,015,385	
2012/07		0.00	0.9417	0.9417		161	76.22	6,501,886	8,090,894	
2013/01		0.00	0.4901	0.4901		161	76.22	6,501,886	8,130,500	
2013/07	124,380	0.00	0.6196	0.6196		161	74.88	6,626,266	8,180,893	
2014/01		0.00	0.8564	0.8564		161	74.00	6,626,266	8,250,928	
2014/07		0.00	1.2383	1.2383		161	74.00	6,626,266	8,353,163	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 268780-00 - 2014/07

238.70

The Springs at Lake Pointe Woods

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Partnership CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3280 LAKE POINTE BLVD	1/1/2012-12/31/2012	Number of Beds: 119	Superior: 0
SARASOTA, FL 34231	Days in CR 366	Maximum: 43,554	Standard: 184
County: Sarasota [58]	First Used : 2014/01	Max Annualized: 43,435	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 39,824	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 7,633	Inflation
Current Class South Large	Initial CR? False	Medicaid: 21,790	FY Index: 1.28335532
Class at 1/94: South Large	Medical Utilization	54.71575%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.43592%	Cost: 1.04963363
Open Date: 11/06/1986	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/06/1986	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 11/01/1989	Low Occupancy Adjustment Factor:	116.40311%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 213225			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	909,980	2,045,995	1,214,722	560,657	10,038	4,741,392	
1a	Audit Adjustments							
2	Cost Per Diem	41.7614	93.8961	55.7468	25.7300	0.4607	217.5950	
3	Cost Per Diem Inflated	43.8342	96.9804	58.5137				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.8342	96.9804	58.5137	25.7300	0.4607	225.5190	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.1108		63.3439				
7	Provider Target Rate	51.1549		64.6637				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.8342	96.9804	58.5137	13.6500	0.4607	213.4390	
12/13	Medical Adjustment Rate		0.5145	0.3104				
14	Prospective Per Diem 11	43.8342	97.4949	58.8241	13.6500	0.4607	214.2639	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 268780-00 - 2014/07

238.70

Rate Semester 07/01/2014 through 12/31/2014

The Springs at Lake Pointe Woods

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1986/07	Type:	None	80% Capital(1):	3,480,078	7.4991
Indexed Asset Value	4,350,097	<60% of Base:	True	20% ROE(2):	870,019	0.3245
FRVS Base Asset:	1,523,061	Interest Rate:	8.5000%	Insurance Cost(3):	62,143	1.5604
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	48,922	1.2285
ROE Factor	0.014580	Amortization Rate:	8.5000%	Home Office(3):	9,833	0.2469
		Interest Only:	True	Replacement(3&4):	14,189	0.0000
		Yearly Payment:	293,150	Total FRVS PD:		10.8594

- (1) 80% Capital (\$3,480,078) amortized at 8.5000 % for 20 years Interest of \$293,150 divided by annual available days (43435) divided by Occup. Adj. (0.900) = \$7.4991
- (2) 20% ROE (\$870,019) times the ROE factor (0.014580) divided by annual available days (43435) divided by Occup. Adj. (0.900) = \$0.3245
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,737
Comparison Date:	01/01/1986	Current RS PBS:	51,883
Comparison Bed	53	Effective PBS Limitation	1,523,061

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.8342	43.8342	0.7783	43.0559
Direct Care	97.4949	97.4949	1.7310	95.7639
Indirect Care	58.8241	58.8241	1.0444	57.7797
Property	13.6500	10.8594	0.1928	10.6666
ROE	0.4607	0.1209	0.0021	0.1188
ROE Adjustment	-0.1209	-0.1209	-0.0021	-0.1188
Quality Assess-Medicaid Share				21.5331
Supplemental Rate Add-on				9.9025
Totals	214.1430	211.0126	3.7465	238.7017

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 268780-00 - 2014/07

238.70

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07	4,817,727	0.00	0.2974	0.2974		53		1,523,061	1,523,061	1
1987/01		0.10	1.0091	1.0091		53		1,523,061	1,547,335	
1987/07		0.10	0.9007	0.9007		53		1,523,061	1,559,419	
1988/01		0.20	0.9007	0.9007		53		1,523,061	1,572,086	
1988/07		0.20	0.5899	0.5899		53		1,523,061	1,571,238	
1989/01		0.30	0.5899	0.5899		53		1,523,061	1,580,513	
1989/07		0.30	0.5899	0.5899		53	4.83	1,523,061	1,591,219	
1990/01	1,801,380	0.40	0.5899	0.5899		113	5.93	3,324,441	3,409,662	
1990/07		0.40	0.5899	0.5899		113	5.93	3,324,441	3,429,776	
1991/01		0.50	0.5899	0.5899		113	5.93	3,324,441	3,449,890	
1991/07		0.50	1.4932	1.4932		113	5.93	3,324,441	3,501,418	
1992/01		0.60	2.0117	2.0117		113	5.93	3,324,441	3,571,817	
1992/07		0.60	1.8152	1.8152		113	5.93	3,324,441	3,636,679	
1993/01		0.70	1.7710	1.7710		113	15.39	3,324,441	3,701,089	
1993/07		0.70	1.5329	1.5329		113	15.39	3,324,441	3,757,815	
1994/01	31,333	0.80	1.6983	1.6983		113	18.19	3,355,774	3,821,660	
1994/07		0.80	1.5991	1.5991		113	18.19	3,355,774	3,882,793	
1995/01	61,702	0.90	1.5812	1.5812		120	18.39	3,417,476	4,188,480	
1995/07		0.90	1.5250	1.5250		120	18.39	3,417,476	4,252,320	
1996/01		1.00	1.7228	1.7228		120	20.59	3,417,476	4,325,640	
1996/07		1.00	1.3294	1.3294		120	20.59	3,417,476	4,383,120	
1997/01		1.00	1.4109	1.4109		120	23.58	3,417,476	4,444,920	
1997/07	14,833	1.00	1.0917	1.0917		120	27.55	3,450,997	4,493,400	
1998/01	23,214	1.00	1.1663	1.1663		120	27.55	3,494,372	4,545,840	
1998/07		1.00	1.0794	1.0794		120	27.55	3,513,265	4,594,920	
1999/01		1.00	1.4499	1.4499		120	27.55	3,538,781	4,661,520	
1999/07		1.00	1.2299	1.2299		120	27.55	3,560,582	4,718,880	
2000/01		1.00	1.3356	1.3356		120	31.43	3,587,758	4,781,880	
2000/07		1.00	1.1129	1.1129		120	31.43	3,587,758	4,835,040	5
2001/01		1.00	1.2976	1.2976		120	36.86	3,610,575	4,897,800	5



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 268780-00 - 2014/07

238.70

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		1.00	0.9615	0.9615		120	36.86	3,641,974	4,944,840	5
2002/01		1.00	1.0301	1.0301		119	46.57	3,697,412	4,954,089	
2002/07		1.00	0.8337	0.8337		119	46.57	3,723,513	4,995,382	
2003/01		1.00	1.3271	1.3271		119	39.71	3,759,190	5,061,665	
2003/07		1.00	1.1664	1.1664		119	39.71	3,790,848	5,120,689	
2004/01		1.00	1.1103	1.1103		119	41.29	3,790,848	5,177,571	5
2004/07		1.00	0.8378	0.8378		119	41.29	3,846,488	5,221,006	
2005/01		1.00	0.8595	0.8595		119	41.29	3,871,307	5,265,869	
2005/07		1.00	0.7364	0.7364		119	41.29	3,892,709	5,304,663	
2006/01		1.00	0.9068	0.9068		119	41.29	3,919,209	5,352,739	
2006/07		1.00	0.8133	0.8133		119	41.70	3,943,376	5,396,293	
2007/01		0.95	1.0133	1.0133		119	41.70	3,972,156	5,450,914	
2007/07		0.95	1.1050	1.1050		119	44.68	4,006,031	5,511,128	
2008/01		0.90	0.8556	0.8556		119	44.68	4,031,090	5,558,252	
2008/07		0.90	0.6104	0.6104		119	44.68	4,049,081	5,592,167	
2009/01		0.85	1.3268	1.3268		119	47.20	4,088,270	5,666,423	
2009/07		0.85	0.6841	0.6841		119	47.20	4,108,672	5,705,217	
2010/01		0.80	0.8643	0.8643		119	50.11	4,134,554	5,754,483	
2010/07		0.80	0.7107	0.7107		119	50.56	4,156,165	5,795,419	
2011/01		0.75	0.9198	0.9198		119	50.56	4,182,524	5,848,731	
2011/07		0.75	0.9028	0.9028		119	50.56	4,208,558	5,901,567	
2012/01		0.70	0.3865	0.3865		119	52.43	4,219,414	5,924,415	
2012/07		0.70	0.9417	0.9417		119	52.43	4,245,929	5,980,226	
2013/01		0.65	0.4901	0.4901		119	53.55	4,259,100	6,009,500	
2013/07		0.65	0.6196	0.6196		119	53.55	4,275,799	6,046,747	
2014/01	20,520	0.60	0.8564	0.8564		119	54.72	4,318,176	6,098,512	
2014/07		0.60	1.2383	1.2383		119	54.72	4,350,097	6,174,077	

Message Code:

1	Per Bed Standard Limitation
5	Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 269000-00 - 2014/07

210.92

Majestic Oaks Continuing Care Complex

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
901 VETERAN'S MEMORIAL PARKWAY	1/1/2013-12/31/2013	Number of Beds: 150	Superior: 0
ORANGE CITY, FL 32763	Days in CR 365	Maximum: 54,750	Standard: 184
County: Volusia [64]	First Used : 2014/07	Max Annualized: 54,750	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 50,880	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 8,657	Inflation
Current Class North Large	Initial CR? False	Medicaid: 20,717	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	40.71737%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.93151%	Cost: 1.02471376
Open Date: 01/21/2003	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/21/2003	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 01/21/2003	Low Occupancy Adjustment Factor:	118.30708%	DC Sem Index: 1.24200000
Med # Active Date: 01/21/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,362,736	2,030,151	961,104	277,401		4,631,392	
1a	Audit Adjustments							
2	Cost Per Diem	65.7786	97.9944	46.3920	13.3900		223.5550	
3	Cost Per Diem Inflated	67.4042	100.1721	47.5385				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	67.4042	100.1721	47.5385	13.3900		228.5048	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.5333		51.2053				
7	Provider Target Rate	59.7529		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	49.7653	95.0998	47.5385	13.3900		205.7936	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	49.7653	95.0998	47.5385	13.3900		205.7936	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 269000-00 - 2014/07

210.92

Rate Semester 07/01/2014 through 12/31/2014

Majestic Oaks Continuing Care Complex

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/21/2003	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	7,059,913.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	5,419,945	9.3868
RS to Start Calcs:	2003/01	<60% of Base:	False	20% ROE(2):	1,354,986	0.5156
Indexed Asset Value	6,774,931	Interest Rate:	5.9085%	Insurance Cost(3):	74,812	1.4704
FRVS Base Asset:	6,296,700	Chase Rate:	4.2500%	Taxes Cost(3):	44,485	0.8743
Occup Adj Factor	0.9000	Amortization Rate:	5.9085%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	180,381	0.0000
		Yearly Payment:	462,535	Total FRVS PD:		12.2471

- (1) 80% Capital (\$5,419,945) amortized at 5.9085 % for 20 years Principal & Interest of \$462,535 divided by annual available days (54750) divided by Occup. Adj. (0.900) = \$9.3868
- (2) 20% ROE (\$1,354,986) times the ROE factor (0.018750) divided by annual available days (54750) divided by Occup. Adj. (0.900) = \$0.5156
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	41,978
Comparison Date: 07/01/2002	Current RS PBS:	51,883
Comparison Bed 150	Effective PBS Limitation	6,296,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7653	49.7653	0.8836	48.8817
Direct Care	95.0998	95.0998	1.6885	93.4113
Indirect Care	47.5385	47.5385	0.8441	46.6944
Property	13.3900	12.2471	0.2174	12.0297
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	205.7936	204.6507	3.6336	210.9196

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 269000-00 - 2014/07

210.92

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01	15,470,706	0.00	1.3271	1.3271		150	27.18	6,296,700	6,296,700	1
2003/07		0.10	1.1664	1.1664		150	27.18	6,300,328	6,454,650	
2004/01		0.10	1.1103	1.1103		150	27.18	6,303,784	6,526,350	
2004/07		0.20	0.8378	0.8378		150	27.18	6,309,005	6,581,100	
2005/01		0.20	0.8595	0.8595		150	27.18	6,314,364	6,637,650	
2005/07		0.30	0.7364	0.7364		150	27.18	6,321,257	6,686,550	
2006/01		0.30	0.9068	0.9068		150	29.72	6,330,548	6,747,150	
2006/07	22,384	0.40	0.8133	0.8133		150	34.38	6,365,805	6,802,050	
2007/01		0.40	1.0133	1.0133		150	34.38	6,381,933	6,870,900	
2007/07		0.50	1.1050	1.1050		150	34.38	6,403,974	6,946,800	
2008/01		0.50	0.8556	0.8556		150	31.33	6,419,580	7,006,200	
2008/07		0.60	0.6104	0.6104		150	31.33	6,432,971	7,048,950	
2009/01		0.60	1.3268	1.3268		150	28.20	6,459,229	7,142,550	
2009/07		0.70	0.6841	0.6841		150	28.20	6,475,089	7,191,450	
2010/01		0.70	0.8643	0.8643		150	29.16	6,495,858	7,253,550	
2010/07		0.80	0.7107	0.7107		150	29.16	6,515,441	7,305,150	
2011/01		0.80	0.9198	0.9198		150	32.72	6,543,961	7,372,350	
2011/07		0.90	0.9028	0.9028		150	33.52	6,576,366	7,438,950	
2012/01		0.90	0.3865	0.3865		150	33.52	6,590,310	7,467,750	
2012/07		1.00	0.9417	0.9417		150	32.85	6,627,377	7,538,100	
2013/01		1.00	0.4901	0.4901		150	32.85	6,646,777	7,575,000	
2013/07		1.00	0.6196	0.6196		150	37.25	6,674,669	7,621,950	
2014/01		1.00	0.8564	0.8564		150	37.25	6,713,383	7,687,200	
2014/07		1.00	1.2383	1.2383		150	40.72	6,774,931	7,782,450	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 269107-00 - 2014/07

202.06

Harmony Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
9820 N KENDALL DRIVE	1/1/2012-12/31/2012	Number of Beds: 203	Superior: 0
MIAMI, FL 33176	Days in CR 366	Maximum: 74,298	Standard: 184
County: Dade [13]	First Used : 2014/01	Max Annualized: 74,095	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 73,913	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 16,782	Inflation
Current Class South Large	Initial CR? False	Medicaid: 36,920	FY Index: 1.28335532
Class at 1/94: South Large	Medical Utilization	49.95062%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	99.48182%	Cost: 1.04963363
Open Date: 03/01/1970	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/11/1998	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 11/13/2000	Low Occupancy Adjustment Factor:	126.64599%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 226386			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,284,696	2,566,482	1,972,135	783,812		6,607,122	
1a	Audit Adjustments							
2	Cost Per Diem	34.7967	69.5147	53.4164	21.2300		178.9578	
3	Cost Per Diem Inflated	36.5238	71.7981	56.0676				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	36.5238	71.7981	56.0676	21.2300		185.6195	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4166		60.4050				
7	Provider Target Rate	47.3837		61.6636				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	36.5238	71.7981	56.0676	13.6500		178.0395	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	36.5238	71.7981	56.0676	13.6500		178.0395	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 269107-00 - 2014/07

202.06

Rate Semester 07/01/2014 through 12/31/2014

Harmony Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/13/2000	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	6,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	7,173,229 9.2478
RS to Start Calcs:	1998/07	<60% of Base:	False	20% ROE(2):	1,793,307 0.3921
Indexed Asset Value	8,966,536	Interest Rate:	6.0000%	Insurance Cost(3):	71,233 0.9637
FRVS Base Asset:	0	Chase Rate:	4.0000%	Taxes Cost(3):	140,236 1.8973
Occup Adj Factor	0.9000	Amortization Rate:	6.0000%	Home Office(3):	5,673 0.0768
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	35,706 0.0000
		Yearly Payment:	616,695	Total FRVS PD:	12.5777

- (1) 80% Capital (\$7,173,229) amortized at 6.0000 % for 20 years Principal & Interest of \$616,695 divided by annual available days (74095) divided by Occup. Adj. (0.900) = \$9.2478
- (2) 20% ROE (\$1,793,307) times the ROE factor (0.014580) divided by annual available days (74095) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	37,882
Comparison Date:	01/01/1998	Current RS PBS:	51,883
Comparison Bed	203	Effective PBS Limitation	7,690,046

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	36.5238	36.5238	0.6485	35.8753
Direct Care	71.7981	71.7981	1.2748	70.5233
Indirect Care	56.0676	56.0676	0.9955	55.0721
Property	13.6500	12.5777	0.2233	12.3544
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.3287
Supplemental Rate Add-on				9.9025
Totals	178.0395	176.9672	3.1421	202.0563

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 269107-00 - 2014/07

202.06

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07	29,188,019	0.00	1.1129	1.1129		203	35.69	7,690,046	7,690,046	1
2001/01	33,100	0.10	1.2976	1.2976		203	35.69	7,729,623	8,285,445	
2001/07	8,316	0.10	0.9615	0.9615		203	35.69	7,742,764	8,365,021	
2002/01		0.20	1.0301	1.0301		203	35.69	7,742,764	8,451,093	5
2002/07		0.20	0.8337	0.8337		203	35.69	7,761,501	8,521,534	
2003/01		0.30	1.3271	1.3271		203	35.69	7,781,551	8,634,605	
2003/07		0.30	1.1664	1.1664		203	68.18	7,808,779	8,735,293	
2004/01		0.40	1.1103	1.1103		203	68.18	7,843,458	8,832,327	
2004/07		0.40	0.8378	0.8378		203	68.18	7,869,741	8,906,422	
2005/01		0.50	0.8595	0.8595		203	68.18	7,903,565	8,982,953	
2005/07		0.50	0.7364	0.7364		203	68.18	7,932,666	9,049,131	
2006/01		0.60	0.9068	0.9068		203	68.18	7,975,828	9,131,143	
2006/07		0.60	0.8133	0.8133		203	69.04	8,014,750	9,205,441	
2007/01		0.70	1.0133	1.0133		203	54.76	8,071,351	9,298,618	
2007/07		0.70	1.1050	1.1050		203	54.76	8,133,510	9,401,336	
2008/01		0.80	0.8556	0.8556		203	47.28	8,181,369	9,481,724	
2008/07		0.80	0.6104	0.6104		203	47.28	8,215,711	9,539,579	
2009/01		0.90	1.3268	1.3268		203	46.32	8,298,332	9,666,251	
2009/07		0.90	0.6841	0.6841		203	46.32	8,341,361	9,732,429	
2010/01		1.00	0.8643	0.8643		203	45.50	8,401,003	9,816,471	
2010/07		1.00	0.7107	0.7107		203	50.04	8,455,325	9,886,303	
2011/01		1.00	0.9198	0.9198		203	50.04	8,526,083	9,977,247	
2011/07		1.00	0.9028	0.9028		203	51.98	8,598,830	10,067,379	
2012/01		1.00	0.3865	0.3865		203	51.98	8,630,240	10,106,355	
2012/07		1.00	0.9417	0.9417		203	51.98	8,707,048	10,201,562	
2013/01		1.00	0.4901	0.4901		203	51.86	8,747,285	10,251,500	
2013/07		1.00	0.6196	0.6196		203	51.86	8,798,389	10,315,039	
2014/01		1.00	0.8564	0.8564		203	49.95	8,866,820	10,403,344	
2014/07		1.00	1.2383	1.2383		203	49.95	8,966,536	10,532,249	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 269492-00 - 2014/07

233.93

Douglas Jacobson State Veterans Nursing Home

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
21281 GRAYTON TERRACE	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
PORT CHARLOTTE, FL 33954	Days in CR 365	Maximum: 43,800	Standard: 184
County: Charlotte [8]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 43,616	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 1,520	Inflation
Current Class South Large	Initial CR? False	Medicaid: 18,420	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	42.23221%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	99.57991%	Cost: 1.03716397
Open Date: 04/01/2004	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/01/2004	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 06/07/2004	Low Occupancy Adjustment Factor:	126.77087%	DC Sem Index: 1.24200000
Med # Active Date: 06/07/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	860,843	2,028,465	853,001	173,885		3,916,194	
1a	Audit Adjustments							
2	Cost Per Diem	46.7341	110.1230	46.3084	9.4400		212.6055	
3	Cost Per Diem Inflated	48.4709	113.1756	48.0294				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.4709	113.1756	48.0294	9.4400		219.1159	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	81.8814		69.4550				
7	Provider Target Rate	83.5875		70.9022				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	48.4709	98.4475	48.0294	9.4400		204.3878	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	48.4709	98.4475	48.0294	9.4400		204.3878	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

0 269492-00 - 2014/07

233.93

Rate Semester 07/01/2014 through 12/31/2014

Douglas Jacobson State Veterans Nursing Home

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/07/2004	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,564,245 4.5612
RS to Start Calcs:	2004/01	<60% of Base:	True	20% ROE(2):	1,141,061 0.4162
Indexed Asset Value	5,705,306	Interest Rate:	4.0000%	Insurance Cost(3):	8,634 0.1980
FRVS Base Asset:	5,163,720	Chase Rate:	4.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	4.0000%	Home Office(3):	43,466 0.9966
ROE Factor	0.014380	Interest Only:	True	Replacement(3&4):	52,246 0.0000
		Yearly Payment:	179,801	Total FRVS PD:	6.1720

- (1) 80% Capital (\$4,564,245) amortized at 4.0000 % for 20 years Interest of \$179,801 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$4.5612
- (2) 20% ROE (\$1,141,061) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4162
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	43,031
Comparison Date:	07/01/2003	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	5,163,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.4709	48.4709	0.8606	47.6103
Direct Care	98.4475	98.4475	1.7479	96.6996
Indirect Care	48.0294	48.0294	0.8528	47.1766
Property	9.4400	6.1720	0.1096	6.0624
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				26.4761
Supplemental Rate Add-on				9.9025
Totals	204.3878	201.1198	3.5709	233.9275

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 269492-00 - 2014/07

233.93

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01	9,197,217	0.00	1.1103	1.1103		120	47.73	5,163,720	5,163,720	1
2004/07		0.10	0.8378	0.8378		120	47.73	5,167,475	5,264,880	
2005/01	52,861	0.10	0.8595	0.8595		120	47.73	5,224,193	5,310,120	
2005/07		0.20	0.7364	0.7364		120	47.73	5,230,871	5,349,240	
2006/01		0.20	0.9068	0.9068		120	47.73	5,239,106	5,397,720	
2006/07		0.30	0.8133	0.8133		120	47.73	5,250,200	5,441,640	
2007/01		0.30	1.0133	1.0133		120	47.73	5,264,051	5,496,720	
2007/07		0.40	1.1050	1.1050		120	58.75	5,287,318	5,557,440	
2008/01		0.40	0.8556	0.8556		120	56.24	5,305,411	5,604,960	
2008/07		0.50	0.6104	0.6104		120	56.24	5,321,603	5,639,160	
2009/01		0.50	1.3268	1.3268		120	56.24	5,356,907	5,714,040	
2009/07		0.60	0.6841	0.6841		120	59.51	5,378,897	5,753,160	
2010/01		0.60	0.8643	0.8643		120	59.51	5,406,792	5,802,840	
2010/07		0.70	0.7107	0.7107		120	55.54	5,433,691	5,844,120	
2011/01		0.70	0.9198	0.9198		120	55.54	5,468,679	5,897,880	
2011/07		0.80	0.9028	0.9028		120	53.81	5,507,319	5,951,160	
2012/01		0.80	0.3865	0.3865		120	38.44	5,519,220	5,974,200	
2012/07		0.90	0.9417	0.9417		120	38.44	5,551,912	6,030,480	
2013/01	27,001	0.90	0.4901	0.4901		120	37.25	5,595,499	6,060,000	
2013/07		1.00	0.6196	0.6196		120	37.25	5,618,980	6,097,560	
2014/01		1.00	0.8564	0.8564		120	37.25	5,651,571	6,149,760	
2014/07		1.00	1.2383	1.2383		120	42.23	5,705,306	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 269697-00 - 2014/07

217.73

Regents Park of Sunrise

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
9711 W OAKLAND PARK BLVD	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
SUNRISE , FL 33351	Days in CR 366	Maximum: 43,920	Standard: 184
County: Broward [6]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 10	Last Used: 2014/07	Total Patient: 40,423	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 8,719	Inflation
Current Class South Large	Initial CR? False	Medicaid: 24,115	FY Index: 1.28335532
Class at 1/94: South Large	Medical Utilization	59.65663%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.03780%	Cost: 1.04963363
Open Date: 11/06/1989	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/06/1989	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 11/06/1989	Low Occupancy Adjustment Factor:	117.16933%	DC Sem Index: 1.24200000
Med # Active Date: 06/01/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 210960			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	935,692	1,785,989	1,247,803	793,625		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	40.7270	76.4941	54.3121				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.7270	76.4941	54.3121	32.9100		204.4432	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.3750		65.0730				
7	Provider Target Rate	56.5288		66.4289				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	40.7270	76.4941	54.3121	13.6500		185.1832	
12/13	Medical Adjustment Rate		0.8310	0.5900				
14	Prospective Per Diem 11	40.7270	77.3251	54.9021	13.6500		186.6042	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 269697-00 - 2014/07

217.73

Rate Semester 07/01/2014 through 12/31/2014

Regents Park of Sunrise

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/06/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,762,500.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,341,108 12.3181
RS to Start Calcs:	1989/07	<60% of Base:	False	20% ROE(2):	1,085,277 0.4014
Indexed Asset Value	5,426,385	Interest Rate:	9.5000%	Insurance Cost(3):	72,148 1.7848
FRVS Base Asset:	3,578,520	Chase Rate:	8.5000%	Taxes Cost(3):	189,456 4.6868
Occup Adj Factor	0.9000	Amortization Rate:	9.5000%	Home Office(3):	0 0.0000
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	23,960 0.0000
		Yearly Payment:	485,578	Total FRVS PD:	19.1911

- (1) 80% Capital (\$4,341,108) amortized at 9.5000 % for 20 years Principal & Interest of \$485,578 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$12.3181
- (2) 20% ROE (\$1,085,277) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4014
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,821
Comparison Date:	01/01/1989	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.7270	40.7270	0.7231	40.0039
Direct Care	77.3251	77.3251	1.3729	75.9522
Indirect Care	54.9021	54.9021	0.9748	53.9273
Property	13.6500	19.1911	0.3407	18.8504
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.0914
Supplemental Rate Add-on				9.9025
Totals	186.6042	192.1453	3.4115	217.7277

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 269697-00 - 2014/07

217.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	5,175,978	0.00	0.5899	0.5899		120	23.28	3,578,520	3,578,520	1
1990/01		0.10	0.5899	0.5899		120	23.28	3,578,520	3,620,880	
1990/07		0.10	0.5899	0.5899		120	23.28	3,578,520	3,642,240	
1991/01		0.20	0.5899	0.5899		120	23.28	3,578,520	3,663,600	
1991/07		0.20	1.4932	1.4932		120	23.28	3,578,520	3,718,320	
1992/01		0.30	2.0117	2.0117		120	23.28	3,578,520	3,793,080	
1992/07		0.30	1.8152	1.8152		120	23.28	3,578,520	3,861,960	
1993/01		0.40	1.7710	1.7710		120	53.01	3,602,953	3,930,360	
1993/07		0.40	1.5329	1.5329		120	53.01	3,624,247	3,990,600	
1994/01	67,925	0.50	1.6983	1.6983		120	48.89	3,692,172	4,058,400	5
1994/07		0.50	1.5991	1.5991		120	48.89	3,745,967	4,123,320	
1995/01		0.60	1.5812	1.5812		120	48.89	3,777,557	4,188,480	
1995/07		0.60	1.5250	1.5250		120	48.89	3,808,282	4,252,320	
1996/01		0.70	1.7228	1.7228		120	48.89	3,849,108	4,325,640	
1996/07	29,130	0.70	1.3294	1.3294		120	36.91	3,902,276	4,383,120	
1997/01		0.80	1.4109	1.4109		120	36.91	3,931,834	4,444,920	
1997/07	27,223	0.80	1.0917	1.0917		120	47.37	3,988,634	4,493,400	
1998/01		0.90	1.1663	1.1663		120	47.37	4,024,694	4,545,840	
1998/07	75,583	0.90	1.0794	1.0794		120	32.39	4,123,303	4,594,920	
1999/01		1.00	1.4499	1.4499		120	32.39	4,158,510	4,661,520	
1999/07		1.00	1.2299	1.2299		120	32.39	4,188,630	4,718,880	
2000/01		1.00	1.3356	1.3356		120	30.18	4,219,328	4,781,880	
2000/07	33,791	1.00	1.1129	1.1129		120	36.85	4,284,580	4,835,040	
2001/01		1.00	1.2976	1.2976		120	36.85	4,321,830	4,897,800	
2001/07		1.00	0.9615	0.9615		120	36.85	4,349,671	4,944,840	
2002/01		1.00	1.0301	1.0301		120	32.76	4,376,359	4,995,720	
2002/07		1.00	0.8337	0.8337		120	32.76	4,398,091	5,037,360	
2003/01		1.00	1.3271	1.3271		120	32.76	4,432,857	5,104,200	
2003/07		1.00	1.1664	1.1664		120	39.96	4,470,423	5,163,720	
2004/01		1.00	1.1103	1.1103		120	49.23	4,514,851	5,221,080	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 269697-00 - 2014/07

217.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		1.00	0.8378	0.8378		120	49.23	4,514,851	5,264,880	5
2005/01		1.00	0.8595	0.8595		120	49.23	4,583,703	5,310,120	
2005/07		1.00	0.7364	0.7364		120	49.23	4,613,916	5,349,240	
2006/01		1.00	0.9068	0.9068		120	49.23	4,651,366	5,397,720	
2006/07		1.00	0.8133	0.8133		120	49.23	4,651,366	5,441,640	5
2007/01		1.00	1.0133	1.0133		120	46.45	4,725,322	5,496,720	
2007/07		1.00	1.1050	1.1050		120	46.45	4,769,420	5,557,440	
2008/01		1.00	0.8556	0.8556		120	52.92	4,808,684	5,604,960	
2008/07		1.00	0.6104	0.6104		120	57.17	4,838,036	5,639,160	
2009/01		1.00	1.3268	1.3268		120	57.17	4,902,227	5,714,040	
2009/07		1.00	0.6841	0.6841		120	57.17	4,935,763	5,753,160	
2010/01		0.95	0.8643	0.8643		120	60.20	4,976,291	5,802,840	
2010/07		0.95	0.7107	0.7107		120	64.33	5,009,891	5,844,120	
2011/01		0.90	0.9198	0.9198		120	64.33	5,051,363	5,897,880	
2011/07		0.90	0.9028	0.9028		120	64.33	5,092,405	5,951,160	
2012/01		0.85	0.3865	0.3865		120	58.85	5,109,134	5,974,200	
2012/07		0.85	0.9417	0.9417		120	58.85	5,150,028	6,030,480	
2013/01	59,188	0.80	0.4901	0.4901		120	60.51	5,229,409	6,060,000	
2013/07	86,810	0.80	0.6196	0.6196		120	59.66	5,342,141	6,097,560	
2014/01		0.75	0.8564	0.8564		120	59.66	5,376,454	6,149,760	
2014/07		0.75	1.2383	1.2383		120	59.66	5,426,385	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 269719-00 - 2014/07

208.71

Regents Park of Winter Park

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : 501(c)(3) Organization CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
558 N SEMORAN BLVD	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
WINTER PARK, FL 32792	Days in CR 366	Maximum: 43,920	Standard: 184
County: Orange [48]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 39,951	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 11,882	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 24,183	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	60.53165%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	90.96311%	Cost: 1.04963363
Open Date: 11/23/1988	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/23/1988	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 11/23/1988	Low Occupancy Adjustment Factor:	115.80119%	DC Sem Index: 1.24200000
Med # Active Date: 06/01/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 211044			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	889,577	1,785,856	1,163,205	1,018,830		4,857,467	
1a	Audit Adjustments							
2	Cost Per Diem	36.7852	73.8476	48.1001	42.1300		200.8629	
3	Cost Per Diem Inflated	38.6110	76.2734	50.4875				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.6110	76.2734	50.4875	42.1300		207.5019	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.9031		57.4268				
7	Provider Target Rate	48.9012		58.6233				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	38.6110	76.2734	50.4875	13.6500		179.0219	
12/13	Medical Adjustment Rate		0.9037	0.5982				
14	Prospective Per Diem 11	38.6110	77.1771	51.0857	13.6500		180.5238	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 269719-00 - 2014/07

208.71

Rate Semester 07/01/2014 through 12/31/2014

Regents Park of Winter Park

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/23/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	7,688,955.00		Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable	80% Capital(1):	4,131,772	10.5205
Indexed Asset Value	5,164,715	<60% of Base:	False	20% ROE(2):	1,032,943	0.3820
FRVS Base Asset:	3,559,440	Interest Rate:	8.0000%	Insurance Cost(3):	70,351	1.7609
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	183,717	4.5986
ROE Factor	0.014580	Amortization Rate:	8.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	52,780	0.0000
		Yearly Payment:	414,718	Total FRVS PD:		17.2620

- (1) 80% Capital (\$4,131,772) amortized at 8.0000 % for 20 years Principal & Interest of \$414,718 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.5205
 (2) 20% ROE (\$1,032,943) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3820
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,662
Comparison Date:	01/01/1988	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,559,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.6110	38.6110	0.6855	37.9255
Direct Care	77.1771	77.1771	1.3703	75.8068
Indirect Care	51.0857	51.0857	0.9070	50.1787
Property	13.6500	17.2620	0.3065	16.9555
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.9388
Supplemental Rate Add-on				9.9025
Totals	180.5238	184.1358	3.2693	208.7078

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 269719-00 - 2014/07

208.71

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	8,528,480	0.00	0.5899	0.5899		120	21.83	3,559,440	3,559,440	1
1989/01		0.10	0.5899	0.5899		120	21.83	3,559,440	3,578,520	
1989/07		0.10	0.5899	0.5899		120	21.83	3,559,440	3,602,760	
1990/01		0.20	0.5899	0.5899		120	21.83	3,559,440	3,620,880	
1990/07		0.20	0.5899	0.5899		120	21.83	3,559,440	3,642,240	
1991/01		0.30	0.5899	0.5899		120	34.76	3,563,422	3,663,600	
1991/07		0.30	1.4932	1.4932		120	34.76	3,563,422	3,718,320	5
1992/01		0.40	2.0117	2.0117		120	43.73	3,596,375	3,793,080	
1992/07		0.40	1.8152	1.8152		120	43.73	3,617,137	3,861,960	
1993/01		0.50	1.7710	1.7710		120	43.73	3,642,604	3,930,360	
1993/07	20,366	0.50	1.5329	1.5329		120	40.01	3,662,970	3,990,600	5
1994/01		0.60	1.6983	1.6983		120	37.94	3,709,172	4,058,400	
1994/07		0.60	1.5991	1.5991		120	37.94	3,733,722	4,123,320	
1995/01		0.70	1.5812	1.5812		120	37.94	3,762,229	4,188,480	
1995/07		0.70	1.5250	1.5250		120	37.94	3,789,933	4,252,320	
1996/01		0.80	1.7228	1.7228		120	37.94	3,825,964	4,325,640	
1996/07	38,606	0.80	1.3294	1.3294		120	36.53	3,891,595	4,383,120	
1997/01		0.90	1.4109	1.4109		120	36.53	3,924,416	4,444,920	
1997/07	34,726	0.90	1.0917	1.0917		120	40.15	3,987,289	4,493,400	
1998/01		1.00	1.1663	1.1663		120	40.15	4,021,237	4,545,840	
1998/07		1.00	1.0794	1.0794		120	37.36	4,050,721	4,594,920	
1999/01		1.00	1.4499	1.4499		120	37.36	4,090,616	4,661,520	
1999/07		1.00	1.2299	1.2299		120	37.36	4,124,791	4,718,880	
2000/01	47,039	1.00	1.3356	1.3356		120	37.80	4,209,692	4,781,880	
2000/07	35,743	1.00	1.1129	1.1129		120	31.94	4,272,642	4,835,040	
2001/01		1.00	1.2976	1.2976		120	31.94	4,304,839	4,897,800	
2001/07		1.00	0.9615	0.9615		120	36.80	4,332,533	4,944,840	
2002/01		1.00	1.0301	1.0301		120	41.98	4,332,533	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	41.98	4,394,383	5,037,360	
2003/01		1.00	1.3271	1.3271		120	41.98	4,438,895	5,104,200	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 269719-00 - 2014/07

208.71

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		120	39.20	4,475,797	5,163,720	
2004/01		1.00	1.1103	1.1103		120	31.98	4,504,692	5,221,080	
2004/07		1.00	0.8378	0.8378		120	31.98	4,526,636	5,264,880	
2005/01		1.00	0.8595	0.8595		120	31.98	4,549,258	5,310,120	
2005/07		1.00	0.7364	0.7364		120	31.98	4,568,737	5,349,240	
2006/01		1.00	0.9068	0.9068		120	31.98	4,592,826	5,397,720	
2006/07		1.00	0.8133	0.8133		120	31.98	4,614,545	5,441,640	
2007/01		1.00	1.0133	1.0133		120	34.78	4,644,114	5,496,720	
2007/07		1.00	1.1050	1.1050		120	34.78	4,676,565	5,557,440	
2008/01	24,808	1.00	0.8556	0.8556		120	35.65	4,727,308	5,604,960	
2008/07		1.00	0.6104	0.6104		120	41.95	4,749,317	5,639,160	
2009/01		0.95	1.3268	1.3268		120	41.95	4,794,978	5,714,040	
2009/07		0.95	0.6841	0.6841		120	41.95	4,818,747	5,753,160	
2010/01		0.90	0.8643	0.8643		120	47.69	4,851,250	5,802,840	
2010/07		0.90	0.7107	0.7107		120	49.86	4,879,379	5,844,120	
2011/01		0.85	0.9198	0.9198		120	49.86	4,913,961	5,897,880	
2011/07		0.85	0.9028	0.9028		120	49.86	4,948,147	5,951,160	
2012/01		0.80	0.3865	0.3865		120	53.83	4,963,121	5,974,200	
2012/07		0.80	0.9417	0.9417		120	53.83	4,999,718	6,030,480	
2013/01		0.75	0.4901	0.4901		120	60.63	5,018,097	6,060,000	
2013/07		0.75	0.6196	0.6196		120	60.63	5,041,416	6,097,560	
2014/01	48,693	0.70	0.8564	0.8564		120	60.53	5,120,332	6,149,760	
2014/07		0.70	1.2383	1.2383		120	60.53	5,164,715	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 269727-00 - 2014/07
210.03

Regents Park of Jacksonville

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective		CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization			
Provider Information	Cost Report	Patient Days	Ratings Days
8700 A C SKINNER PARKWAY	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 184
JACKSONVILLE, FL 32256	Days in CR 365	Maximum: 43,800	Standard: 0
County: Duval [16]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 41,245	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 7,064	Inflation
Current Class North Large	Initial CR? False	Medicaid: 29,861	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	72.39908%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	94.16667%	Cost: 1.02471376
Open Date: 02/01/1986	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 02/01/1986	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 02/01/1986	Low Occupancy Adjustment Factor:	119.87951%	DC Sem Index: 1.24200000
Med # Active Date: 06/01/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 211028			PS Target: 1.02083595

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,255,350	2,157,304	1,304,765	1,116,801		5,834,220	
1a	Audit Adjustments							
2	Cost Per Diem	42.0398	72.2449	43.6946	37.4000		195.3793	
3	Cost Per Diem Inflated	43.0788	73.8503	44.7745				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.0788	73.8503	44.7745	37.4000		199.1036	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.9061		56.6409				
7	Provider Target Rate	49.9251		57.8211				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.0788	73.8503	44.7745	13.6500		175.3536	
12/13	Medical Adjustment Rate		1.8610	1.1283				
14	Prospective Per Diem 11	43.0788	75.7113	45.9028	13.6500		178.3429	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 269727-00 - 2014/07

210.03

Rate Semester 07/01/2014 through 12/31/2014

Regents Park of Jacksonville

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 03/31/1994		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,990,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Fixed	80% Capital(1):	4,066,366	10.5474
Indexed Asset Value	5,082,958	<60% of Base:	False	20% ROE(2):	1,016,592	0.4835
FRVS Base Asset:	3,049,500	Interest Rate:	8.2500%	Insurance Cost(3):	59,989	1.4545
Occup Adj Factor	0.9000	Chase Rate:	12.0000%	Taxes Cost(3):	166,323	4.0326
ROE Factor	0.018750	Amortization Rate:	8.2500%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	345,956	0.0000
		Yearly Payment:	415,777	Total FRVS PD:		16.5180

- (1) 80% Capital (\$4,066,366) amortized at 8.2500 % for 20 years Principal & Interest of \$415,777 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.5474
 (2) 20% ROE (\$1,016,592) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4835
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	07/01/1985	Current RS PBS:	28,500
Comparison Bed	107	Effective PBS Limitation	51,883
			3,049,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.0788	43.0788	0.7649	42.3139
Direct Care	75.7113	75.7113	1.3443	74.3670
Indirect Care	45.9028	45.9028	0.8150	45.0878
Property	13.6500	16.5180	0.2933	16.2247
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.1376
Supplemental Rate Add-on				9.9025
Totals	178.3429	181.2109	3.2175	210.0335

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 269727-00 - 2014/07

210.03

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	3,656,571	0.00	0.8299	0.8299		107	22.95	3,049,500	3,049,500	1
1986/07		0.10	0.2974	0.2974		107	22.95	3,049,500	3,068,974	
1987/01	17,379	0.10	1.0091	1.0091		107	22.95	3,066,879	3,123,865	
1987/07		0.20	0.9007	0.9007		107	22.95	3,066,879	3,148,261	
1988/01		0.20	0.9007	0.9007		107	22.95	3,066,879	3,173,834	
1988/07		0.30	0.5899	0.5899		107	22.95	3,066,879	3,172,122	
1989/01	15,264	0.30	0.5899	0.5899		107	30.64	3,085,167	3,190,847	
1989/07		0.40	0.5899	0.5899		107	38.51	3,090,265	3,212,461	
1990/01		0.40	0.5899	0.5899		120	38.51	3,095,371	3,620,880	
1990/07		0.50	0.5899	0.5899		120	35.64	3,101,288	3,642,240	
1991/01		0.50	0.5899	0.5899		120	35.64	3,107,216	3,663,600	
1991/07		0.60	1.4932	1.4932		120	42.81	3,128,884	3,718,320	
1992/01		0.60	2.0117	2.0117		120	42.81	3,158,279	3,793,080	
1992/07		0.70	1.8152	1.8152		120	48.39	3,193,585	3,861,960	
1993/01		0.70	1.7710	1.7710		120	48.39	3,228,418	3,930,360	
1993/07	28,862	0.80	1.5329	1.5329		120	46.43	3,290,701	3,990,600	
1994/01	70,814	0.80	1.6983	1.6983		120	36.02	3,390,794	4,058,400	
1994/07		0.90	1.5991	1.5991		120	36.02	3,422,754	4,123,320	
1995/01		0.90	1.5812	1.5812		120	36.02	3,454,654	4,188,480	
1995/07		1.00	1.5250	1.5250		120	36.02	3,489,157	4,252,320	
1996/01		1.00	1.7228	1.7228		120	36.02	3,528,524	4,325,640	
1996/07	37,112	1.00	1.3294	1.3294		120	34.70	3,595,231	4,383,120	
1997/01		1.00	1.4109	1.4109		120	34.70	3,627,234	4,444,920	
1997/07	43,357	1.00	1.0917	1.0917		120	31.47	3,693,249	4,493,400	
1998/01		1.00	1.1663	1.1663		120	31.47	3,717,895	4,545,840	
1998/07		1.00	1.0794	1.0794		120	33.09	3,742,039	4,594,920	
1999/01		1.00	1.4499	1.4499		120	33.09	3,774,681	4,661,520	
1999/07		1.00	1.2299	1.2299		120	33.09	3,802,612	4,718,880	
2000/01	53,264	1.00	1.3356	1.3356		120	39.04	3,891,926	4,781,880	
2000/07		1.00	1.1129	1.1129		120	46.23	3,928,333	4,835,040	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 269727-00 - 2014/07

210.03

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		120	46.23	3,971,179	4,897,800	
2001/07		1.00	0.9615	0.9615		120	46.23	4,003,273	4,944,840	
2002/01		1.00	1.0301	1.0301		120	46.06	4,037,808	4,995,720	
2002/07		1.00	0.8337	0.8337		120	46.06	4,065,999	5,037,360	
2003/01		1.00	1.3271	1.3271		120	46.06	4,111,188	5,104,200	
2003/07		1.00	1.1664	1.1664		120	44.45	4,149,943	5,163,720	
2004/01		1.00	1.1103	1.1103		120	34.38	4,178,745	5,221,080	
2004/07		1.00	0.8378	0.8378		120	34.38	4,200,629	5,264,880	
2005/01		1.00	0.8595	0.8595		120	34.38	4,223,198	5,310,120	
2005/07		1.00	0.7364	0.7364		120	34.38	4,242,638	5,349,240	
2006/01		1.00	0.9068	0.9068		120	34.38	4,266,687	5,397,720	
2006/07		0.95	0.8133	0.8133		120	34.38	4,287,293	5,441,640	
2007/01		0.95	1.0133	1.0133		120	41.75	4,318,620	5,496,720	
2007/07		0.90	1.1050	1.1050		120	41.75	4,351,222	5,557,440	
2008/01		0.90	0.8556	0.8556		120	48.17	4,380,566	5,604,960	
2008/07	52,700	0.85	0.6104	0.6104		120	57.86	4,455,992	5,639,160	
2009/01		0.85	1.3268	1.3268		120	57.86	4,506,247	5,714,040	
2009/07		0.80	0.6841	0.6841		120	57.86	4,530,910	5,753,160	
2010/01	80,252	0.80	0.8643	0.8643		120	62.16	4,642,489	5,802,840	
2010/07		0.75	0.7107	0.7107		120	62.16	4,667,233	5,844,120	
2011/01	30,524	0.75	0.9198	0.9198		120	65.57	4,729,956	5,897,880	
2011/07		0.70	0.9028	0.9028		120	65.60	4,759,849	5,951,160	
2012/01		0.70	0.3865	0.3865		120	65.60	4,772,729	5,974,200	
2012/07		0.65	0.9417	0.9417		120	65.60	4,801,943	6,030,480	
2013/01		0.65	0.4901	0.4901		120	68.47	4,817,242	6,060,000	
2013/07	97,970	0.60	0.6196	0.6196		120	69.58	4,933,123	6,097,560	
2014/01		0.60	0.8564	0.8564		120	69.58	4,958,469	6,149,760	
2014/07	90,717	0.55	1.2383	1.2383		120	72.40	5,082,958	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 281743-00 - 2014/07

180.36

Jacaranda Manor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4250 66TH ST N	1/1/2013-12/31/2013	Number of Beds: 299	Superior: 0
SAINT PETERSBURG, FL 33709	Days in CR 365	Maximum: 109,135	Standard: 184
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 109,135	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 103,709	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,789	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 93,978	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	90.61701%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.02818%	Cost: 1.02471376
Open Date: 05/01/1970	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/01/1970	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 05/01/1970	Low Occupancy Adjustment Factor:	120.97626%	DC Sem Index: 1.24200000
Med # Active Date: 10/15/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 211729			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	4,176,378	7,092,109	3,327,071	1,979,177		16,574,735	
1a	Audit Adjustments							
2	Cost Per Diem	44.4400	75.4656	35.4027	21.0600		176.3683	
3	Cost Per Diem Inflated	45.5383	77.1426	36.2776				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.5383	77.1426	36.2776	21.0600		180.0185	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.3886		53.5144				
7	Provider Target Rate	45.3135		54.6294				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.3135	77.1426	36.2776	13.6500		172.3837	
12/13	Medical Adjustment Rate		3.4714	1.6325				
14	Prospective Per Diem 11	45.3135	80.6140	37.9101	13.6500		177.4876	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 281743-00 - 2014/07

180.36

Rate Semester 07/01/2014 through 12/31/2014

Jacaranda Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,179,545.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable	80% Capital(1):	4,754,589 5.5098
Indexed Asset Value	5,943,236	<60% of Base:	False	20% ROE(2):	1,188,647 0.2269
FRVS Base Asset:	2,853,393	Interest Rate:	11.2200%	Insurance Cost(3):	25,795 0.2487
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	52,998 0.5110
ROE Factor	0.018750	Amortization Rate:	9.7500%	Home Office(3):	29,380 0.2833
		Interest Only:	False	Replacement(3&4):	42,506 0.0000
		Yearly Payment:	541,177	Total FRVS PD:	6.7797

- (1) 80% Capital (\$4,754,589) amortized at 9.7500 % for 20 years Principal & Interest of \$541,177 divided by annual available days (109135) divided by Occup. Adj. (0.900) = \$5.5098
- (2) 20% ROE (\$1,188,647) times the ROE factor (0.018750) divided by annual available days (109135) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	299	Effective PBS Limitation	8,521,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.3135	45.3135	0.8045	44.5090
Direct Care	80.6140	80.6140	1.4313	79.1827
Indirect Care	37.9101	37.9101	0.6731	37.2370
Property	13.6500	6.7797	0.1204	6.6593
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.8711
Supplemental Rate Add-on				9.9025
Totals	177.4876	170.6173	3.0293	180.3616

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 281743-00 - 2014/07

180.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	839,264	0.00				299	100.00	839,264	3,068,039	
1972/01		0.10	3.9787	3.0000	0.9787	299	100.00	841,782	3,190,031	
1972/07		0.10	5.9113	3.0000	2.9113	299	100.00	844,307	3,347,305	
1973/01		0.20	8.0622	3.0000	5.0622	299	100.00	849,373	3,519,828	
1973/07		0.20	10.7186	3.0000	7.7186	299	100.00	854,469	3,718,962	
1974/01	783,011	0.30	12.9457	3.0000	9.9457	299	100.00	1,645,170	3,913,312	
1974/07		0.30	13.0494	3.0000	10.0494	299	100.00	1,659,977	4,034,706	
1975/01		0.40	13.1399	3.0000	10.1399	299	100.00	1,679,897	4,159,389	
1975/07	4,000	0.40	14.2033	3.0000	11.2033	299	100.00	1,704,056	4,328,623	
1976/01		0.50	15.2478	3.0000	12.2478	299	100.00	1,729,617	4,503,538	
1976/07	7,700	0.50	15.7330	3.0000	12.7330	299	100.00	1,763,261	4,660,513	
1977/01	1,592	0.60	16.4836	3.0000	13.4836	299	100.00	1,796,592	4,835,428	
1977/07		0.60	18.5412	3.0000	15.5412	299	100.00	1,828,931	5,079,711	
1978/01		0.70	20.2809	3.0000	17.2809	299	100.00	1,867,339	5,320,705	
1978/07	500	0.70	22.8203	3.0000	19.8203	299	100.00	1,907,053	5,615,220	
1979/01		0.80	24.9476	3.0000	21.9476	299	100.00	1,952,822	5,903,157	
1979/07	5,500	0.80	26.1458	3.0000	23.1458	299	100.00	2,005,190	6,151,028	
1980/01	1,658	0.90	29.3115	3.0000	26.3115	299	83.35	2,060,988	6,530,459	
1980/07		0.90	30.1222	3.0000	27.1222	299	83.35	2,116,635	6,779,227	
1981/01		1.00	30.9462	3.0000	27.9462	299	55.00	2,180,134	7,038,460	
1981/07	500	1.00	30.5350	3.0000	27.5350	299	55.00	2,246,038	7,220,551	
1982/01	880	1.00	30.2110	3.0000	27.2110	299	83.27	2,314,299	7,414,004	
1982/07	1,200	1.00	29.5087	3.0000	26.5087	299	83.27	2,384,928	7,584,135	
1983/04		1.00	29.1375	3.0000	26.1375	299	78.39	2,456,476	7,783,568	
1983/07	1,300	1.00	30.0953	3.0000	27.0953	299	78.39	2,531,470	8,091,538	
1984/01		1.00	28.3905	3.0000	25.3905	299	72.70	2,607,414	8,196,487	
1984/07	2,099	1.00	27.3084	3.0000	24.3084	299	72.70	2,687,735	8,353,761	
1985/01	1,365	1.00	25.4555	3.0000	22.4555	299	72.69	2,769,732	8,449,441	
1985/10	569	1.00	23.3077	3.0000	20.3077	299	72.69	2,853,393	8,521,500	
1986/01		1.00	21.1376	3.0000	18.1376	299	72.69	2,938,995	8,592,363	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 281743-00 - 2014/07

180.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	299	75.30	3,027,165	8,575,918	
1987/01		1.00	16.4441	3.0000	13.4441	299	75.30	3,117,980	8,729,305	
1987/07		1.00	14.3448	3.0000	11.3448	299	73.85	3,211,519	8,797,477	
1988/01		1.00	12.2455	3.0000	9.2455	299	74.31	3,307,865	8,868,938	
1988/07		1.00	9.8354	3.0000	6.8354	299	74.31	3,407,101	8,864,154	
1989/01		1.00	7.4253	3.0000	4.4253	299	72.07	3,509,314	8,916,479	
1989/07		1.00	5.0152	3.0000	2.0152	299	72.07	3,614,593	8,976,877	
1990/01		1.00	2.6051	2.6051		299	72.81	3,708,757	9,022,026	
1990/07		1.00	0.5899	0.5899		299	72.81	3,730,635	9,075,248	
1991/01	40,386	1.00	0.5899	0.5899		299	75.86	3,793,028	9,128,470	
1991/07		1.00	1.4932	1.4932		299	75.86	3,849,665	9,264,814	
1992/01	273,368	0.95	2.0117	2.0117		299	78.50	4,196,604	9,451,091	
1992/07		0.95	1.8152	1.8152		299	78.50	4,268,970	9,622,717	
1993/01		0.90	1.7710	1.7710		299	78.50	4,337,013	9,793,147	
1993/07	206,098	0.90	1.5329	1.5329		299	82.54	4,602,944	9,943,245	
1994/01	71,554	0.85	1.6983	1.6983		299	81.86	4,740,946	10,112,180	
1994/07		0.85	1.5991	1.5991		299	81.86	4,805,385	10,273,939	
1995/01	68,521	0.80	1.5812	1.5812		299	84.84	4,934,694	10,436,296	
1995/07		0.80	1.5250	1.5250		299	84.84	4,994,897	10,595,364	
1996/01		0.75	1.7228	1.7228		299	84.84	5,059,436	10,778,053	
1996/07	86,724	0.75	1.3294	1.3294		299	84.62	5,196,608	10,921,274	
1997/01		0.70	1.4109	1.4109		299	84.62	5,247,930	11,075,259	
1997/07		0.70	1.0917	1.0917		299	86.52	5,288,035	11,196,055	
1998/01		0.65	1.1663	1.1663		299	86.52	5,328,124	11,326,718	
1998/07		0.65	1.0794	1.0794		299	86.98	5,365,506	11,449,009	
1999/01		0.60	1.4499	1.4499		299	86.98	5,412,181	11,614,954	
1999/07		0.60	1.2299	1.2299		299	90.12	5,452,117	11,757,876	
2000/01		0.55	1.3356	1.3356		299	90.12	5,492,168	11,914,851	
2000/07		0.55	1.1129	1.1129		299	90.90	5,525,786	12,047,308	
2001/01		0.50	1.2976	1.2976		299	91.18	5,561,637	12,203,685	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 281743-00 - 2014/07

180.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		299	91.18	5,588,377	12,320,893	
2002/01		0.45	1.0301	1.0301		299	91.28	5,588,377	12,447,669	5
2002/07		0.45	0.8337	0.8337		299	91.28	5,635,344	12,551,422	
2003/01		0.40	1.3271	1.3271		299	91.28	5,665,256	12,717,965	
2003/07		0.40	1.1664	1.1664		299	92.48	5,691,690	12,866,269	
2004/01		0.35	1.1103	1.1103		299	92.48	5,713,808	13,009,191	
2004/07		0.35	0.8378	0.8378		299	92.32	5,730,561	13,118,326	
2005/01		0.30	0.8595	0.8595		299	92.32	5,745,340	13,231,049	
2005/07		0.30	0.7364	0.7364		299	92.32	5,758,031	13,328,523	
2006/01		0.25	0.9068	0.9068		299	92.32	5,771,084	13,449,319	
2006/07		0.25	0.8133	0.8133		299	92.32	5,782,817	13,558,753	
2007/01		0.20	1.0133	1.0133		299	92.32	5,794,539	13,695,994	
2007/07		0.20	1.1050	1.1050		299	91.40	5,807,345	13,847,288	
2008/01		0.15	0.8556	0.8556		299	91.40	5,814,796	13,965,692	
2008/07		0.15	0.6104	0.6104		299	91.40	5,820,122	14,050,907	
2009/01		0.10	1.3268	1.3268		299	86.32	5,827,845	14,237,483	
2009/07		0.10	0.6841	0.6841		299	86.32	5,831,831	14,334,957	
2010/01		0.05	0.8643	0.8643		299	88.31	5,834,350	14,458,743	
2010/07		0.05	0.7107	0.7107		299	89.13	5,836,421	14,561,599	
2011/01		0.00	0.9198	0.9198		299	89.13	5,836,421	14,695,551	
2011/07		0.00	0.9028	0.9028		299	89.13	5,836,421	14,828,307	
2012/01	106,815	0.00	0.3865	0.3865		299	89.25	5,943,236	14,885,715	
2012/07		0.00	0.9417	0.9417		299	89.25	5,943,236	15,025,946	
2013/01		0.00	0.4901	0.4901		299	89.04	5,943,236	15,099,500	
2013/07		0.00	0.6196	0.6196		299	89.04	5,943,236	15,193,087	
2014/01		0.00	0.8564	0.8564		299	91.66	5,943,236	15,323,152	
2014/07		0.00	1.2383	1.2383		299	90.62	5,943,236	15,513,017	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 282359-00 - 2014/07

247.13

West Gables Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2525 SW 75TH AVENUE	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
MIAMI, FL 33155	Days in CR 365	Maximum: 43,800	Standard: 184
County: Dade [13]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 40,704	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 22,267	Inflation
Current Class South Large	Initial CR? False	Medicaid: 12,191	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	29.95037%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.93151%	Cost: 1.02471376
Open Date: 10/06/1988	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/06/1988	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 10/06/1988	Low Occupancy Adjustment Factor:	118.30708%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 211095			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	760,962	1,160,171	1,052,187	224,802		3,198,122	
1a	Audit Adjustments							
2	Cost Per Diem	62.4200	95.1662	86.3085	18.4400		262.3347	
3	Cost Per Diem Inflated	63.9626	97.2810	88.4415				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	63.9626	97.2810	88.4415	18.4400		268.1251	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.0154		81.4993				
7	Provider Target Rate	68.4117		83.1974				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	97.2810	63.9416	13.6500		229.2902	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.4176	97.2810	63.9416	13.6500		229.2902	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 282359-00 - 2014/07

247.13

Rate Semester 07/01/2014 through 12/31/2014

West Gables Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/06/1988	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,566,419.00	Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable	80% Capital(1):	4,795,720 13.2950
Indexed Asset Value	5,994,650	<60% of Base:	False	20% ROE(2):	1,198,930 0.5703
FRVS Base Asset:	5,339,160	Interest Rate:	9.1700%	Insurance Cost(3):	19,043 0.4678
Occup Adj Factor	0.9000	Chase Rate:	10.0000%	Taxes Cost(3):	74,620 1.8332
ROE Factor	0.018750	Amortization Rate:	9.1700%	Home Office(3):	2,595 0.0638
		Interest Only:	False	Replacement(3&4):	23,947 0.0000
		Yearly Payment:	524,089	Total FRVS PD:	16.2301

- (1) 80% Capital (\$4,795,720) amortized at 9.1700 % for 20 years Principal & Interest of \$524,089 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$13.2950
- (2) 20% ROE (\$1,198,930) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5703
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,662
Comparison Date:	01/01/1988	Current RS PBS:	51,883
Comparison Bed	180	Effective PBS Limitation	5,339,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	97.2810	97.2810	1.7272	95.5538
Indirect Care	63.9416	63.9416	1.1353	62.8063
Property	13.6500	16.2301	0.2882	15.9419
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				9.4775
Supplemental Rate Add-on				9.9025
Totals	229.2902	231.8703	4.1169	247.1334

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 282359-00 - 2014/07

247.13

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	6,461,137	0.00	0.5899	0.5899		180	82.00	5,339,160	5,339,160	1
1989/01		0.10	0.5899	0.5899		180	82.00	5,342,310	5,367,780	
1989/07	637,429	0.10	0.5899	0.5899		180	82.00	5,982,891	5,404,140	
1990/01	48,242	0.20	0.5899	0.5899		180	82.00	6,038,193	5,431,320	
1990/07	577,174	0.20	0.5899	0.5899		180	82.00	5,463,360	5,463,360	5
1991/01		0.30	0.5899	0.5899		180	82.00	5,495,400	5,495,400	5
1991/07		0.30	1.4932	1.4932		180	82.00	5,577,480	5,577,480	5
1992/01		0.40	2.0117	2.0117		180	82.00	5,689,620	5,689,620	5
1992/07	95,274	0.40	1.8152	1.8152		180	64.88	5,792,940	5,792,940	5
1993/01		0.50	1.7710	1.7710		180	64.88	5,895,540	5,895,540	5
1993/07	88,842	0.50	1.5329	1.5329		180	56.51	5,985,900	5,985,900	5
1994/01		0.60	1.6983	1.6983		180	56.51	6,087,600	6,087,600	5
1994/07	(2,035,489)	0.60	1.5991	1.5991		120	52.88	4,123,320	4,123,320	5
1995/01	64,503	0.70	1.5812	1.5812		120	52.88	4,188,480	4,188,480	5
1995/07		0.70	1.5250	1.5250		120	52.88	4,252,320	4,252,320	5
1996/01		0.80	1.7228	1.7228		120	52.88	4,325,640	4,325,640	5
1996/07		0.80	1.3294	1.3294		120	52.88	4,383,120	4,383,120	5
1997/01		0.90	1.4109	1.4109		120	52.88	5,466,431	4,444,920	3
1997/07		0.90	1.0917	1.0917		120	50.06	5,466,431	4,493,400	3
1998/01		1.00	1.1663	1.1663		120	50.06	5,466,431	4,545,840	3
1998/07		1.00	1.0794	1.0794		120	48.02	5,466,431	4,594,920	3
1999/01		1.00	1.4499	1.4499		120	48.02	5,466,431	4,661,520	3
1999/07		1.00	1.2299	1.2299		120	47.93	5,466,431	4,718,880	3
2000/01		1.00	1.3356	1.3356		120	47.93	5,466,431	4,781,880	3
2000/07		1.00	1.1129	1.1129		120	47.26	5,466,431	4,835,040	3
2001/01		1.00	1.2976	1.2976		120	47.26	5,466,431	4,897,800	3
2001/07		1.00	0.9615	0.9615		120	48.10	5,466,431	4,944,840	3
2002/01		1.00	1.0301	1.0301		120	48.10	5,466,431	4,995,720	3
2002/07		1.00	0.8337	0.8337		120	51.54	5,466,431	5,037,360	3
2003/01		1.00	1.3271	1.3271		120	51.54	5,466,431	5,104,200	3



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 282359-00 - 2014/07

247.13

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		120	54.71	5,466,431	5,163,720	3
2004/01		1.00	1.1103	1.1103		120	54.71	5,466,431	5,221,080	3
2004/07		1.00	0.8378	0.8378		120	51.52	5,466,431	5,264,880	3
2005/01		1.00	0.8595	0.8595		120	51.52	5,466,431	5,310,120	3
2005/07		1.00	0.7364	0.7364		120	47.94	5,466,431	5,349,240	3
2006/01		1.00	0.9068	0.9068		120	47.94	5,466,431	5,397,720	3
2006/07		1.00	0.8133	0.8133		120	47.94	5,441,640	5,441,640	8
2007/01	48,028	1.00	1.0133	1.0133		120	46.36	5,496,720	5,496,720	8
2007/07		1.00	1.1050	1.1050		120	46.36	5,547,917	5,557,440	
2008/01		1.00	0.8556	0.8556		120	42.45	5,584,554	5,604,960	
2008/07		1.00	0.6104	0.6104		120	42.45	5,610,864	5,639,160	
2009/01		0.95	1.3268	1.3268		120	43.84	5,667,238	5,714,040	
2009/07		0.95	0.6841	0.6841		120	37.43	5,692,303	5,753,160	
2010/01		0.90	0.8643	0.8643		120	37.43	5,722,438	5,802,840	
2010/07		0.90	0.7107	0.7107		120	37.19	5,747,187	5,844,120	
2011/01		0.85	0.9198	0.9198		120	37.19	5,777,569	5,897,880	
2011/07		0.85	0.9028	0.9028		120	33.74	5,804,768	5,951,160	
2012/01		0.80	0.3865	0.3865		120	33.74	5,815,778	5,974,200	
2012/07		0.80	0.9417	0.9417		120	33.74	5,842,657	6,030,480	
2013/01	22,287	0.75	0.4901	0.4901		120	33.46	5,878,010	6,060,000	
2013/07	52,611	0.75	0.6196	0.6196		120	31.33	5,946,181	6,097,560	
2014/01		0.70	0.8564	0.8564		120	31.33	5,966,487	6,149,760	
2014/07		0.70	1.2383	1.2383		120	29.95	5,994,650	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
3 Index Cost Limitation - January 1996
5 Uncorrected Licensure Deficiency
8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 282464-00 - 2014/07

224.10

Ridgecrest Nursing & Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1200 NORTH STONE STREET	1/1/2012-12/31/2012	Number of Beds: 145	Superior: 0
DELAND, FL 32720	Days in CR 366	Maximum: 53,800	Standard: 184
County: Volusia [64]	First Used : 2013/07	Max Annualized: 52,925	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 48,519	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 11,067	Inflation
Current Class North Large	Initial CR? False	Medicaid: 24,568	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	50.63583%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	90.18401%	Cost: 1.04963363
Open Date: 05/01/1982	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 05/01/1982	Low Occupancy Adjustment Factor:	114.80935%	DC Sem Index: 1.24200000
Med # Active Date: 11/03/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 212075			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,224,704	1,962,110	1,205,038	316,682	1,399	4,709,932	
1a	Audit Adjustments							
2	Cost Per Diem	49.8496	79.8644	49.0491	12.8900	0.0569	191.7100	
3	Cost Per Diem Inflated	52.3238	82.4878	51.4836				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.3238	82.4878	51.4836	12.8900	0.0569	199.2421	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	66.2377		80.7604				
7	Provider Target Rate	67.6178		82.4431				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	49.7653	82.4878	51.4836	12.8900	0.0569	196.6836	
12/13	Medical Adjustment Rate		0.0590	0.0368				
14	Prospective Per Diem 11	49.7653	82.5468	51.5204	12.8900	0.0569	196.7794	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 282464-00 - 2014/07

224.10

Rate Semester 07/01/2014 through 12/31/2014

Ridgecrest Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 11/03/2004		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,900,000.00	Total Amount	Per Diem	
RS to Start Calcs:	1982/01	Type:	Fixed	80% Capital(1):	5,825,441	11.9759
Indexed Asset Value	7,281,801	<60% of Base:	False	20% ROE(2):	1,456,360	0.4458
FRVS Base Asset:	2,815,680	Interest Rate:	7.6700%	Insurance Cost(3):	83,566	1.7223
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	72,165	1.4874
ROE Factor	0.014580	Amortization Rate:	7.6700%	Home Office(3):	38,386	0.7912
		Interest Only:	False	Replacement(3&4):	87,871	0.0000
		Yearly Payment:	570,441	Total FRVS PD:		16.4226

- (1) 80% Capital (\$5,825,441) amortized at 7.6700 % for 20 years Principal & Interest of \$570,441 divided by annual available days (52925) divided by Occup. Adj. (0.900) = \$11.9759
- (2) 20% ROE (\$1,456,360) times the ROE factor (0.014580) divided by annual available days (52925) divided by Occup. Adj. (0.900) = \$0.4458
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	07/01/1985	Current RS PBS:	28,500
Comparison Bed	134	Effective PBS Limitation	51,883
			3,819,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7653	49.7653	0.8836	48.8817
Direct Care	82.5468	82.5468	1.4656	81.0812
Indirect Care	51.5204	51.5204	0.9147	50.6057
Property	12.8900	16.4226	0.2916	16.1310
ROE	0.0569	0.0569	0.0010	0.0559
ROE Adjustment	-0.0569	-0.0569	-0.0010	-0.0559
Quality Assess-Medicaid Share				17.4988
Supplemental Rate Add-on				9.9025
Totals	196.7225	200.2551	3.5555	224.1009

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 282464-00 - 2014/07

224.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	2,620,968	0.00	2.6760	2.6760		134	55.00	2,620,968	3,322,664	
1982/07	35,606	0.10	2.2977	2.2977		134	55.00	2,662,597	3,398,910	
1983/04	9,055	0.10	2.6288	2.6288		134	78.56	2,678,652	3,488,288	
1983/07	9,814	0.20	3.9578	3.0000	0.9578	134	78.56	2,704,538	3,626,308	
1984/01	8,587	0.20	2.2530	2.2530		134	67.21	2,725,312	3,673,342	
1984/07	3,445	0.30	1.9179	1.9179		134	67.21	2,744,438	3,743,826	
1985/01	52,232	0.30	1.1471	1.1471		134	60.18	2,806,114	3,786,706	
1985/10		0.40	0.8522	0.8522		134	60.18	2,815,680	3,819,000	
1986/01		0.40	0.8299	0.8299		134	60.19	2,825,028	3,850,758	
1986/07		0.50	0.2974	0.2974		134	60.19	2,829,229	3,843,388	
1987/01		0.50	1.0091	1.0091		134	61.59	2,843,505	3,912,130	
1987/07		0.60	0.9007	0.9007		134	61.59	2,858,871	3,942,682	
1988/01		0.60	0.9007	0.9007		134	66.14	2,874,320	3,974,708	
1988/07		0.70	0.5899	0.5899		134	66.14	2,886,188	3,972,564	
1989/01		0.70	0.5899	0.5899		134	70.40	2,898,105	3,996,014	
1989/07	13,406	0.80	0.5899	0.5899		134	70.40	2,925,187	4,023,082	
1990/01	17,909	0.80	0.5899	0.5899		134	72.17	2,956,900	4,043,316	
1990/07		0.90	0.5899	0.5899		134	72.17	2,972,598	4,067,168	
1991/01	14,669	0.90	0.5899	0.5899		134	70.31	3,003,049	4,091,020	
1991/07		1.00	1.4932	1.4932		134	70.31	3,047,891	4,152,124	
1992/01		1.00	2.0117	2.0117		134	70.87	3,109,205	4,235,606	
1992/07		1.00	1.8152	1.8152		134	70.87	3,165,643	4,312,522	
1993/01		1.00	1.7710	1.7710		134	66.20	3,221,707	4,388,902	
1993/07		1.00	1.5329	1.5329		134	66.20	3,271,093	4,456,170	
1994/01	1,480,418	1.00	1.6983	1.6983		180	63.67	4,807,064	6,087,600	
1994/07		1.00	1.5991	1.5991		180	63.67	4,883,934	6,184,980	
1995/01		1.00	1.5812	1.5812		180	63.67	4,961,159	6,282,720	
1995/07		1.00	1.5250	1.5250		180	64.69	5,036,817	6,378,480	
1996/01		1.00	1.7228	1.7228		180	64.69	5,123,591	6,488,460	
1996/07		1.00	1.3294	1.3294		180	64.69	5,191,704	6,574,680	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 282464-00 - 2014/07

224.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		180	64.69	5,264,954	6,667,380	
1997/07		1.00	1.0917	1.0917		180	64.69	5,264,954	6,740,100	5
1998/01		1.00	1.1663	1.1663		180	64.69	5,384,508	6,818,760	
1998/07		1.00	1.0794	1.0794		180	64.69	5,384,508	6,892,380	5
1999/01		1.00	1.4499	1.4499		180	73.50	5,521,541	6,992,280	
1999/07		1.00	1.2299	1.2299		180	73.50	5,589,450	7,078,320	
2000/01		1.00	1.3356	1.3356		180	71.66	5,664,103	7,172,820	
2000/07		1.00	1.1129	1.1129		180	71.66	5,727,139	7,252,560	
2001/01	33,981	1.00	1.2976	1.2976		180	71.55	5,835,435	7,346,700	
2001/07		1.00	0.9615	0.9615		180	71.55	5,891,543	7,417,260	
2002/01		1.00	1.0301	1.0301		180	73.27	5,952,232	7,493,580	
2002/07		0.95	0.8337	0.8337		180	70.31	5,999,374	7,556,040	11
2003/01		0.95	0.8337	0.8337		180	70.31	5,999,374	7,656,300	11
2003/07		0.95	0.8337	0.8337		180	70.31	5,999,374	7,745,580	11
2004/01		0.95	0.8337	0.8337		180	70.31	5,999,374	7,831,620	11
2004/07	132,276	0.95	0.8378	0.8378		160	45.39	6,131,650	7,019,840	12
2005/01	50,557	0.95	0.8595	0.8595		160	45.39	6,223,524	7,080,160	
2005/07	4,745	0.90	0.7364	0.7364		160	45.39	6,262,311	7,132,320	
2006/01		0.90	0.9068	0.9068		160	45.39	6,304,488	7,196,960	
2006/07		0.85	0.8133	0.8133		160	45.39	6,340,456	7,255,520	
2007/01		0.85	1.0133	1.0133		160	45.39	6,385,524	7,328,960	
2007/07		0.80	1.1050	1.1050		160	45.39	6,432,109	7,409,920	
2008/01	24,900	0.80	0.8556	0.8556		160	53.86	6,500,124	7,473,280	
2008/07		0.75	0.6104	0.6104		160	53.86	6,529,265	7,518,880	
2009/01	48,288	0.75	1.3268	1.3268		160	60.09	6,642,526	7,618,720	
2009/07		0.70	0.6841	0.6841		160	60.09	6,674,337	7,670,880	
2010/01	63,841	0.70	0.8643	0.8643		160	61.42	6,778,558	7,737,120	
2010/07	45,677	0.65	0.7107	0.7107		160	63.81	6,855,552	7,792,160	
2011/01		0.65	0.9198	0.9198		160	63.81	6,896,541	7,863,840	
2011/07		0.60	0.9028	0.9028		160	63.81	6,933,900	7,934,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 282464-00 - 2014/07

224.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01	148,570	0.60	0.3865	0.3865		160	62.84	7,098,550	7,965,600	
2012/07		0.55	0.9417	0.9417		160	60.23	7,135,313	8,040,640	
2013/01		0.55	0.4901	0.4901		160	60.23	7,154,550	8,080,000	
2013/07	41,226	0.50	0.6196	0.6196		145	50.64	7,216,184	7,367,885	
2014/01		0.50	0.8564	0.8564		145	50.64	7,244,634	7,430,960	
2014/07		0.45	1.2383	1.2383		145	50.64	7,281,801	7,523,035	

Message Code:

- 5 Uncorrected Licensure Deficiency
- 11 Not in Medicaid
- 12 Re-Entry to Medicaid

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 282464123120120101201204252013091924



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 282529-00 - 2014/07

250.18

Coral Reef Nursing and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
9869 SW 152ND STREET	1/1/2012-12/31/2012	Number of Beds: 180	Superior: 0
MIAMI , FL 33157	Days in CR 366	Maximum: 65,880	Standard: 184
County: Dade [13]	First Used : 2013/07	Max Annualized: 65,700	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 63,985	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,502	Inflation
Current Class South Large	Initial CR? False	Medicaid: 39,648	FY Index: 1.28335532
Class at 1/94: South Large	Medical Utilization	61.96452%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	97.12356%	Cost: 1.04963363
Open Date: 12/07/1995	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/01/1996	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 03/01/1996	Low Occupancy Adjustment Factor:	123.64379%	DC Sem Index: 1.24200000
Med # Active Date: 01/12/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 213021			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,947,254	3,810,074	2,022,256	1,004,680		8,784,264	
1a	Audit Adjustments							
2	Cost Per Diem	49.1135	96.0975	51.0052	25.3400		221.5562	
3	Cost Per Diem Inflated	51.5512	99.2541	53.5368				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.5512	99.2541	53.5368	25.3400		229.6821	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.0764		66.3111				
7	Provider Target Rate	59.2865		67.6928				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.5512	98.4475	53.5368	13.6500		217.1855	
12/13	Medical Adjustment Rate		1.3251	0.7206				
14	Prospective Per Diem 11	51.5512	99.7726	54.2574	13.6500		219.2312	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 282529-00 - 2014/07

250.18

Rate Semester 07/01/2014 through 12/31/2014

Coral Reef Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/01/1996	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	9,441,690.00	Total Amount	Per Diem
RS to Start Calcs:	1996/01	Type:	Variable	80% Capital(1):	7,204,673 10.1864
Indexed Asset Value	9,005,841	<60% of Base:	False	20% ROE(2):	1,801,168 0.4441
FRVS Base Asset:	4,188,480	Interest Rate:	10.1418%	Insurance Cost(3):	115,762 1.8092
Occup Adj Factor	0.9000	Chase Rate:	3.6551%	Taxes Cost(3):	137,981 2.1565
ROE Factor	0.014580	Amortization Rate:	5.6551%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	33,078 0.0000
		Yearly Payment:	602,319	Total FRVS PD:	14.5962

- (1) 80% Capital (\$7,204,673) amortized at 5.6551 % for 20 years Principal & Interest of \$602,319 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$10.1864
- (2) 20% ROE (\$1,801,168) times the ROE factor (0.014580) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4441
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,904
Comparison Date:	01/01/1995	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,188,480

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5512	51.5512	0.9153	50.6359
Direct Care	99.7726	99.7726	1.7715	98.0011
Indirect Care	54.2574	54.2574	0.9633	53.2941
Property	13.6500	14.5962	0.2592	14.3370
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.0080
Supplemental Rate Add-on				9.9025
Totals	219.2312	220.1774	3.9093	250.1786

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 282529-00 - 2014/07

250.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01	8,078,230	0.00	1.7228	1.7228		120	52.41	4,188,480	4,188,480	1
1996/07	13,642	0.10	1.3294	1.3294		120	52.41	4,207,426	4,383,120	
1997/01		0.10	1.4109	1.4109		120	52.41	4,213,083	4,444,920	
1997/07		0.20	1.0917	1.0917		120	52.41	4,213,083	4,493,400	5
1998/01		0.20	1.1663	1.1663		120	52.41	4,231,233	4,545,840	
1998/07		0.30	1.0794	1.0794		120	75.04	4,244,934	4,594,920	
1999/01		0.30	1.4499	1.4499		120	75.04	4,263,399	4,661,520	
1999/07	56,487	0.40	1.2299	1.2299		120	72.45	4,340,862	4,718,880	
2000/01		0.40	1.3356	1.3356		120	72.45	4,364,051	4,781,880	
2000/07		0.50	1.1129	1.1129		120	74.58	4,388,337	4,835,040	
2001/01		0.50	1.2976	1.2976		120	74.58	4,388,337	4,897,800	5
2001/07		0.60	0.9615	0.9615		120	71.41	4,442,290	4,944,840	
2002/01		0.60	1.0301	1.0301		120	71.64	4,469,748	4,995,720	
2002/07		0.70	0.8337	0.8337		120	71.64	4,495,833	5,037,360	
2003/01		0.70	1.3271	1.3271		120	67.95	4,537,599	5,104,200	
2003/07		0.80	1.1664	1.1664		120	67.95	4,579,939	5,163,720	
2004/01	21,065	0.80	1.1103	1.1103		120	63.21	4,641,683	5,221,080	
2004/07		0.90	0.8378	0.8378		120	63.21	4,676,681	5,264,880	
2005/01		0.90	0.8595	0.8595		120	63.21	4,712,860	5,310,120	
2005/07		1.00	0.7364	0.7364		120	63.21	4,747,566	5,349,240	
2006/01		1.00	0.9068	0.9068		120	63.21	4,790,617	5,397,720	
2006/07		1.00	0.8133	0.8133		120	63.21	4,829,579	5,441,640	
2007/01	25,062	1.00	1.0133	1.0133		120	67.81	4,903,579	5,496,720	
2007/07		1.00	1.1050	1.1050		120	67.81	4,957,764	5,557,440	
2008/01	34,475	1.00	0.8556	0.8556		120	57.90	5,034,658	5,604,960	
2008/07	112,666	1.00	0.6104	0.6104		120	56.31	5,178,056	5,639,160	
2009/01		1.00	1.3268	1.3268		120	56.31	5,246,758	5,714,040	
2009/07	88,713	1.00	0.6841	0.6841		120	59.44	5,371,364	5,753,160	
2010/01		1.00	0.8643	0.8643		120	59.44	5,417,789	5,802,840	
2010/07	90,704	1.00	0.7107	0.7107		120	59.54	5,546,997	5,844,120	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 282529-00 - 2014/07

250.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		1.00	0.9198	0.9198		120	59.54	5,598,018	5,897,880	
2011/07		1.00	0.9028	0.9028		120	59.54	5,648,557	5,951,160	
2012/01	2,971,317	1.00	0.3865	0.3865		180	58.66	8,641,706	8,961,300	
2012/07		1.00	0.9417	0.9417		180	58.66	8,723,085	9,045,720	
2013/01		1.00	0.4901	0.4901		180	58.88	8,765,837	9,090,000	
2013/07		1.00	0.6196	0.6196		180	61.96	8,820,150	9,146,340	
2014/01		1.00	0.8564	0.8564		180	61.96	8,895,686	9,224,640	
2014/07		1.00	1.2383	1.2383		180	61.96	9,005,841	9,338,940	

Message Code:

1 Per Bed Standard Limitation 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 282529123120120101201204262013103628



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 282537-00 - 2014/07
247.01

Palm Terrace of St. Petersburg

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
521 69TH AVE N	7/1/2012-6/30/2013	Number of Beds: 96	Superior: 0
SAINT PETERSBURG, FL 33702	Days in CR 365	Maximum: 35,040	Standard: 184
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 35,040	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 28,543	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 1,883	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 23,896	FY Index: 1.29878490
Class at 1/94: North Small	Medical Utilization	83.71930%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	81.45833%	Cost: 1.03716397
Open Date: 04/27/1995	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/27/1995	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 06/01/1997	Low Occupancy Adjustment Factor:	103.70107%	DC Sem Index: 1.24200000
Med # Active Date: 10/29/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med # 227862			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,212,508	2,016,061	1,295,356	363,936		4,887,861	
1a	Audit Adjustments							
2	Cost Per Diem	50.7410	84.3681	54.2081	15.2300		204.5472	
3	Cost Per Diem Inflated	52.6267	86.7068	56.2227				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.6267	86.7068	56.2227	15.2300		210.7862	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.2915		65.4331				
7	Provider Target Rate	54.4019		66.7965				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500			
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442				
10	Target Rate Class Ceiling	61.3634		72.4862				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.6267	86.7068	56.2227	13.6500		209.2062	
12/13	Medical Adjustment Rate		3.2892	2.1328				
14	Prospective Per Diem 11	52.6267	89.9960	58.3555	13.6500		214.6282	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 282537-00 - 2014/07

247.01

Rate Semester 07/01/2014 through 12/31/2014

Palm Terrace of St. Petersburg

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/01/1997	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,800,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,666,210	10.6075
RS to Start Calcs:	1995/01	<60% of Base:	False	20% ROE(2):	916,552	0.4179
Indexed Asset Value	4,582,762	Interest Rate:	7.1000%	Insurance Cost(3):	40,531	1.4200
FRVS Base Asset:	0	Chase Rate:	4.7500%	Taxes Cost(3):	40,881	1.4323
Occup Adj Factor	0.9000	Amortization Rate:	6.7500%	Home Office(3):	16,702	0.5852
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	78,892	0.0000
		Yearly Payment:	334,519	Total FRVS PD:		14.4629

- (1) 80% Capital (\$3,666,210) amortized at 6.7500 % for 20 years Principal & Interest of \$334,519 divided by annual available days (35040) divided by Occup. Adj. (0.900) = \$10.6075
 (2) 20% ROE (\$916,552) times the ROE factor (0.014380) divided by annual available days (35040) divided by Occup. Adj. (0.900) = \$0.4179
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	07/01/1994	Current RS PBS:	51,883
Comparison Bed	96	Effective PBS Limitation	3,298,656

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.6267	52.6267	0.9344	51.6923
Direct Care	89.9960	89.9960	1.5979	88.3981
Indirect Care	58.3555	58.3555	1.0361	57.3194
Property	13.6500	14.4629	0.2568	14.2061
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Quality Assess-Medicaid Share				25.4910
Totals	214.6282	215.4411	3.8252	247.0094

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 282537-00 - 2014/07

247.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	4,567,500	0.00	1.4109	1.4109		96	4.80	3,298,656	3,298,656	1
1997/07		0.10	1.0917	1.0917		96	4.80	3,298,656	3,594,720	
1998/01		0.10	1.1663	1.1663		96	22.91	3,298,656	3,636,672	5
1998/07		0.20	1.0794	1.0794		96	22.91	3,298,656	3,675,936	5
1999/01		0.20	1.4499	1.4499		96	22.91	3,298,656	3,729,216	
1999/07		0.30	1.2299	1.2299		96	22.91	3,298,656	3,775,104	
2000/01		0.30	1.3356	1.3356		96	59.42	3,311,874	3,825,504	
2000/07		0.40	1.1129	1.1129		96	59.42	3,326,618	3,868,032	
2001/01	22,617	0.40	1.2976	1.2976		96	63.76	3,366,500	3,918,240	
2001/07	67,570	0.50	0.9615	0.9615		96	63.76	3,450,256	3,955,872	
2002/01	19,018	0.50	1.0301	1.0301		96	63.76	3,487,046	3,996,576	
2002/07	8,148	0.60	0.8337	0.8337		96	63.76	3,512,636	4,029,888	
2003/01		0.60	1.3271	1.3271		96	63.76	3,540,607	4,083,360	
2003/07		0.70	1.1664	1.1664		96	63.76	3,569,516	4,130,976	
2004/01		0.70	1.1103	1.1103		96	62.32	3,597,258	4,176,864	
2004/07		0.80	0.8378	0.8378		96	73.83	3,621,367	4,211,904	
2005/01		0.80	0.8595	0.8595		96	73.83	3,646,268	4,248,096	
2005/07		0.90	0.7364	0.7364		96	73.83	3,670,435	4,279,392	
2006/01		0.90	0.9068	0.9068		96	73.83	3,700,389	4,318,176	
2006/07		1.00	0.8133	0.8133		96	73.83	3,730,484	4,353,312	
2007/01		1.00	1.0133	1.0133		96	73.83	3,768,285	4,397,376	
2007/07		1.00	1.1050	1.1050		96	73.83	3,809,925	4,445,952	
2008/01		1.00	0.8556	0.8556		96	73.83	3,842,523	4,483,968	
2008/07		1.00	0.6104	0.6104		96	73.83	3,865,978	4,511,328	
2009/01		1.00	1.3268	1.3268		96	73.83	3,917,272	4,571,232	
2009/07		1.00	0.6841	0.6841		96	77.67	3,944,070	4,602,528	
2010/01		1.00	0.8643	0.8643		96	77.67	3,978,159	4,642,272	
2010/07		1.00	0.7107	0.7107		96	75.54	4,006,432	4,675,296	
2011/01		1.00	0.9198	0.9198		96	75.54	4,006,432	4,718,304	5
2011/07	152,631	1.00	0.9028	0.9028		96	81.49	4,232,417	4,760,928	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 282537-00 - 2014/07

247.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01	148,691	1.00	0.3865	0.3865		96	82.50	4,397,466	4,779,360	
2012/07		1.00	0.9417	0.9417		96	82.50	4,438,877	4,824,384	
2013/01		1.00	0.4901	0.4901		96	82.50	4,460,632	4,848,000	
2013/07		1.00	0.6196	0.6196		96	83.75	4,488,270	4,878,048	
2014/01		1.00	0.8564	0.8564		96	83.75	4,526,708	4,919,808	
2014/07		1.00	1.2383	1.2383		96	83.72	4,582,762	4,980,768	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 282537063020130701201210282013105407



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 282553-00 - 2014/07

175.00

The Terrace at Daytona Beach

Type of Cost Report: Prospective		Type of Cost: Actual		Type of Rate: Prospective	
Type of Ownership: Proprietary : Partnership		CHOW Status based on this Cost Report: No Change			
Provider Information	Cost Report	Patient Days		Ratings Days	
1704 HUNTINGTON VILLAGE CIRCLE	8/1/2012-7/31/2013	Number of Beds:	108	Superior:	0
DAYTONA BEACH , FL 32114	Days in CR 365	Maximum:	39,420	Standard:	184
County: Volusia [64]	First Used : 2014/01	Max Annualized:	39,420	Conditional:	0
Region: North Area: 4	Last Used: 2014/07	Total Patient:	38,877	Total:	184
Control: Proprietary : Partnership	Unaudited	Medicare:	8,621	Inflation	
Current Class North Large	Initial CR? False	Medicaid:	20,447	FY Index:	1.30228922
Class at 1/94: North Large	Medical Utilization		52.59408%	Semester Index:	1.34705290
Operating Ex > 18 months	Occupancy:		98.62253%	Cost:	1.03437307
Open Date: 06/29/1998	Statewide Low Occupancy Threshold:		78.55110%	Target:	1.01458517
Acquired Date: 06/29/1998	Medicaid Low Occupancy Threshold:		41.17760%	DC FY Index:	1.20949917
Entered Medicaid 06/29/1998	Low Occupancy Adjustment Factor:		125.55207%	DC Sem Index:	1.24200000
Med # Active Date: 03/01/2004	Weighted Low Occ Adjustment Factor:		100.00000%	DC Inflation:	1.02687131
Previous Med # 213764				PS Target:	1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	688,782	1,255,145	717,503	506,677		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	34.8441	63.0348	36.2971				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	34.8441	63.0348	36.2971	24.7800		158.9560	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.9260		55.9502				
7	Provider Target Rate	51.9871		57.1160				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	34.8441	63.0348	36.2971	13.6500		147.8260	
12/13	Medical Adjustment Rate		0.1840	0.1059				
14	Prospective Per Diem 11	34.8441	63.2188	36.4030	13.6500		148.1159	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

0 282553-00 - 2014/07

175.00

Rate Semester 07/01/2014 through 12/31/2014

The Terrace at Daytona Beach

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/29/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	8,748,560.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,143,260 8.4921
RS to Start Calcs:	1998/01	<60% of Base:	False	20% ROE(2):	1,035,815 0.4379
Indexed Asset Value	5,179,075	Interest Rate:	3.9998%	Insurance Cost(3):	50,454 1.2978
FRVS Base Asset:	2,246,700	Chase Rate:	4.0000%	Taxes Cost(3):	72,627 1.8681
Occup Adj Factor	0.9000	Amortization Rate:	3.9998%	Home Office(3):	5,947 0.1530
ROE Factor	0.015000	Interest Only:	False	Replacement(3&4):	21,783 0.0000
		Yearly Payment:	301,283	Total FRVS PD:	12.2489

- (1) 80% Capital (\$4,143,260) amortized at 3.9998 % for 20 years Principal & Interest of \$301,283 divided by annual available days (39420) divided by Occup. Adj. (0.90) = \$8.4921
- (2) 20% ROE (\$1,035,815) times the ROE factor (0.015000) divided by annual available days (39420) divided by Occup. Adj. (0.90) = \$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		Used Per Bed Standard:	37,445
Comparison Date:	07/01/1997	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	2,246,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	34.8441	34.8441	0.6187	34.2254
Direct Care	63.2188	63.2188	1.1225	62.0963
Indirect Care	36.4030	36.4030	0.6463	35.7567
Property	13.6500	12.2489	0.2175	12.0314
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.9859
Supplemental Rate Add-on				9.9025
Totals	148.1159	146.7148	2.6050	174.9982

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 282553-00 - 2014/07

175.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	7,632,691	0.00	1.1663	1.1663		60	69.77	2,246,700	2,246,700	1
1998/07		0.10	1.0794	1.0794		60	69.77	2,249,124	2,297,460	
1999/01		0.10	1.4499	1.4499		60	69.77	2,252,385	2,330,760	
1999/07		0.20	1.2299	1.2299		60	69.77	2,257,926	2,359,440	
2000/01		0.20	1.3356	1.3356		60	69.77	2,257,926	2,390,940	5
2000/07		0.30	1.1129	1.1129		60	69.77	2,271,516	2,417,520	
2001/01		0.30	1.2976	1.2976		60	69.77	2,271,516	2,448,900	5
2001/07		0.40	0.9615	0.9615		60	68.12	2,289,129	2,472,420	
2002/01		0.40	1.0301	1.0301		60	61.94	2,298,560	2,497,860	
2002/07		0.50	0.8337	0.8337		60	61.94	2,308,143	2,518,680	
2003/01		0.50	1.3271	1.3271		60	52.95	2,322,889	2,552,100	
2003/07		0.60	1.1664	1.1664		60	52.95	2,338,539	2,581,860	
2004/01		0.60	1.1103	1.1103		60	61.16	2,354,118	2,610,540	
2004/07		0.70	0.8378	0.8378		60	61.16	2,367,925	2,632,440	
2005/01		0.70	0.8595	0.8595		60	61.16	2,382,173	2,655,060	
2005/07		0.80	0.7364	0.7364		60	61.16	2,396,206	2,674,620	
2006/01		0.80	0.9068	0.9068		60	61.16	2,413,588	2,698,860	
2006/07		0.90	0.8133	0.8133		60	61.16	2,431,255	2,720,820	
2007/01		0.90	1.0133	1.0133		60	61.16	2,453,428	2,748,360	
2007/07		1.00	1.1050	1.1050		60	58.08	2,480,538	2,778,720	
2008/01		1.00	0.8556	0.8556		60	56.00	2,501,761	2,802,480	
2008/07		1.00	0.6104	0.6104		60	56.00	2,517,032	2,819,580	
2009/01		1.00	1.3268	1.3268		60	56.00	2,550,428	2,857,020	
2009/07		1.00	0.6841	0.6841		60	55.70	2,567,875	2,876,580	
2010/01		1.00	0.8643	0.8643		60	55.70	2,590,069	2,901,420	
2010/07	2,241,984	1.00	0.7107	0.7107		108	41.62	4,845,983	5,259,708	
2011/01		1.00	0.9198	0.9198		108	41.62	4,879,713	5,308,092	
2011/07		1.00	0.9028	0.9028		108	58.14	4,923,767	5,356,044	
2012/01		1.00	0.3865	0.3865		108	58.14	4,942,797	5,376,780	
2012/07	40,493	1.00	0.9417	0.9417		108	50.47	5,026,003	5,427,432	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 282553-00 - 2014/07

175.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		108	50.47	5,048,607	5,454,000	
2013/07		1.00	0.6196	0.6196		108	49.74	5,076,897	5,487,804	
2014/01		1.00	0.8564	0.8564		108	52.59	5,118,470	5,534,784	
2014/07		1.00	1.2383	1.2383		108	52.59	5,179,075	5,603,364	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 282553073120130801201210302013165214



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 282618-00 - 2014/07

234.53

Palm Terrace of Clewiston

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
301 SOUTH GLORIA STREET	7/1/2012-6/30/2013	Number of Beds: 155	Superior: 0
CLEWISTON, FL 33440	Days in CR 365	Maximum: 56,575	Standard: 184
County: Hendry [26]	First Used : 2014/01	Max Annualized: 56,575	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 41,278	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 4,862	Inflation
Current Class South Large	Initial CR? False	Medicaid: 31,041	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	75.19986%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	72.96156%	Cost: 1.03716397
Open Date: 12/01/1980	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/01/1980	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 02/01/1981	Low Occupancy Adjustment Factor:	92.88420%	DC Sem Index: 1.24200000
Med # Active Date: 10/29/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med # 221601			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,454,311	2,538,805	1,629,408	413,466		6,035,990	
1a	Audit Adjustments							
2	Cost Per Diem	46.8513	81.7888	52.4921	13.3200		194.4522	
3	Cost Per Diem Inflated	48.5925	84.0560	54.4429				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.5925	84.0560	54.4429	13.3200		200.4114	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.9608		74.7078				
7	Provider Target Rate	63.2518		76.2644				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	48.5925	84.0560	54.4429	13.3200		200.4114	
12/13	Medical Adjustment Rate		2.3830	1.5434				
14	Prospective Per Diem 11	48.5925	86.4390	55.9863	13.3200		204.3378	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 282618-00 - 2014/07

234.53

Rate Semester 07/01/2014 through 12/31/2014

Palm Terrace of Clewiston

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1990	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,750,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,103,474	10.1936
RS to Start Calcs:	1980/07	<60% of Base:	False	20% ROE(2):	1,025,869	0.2897
Indexed Asset Value	5,129,343	Interest Rate:	11.3200%	Insurance Cost(3):	47,069	1.1403
FRVS Base Asset:	1,564,246	Chase Rate:	8.5000%	Taxes Cost(3):	30,682	0.7433
Occup Adj Factor	0.9000	Amortization Rate:	11.3200%	Home Office(3):	22,127	0.5360
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	72,702	0.0000
		Yearly Payment:	519,034	Total FRVS PD:		12.9029

- (1) 80% Capital (\$4,103,474) amortized at 11.3200 % for 20 years Principal & Interest of \$519,034 divided by annual available days (56575) divided by Occup. Adj. (0.900) = \$10.1936
- (2) 20% ROE (\$1,025,869) times the ROE factor (0.014380) divided by annual available days (56575) divided by Occup. Adj. (0.900) = \$0.2897
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.5925	48.5925	0.8628	47.7297
Direct Care	86.4390	86.4390	1.5347	84.9043
Indirect Care	55.9863	55.9863	0.9940	54.9923
Property	13.3200	12.9029	0.2291	12.6738
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.3300
Supplemental Rate Add-on				9.9025
Totals	204.3378	203.9207	3.6206	234.5326

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 282618-00 - 2014/07

234.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	4,301	0.00	3.8106	3.0000	0.8106	120	91.27	4,301	2,720,760	
1981/01	136,451	0.10	4.6347	3.0000	1.6347	120	84.16	140,765	2,824,800	
1981/07		0.10	4.2235	3.0000	1.2235	120	84.16	141,187	2,897,880	
1982/01		0.20	3.8995	3.0000	0.8995	120	94.72	142,034	2,975,520	
1982/07	1,325,521	0.20	3.1971	3.0000	0.1971	120	100.00	1,468,407	3,043,800	
1983/04		0.30	2.8260	2.8260		120	100.00	1,480,856	3,123,840	
1983/07	5,254	0.30	3.9578	3.0000	0.9578	120	100.00	1,499,438	3,247,440	
1984/01		0.40	2.2530	2.2530		120	100.00	1,512,951	3,289,560	
1984/07	14,302	0.40	1.9179	1.9179		120	92.33	1,538,860	3,352,680	
1985/01	9,922	0.50	1.1471	1.1471		120	92.33	1,557,609	3,391,080	
1985/10		0.50	0.8522	0.8522		120	92.33	1,564,246	3,420,000	
1986/01		0.60	0.8299	0.8299		120	92.46	1,572,034	3,448,440	
1986/07		0.60	0.2974	0.2974		120	92.46	1,574,839	3,441,840	
1987/01	5,142	0.70	1.0091	1.0091		120	95.55	1,591,106	3,503,400	
1987/07		0.70	0.9007	0.9007		120	95.55	1,601,138	3,530,760	
1988/01		0.80	0.9007	0.9007		120	95.60	1,612,676	3,559,440	
1988/07		0.80	0.5899	0.5899		120	95.60	1,620,286	3,557,520	
1989/01		0.90	0.5899	0.5899		120	92.76	1,628,888	3,578,520	
1989/07		0.90	0.5899	0.5899		120	92.76	1,637,536	3,602,760	
1990/01		1.00	0.5899	0.5899		120	92.76	1,647,196	3,620,880	
1990/07		1.00	0.5899	0.5899		120	84.49	1,656,913	3,642,240	
1991/01		1.00	0.5899	0.5899		120	83.65	1,666,687	3,663,600	
1991/07		1.00	1.4932	1.4932		120	83.65	1,691,574	3,718,320	
1992/01		1.00	2.0117	2.0117		120	89.64	1,725,603	3,793,080	
1992/07		1.00	1.8152	1.8152		120	89.64	1,756,926	3,861,960	
1993/01		1.00	1.7710	1.7710		120	86.89	1,788,041	3,930,360	
1993/07		1.00	1.5329	1.5329		120	86.89	1,815,450	3,990,600	
1994/01	37,464	1.00	1.6983	1.6983		120	83.27	1,883,746	4,058,400	
1994/07		1.00	1.5991	1.5991		120	83.27	1,913,869	4,123,320	
1995/01	18,201	1.00	1.5812	1.5812		120	85.85	1,962,332	4,188,480	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 282618-00 - 2014/07

234.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07		1.00	1.5250	1.5250		120	85.85	1,992,258	4,252,320	
1996/01		1.00	1.7228	1.7228		120	84.24	2,026,581	4,325,640	
1996/07		1.00	1.3294	1.3294		120	84.24	2,053,522	4,383,120	
1997/01		1.00	1.4109	1.4109		120	83.17	2,082,495	4,444,920	
1997/07		1.00	1.0917	1.0917		120	83.17	2,105,230	4,493,400	
1998/01	17,982	1.00	1.1663	1.1663		120	82.00	2,147,765	4,545,840	
1998/07		1.00	1.0794	1.0794		120	82.00	2,147,765	4,594,920	5
1999/01	1,873,413	1.00	1.4499	1.4499		168	83.14	4,075,838	6,526,128	
1999/07		1.00	1.2299	1.2299		168	83.14	4,125,967	6,606,432	
2000/01	67,699	1.00	1.3356	1.3356		168	85.49	4,248,772	6,694,632	
2000/07	32,768	1.00	1.1129	1.1129		168	85.49	4,328,825	6,769,056	
2001/01		0.95	1.2976	1.2976		168	85.49	4,328,825	6,856,920	5
2001/07		0.95	0.9615	0.9615		168	85.49	4,422,213	6,922,776	
2002/01		0.90	1.0301	1.0301		155	81.26	4,463,211	6,452,805	
2002/07		0.90	0.8337	0.8337		155	81.26	4,496,698	6,506,590	
2003/01		0.85	1.3271	1.3271		155	81.26	4,547,421	6,592,925	
2003/07		0.85	1.1664	1.1664		155	81.26	4,592,504	6,669,805	
2004/01		0.80	1.1103	1.1103		155	77.50	4,633,295	6,743,895	
2004/07		0.80	0.8378	0.8378		155	77.35	4,633,295	6,800,470	5
2005/01		0.75	0.8595	0.8595		155	77.35	4,694,413	6,858,905	
2005/07		0.75	0.7364	0.7364		155	77.35	4,720,340	6,909,435	
2006/01		0.70	0.9068	0.9068		155	77.35	4,720,340	6,972,055	5
2006/07		0.70	0.8133	0.8133		155	77.35	4,777,348	7,028,785	
2007/01		0.65	1.0133	1.0133		155	77.35	4,808,812	7,099,930	
2007/07		0.65	1.1050	1.1050		155	77.35	4,808,812	7,178,360	5
2008/01	29,607	0.60	0.8556	0.8556		155	74.90	4,897,827	7,239,740	
2008/07		0.60	0.6104	0.6104		155	74.90	4,915,763	7,283,915	
2009/01		0.55	1.3268	1.3268		155	74.90	4,951,633	7,380,635	
2009/07		0.55	0.6841	0.6841		155	75.98	4,970,266	7,431,165	
2010/01		0.50	0.8643	0.8643		155	75.98	4,991,747	7,495,335	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 282618-00 - 2014/07

234.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		0.50	0.7107	0.7107		155	77.92	5,009,488	7,548,655	
2011/01		0.45	0.9198	0.9198		155	72.79	5,030,222	7,618,095	
2011/07		0.45	0.9028	0.9028		155	72.79	5,050,660	7,686,915	
2012/01		0.40	0.3865	0.3865		155	72.79	5,058,468	7,716,675	
2012/07		0.40	0.9417	0.9417		155	74.62	5,077,523	7,789,370	
2013/01		0.35	0.4901	0.4901		155	74.62	5,086,231	7,827,500	
2013/07		0.35	0.6196	0.6196		155	76.18	5,086,231	7,876,015	5
2014/01		0.30	0.8564	0.8564		155	75.20	5,110,358	7,943,440	
2014/07		0.30	1.2383	1.2383		155	75.20	5,129,343	8,041,865	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 282618063020130701201210282013104910



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 282626-00 - 2014/07

223.35

Palm Terrace of Lakeland

Type of Cost Report: Prospective with Interim Component Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1919 LAKELAND HILLS BLVD	7/1/2012-6/30/2013	Number of Beds: 185	Superior: 0
LAKELAND, FL 33805	Days in CR 365	Maximum: 67,525	Standard: 184
County: Polk [53]	First Used : 2014/01	Max Annualized: 67,525	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 60,152	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,885	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 39,481	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	65.63539%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.08108%	Cost: 1.03716397
Open Date: 07/01/1975	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1975	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 09/01/1976	Low Occupancy Adjustment Factor:	113.40526%	DC Sem Index: 1.24200000
Med # Active Date: 10/29/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med # 227854	Interim Component Effective Date:	01/01/2014	PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,589,106	3,201,383	1,786,380	341,116		6,917,984	
1a	Audit Adjustments							
2	Cost Per Diem	40.2499	81.0867	45.2466	8.6400		175.2232	
3	Cost Per Diem Inflated	41.7457	83.3344	46.9281				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.7457	83.3344	46.9281	8.6400		180.6482	
5a	Interim Adjustment	22.1800						
5b	Interim Adjusted Per Diem	63.9257						
6	Prior Semester: Provider Target Base	45.2620		53.3361				
7	Provider Target Rate	46.2051		54.4474				
7a	Interim Adjustment	22.1800						
7b	Interim Adjustment Provider Target Rate	68.3851						
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.0915	83.3344	46.9281	8.6400		190.9940	
12/13	Medical Adjustment Rate		1.4658	0.8255				
14	Prospective Per Diem 11	52.0915	84.8002	47.7536	8.6400		193.2853	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 282626-00 - 2014/07

223.35

Rate Semester 07/01/2014 through 12/31/2014

Palm Terrace of Lakeland

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	9,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1975/07	Type:	Variable	80% Capital(1):	5,461,498	8.1999
Indexed Asset Value	6,826,872	<60% of Base:	False	20% ROE(2):	1,365,374	0.3231
FRVS Base Asset:	2,338,389	Interest Rate:	7.1000%	Insurance Cost(3):	78,695	1.3083
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	79,729	1.3255
ROE Factor	0.014380	Amortization Rate:	6.7500%	Home Office(3):	28,778	0.4784
		Interest Only:	False	Replacement(3&4):	75,228	0.0000
		Yearly Payment:	498,327	Total FRVS PD:		11.6352

- (1) 80% Capital (\$5,461,498) amortized at 6.7500 % for 20 years Principal & Interest of \$498,327 divided by annual available days (67525) divided by Occup. Adj. (0.90) = \$8.1999
 (2) 20% ROE (\$1,365,374) times the ROE factor (0.014380) divided by annual available days (67525) divided by Occup. Adj. (0.90) = \$0.3231
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0915	52.0915	0.9249	51.1666
Direct Care	84.8002	84.8002	1.5056	83.2946
Indirect Care	47.7536	47.7536	0.8479	46.9057
Property	8.6400	11.6352	0.2066	11.4286
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.6533
Supplemental Rate Add-on				9.9025
Totals	193.2853	196.2805	3.4850	223.3513

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 282626-00 - 2014/07

223.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1975/07	732,741	0.00	4.0634	3.0000	1.0634	120	100.00	732,741	1,737,240	
1976/01		0.10	5.1079	3.0000	2.1079	120	100.00	734,939	1,807,440	
1976/07	4,619	0.10	5.5931	3.0000	2.5931	120	100.00	741,763	1,870,440	
1977/01		0.20	6.3437	3.0000	3.3437	120	100.00	746,214	1,940,640	
1977/07	15,005	0.20	8.4013	3.0000	5.4013	120	100.00	765,696	2,038,680	
1978/01	5,347	0.30	10.1410	3.0000	7.1410	120	100.00	777,934	2,135,400	
1978/07	4,376	0.30	12.6805	3.0000	9.6805	120	100.00	789,311	2,253,600	
1979/01	4,904	0.40	14.8077	3.0000	11.8077	120	100.00	803,687	2,369,160	
1979/07		0.40	16.0059	3.0000	13.0059	120	100.00	813,331	2,468,640	
1980/01		0.50	19.1716	3.0000	16.1716	120	20.18	813,331	2,620,920	
1980/07		0.50	19.9823	3.0000	16.9823	120	20.18	813,331	2,720,760	
1981/01		0.60	20.8063	3.0000	17.8063	120	24.73	813,331	2,824,800	
1981/07		0.60	20.3951	3.0000	17.3951	120	24.73	813,331	2,897,880	
1982/01	378	0.70	20.0711	3.0000	17.0711	120	28.34	822,510	2,975,520	
1982/07	25,173	0.70	19.3688	3.0000	16.3688	120	28.34	856,583	3,043,800	
1983/04	1,187,595	0.80	18.9976	3.0000	15.9976	120	31.51	2,055,956	3,123,840	
1983/07	74,995	0.80	19.9554	3.0000	16.9554	120	31.51	2,159,220	3,247,440	
1984/01	7,789	0.90	18.2506	3.0000	15.2506	120	34.41	2,203,483	3,289,560	
1984/07	5,694	0.90	17.1685	3.0000	14.1685	120	34.41	2,246,399	3,352,680	
1985/01	10,300	1.00	15.3156	3.0000	12.3156	120	31.51	2,295,308	3,391,080	
1985/10		1.00	13.1678	3.0000	10.1678	120	34.41	2,338,389	3,420,000	
1986/01		1.00	10.9977	3.0000	7.9977	120	34.41	2,382,278	3,448,440	
1986/07		1.00	8.2951	3.0000	5.2951	120	36.26	2,429,395	3,441,840	
1987/01		1.00	6.3042	3.0000	3.3042	120	36.26	2,477,444	3,503,400	
1987/07		1.00	4.2049	3.0000	1.2049	120	30.90	2,519,200	3,530,760	
1988/01		1.00	2.1056	2.1056		120	30.90	2,549,001	3,559,440	
1988/07		1.00	0.5899	0.5899		120	35.23	2,558,633	3,557,520	
1989/01		1.00	0.5899	0.5899		120	35.23	2,568,301	3,578,520	
1989/07		1.00	0.5899	0.5899		120	35.23	2,578,006	3,602,760	
1990/01		1.00	0.5899	0.5899		120	38.30	2,588,596	3,620,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 282626-00 - 2014/07

223.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	12,403	1.00	0.5899	0.5899		120	41.26	2,612,454	3,642,240	
1991/01		1.00	0.5899	0.5899		185	41.26	2,624,015	5,648,050	
1991/07	1,961,310	1.00	1.4932	1.4932		185	47.93	4,619,470	5,732,410	
1992/01		1.00	2.0117	2.0117		185	47.93	4,619,470	5,847,665	5
1992/07	33,866	1.00	1.8152	1.8152		185	48.65	4,734,320	5,953,855	5
1993/01		1.00	1.7710	1.7710		185	48.65	4,885,139	6,059,305	
1993/07		1.00	1.5329	1.5329		185	59.79	4,960,023	6,152,175	
1994/01		1.00	1.6983	1.6983		185	59.79	5,044,259	6,256,700	
1994/07	59,558	1.00	1.5991	1.5991		185	66.98	5,184,480	6,356,785	
1995/01		1.00	1.5812	1.5812		185	66.98	5,266,457	6,457,240	
1995/07		1.00	1.5250	1.5250		185	66.98	5,346,770	6,555,660	
1996/01		0.95	1.7228	1.7228		185	66.98	5,434,281	6,668,695	
1996/07		0.95	1.3294	1.3294		185	66.98	5,502,911	6,757,310	
1997/01		0.90	1.4109	1.4109		185	66.98	5,572,787	6,852,585	
1997/07		0.90	1.0917	1.0917		185	66.98	5,627,540	6,927,325	
1998/01		0.85	1.1663	1.1663		185	67.58	5,627,540	7,008,170	5
1998/07		0.85	1.0794	1.0794		185	61.32	5,735,476	7,083,835	
1999/01		0.80	1.4499	1.4499		185	61.32	5,802,002	7,186,510	
1999/07		0.80	1.2299	1.2299		185	61.32	5,859,088	7,274,940	
2000/01	54,369	0.75	1.3356	1.3356		185	59.86	5,972,147	7,372,065	
2000/07		0.75	1.1129	1.1129		185	62.98	6,021,997	7,454,020	
2001/01	22,617	0.70	1.2976	1.2976		185	59.01	6,044,614	7,550,775	5
2001/07	61,564	0.70	0.9615	0.9615		185	59.01	6,201,930	7,623,295	
2002/01	38,119	0.65	1.0301	1.0301		185	59.01	6,281,577	7,701,735	
2002/07		0.65	0.8337	0.8337		185	59.01	6,315,617	7,765,930	
2003/01		0.60	1.3271	1.3271		185	59.01	6,365,908	7,868,975	
2003/07		0.60	1.1664	1.1664		185	59.01	6,365,908	7,960,735	5
2004/01		0.55	1.1103	1.1103		185	59.01	6,449,606	8,049,165	
2004/07		0.55	0.8378	0.8378		185	68.35	6,479,326	8,116,690	
2005/01		0.50	0.8595	0.8595		185	68.35	6,507,174	8,186,435	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 282626-00 - 2014/07

223.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		0.50	0.7364	0.7364		185	68.35	6,531,133	8,246,745	
2006/01		0.45	0.9068	0.9068		185	68.35	6,557,787	8,321,485	
2006/07		0.45	0.8133	0.8133		185	68.35	6,581,789	8,389,195	
2007/01		0.40	1.0133	1.0133		185	68.35	6,608,465	8,474,110	
2007/07		0.40	1.1050	1.1050		185	68.35	6,637,674	8,567,720	
2008/01	34,935	0.35	0.8556	0.8556		185	68.35	6,692,489	8,640,980	
2008/07		0.35	0.6104	0.6104		185	68.35	6,706,784	8,693,705	
2009/01		0.30	1.3268	1.3268		185	68.35	6,733,477	8,809,145	
2009/07		0.30	0.6841	0.6841		185	61.12	6,747,294	8,869,455	
2010/01		0.25	0.8643	0.8643		185	59.78	6,761,875	8,946,045	
2010/07		0.25	0.7107	0.7107		185	59.78	6,773,891	9,009,685	
2011/01		0.20	0.9198	0.9198		185	59.78	6,786,355	9,092,565	
2011/07		0.20	0.9028	0.9028		185	56.46	6,798,611	9,174,705	
2012/01		0.15	0.3865	0.3865		185	56.46	6,802,554	9,210,225	
2012/07		0.15	0.9417	0.9417		185	59.58	6,812,166	9,296,990	
2013/01		0.10	0.4901	0.4901		185	59.58	6,815,504	9,342,500	
2013/07		0.10	0.6196	0.6196		185	60.75	6,819,730	9,400,405	
2014/01		0.05	0.8564	0.8564		185	65.64	6,822,649	9,480,880	
2014/07		0.05	1.2383	1.2383		185	65.64	6,826,872	9,598,355	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 283193-00 - 2014/07

228.05

Life Care Center of Jacksonville

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4813 LENOIR AVENUE	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
JACKSONVILLE, FL 32216	Days in CR 365	Maximum: 43,800	Standard: 184
County: Duval [16]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 38,553	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 23,117	Inflation
Current Class North Large	Initial CR? False	Medicaid: 5,958	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	15.45405%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	88.02055%	Cost: 1.03716397
Open Date: 11/18/2004	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/18/2004	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 01/04/2005	Low Occupancy Adjustment Factor:	112.05515%	DC Sem Index: 1.24200000
Med # Active Date: 01/04/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	263,604	529,159	356,707	187,975		1,337,445	
1a	Audit Adjustments							
2	Cost Per Diem	44.2437	88.8149	59.8703	31.5500		224.4789	
3	Cost Per Diem Inflated	45.8880	91.2769	62.0953				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.8880	91.2769	62.0953	31.5500		230.8102	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	79.6579		82.3481				
7	Provider Target Rate	81.3176		84.0639				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.8880	91.2769	60.1169	13.6500		210.9318	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	45.8880	91.2769	60.1169	13.6500		210.9318	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 283193-00 - 2014/07

228.05

Rate Semester 07/01/2014 through 12/31/2014

Life Care Center of Jacksonville

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/04/2005	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	10,330,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,476,174	8.4741
RS to Start Calcs:	2004/07	<60% of Base:	False	20% ROE(2):	1,119,044	0.4082
Indexed Asset Value	5,595,218	Interest Rate:	4.3000%	Insurance Cost(3):	30,993	0.8039
FRVS Base Asset:	0	Chase Rate:	3.2500%	Taxes Cost(3):	105,334	2.7322
Occup Adj Factor	0.9000	Amortization Rate:	4.3000%	Home Office(3):	41,710	1.0819
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	78,983	0.0000
		Yearly Payment:	334,050	Total FRVS PD:		13.5003

- (1) 80% Capital (\$4,476,174) amortized at 4.3000 % for 20 years Principal & Interest of \$334,050 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$8.4741
- (2) 20% ROE (\$1,119,044) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4082
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	43,509
Comparison Date:	01/01/2004	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	5,221,080

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.8880	45.8880	0.8147	45.0733
Direct Care	91.2769	91.2769	1.6206	89.6563
Indirect Care	60.1169	60.1169	1.0674	59.0495
Property	13.6500	13.5003	0.2397	13.2606
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Quality Assess-Medicaid Share				11.1108
Totals	210.9318	210.7821	3.7424	228.0530

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 283193-00 - 2014/07

228.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01	12,283,337	0.00	0.8595	0.8595		120	12.07	5,221,080	5,221,080	1
2005/07		0.10	0.7364	0.7364		120	12.07	5,221,080	5,349,240	
2006/01		0.10	0.9068	0.9068		120	12.07	5,221,080	5,397,720	
2006/07		0.20	0.8133	0.8133		120	12.07	5,221,080	5,441,640	
2007/01		0.20	1.0133	1.0133		120	12.07	5,221,080	5,496,720	
2007/07		0.30	1.1050	1.1050		120	12.07	5,221,080	5,557,440	5
2008/01		0.30	0.8556	0.8556		120	12.07	5,221,080	5,604,960	
2008/07	226,856	0.40	0.6104	0.6104		120	15.25	5,447,936	5,639,160	
2009/01		0.40	1.3268	1.3268		120	15.25	5,447,936	5,714,040	
2009/07		0.50	0.6841	0.6841		120	16.43	5,447,936	5,753,160	
2010/01		0.50	0.8643	0.8643		120	16.43	5,447,936	5,802,840	
2010/07	47,810	0.60	0.7107	0.7107		120	15.77	5,495,746	5,844,120	
2011/01	44,369	0.60	0.9198	0.9198		120	18.78	5,540,115	5,897,880	
2011/07		0.70	0.9028	0.9028		120	18.78	5,540,115	5,951,160	
2012/01	18,036	0.70	0.3865	0.3865		120	20.98	5,558,151	5,974,200	
2012/07		0.80	0.9417	0.9417		120	20.98	5,558,151	6,030,480	
2013/01		0.80	0.4901	0.4901		120	20.98	5,558,151	6,060,000	
2013/07		0.90	0.6196	0.6196		120	20.85	5,558,151	6,097,560	
2014/01		0.90	0.8564	0.8564		120	20.85	5,558,151	6,149,760	
2014/07	37,067	1.00	1.2383	1.2383		120	15.45	5,595,218	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 284289-00 - 2014/07

203.15

Life Care Center of Orange Park

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2145 KINGSLEY AVE	8/1/2012-7/31/2013	Number of Beds: 180	Superior: 0
ORANGE PARK, FL 32073	Days in CR 365	Maximum: 65,700	Standard: 184
County: Clay [10]	First Used : 2014/01	Max Annualized: 65,700	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 57,722	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 23,151	Inflation
Current Class North Large	Initial CR? False	Medicaid: 24,253	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	42.01691%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	87.85693%	Cost: 1.03437307
Open Date: 09/19/1996	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/19/1996	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 09/19/1996	Low Occupancy Adjustment Factor:	111.84685%	DC Sem Index: 1.24200000
Med # Active Date: 01/19/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 212628			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	977,122	1,827,013	1,098,930	427,580		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	41.6735	77.3557	46.8686				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.6735	77.3557	46.8686	17.6300		183.5278	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.0208		51.2053				
7	Provider Target Rate	51.0630		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	41.6735	77.3557	46.8686	13.6500		179.5478	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	41.6735	77.3557	46.8686	13.6500		179.5478	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 284289-00 - 2014/07

203.15

Rate Semester 07/01/2014 through 12/31/2014

Life Care Center of Orange Park

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/19/1996	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	10,356,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	6,947,774 9.1156
RS to Start Calcs:	1996/07	<60% of Base:	False	20% ROE(2):	1,736,944 0.4406
Indexed Asset Value	8,684,718	Interest Rate:	4.7550%	Insurance Cost(3):	57,844 1.0021
FRVS Base Asset:	6,488,460	Chase Rate:	3.2500%	Taxes Cost(3):	106,503 1.8451
Occup Adj Factor	0.9000	Amortization Rate:	4.7550%	Home Office(3):	49,570 0.8588
ROE Factor	0.015000	Interest Only:	False	Replacement(3&4):	93,491 0.0000
		Yearly Payment:	539,006	Total FRVS PD:	13.2622

- (1) 80% Capital (\$6,947,774) amortized at 4.7550 % for 20 years Principal & Interest of \$539,006 divided by annual available days (65700) divided by Occup. Adj. (0.900) = \$9.1156
- (2) 20% ROE (\$1,736,944) times the ROE factor (0.015000) divided by annual available days (65700) divided by Occup. Adj. (0.900) = \$0.4406
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,047
Comparison Date:	01/01/1996	Current RS PBS:	51,883
Comparison Bed	180	Effective PBS Limitation	6,488,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.6735	41.6735	0.7399	40.9336
Direct Care	77.3557	77.3557	1.3735	75.9822
Indirect Care	46.8686	46.8686	0.8322	46.0364
Property	13.6500	13.2622	0.2355	13.0267
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.2655
Supplemental Rate Add-on				9.9025
Totals	179.5478	179.1600	3.1811	203.1469

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 284289-00 - 2014/07

203.15

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	12,062,409	0.00	1.3294	1.3294		180	49.52	6,488,460	6,488,460	1
1997/01	39,077	0.10	1.4109	1.4109		180	49.52	6,535,780	6,667,380	
1997/07	12,505	0.10	1.0917	1.0917		180	49.52	6,554,711	6,740,100	
1998/01		0.20	1.1663	1.1663		180	49.52	6,554,711	6,818,760	5
1998/07		0.20	1.0794	1.0794		180	49.52	6,581,247	6,892,380	
1999/01		0.30	1.4499	1.4499		180	49.52	6,607,023	6,992,280	
1999/07		0.30	1.2299	1.2299		180	49.52	6,628,974	7,078,320	
2000/01	40,310	0.40	1.3356	1.3356		180	66.32	6,704,696	7,172,820	
2000/07		0.40	1.1129	1.1129		180	66.32	6,734,545	7,252,560	
2001/01	42,257	0.50	1.2976	1.2976		180	68.07	6,820,496	7,346,700	
2001/07		0.50	0.9615	0.9615		180	68.07	6,853,289	7,417,260	
2002/01		0.60	1.0301	1.0301		180	68.59	6,895,649	7,493,580	
2002/07		0.60	0.8337	0.8337		180	68.59	6,930,141	7,556,040	
2003/01		0.70	1.3271	1.3271		180	62.19	6,994,522	7,656,300	
2003/07		0.70	1.1664	1.1664		180	62.19	7,051,632	7,745,580	
2004/01		0.80	1.1103	1.1103		180	56.27	7,114,265	7,831,620	
2004/07		0.80	0.8378	0.8378		180	56.27	7,161,945	7,897,320	
2005/01		0.90	0.8595	0.8595		180	56.27	7,217,350	7,965,180	
2005/07		0.90	0.7364	0.7364		180	47.89	7,259,003	8,023,860	
2006/01		1.00	0.9068	0.9068		180	47.89	7,316,318	8,096,580	
2006/07	51,580	1.00	0.8133	0.8133		180	44.71	7,416,269	8,162,460	
2007/01		1.00	1.0133	1.0133		180	44.71	7,477,358	8,245,080	
2007/07	51,153	1.00	1.1050	1.1050		180	46.29	7,598,051	8,336,160	
2008/01		1.00	0.8556	0.8556		180	46.29	7,652,765	8,407,440	
2008/07	35,263	1.00	0.6104	0.6104		180	45.50	7,726,672	8,458,740	
2009/01		1.00	1.3268	1.3268		180	45.50	7,811,482	8,571,060	
2009/07	136,391	1.00	0.6841	0.6841		180	47.19	7,993,723	8,629,740	
2010/01	78,646	1.00	0.8643	0.8643		180	47.66	8,132,238	8,704,260	
2010/07		1.00	0.7107	0.7107		180	47.66	8,182,321	8,766,180	
2011/01		1.00	0.9198	0.9198		180	48.56	8,248,770	8,846,820	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 284289-00 - 2014/07

203.15

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		1.00	0.9028	0.9028		180	48.56	8,314,520	8,926,740	
2012/01	28,455	1.00	0.3865	0.3865		180	47.84	8,370,927	8,961,300	
2012/07		1.00	0.9417	0.9417		180	47.84	8,439,494	9,045,720	
2013/01		1.00	0.4901	0.4901		180	47.84	8,475,471	9,090,000	
2013/07		1.00	0.6196	0.6196		180	45.66	8,519,067	9,146,340	
2014/01	28,519	1.00	0.8564	0.8564		180	42.02	8,603,325	9,224,640	
2014/07		1.00	1.2383	1.2383		180	42.02	8,684,718	9,338,940	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 284289073120130801201210102013101446



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 284785-00 - 2014/07

177.84

The Terrace at Fleming Island

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Partnership CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1125 FLEMING PLANTATION BLVD	8/1/2012-7/31/2013	Number of Beds: 108	Superior: 0
ORANGE PARK, FL 32003	Days in CR 365	Maximum: 39,420	Standard: 184
County: Clay [10]	First Used : 2014/01	Max Annualized: 39,420	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 38,992	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 6,361	Inflation
Current Class North Large	Initial CR? False	Medicaid: 22,719	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	58.26580%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	98.91426%	Cost: 1.03437307
Open Date: 01/19/2005	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/19/2005	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 03/11/2005	Low Occupancy Adjustment Factor:	125.92346%	DC Sem Index: 1.24200000
Med # Active Date: 03/11/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	732,406	1,432,040	771,124	781,761		3,717,330	
1a	Audit Adjustments							
2	Cost Per Diem	32.2376	63.0327	33.9418	34.4100		163.6221	
3	Cost Per Diem Inflated	33.3457	64.7265	35.1085				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	33.3457	64.7265	35.1085	34.4100		167.5907	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	41.8258		51.2053				
7	Provider Target Rate	42.6973		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	33.3457	64.7265	35.1085	13.6500		146.8307	
12/13	Medical Adjustment Rate		0.6019	0.3265				
14	Prospective Per Diem 11	33.3457	65.3284	35.4350	13.6500		147.7591	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 284785-00 - 2014/07

177.84

Rate Semester 07/01/2014 through 12/31/2014

The Terrace at Fleming Island

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/11/2005	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	7,687,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,134,985 9.4166
RS to Start Calcs:	2005/01	<60% of Base:	False	20% ROE(2):	1,033,746 0.4371
Indexed Asset Value	5,168,731	Interest Rate:	5.2400%	Insurance Cost(3):	35,734 0.9164
FRVS Base Asset:	4,738,392	Chase Rate:	3.2500%	Taxes Cost(3):	102,612 2.6316
Occup Adj Factor	0.9000	Amortization Rate:	5.2400%	Home Office(3):	4,263 0.1093
ROE Factor	0.015000	Interest Only:	False	Replacement(3&4):	8,135 0.0000
		Yearly Payment:	334,083	Total FRVS PD:	13.5110

- (1) 80% Capital (\$4,134,985) amortized at 5.2400 % for 20 years Principal & Interest of \$334,083 divided by annual available days (39420) divided by Occup. Adj. (0.900) = \$9.4166
- (2) 20% ROE (\$1,033,746) times the ROE factor (0.015000) divided by annual available days (39420) divided by Occup. Adj. (0.900) = \$0.4371
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	43,874
Comparison Date: 07/01/2004	Current RS PBS:	51,883
Comparison Bed 108	Effective PBS Limitation	4,738,392

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	33.3457	33.3457	0.5921	32.7536
Direct Care	65.3284	65.3284	1.1599	64.1685
Indirect Care	35.4350	35.4350	0.6292	34.8058
Property	13.6500	13.5110	0.2399	13.2711
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.9338
Supplemental Rate Add-on				9.9025
Totals	147.7591	147.6201	2.6211	177.8353

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 284785-00 - 2014/07

177.84

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01	9,115,341	0.00	0.8595	0.8595		108	50.38	4,738,392	4,738,392	1
2005/07		0.10	0.7364	0.7364		108	50.38	4,741,587	4,814,316	
2006/01		0.10	0.9068	0.9068		108	50.38	4,745,526	4,857,948	
2006/07		0.20	0.8133	0.8133		108	50.38	4,752,598	4,897,476	
2007/01		0.20	1.0133	1.0133		108	50.38	4,761,422	4,947,048	
2007/07		0.30	1.1050	1.1050		108	62.64	4,777,206	5,001,696	
2008/01		0.30	0.8556	0.8556		108	62.64	4,789,469	5,044,464	
2008/07		0.40	0.6104	0.6104		108	62.85	4,801,165	5,075,244	
2009/01		0.40	1.3268	1.3268		108	62.85	4,826,645	5,142,636	
2009/07		0.50	0.6841	0.6841		108	67.19	4,843,157	5,177,844	
2010/01		0.50	0.8643	0.8643		108	67.19	4,864,089	5,222,556	
2010/07		0.60	0.7107	0.7107		108	66.14	4,884,829	5,259,708	
2011/01		0.60	0.9198	0.9198		108	66.14	4,911,788	5,308,092	
2011/07		0.70	0.9028	0.9028		108	63.44	4,942,831	5,356,044	
2012/01		0.70	0.3865	0.3865		108	63.44	4,956,206	5,376,780	
2012/07		0.80	0.9417	0.9417		108	61.36	4,993,546	5,427,432	
2013/01		0.80	0.4901	0.4901		108	61.36	5,013,126	5,454,000	
2013/07		0.90	0.6196	0.6196		108	58.37	5,041,079	5,487,804	
2014/01	25,573	0.90	0.8564	0.8564		108	58.27	5,105,509	5,534,784	
2014/07		1.00	1.2383	1.2383		108	58.27	5,168,731	5,603,364	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 284793-00 - 2014/07

233.47

Brighton Gardens of Tampa

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
16702 NORTH DALE MABRY HWY	1/1/2013-12/31/2013	Number of Beds: 45	Superior: 0
TAMPA, FL 33618	Days in CR 365	Maximum: 16,425	Standard: 184
County: Hillsborough [29]	First Used : 2014/07	Max Annualized: 16,425	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 13,887	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,791	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 2,711	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	19.52185%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	84.54795%	Cost: 1.02471376
Open Date: 09/01/1999	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/01/1999	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 11/23/1999	Low Occupancy Adjustment Factor:	107.63433%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2003	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 219819			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	160,040	260,525	195,746	41,261		657,572	
1a	Audit Adjustments							
2	Cost Per Diem	59.0336	96.0992	72.2044	15.2198		242.5570	
3	Cost Per Diem Inflated	60.4925	98.2347	73.9888				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.4925	98.2347	73.9888	15.2198		247.9358	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	69.4915		62.0530				
7	Provider Target Rate	70.9394		63.3459				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500			
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442				
10	Target Rate Class Ceiling	61.3634		72.4862				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	58.1332	98.2347	63.3459	13.6500		233.3638	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	58.1332	98.2347	63.3459	13.6500		233.3638	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 284793-00 - 2014/07

233.47

Rate Semester 07/01/2014 through 12/31/2014

Brighton Gardens of Tampa

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/23/1999	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	700,473.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,497,297 3.9901
RS to Start Calcs:	1999/07	<60% of Base:	True	20% ROE(2):	374,324 0.4748
Indexed Asset Value	1,871,621	Interest Rate:	5.1300%	Insurance Cost(3):	13,619 0.9807
FRVS Base Asset:	1,748,070	Chase Rate:	4.0000%	Taxes Cost(3):	33,992 2.4478
Occup Adj Factor	0.9000	Amortization Rate:	4.0000%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	0 0.0000
		Yearly Payment:	58,984	Total FRVS PD:	7.8934

- (1) 80% Capital (\$1,497,297) amortized at 4.0000 % for 20 years Interest of \$58,984 divided by annual available days (16425) divided by Occup. Adj. (0.900) = \$3.9901
- (2) 20% ROE (\$374,324) times the ROE factor (0.018750) divided by annual available days (16425) divided by Occup. Adj. (0.900) = \$0.4748
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	01/01/1999	Current RS PBS:	51,883
Comparison Bed	45	Effective PBS Limitation	1,748,070

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	58.1332	58.1332	1.0322	57.1010
Direct Care	98.2347	98.2347	1.7442	96.4905
Indirect Care	63.3459	63.3459	1.1247	62.2212
Property	13.6500	7.8934	0.1401	7.7533
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	233.3638	227.6072	4.0412	233.4685

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 284793-00 - 2014/07

233.47

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	13,263,976	0.00	1.2299	1.2299		45	19.64	1,748,070	1,748,070	1
2000/01		0.10	1.3356	1.3356		45	19.64	1,748,070	1,793,205	
2000/07		0.10	1.1129	1.1129		45	19.64	1,748,070	1,813,140	
2001/01		0.20	1.2976	1.2976		45	19.64	1,748,070	1,836,675	
2001/07		0.20	0.9615	0.9615		45	19.64	1,748,070	1,854,315	
2002/01		0.30	1.0301	1.0301		45	19.64	1,748,070	1,873,395	
2002/07	11,350	0.30	0.8337	0.8337		45	37.50	1,762,401	1,889,010	
2003/01		0.40	1.3271	1.3271		45	37.50	1,768,779	1,914,075	
2003/07		0.40	1.1664	1.1664		45	41.19	1,774,960	1,936,395	
2004/01		0.50	1.1103	1.1103		45	41.19	1,782,340	1,957,905	
2004/07		0.50	0.8378	0.8378		45	41.19	1,787,932	1,974,330	
2005/01		0.60	0.8595	0.8595		45	41.19	1,794,837	1,991,295	
2005/07		0.60	0.7364	0.7364		45	41.19	1,800,776	2,005,965	
2006/01		0.70	0.9068	0.9068		45	41.19	1,809,337	2,024,145	
2006/07		0.70	0.8133	0.8133		45	41.19	1,817,051	2,040,615	
2007/01		0.80	1.0133	1.0133		45	41.62	1,828,197	2,061,270	
2007/07		0.80	1.1050	1.1050		45	41.62	1,840,427	2,084,040	
2008/01		0.90	0.8556	0.8556		45	42.53	1,851,385	2,101,860	
2008/07		0.90	0.6104	0.6104		45	31.97	1,857,297	2,114,685	
2009/01		1.00	1.3268	1.3268		45	31.97	1,871,621	2,142,765	
2009/07		1.00	0.6841	0.6841		45	24.07	1,871,621	2,157,435	
2010/01		1.00	0.8643	0.8643		45	24.07	1,871,621	2,176,065	
2010/07		1.00	0.7107	0.7107		45	24.97	1,871,621	2,191,545	
2011/01		1.00	0.9198	0.9198		45	24.97	1,871,621	2,211,705	
2011/07		1.00	0.9028	0.9028		45	24.97	1,871,621	2,231,685	
2012/01		1.00	0.3865	0.3865		45	21.77	1,871,621	2,240,325	
2012/07		1.00	0.9417	0.9417		45	22.11	1,871,621	2,261,430	
2013/01		1.00	0.4901	0.4901		45	22.11	1,871,621	2,272,500	
2013/07		1.00	0.6196	0.6196		45	19.00	1,871,621	2,286,585	
2014/01		1.00	0.8564	0.8564		45	19.00	1,871,621	2,306,160	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 284793-00 - 2014/07

233.47

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		1.00	1.2383	1.2383		45	19.52	1,871,621	2,334,735	

Message Code:

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 284793123120130101201305072014162022



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 284823-00 - 2014/07

290.49

Aventura Plaza Rehabilitation and Nursing Center

Type of Cost Report: Prospective		Type of Cost: Actual		Type of Rate: Prospective	
Type of Ownership: Nonprofit : 501(c)(3) Organization				CHOW Status based on this Cost Report: No Change	
Provider Information	Cost Report	Patient Days	Ratings Days		
1800 N E 168TH STREET	9/1/2012-8/31/2013	Number of Beds: 86	Superior:	0	
NORTH MIAMI BEACH, FL 33162	Days in CR 365	Maximum: 31,390	Standard:	184	
County: Dade [13]	First Used : 2014/01	Max Annualized: 31,390	Conditional:	0	
Region: South Area: 11	Last Used: 2014/07	Total Patient: 28,106	Total:	184	
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 4,283	Inflation		
Current Class South Small	Initial CR? False	Medicaid: 20,207	FY Index:	1.30580299	
Class at 1/94: South Small	Medical Utilization	71.89568%	Semester Index:	1.34705290	
Operating Ex > 18 months	Occupancy:	89.53807%	Cost:	1.03158969	
Open Date: 07/01/1978	Statewide Low Occupancy Threshold:	78.55110%	Target:	1.01458517	
Acquired Date: 07/01/1978	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index:	1.21049917	
Entered Medicaid 07/01/1978	Low Occupancy Adjustment Factor:	113.98704%	DC Sem Index:	1.24200000	
Med # Active Date: 01/01/2002	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation:	1.02602301	
Previous Med # 205095			PS Target:	1.02083595	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,315,885	2,126,369	1,659,484	380,700		5,482,437	
1a	Audit Adjustments							
2	Cost Per Diem	65.1203	105.2293	82.1242	18.8400		271.3138	
3	Cost Per Diem Inflated	67.1774	107.9677	84.7185				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	67.1774	107.9677	84.7185	18.8400		278.7036	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	82.1197		74.8503				
7	Provider Target Rate	83.8307		76.4099				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500			
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810				
10	Target Rate Class Ceiling	68.3236		80.3359				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	62.8974	105.8360	76.4099	13.6500		258.7933	
12/13	Medical Adjustment Rate		2.6070	1.8822				
14	Prospective Per Diem 11	62.8974	108.4430	78.2921	13.6500		263.2825	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 284823-00 - 2014/07

290.49

Rate Semester 07/01/2014 through 12/31/2014

Aventura Plaza Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	2,305,329 10.1453
RS to Start Calcs:	1978/07	<60% of Base:	True	20% ROE(2):	576,332 0.3209
Indexed Asset Value	2,881,661	Interest Rate:	12.5000%	Insurance Cost(3):	20,687 0.7360
FRVS Base Asset:	590,346	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	19,579 0.6966
ROE Factor	0.015730	Interest Only:	True	Replacement(3&4):	203,441 0.0000
		Yearly Payment:	286,616	Total FRVS PD:	11.8988

(1) 80% Capital (\$2,305,329) amortized at 12.5000 % for 20 years Interest of \$286,616 divided by annual available days (31390) divided by Occup. Adj. (0.90) = \$10.1453

(2) 20% ROE (\$576,332) times the ROE factor (0.015730) divided by annual available days (31390) divided by Occup. Adj. (0.90) = \$0.3209

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

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

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	50	Effective PBS Limitation	1,425,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.8974	62.8974	1.1167	61.7807
Direct Care	108.4430	108.4430	1.9254	106.5176
Indirect Care	78.2921	78.2921	1.3901	76.9020
Property	13.6500	11.8988	0.2113	11.6875
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.7025
Supplemental Rate Add-on				9.9025
Totals	263.2825	261.5313	4.6435	290.4928

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 284823-00 - 2014/07

290.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/07	506,929	0.00	5.5395	3.0000	2.5395	50	100.00	506,929	939,000	
1979/01		0.10	7.6667	3.0000	4.6667	50	100.00	508,450	987,150	
1979/07		0.10	8.8649	3.0000	5.8649	50	100.00	509,975	1,028,600	
1980/01		0.20	12.0306	3.0000	9.0306	50	42.75	512,353	1,092,050	
1980/07		0.20	12.8413	3.0000	9.8413	50	42.75	514,742	1,133,650	
1981/01		0.30	13.6653	3.0000	10.6653	50	42.75	518,343	1,177,000	
1981/07		0.30	13.2541	3.0000	10.2541	50	42.75	521,969	1,207,450	
1982/01		0.40	12.9301	3.0000	9.9301	50	42.75	526,838	1,239,800	
1982/07		0.40	12.2278	3.0000	9.2278	50	42.75	531,752	1,268,250	
1983/04		0.50	11.8566	3.0000	8.8566	50	50.37	539,057	1,301,600	
1983/07		0.50	12.8144	3.0000	9.8144	50	50.37	546,462	1,353,100	
1984/01		0.60	11.1096	3.0000	8.1096	50	68.28	556,298	1,370,650	
1984/07		0.60	10.0275	3.0000	7.0275	50	68.28	566,311	1,396,950	
1985/01		0.70	8.1746	3.0000	5.1746	50	68.28	578,204	1,412,950	
1985/10		0.70	6.0268	3.0000	3.0268	50	67.98	590,346	1,425,000	
1986/01		0.80	3.8567	3.0000	0.8567	50	67.98	604,514	1,436,850	
1986/07		0.80	1.1541	1.1541		50	62.57	610,095	1,434,100	
1987/01		0.90	1.0091	1.0091		50	62.57	615,636	1,459,750	
1987/07		0.90	0.9007	0.9007		50	73.19	620,626	1,471,150	
1988/01		1.00	0.9007	0.9007		50	73.19	626,216	1,483,100	
1988/07		1.00	0.5899	0.5899		50	75.34	629,910	1,482,300	
1989/01		1.00	0.5899	0.5899		50	75.34	633,626	1,491,050	
1989/07	753,259	1.00	0.5899	0.5899		75	73.42	1,390,623	2,251,725	
1990/01		1.00	0.5899	0.5899		75	73.42	1,398,826	2,263,050	
1990/07		1.00	0.5899	0.5899		75	78.34	1,407,078	2,276,400	
1991/01		1.00	0.5899	0.5899		75	78.34	1,415,378	2,289,750	
1991/07		1.00	1.4932	1.4932		75	81.39	1,436,512	2,323,950	
1992/01		1.00	2.0117	2.0117		75	81.39	1,436,512	2,370,675	5
1992/07		1.00	1.8152	1.8152		75	83.45	1,465,410	2,413,725	5
1993/01		1.00	1.7710	1.7710		75	83.45	1,492,010	2,456,475	5



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 284823-00 - 2014/07

290.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07		1.00	1.5329	1.5329		75	86.22	1,518,433	2,494,125	5
1994/01		1.00	1.6983	1.6983		75	86.22	1,541,709	2,536,500	5
1994/07		1.00	1.5991	1.5991		75	90.08	1,567,892	2,577,075	5
1995/01		1.00	1.5812	1.5812		75	90.08	1,618,152	2,617,800	
1995/07		1.00	1.5250	1.5250		75	90.08	1,642,829	2,657,700	
1996/01		1.00	1.7228	1.7228		75	88.16	1,671,132	2,703,525	
1996/07		1.00	1.3294	1.3294		75	77.58	1,693,348	2,739,450	
1997/01		1.00	1.4109	1.4109		75	77.58	1,717,239	2,778,075	
1997/07		1.00	1.0917	1.0917		75	78.52	1,735,986	2,808,375	
1998/01		1.00	1.1663	1.1663		75	78.52	1,756,233	2,841,150	
1998/07		1.00	1.0794	1.0794		75	78.39	1,775,190	2,871,825	
1999/01		0.95	1.4499	1.4499		75	78.39	1,799,641	2,913,450	
1999/07		0.95	1.2299	1.2299		75	81.96	1,820,668	2,949,300	
2000/01		0.90	1.3356	1.3356		75	81.96	1,842,552	2,988,675	
2000/07	16,266	0.90	1.1129	1.1129		75	78.41	1,877,273	3,021,900	
2001/01		0.85	1.2976	1.2976		75	78.41	1,897,979	3,061,125	
2001/07		0.85	0.9615	0.9615		75	75.48	1,913,491	3,090,525	
2002/01		0.80	1.0301	1.0301		75	77.21	1,929,260	3,122,325	
2002/07		0.80	0.8337	0.8337		75	77.21	1,942,128	3,148,350	
2003/01		0.75	1.3271	1.3271		75	62.23	1,961,458	3,190,125	
2003/07		0.75	1.1664	1.1664		75	62.23	1,978,617	3,227,325	
2004/01		0.70	1.1103	1.1103		75	62.23	1,993,995	3,263,175	
2004/07		0.70	0.8378	0.8378		75	69.36	2,005,690	3,290,550	
2005/01		0.65	0.8595	0.8595		75	79.35	2,016,896	3,318,825	
2005/07		0.65	0.7364	0.7364		75	79.35	2,026,551	3,343,275	
2006/01		0.60	0.9068	0.9068		75	73.64	2,037,577	3,373,575	
2006/07		0.60	0.8133	0.8133		75	73.64	2,047,520	3,401,025	
2007/01		0.55	1.0133	1.0133		75	73.64	2,058,931	3,435,450	
2007/07		0.55	1.1050	1.1050		75	65.27	2,071,445	3,473,400	
2008/01		0.50	0.8556	0.8556		75	65.27	2,080,307	3,503,100	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 284823-00 - 2014/07

290.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		0.50	0.6104	0.6104		75	67.45	2,086,656	3,524,475	
2009/01	19,823	0.45	1.3268	1.3268		75	79.93	2,118,938	3,571,275	
2009/07		0.45	0.6841	0.6841		75	79.93	2,125,460	3,595,725	
2010/01	591,512	0.40	0.8643	0.8643		86	68.37	2,724,320	4,158,702	
2010/07		0.40	0.7107	0.7107		86	68.37	2,732,065	4,188,286	
2011/01	25,985	0.35	0.9198	0.9198		86	74.19	2,766,845	4,226,814	
2011/07		0.35	0.9028	0.9028		86	74.19	2,775,588	4,264,998	
2012/01	74,812	0.30	0.3865	0.3865		86	75.03	2,853,620	4,281,510	
2012/07		0.30	0.9417	0.9417		86	75.03	2,861,681	4,321,844	
2013/01		0.25	0.4901	0.4901		86	75.03	2,865,187	4,343,000	
2013/07		0.25	0.6196	0.6196		86	69.13	2,869,625	4,369,918	
2014/01		0.20	0.8564	0.8564		86	71.90	2,874,541	4,407,328	
2014/07		0.20	1.2383	1.2383		86	71.90	2,881,661	4,461,938	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 307998-00 - 2014/07

222.55

Cypress Village

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4600 MIDDLETON PARK CIR E	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
JACKSONVILLE, FL 32224	Days in CR 366	Maximum: 43,920	Standard: 184
County: Duval [16]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 42,056	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 20,729	Inflation
Current Class North Large	Initial CR? False	Medicaid: 12,023	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	28.58807%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.75592%	Cost: 1.04963363
Open Date: 08/30/1991	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 08/30/1991	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 10/14/1991	Low Occupancy Adjustment Factor:	121.90271%	DC Sem Index: 1.24200000
Med # Active Date: 04/06/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 203939			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	635,949	1,036,346	855,308	252,243		2,779,846	
1a	Audit Adjustments							
2	Cost Per Diem	52.8944	86.1970	71.1393	20.9800		231.2107	
3	Cost Per Diem Inflated	55.5197	89.0284	74.6702				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.5197	89.0284	74.6702	20.9800		240.1983	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7099		82.7243				
7	Provider Target Rate	54.8290		84.4479				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	49.7653	89.0284	60.1169	13.6500		212.5606	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	49.7653	89.0284	60.1169	13.6500		212.5606	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 307998-00 - 2014/07

222.55

Rate Semester 07/01/2014 through 12/31/2014

Cypress Village

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/14/1991	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	8,103,119.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,783,009	10.9588
RS to Start Calcs:	1991/07	<60% of Base:	False	20% ROE(2):	1,195,752	0.4423
Indexed Asset Value	5,978,761	Interest Rate:	6.6200%	Insurance Cost(3):	39,051	0.9285
FRVS Base Asset:	1,831,800	Chase Rate:	5.7500%	Taxes Cost(3):	93,013	2.2116
Occup Adj Factor	0.9000	Amortization Rate:	6.6200%	Home Office(3):	127,994	3.0434
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	42,540	0.0000
		Yearly Payment:	431,995	Total FRVS PD:		17.5846

- (1) 80% Capital (\$4,783,009) amortized at 6.6200 % for 20 years Principal & Interest of \$431,995 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.9588
- (2) 20% ROE (\$1,195,752) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4423
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,530
Comparison Date: 01/01/1991	Current RS PBS:	51,883
Comparison Bed 60	Effective PBS Limitation	1,831,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7653	49.7653	0.8836	48.8817
Direct Care	89.0284	89.0284	1.5807	87.4477
Indirect Care	60.1169	60.1169	1.0674	59.0495
Property	13.6500	17.5846	0.3122	17.2724
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	212.5606	216.4952	3.8439	222.5538

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 307998-00 - 2014/07

222.55

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07	3,694,000	0.00	1.4932	1.4932		60	41.39	1,831,800	1,831,800	1
1992/01		0.10	2.0117	2.0117		60	41.39	1,834,574	1,896,540	
1992/07		0.10	1.8152	1.8152		60	41.39	1,837,080	1,930,980	
1993/01		0.20	1.7710	1.7710		60	41.39	1,841,977	1,965,180	
1993/07		0.20	1.5329	1.5329		60	41.39	1,846,227	1,995,300	
1994/01		0.30	1.6983	1.6983		60	41.39	1,853,306	2,029,200	
1994/07		0.30	1.5991	1.5991		60	41.39	1,859,996	2,061,660	
1995/01		0.40	1.5812	1.5812		60	51.82	1,871,080	2,094,240	
1995/07		0.40	1.5250	1.5250		60	60.27	1,882,494	2,126,160	
1996/01		0.50	1.7228	1.7228		60	60.27	1,898,710	2,162,820	
1996/07	44,954	0.50	1.3294	1.3294		60	50.43	1,955,236	2,191,560	
1997/01		0.60	1.4109	1.4109		60	50.43	1,970,412	2,222,460	
1997/07	2,165,065	0.60	1.0917	1.0917		120	39.21	4,144,678	4,493,400	
1998/01		0.70	1.1663	1.1663		120	39.21	4,168,801	4,545,840	
1998/07		0.70	1.0794	1.0794		120	39.21	4,191,257	4,594,920	
1999/01	83,354	0.80	1.4499	1.4499		120	33.86	4,304,540	4,661,520	
1999/07		0.80	1.2299	1.2299		120	34.98	4,331,476	4,718,880	
2000/01		0.90	1.3356	1.3356		120	34.98	4,364,589	4,781,880	
2000/07		0.90	1.1129	1.1129		120	34.98	4,392,392	4,835,040	
2001/01	136,821	1.00	1.2976	1.2976		120	38.38	4,568,986	4,897,800	
2001/07	30,029	1.00	0.9615	0.9615		120	42.24	4,632,754	4,944,840	
2002/01		1.00	1.0301	1.0301		120	42.24	4,669,404	4,995,720	
2002/07	37,206	1.00	0.8337	0.8337		120	54.70	4,745,326	5,037,360	
2003/01		1.00	1.3271	1.3271		120	54.70	4,807,958	5,104,200	
2003/07		1.00	1.1664	1.1664		120	56.69	4,864,038	5,163,720	
2004/01		1.00	1.1103	1.1103		120	56.69	4,918,043	5,221,080	
2004/07	17,575	1.00	0.8378	0.8378		120	61.50	4,976,821	5,264,880	
2005/01		1.00	0.8595	0.8595		120	64.60	5,019,597	5,310,120	
2005/07		1.00	0.7364	0.7364		120	64.60	5,056,561	5,349,240	
2006/01		1.00	0.9068	0.9068		120	64.60	5,102,414	5,397,720	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 307998-00 - 2014/07

222.55

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07		1.00	0.8133	0.8133		120	64.60	5,143,912	5,441,640	
2007/01		1.00	1.0133	1.0133		120	64.60	5,196,035	5,496,720	
2007/07		1.00	1.1050	1.1050		120	64.60	5,253,451	5,557,440	
2008/01	56,848	1.00	0.8556	0.8556		120	48.25	5,349,731	5,604,960	
2008/07		1.00	0.6104	0.6104		120	48.25	5,378,378	5,639,160	
2009/01		1.00	1.3268	1.3268		120	54.91	5,449,622	5,714,040	
2009/07		1.00	0.6841	0.6841		120	54.91	5,486,842	5,753,160	
2010/01		1.00	0.8643	0.8643		120	55.25	5,534,265	5,802,840	
2010/07		1.00	0.7107	0.7107		120	55.25	5,573,597	5,844,120	
2011/01		1.00	0.9198	0.9198		120	58.78	5,624,863	5,897,880	
2011/07		1.00	0.9028	0.9028		120	58.78	5,675,644	5,951,160	
2012/01	120,491	0.95	0.3865	0.3865		120	45.50	5,813,376	5,974,200	
2012/07		0.95	0.9417	0.9417		120	36.03	5,847,445	6,030,480	
2013/01		0.90	0.4901	0.4901		120	36.03	5,864,342	6,060,000	
2013/07		0.90	0.6196	0.6196		120	36.03	5,864,342	6,097,560	5
2014/01	38,193	0.85	0.8564	0.8564		120	28.59	5,946,226	6,149,760	
2014/07		0.85	1.2383	1.2383		120	28.59	5,978,761	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 308242-00 - 2014/07

244.31

Hebrew Home of South Beach

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective		CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization			
Provider Information	Cost Report	Patient Days	Ratings Days
320 COLLINS AVENUE	9/1/2011-8/31/2012	Number of Beds: 104	Superior: 0
MIAMI BEACH , FL 33139	Days in CR 366	Maximum: 38,064	Standard: 184
County: Dade [13]	First Used : 2013/07	Max Annualized: 37,960	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 34,679	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 7,420	Inflation
Current Class South Large	Initial CR? False	Medicaid: 24,454	FY Index: 1.27343864
Class at 1/94: South Large	Medical Utilization	70.51530%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.10708%	Cost: 1.05780747
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1970	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.19833101
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	115.98447%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2002	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03644151
Previous Med # 200492			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,330,582	2,118,591	1,381,748	268,016		5,098,937	
1a	Audit Adjustments							
2	Cost Per Diem	54.4116	86.6358	56.5040	10.9600		208.5114	
3	Cost Per Diem Inflated	57.5570	89.7929	59.7704				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.5570	89.7929	59.7704	10.9600		218.0803	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.9366		65.6097				
7	Provider Target Rate	54.0396		66.9767				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.0396	89.7929	59.7704	10.9600		214.5629	
12/13	Medical Adjustment Rate		2.0724	1.3795				
14	Prospective Per Diem 11	54.0396	91.8653	61.1499	10.9600		218.0148	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 308242-00 - 2014/07

244.31

Rate Semester 07/01/2014 through 12/31/2014

Hebrew Home of South Beach

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	525,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,026,598	7.3751
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	506,650	0.2364
Indexed Asset Value	2,533,248	Interest Rate:	5.2500%	Insurance Cost(3):	12,970	0.3740
FRVS Base Asset:	1,372,286	Chase Rate:	12.5000%	Taxes Cost(3):	0	0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	17,435	0.5028
ROE Factor	0.015940	Interest Only:	True	Replacement(3&4):	316,987	0.0000
		Yearly Payment:	251,962	Total FRVS PD:		8.4883

- (1) 80% Capital (\$2,026,598) amortized at 12.5000 % for 20 years Interest of \$251,962 divided by annual available days (37960) divided by Occup. Adj. (0.900) = \$7.3751
- (2) 20% ROE (\$506,650) times the ROE factor (0.015940) divided by annual available days (37960) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.0396	54.0396	0.9595	53.0801
Direct Care	91.8653	91.8653	1.6311	90.2342
Indirect Care	61.1499	61.1499	1.0857	60.0642
Property	10.9600	8.4883	0.1507	8.3376
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.6936
Supplemental Rate Add-on				9.9025
Totals	218.0148	215.5431	3.8270	244.3122

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2012

0 308242-00 - 2014/07

244.31

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/01		0.00				104	100.00		1,067,144	
1971/07	804,976	0.00				104	100.00	804,976	1,067,144	
1972/01		0.10	3.9787	3.0000	0.9787	104	100.00	807,391	1,109,576	
1972/07		0.10	5.9113	3.0000	2.9113	104	100.00	809,813	1,164,280	
1973/01		0.20	8.0622	3.0000	5.0622	104	100.00	814,672	1,224,288	
1973/07		0.20	10.7186	3.0000	7.7186	104	100.00	819,560	1,293,552	
1974/01		0.30	12.9457	3.0000	9.9457	104	100.00	826,936	1,361,152	
1974/07		0.30	13.0494	3.0000	10.0494	104	100.00	834,378	1,403,376	
1975/01		0.40	13.1399	3.0000	10.1399	104	100.00	844,391	1,446,744	
1975/07		0.40	14.2033	3.0000	11.2033	104	100.00	854,524	1,505,608	
1976/01		0.50	15.2478	3.0000	12.2478	104	100.00	867,342	1,566,448	
1976/07		0.50	15.7330	3.0000	12.7330	104	100.00	880,352	1,621,048	
1977/01		0.60	16.4836	3.0000	13.4836	104	100.00	896,198	1,681,888	
1977/07		0.60	18.5412	3.0000	15.5412	104	100.00	912,330	1,766,856	
1978/01		0.70	20.2809	3.0000	17.2809	104	100.00	931,489	1,850,680	
1978/07		0.70	22.8203	3.0000	19.8203	104	100.00	951,050	1,953,120	
1979/01		0.80	24.9476	3.0000	21.9476	104	100.00	973,875	2,053,272	
1979/07		0.80	26.1458	3.0000	23.1458	104	100.00	997,248	2,139,488	
1980/01		0.90	29.3115	3.0000	26.3115	104	48.85	1,021,163	2,271,464	
1980/07		0.90	30.1222	3.0000	27.1222	104	48.85	1,045,651	2,357,992	
1981/01		1.00	30.9462	3.0000	27.9462	104	53.21	1,076,000	2,448,160	
1981/07		1.00	30.5350	3.0000	27.5350	104	53.21	1,107,229	2,511,496	
1982/01		1.00	30.2110	3.0000	27.2110	104	48.49	1,136,514	2,578,784	
1982/07		1.00	29.5087	3.0000	26.5087	104	48.49	1,166,574	2,637,960	
1983/04		1.00	29.1375	3.0000	26.1375	104	48.40	1,197,372	2,707,328	
1983/07		1.00	30.0953	3.0000	27.0953	104	48.40	1,228,983	2,814,448	
1984/01		1.00	28.3905	3.0000	25.3905	104	53.66	1,264,954	2,850,952	
1984/07		1.00	27.3084	3.0000	24.3084	100	53.66	1,301,978	2,793,900	
1985/01		1.00	25.4555	3.0000	22.4555	100	48.40	1,336,350	2,825,900	
1985/10		1.00	23.3077	3.0000	20.3077	104	49.30	1,372,286	2,964,000	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2012

0 308242-00 - 2014/07

244.31

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01		1.00	21.1376	3.0000	18.1376	104	49.30	1,409,188	2,988,648	
1986/07		1.00	18.4350	3.0000	15.4350	104	49.30	1,447,082	2,982,928	
1987/01		1.00	16.4441	3.0000	13.4441	104	49.30	1,485,995	3,036,280	
1987/07		1.00	14.3448	3.0000	11.3448	104	59.93	1,530,575	3,059,992	
1988/01		1.00	12.2455	3.0000	9.2455	104	53.65	1,575,365	3,084,848	
1988/07		1.00	9.8354	3.0000	6.8354	104	64.02	1,622,626	3,083,184	
1989/01	13,549	1.00	7.4253	3.0000	4.4253	104	64.02	1,684,854	3,101,384	
1989/07		1.00	5.0152	3.0000	2.0152	104	67.50	1,735,400	3,122,392	
1990/01		1.00	2.6051	2.6051		104	67.50	1,780,609	3,138,096	
1990/07		1.00	0.5899	0.5899		104	71.37	1,791,113	3,156,608	
1991/01		1.00	0.5899	0.5899		104	72.36	1,801,679	3,175,120	
1991/07		1.00	1.4932	1.4932		104	72.36	1,828,582	3,222,544	
1992/01		0.95	2.0117	2.0117		104	72.36	1,863,528	3,287,336	
1992/07		0.95	1.8152	1.8152		104	75.08	1,895,663	3,347,032	
1993/01		0.90	1.7710	1.7710		104	75.08	1,925,878	3,406,312	
1993/07		0.90	1.5329	1.5329		104	75.18	1,952,447	3,458,520	
1994/01		0.85	1.6983	1.6983		104	75.18	1,980,633	3,517,280	
1994/07		0.85	1.5991	1.5991		104	74.62	2,007,554	3,573,544	
1995/01		0.80	1.5812	1.5812		104	74.62	2,032,950	3,630,016	
1995/07		0.80	1.5250	1.5250		104	74.62	2,057,752	3,685,344	
1996/01		0.75	1.7228	1.7228		104	78.30	2,084,340	3,748,888	
1996/07		0.75	1.3294	1.3294		104	74.66	2,105,123	3,798,704	
1997/01		0.70	1.4109	1.4109		104	74.66	2,125,913	3,852,264	
1997/07		0.70	1.0917	1.0917		104	73.62	2,142,159	3,894,280	
1998/01		0.65	1.1663	1.1663		104	73.62	2,158,399	3,939,728	
1998/07		0.65	1.0794	1.0794		104	77.24	2,173,542	3,982,264	
1999/01		0.60	1.4499	1.4499		104	77.24	2,192,450	4,039,984	
1999/07		0.60	1.2299	1.2299		104	78.44	2,208,628	4,089,696	
2000/01		0.55	1.3356	1.3356		104	78.44	2,224,853	4,144,296	
2000/07	93,976	0.55	1.1129	1.1129		104	83.39	2,332,447	4,190,368	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2012

0 308242-00 - 2014/07

244.31

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		0.50	1.2976	1.2976		104	83.39	2,347,580	4,244,760	
2001/07		0.50	0.9615	0.9615		104	84.63	2,358,867	4,285,528	
2002/01		0.45	1.0301	1.0301		104	80.14	2,369,800	4,329,624	
2002/07		0.45	0.8337	0.8337		104	80.14	2,378,691	4,365,712	
2003/01		0.40	1.3271	1.3271		104	84.75	2,391,317	4,423,640	
2003/07		0.40	1.1664	1.1664		104	84.75	2,402,475	4,475,224	
2004/01	42,849	0.35	1.1103	1.1103		104	81.88	2,454,660	4,524,936	
2004/07		0.35	0.8378	0.8378		104	81.88	2,461,857	4,562,896	
2005/01		0.30	0.8595	0.8595		104	76.31	2,468,206	4,602,104	
2005/07		0.30	0.7364	0.7364		104	76.31	2,473,658	4,636,008	
2006/01		0.25	0.9068	0.9068		104	74.47	2,479,266	4,678,024	
2006/07		0.25	0.8133	0.8133		104	74.47	2,484,306	4,716,088	
2007/01		0.20	1.0133	1.0133		104	74.30	2,489,342	4,763,824	
2007/07		0.20	1.1050	1.1050		104	74.30	2,494,843	4,816,448	
2008/01		0.15	0.8556	0.8556		104	78.26	2,498,044	4,857,632	
2008/07		0.15	0.6104	0.6104		104	78.26	2,500,332	4,887,272	
2009/01		0.10	1.3268	1.3268		104	78.26	2,503,650	4,952,168	
2009/07	25,893	0.10	0.6841	0.6841		104	76.09	2,531,255	4,986,072	
2010/01		0.05	0.8643	0.8643		104	76.09	2,532,349	5,029,128	
2010/07		0.05	0.7107	0.7107		104	76.77	2,533,248	5,064,904	
2011/01		0.00	0.9198	0.9198		104	77.72	2,533,248	5,111,496	
2011/07		0.00	0.9028	0.9028		104	77.72	2,533,248	5,157,672	
2012/01		0.00	0.3865	0.3865		104	77.72	2,533,248	5,177,640	
2012/07		0.00	0.9417	0.9417		104	72.73	2,533,248	5,226,416	
2013/01		0.00	0.4901	0.4901		104	72.73	2,533,248	5,252,000	
2013/07		0.00	0.6196	0.6196		104	70.52	2,533,248	5,284,552	
2014/01		0.00	0.8564	0.8564		104	70.52	2,533,248	5,329,792	
2014/07		0.00	1.2383	1.2383		104	70.52	2,533,248	5,395,832	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 308251-00 - 2014/07

253.91

Ponce Plaza Nursing & Rehab Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
335 SW 12 AVENUE	2/1/2013-1/31/2014	Number of Beds: 147	Superior: 0
MIAMI , FL 33130	Days in CR 365	Maximum: 53,655	Standard: 184
County: Dade [13]	First Used : 2014/07	Max Annualized: 53,655	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 50,368	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 10,151	Inflation
Current Class South Large	Initial CR? False	Medicaid: 36,397	FY Index: 1.31445245
Class at 1/94: South Large	Medical Utilization	72.26215%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.87382%	Cost: 1.02480154
Open Date: 02/24/2000	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 02/24/2000	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21633187
Entered Medicaid 04/21/2000	Low Occupancy Adjustment Factor:	119.50669%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2002	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02110290
Previous Med # 221805			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,844,954	3,173,770	2,160,841	1,629,858		8,809,423	
1a	Audit Adjustments							
2	Cost Per Diem	50.6897	87.1987	59.3687	44.7800		242.0371	
3	Cost Per Diem Inflated	51.9469	89.0388	60.8411				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.9469	89.0388	60.8411	44.7800		246.6068	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.2852		68.1743				
7	Provider Target Rate	51.3329		69.5948				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.3329	89.0388	60.8411	13.6500		214.8628	
12/13	Medical Adjustment Rate		2.2300	1.5238				
14	Prospective Per Diem 11	51.3329	91.2688	62.3649	13.6500		218.6166	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 308251-00 - 2014/07

253.91

Rate Semester 07/01/2014 through 12/31/2014

Ponce Plaza Nursing & Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/21/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,846,571.00		Total Amount	Per Diem
RS to Start Calcs:	2000/01	Type:	Fixed	80% Capital(1):	5,777,392	14.7542
Indexed Asset Value	7,221,740	<60% of Base:	False	20% ROE(2):	1,444,348	0.5856
FRVS Base Asset:	4,718,880	Interest Rate:	11.0000%	Insurance Cost(3):	250,606	4.9755
Occup Adj Factor	0.9000	Chase Rate:	7.9336%	Taxes Cost(3):	0	0.0000
ROE Factor	0.019580	Amortization Rate:	10.9336%	Home Office(3):	32,909	0.6534
		Interest Only:	False	Replacement(3&4):	326,435	0.0000
		Yearly Payment:	712,473	Total FRVS PD:		20.9687

- (1) 80% Capital (\$5,777,392) amortized at 10.9336 % for 20 years Principal & Interest of \$712,473 divided by annual available days (53655) divided by Occup. Adj. (0.900) = \$14.7542
- (2) 20% ROE (\$1,444,348) times the ROE factor (0.019580) divided by annual available days (53655) divided by Occup. Adj. (0.900) = \$0.5856
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	39,324
Comparison Date:	07/01/1999	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,718,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.3329	51.3329	0.9114	50.4215
Direct Care	91.2688	91.2688	1.6205	89.6483
Indirect Care	62.3649	62.3649	1.1073	61.2576
Property	13.6500	20.9687	0.3723	20.5964
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0807
Supplemental Rate Add-on				9.9025
Totals	218.6166	225.9353	4.0115	253.9070

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 1/31/2014

0 308251-00 - 2014/07

253.91

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01	4,813,849	0.00	1.3356	1.3356		120	73.43	4,718,880	4,718,880	1
2000/07	12,079	0.10	1.1129	1.1129		120	73.43	4,736,211	4,835,040	
2001/01		0.10	1.2976	1.2976		120	73.43	4,742,359	4,897,800	
2001/07		0.20	0.9615	0.9615		120	73.43	4,751,479	4,944,840	
2002/01		0.20	1.0301	1.0301		120	73.43	4,761,267	4,995,720	
2002/07		0.30	0.8337	0.8337		120	61.69	4,773,175	5,037,360	
2003/01		0.30	1.3271	1.3271		120	61.69	4,792,177	5,104,200	
2003/07	21,806	0.40	1.1664	1.1664		120	67.30	4,836,343	5,163,720	
2004/01		0.40	1.1103	1.1103		120	67.30	4,857,821	5,221,080	
2004/07		0.50	0.8378	0.8378		120	64.72	4,878,170	5,264,880	
2005/01		0.50	0.8595	0.8595		120	64.72	4,899,136	5,310,120	
2005/07		0.60	0.7364	0.7364		120	67.19	4,920,780	5,349,240	
2006/01		0.60	0.9068	0.9068		120	67.19	4,947,554	5,397,720	
2006/07		0.70	0.8133	0.8133		120	67.19	4,975,720	5,441,640	
2007/01	41,635	0.70	1.0133	1.0133		120	66.04	5,052,648	5,496,720	
2007/07	1,214,487	0.80	1.1050	1.1050		147	58.95	6,311,800	6,807,864	
2008/01		0.80	0.8556	0.8556		147	58.95	6,355,004	6,866,076	
2008/07		0.90	0.6104	0.6104		147	58.95	6,389,918	6,907,971	
2009/01		0.90	1.3268	1.3268		147	64.60	6,466,220	6,999,699	
2009/07		1.00	0.6841	0.6841		147	64.60	6,510,455	7,047,621	
2010/01	25,893	1.00	0.8643	0.8643		147	63.63	6,592,618	7,108,479	
2010/07	139,475	1.00	0.7107	0.7107		147	67.61	6,778,947	7,159,047	
2011/01		1.00	0.9198	0.9198		147	67.61	6,841,300	7,224,903	
2011/07		1.00	0.9028	0.9028		147	67.61	6,903,063	7,290,171	
2012/01		1.00	0.3865	0.3865		147	66.02	6,929,743	7,318,395	
2012/07		1.00	0.9417	0.9417		147	66.02	6,995,000	7,387,338	
2013/01		1.00	0.4901	0.4901		147	66.25	7,029,282	7,423,500	
2013/07		1.00	0.6196	0.6196		147	66.25	7,072,835	7,469,511	
2014/01		1.00	0.8564	0.8564		147	67.00	7,133,407	7,533,456	
2014/07		1.00	1.2383	1.2383		147	72.26	7,221,740	7,626,801	

Message Code:

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 308251013120140201201304152014155003



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 309800-00 - 2014/07

258.69

The Allegro at College Harbor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4600 54TH AVE S	1/1/2013-12/31/2013	Number of Beds: 52	Superior: 0
SAINT PETERSBURG, FL 33711	Days in CR 365	Maximum: 18,980	Standard: 184
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 18,980	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 14,195	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 4,867	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 4,955	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	34.90666%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	74.78925%	Cost: 1.02471376
Open Date: 08/01/1986	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/05/1995	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 08/20/1999	Low Occupancy Adjustment Factor:	95.21095%	DC Sem Index: 1.24200000
Med # Active Date: 07/29/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 216470			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	287,229	563,251	333,933	95,086		1,279,499	
1a	Audit Adjustments							
2	Cost Per Diem	57.9675	113.6733	67.3931	19.1899		258.2238	
3	Cost Per Diem Inflated	59.4001	116.1994	69.0586				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.4001	116.1994	69.0586	19.1899		263.8480	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.6481		70.1082				
7	Provider Target Rate	53.7451		71.5690				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500			
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442				
10	Target Rate Class Ceiling	61.3634		72.4862				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	53.7451	99.7893	69.0586	13.6500		236.2430	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	53.7451	99.7893	69.0586	13.6500		236.2430	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 309800-00 - 2014/07

258.69

Rate Semester 07/01/2014 through 12/31/2014

The Allegro at College Harbor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 08/20/1999		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	8,816,924.00	Total Amount	Per Diem	
RS to Start Calcs:	1995/01	Type:	Variable	80% Capital(1):	1,326,178	7.0783
Indexed Asset Value	1,657,723	<60% of Base:	False	20% ROE(2):	331,545	0.3639
FRVS Base Asset:	0	Interest Rate:	6.7400%	Insurance Cost(3):	25,161	1.7725
Occup Adj Factor	0.9000	Chase Rate:	6.2500%	Taxes Cost(3):	23,965	1.6883
ROE Factor	0.018750	Amortization Rate:	6.7400%	Home Office(3):	21,760	1.5329
		Interest Only:	False	Replacement(3&4):	50,757	0.0000
		Yearly Payment:	120,911	Total FRVS PD:	12.4359	

- (1) 80% Capital (\$1,326,178) amortized at 6.7400 % for 20 years Principal & Interest of \$120,911 divided by annual available days (18980) divided by Occup. Adj. (0.900) = \$7.0783
- (2) 20% ROE (\$331,545) times the ROE factor (0.018750) divided by annual available days (18980) divided by Occup. Adj. (0.900) = \$0.3639
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	07/01/1994	Current RS PBS:	51,883
Comparison Bed	42	Effective PBS Limitation	1,443,162

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.7451	53.7451	0.9542	52.7909
Direct Care	99.7893	99.7893	1.7718	98.0175
Indirect Care	69.0586	69.0586	1.2261	67.8325
Property	13.6500	12.4359	0.2208	12.2151
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.9316
Supplemental Rate Add-on				9.9025
Totals	236.2430	235.0289	4.1729	258.6901

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 309800-00 - 2014/07

258.69

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	8,817,320	0.00	1.2299	1.2299		42	12.98	1,443,162	1,443,162	1
2000/01		0.10	1.3356	1.3356		42	12.98	1,443,162	1,673,658	
2000/07		0.10	1.1129	1.1129		42	12.98	1,443,162	1,692,264	
2001/01		0.20	1.2976	1.2976		42	12.98	1,443,162	1,714,230	
2001/07		0.20	0.9615	0.9615		42	12.98	1,443,162	1,730,694	
2002/01		0.30	1.0301	1.0301		42	12.98	1,443,162	1,748,502	5
2002/07		0.30	0.8337	0.8337		42	12.98	1,443,162	1,763,076	
2003/01	24,601	0.40	1.3271	1.3271		42	17.80	1,467,763	1,786,470	
2003/07		0.40	1.1664	1.1664		42	17.80	1,467,763	1,807,302	
2004/01		0.50	1.1103	1.1103		42	31.05	1,472,363	1,827,378	
2004/07		0.50	0.8378	0.8378		42	31.05	1,475,845	1,842,708	
2005/01	33,989	0.60	0.8595	0.8595		52	26.26	1,513,468	2,301,052	
2005/07		0.60	0.7364	0.7364		52	22.98	1,513,468	2,318,004	
2006/01		0.70	0.9068	0.9068		52	22.98	1,513,468	2,339,012	
2006/07		0.70	0.8133	0.8133		52	22.98	1,513,468	2,358,044	
2007/01		0.80	1.0133	1.0133		52	22.98	1,513,468	2,381,912	
2007/07		0.80	1.1050	1.1050		52	22.98	1,513,468	2,408,224	
2008/01		0.90	0.8556	0.8556		52	24.95	1,513,468	2,428,816	
2008/07		0.90	0.6104	0.6104		52	33.12	1,518,475	2,443,636	
2009/01		1.00	1.3268	1.3268		52	33.12	1,530,607	2,476,084	
2009/07		1.00	0.6841	0.6841		52	27.86	1,535,911	2,493,036	
2010/01		1.00	0.8643	0.8643		52	27.86	1,542,635	2,514,564	
2010/07		1.00	0.7107	0.7107		52	27.86	1,548,189	2,532,452	
2011/01		1.00	0.9198	0.9198		52	35.11	1,557,279	2,555,748	
2011/07	22,931	1.00	0.9028	0.9028		52	39.45	1,590,294	2,578,836	
2012/01		1.00	0.3865	0.3865		52	39.45	1,594,703	2,588,820	
2012/07		1.00	0.9417	0.9417		52	39.45	1,605,475	2,613,208	
2013/01		1.00	0.4901	0.4901		52	43.16	1,611,650	2,626,000	
2013/07		1.00	0.6196	0.6196		52	35.88	1,618,164	2,642,276	
2014/01		1.00	0.8564	0.8564		52	35.88	1,627,204	2,664,896	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 309800-00 - 2014/07

258.69

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07	17,729	1.00	1.2383	1.2383		52	34.91	1,657,723	2,697,916	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 309800123120130101201304232014103808



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 310581-00 - 2014/07

209.01

ATLANTIC HEALTHCARE CENTER

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3663 15TH AVENUE	9/1/2012-8/31/2013	Number of Beds: 110	Superior: 0
VERO BEACH, FL 32960	Days in CR 365	Maximum: 40,150	Standard: 184
County: Indian River [31]	First Used : 2014/07	Max Annualized: 40,150	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 35,565	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 10,776	Inflation
Current Class South Large	Initial CR? False	Medicaid: 22,014	FY Index: 1.30580299
Class at 1/94: South Large	Medical Utilization		Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	61.89793%	Cost: 1.03158969
Open Date: 10/01/1981	Statewide Low Occupancy Threshold:	88.58032%	Target: 1.01458517
Acquired Date: 10/01/1981	Medicaid Low Occupancy Threshold:	78.55110%	DC FY Index: 1.21049917
Entered Medicaid 10/01/1981	Low Occupancy Adjustment Factor:	41.17760%	DC Sem Index: 1.24200000
Med # Active Date: 06/30/2005	Weighted Low Occ Adjustment Factor:	112.76777%	DC Inflation: 1.02602301
Previous Med # 211524		100.00000%	PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	997,291	1,498,704	1,160,565	140,229		3,796,789	
1a	Audit Adjustments							
2	Cost Per Diem	45.3026	68.0796	52.7194	6.3700		172.4716	
3	Cost Per Diem Inflated	46.7337	69.8512	54.3848				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.7337	69.8512	54.3848	6.3700		177.3397	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4166		65.3071				
7	Provider Target Rate	47.3837		66.6678				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	46.7337	69.8512	54.3848	6.3700		177.3397	
12/13	Medical Adjustment Rate		0.9350	0.7279				
14	Prospective Per Diem 11	46.7337	70.7862	55.1127	6.3700		179.0026	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 310581-00 - 2014/07

209.01

Rate Semester 07/01/2014 through 12/31/2014

ATLANTIC HEALTHCARE CENTER

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 09/01/2004		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,199,734.00	Total Amount	Per Diem	
RS to Start Calcs:	1981/07	Type:	Fixed	80% Capital(1):	2,691,360	7.5282
Indexed Asset Value	3,364,200	<60% of Base:	False	20% ROE(2):	672,840	0.2929
FRVS Base Asset:	1,625,361	Interest Rate:	8.0940%	Insurance Cost(3):	43,098	1.2118
Occup Adj Factor	0.9000	Chase Rate:	6.0000%	Taxes Cost(3):	50,650	1.4242
ROE Factor	0.015730	Amortization Rate:	8.0940%	Home Office(3):	22,295	0.6269
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	272,032	Total FRVS PD:	11.0840	

- (1) 80% Capital (\$2,691,360) amortized at 8.0940 % for 20 years Principal & Interest of \$272,032 divided by annual available days (40150) divided by Occup. Adj. (0.900) = \$7.5282
- (2) 20% ROE (\$672,840) times the ROE factor (0.015730) divided by annual available days (40150) divided by Occup. Adj. (0.900) = \$0.2929
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	07/01/1985	Current RS PBS:	28,500
Comparison Bed	110	Effective PBS Limitation	51,883
			3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.7337	46.7337	0.8298	45.9039
Direct Care	70.7862	70.7862	1.2568	69.5294
Indirect Care	55.1127	55.1127	0.9785	54.1342
Property	6.3700	11.0840	0.1968	10.8872
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.6571
Supplemental Rate Add-on				9.9025
Totals	179.0026	183.7166	3.2619	209.0143

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 310581-00 - 2014/07

209.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	1,540,785	0.00	2.5888	2.5888		110		1,540,785	2,656,390	
1982/01		0.10	2.6760	2.6760		110	44.34	1,544,109	2,727,560	
1982/07	10,381	0.10	2.2977	2.2977		110	44.34	1,557,351	2,790,150	
1983/04		0.20	2.6288	2.6288		110	54.42	1,565,453	2,863,520	
1983/07	7,036	0.20	3.9578	3.0000	0.9578	110	54.42	1,581,783	2,976,820	
1984/01		0.30	2.2530	2.2530		110	54.03	1,592,286	3,015,430	
1984/07	5,866	0.30	1.9179	1.9179		110	54.03	1,607,152	3,073,290	
1985/01		0.40	1.1471	1.1471		110	56.53	1,614,526	3,108,490	
1985/10	5,331	0.40	0.8522	0.8522		110	56.53	1,625,361	3,135,000	
1986/01		0.50	0.8299	0.8299		110	56.53	1,632,106	3,161,070	
1986/07		0.50	0.2974	0.2974		110	68.19	1,634,533	3,155,020	
1987/01		0.60	1.0091	1.0091		110	68.19	1,644,430	3,211,450	
1987/07		0.60	0.9007	0.9007		110	68.19	1,653,316	3,236,530	
1988/01		0.70	0.9007	0.9007		110	68.19	1,663,740	3,262,820	
1988/07		0.70	0.5899	0.5899		110	68.19	1,670,610	3,261,060	
1989/01		0.80	0.5899	0.5899		110	68.19	1,678,494	3,280,310	
1989/07		0.80	0.5899	0.5899		110	66.95	1,686,415	3,302,530	
1990/01		0.90	0.5899	0.5899		110	66.95	1,695,368	3,319,140	
1990/07		0.90	0.5899	0.5899		110	59.39	1,704,369	3,338,720	
1991/01		1.00	0.5899	0.5899		110	59.39	1,714,423	3,358,300	
1991/07		1.00	1.4932	1.4932		110	59.52	1,714,423	3,408,460	5
1992/01		1.00	2.0117	2.0117		110	59.52	1,775,027	3,476,990	
1992/07		1.00	1.8152	1.8152		110	66.23	1,807,247	3,540,130	
1993/01		1.00	1.7710	1.7710		110	65.95	1,807,247	3,602,830	5
1993/07	27,002	1.00	1.5329	1.5329		110	75.44	1,866,255	3,658,050	5
1994/01		1.00	1.6983	1.6983		110	75.44	1,894,449	3,720,200	5
1994/07		1.00	1.5991	1.5991		110	75.44	1,957,431	3,779,710	
1995/01		1.00	1.5812	1.5812		110	75.44	1,957,431	3,839,440	5
1995/07		1.00	1.5250	1.5250		110	75.44	2,018,705	3,897,960	
1996/01		1.00	1.7228	1.7228		110	75.44	2,053,483	3,965,170	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 310581-00 - 2014/07

209.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		110	75.44	2,080,782	4,017,860	
1997/01	17,332	1.00	1.4109	1.4109		110	63.37	2,127,472	4,074,510	
1997/07		1.00	1.0917	1.0917		110	57.88	2,150,698	4,118,950	
1998/01		1.00	1.1663	1.1663		110	57.88	2,175,782	4,167,020	
1998/07	18,117	1.00	1.0794	1.0794		110	65.05	2,217,384	4,212,010	
1999/01		1.00	1.4499	1.4499		110	65.05	2,249,534	4,273,060	
1999/07	13,247	1.00	1.2299	1.2299		110	72.74	2,290,448	4,325,640	
2000/01		1.00	1.3356	1.3356		110	72.74	2,321,039	4,383,390	
2000/07	45,332	1.00	1.1129	1.1129		110	73.43	2,366,371	4,432,120	5
2001/01		1.00	1.2976	1.2976		110	73.43	2,423,243	4,489,650	
2001/07		1.00	0.9615	0.9615		110	77.04	2,446,542	4,532,770	
2002/01		0.95	1.0301	1.0301		110	73.43	2,470,484	4,579,410	
2002/07		0.95	0.8337	0.8337		110	73.43	2,490,050	4,617,580	
2003/01		0.90	1.3271	1.3271		110	74.21	2,519,791	4,678,850	
2003/07		0.90	1.1664	1.1664		110	74.21	2,519,791	4,733,410	5
2004/01		0.85	1.1103	1.1103		110	71.12	2,570,275	4,785,990	
2004/07		0.85	0.8378	0.8378		110	71.12	2,588,578	4,826,140	
2005/01	100,936	0.80	0.8595	0.8595		110	50.25	2,705,776	4,867,610	
2005/07	6,677	0.80	0.7364	0.7364		110	50.25	2,727,016	4,903,470	
2006/01	10,293	0.75	0.9068	0.9068		110	50.25	2,754,254	4,947,910	
2006/07		0.75	0.8133	0.8133		110	50.25	2,769,604	4,988,170	
2007/01		0.70	1.0133	1.0133		110	50.25	2,787,552	5,038,660	
2007/07		0.70	1.1050	1.1050		110	50.25	2,807,252	5,094,320	
2008/01		0.65	0.8556	0.8556		110	50.25	2,821,515	5,137,880	
2008/07	16,971	0.65	0.6104	0.6104		110	57.94	2,849,682	5,169,230	
2009/01		0.60	1.3268	1.3268		110	57.94	2,872,368	5,237,870	
2009/07	50,965	0.60	0.6841	0.6841		110	59.18	2,935,124	5,273,730	
2010/01		0.55	0.8643	0.8643		110	59.18	2,949,078	5,319,270	
2010/07	22,071	0.55	0.7107	0.7107		110	55.93	2,982,677	5,357,110	
2011/01		0.50	0.9198	0.9198		110	55.93	2,996,394	5,406,390	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 310581-00 - 2014/07

209.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07	34,381	0.50	0.9028	0.9028		110	56.67	3,044,301	5,455,230	
2012/01		0.45	0.3865	0.3865		110	56.67	3,049,595	5,476,350	
2012/07	51,971	0.45	0.9417	0.9417		110	54.69	3,114,417	5,527,940	
2013/01		0.40	0.4901	0.4901		110	54.69	3,120,487	5,555,000	
2013/07	85,009	0.40	0.6196	0.6196		110	53.85	3,213,067	5,589,430	
2014/01		0.35	0.8564	0.8564		110	53.85	3,222,495	5,637,280	
2014/07	127,739	0.35	1.2383	1.2383		110	61.90	3,364,200	5,707,130	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 310581083120130901201201312014081315



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 310841-00 - 2014/07

226.60

St. Mark Village, Inc.

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2655 NEBRASKA AVE	1/1/2013-12/31/2013	Number of Beds: 80	Superior: 0
PALM HARBOR, FL 34684	Days in CR 365	Maximum: 22,700	Standard: 184
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 29,200	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 19,546	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 2,992	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 10,917	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	55.85286%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	86.10573%	Cost: 1.02471376
Open Date: 07/01/1980	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1980	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 08/15/2005	Low Occupancy Adjustment Factor:	109.61747%	DC Sem Index: 1.24200000
Med # Active Date: 08/15/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	504,120	1,048,812	866,152	151,637		2,570,721	
1a	Audit Adjustments							
2	Cost Per Diem	46.1775	96.0714	79.3397	13.8900		235.4786	
3	Cost Per Diem Inflated	47.3187	98.2063	81.3005				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.3187	98.2063	81.3005	13.8900		240.7155	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.6481		64.4841				
7	Provider Target Rate	53.7451		65.8277				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500			
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442				
10	Target Rate Class Ceiling	61.3634		72.4862				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.3187	98.2063	65.8277	13.6500		225.0027	
12/13	Medical Adjustment Rate		0.6466	0.4334				
14	Prospective Per Diem 11	47.3187	98.8529	66.2611	13.6500		226.0827	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 310841-00 - 2014/07

226.60

Rate Semester 07/01/2014 through 12/31/2014

St. Mark Village, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/15/2005	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,469,752.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,409,134 4.5285
RS to Start Calcs:	1980/07	<60% of Base:	False	20% ROE(2):	352,284 0.2513
Indexed Asset Value	1,761,418	Interest Rate:	5.7800%	Insurance Cost(3):	64,694 3.3098
FRVS Base Asset:	0	Chase Rate:	5.2500%	Taxes Cost(3):	1,900 0.0972
Occup Adj Factor	0.9000	Amortization Rate:	5.7800%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	45,857 0.0000
		Yearly Payment:	119,009	Total FRVS PD:	8.1868

- (1) 80% Capital (\$1,409,134) amortized at 5.7800 % for 20 years Principal & Interest of \$119,009 divided by annual available days (29200) divided by Occup. Adj. (0.900) = \$4.5285
- (2) 20% ROE (\$352,284) times the ROE factor (0.018750) divided by annual available days (29200) divided by Occup. Adj. (0.900) = \$0.2513
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	21,841
Comparison Date:	01/01/1980	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,310,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.3187	47.3187	0.8401	46.4786
Direct Care	98.8529	98.8529	1.7551	97.0978
Indirect Care	66.2611	66.2611	1.1765	65.0846
Property	13.6500	8.1868	0.1454	8.0414
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	226.0827	220.6195	3.9171	226.6049

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 310841-00 - 2014/07

226.60

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07	3,306,439	0.00	0.7364	0.7364		60	6.46	1,310,460	1,310,460	1
2006/01		0.10	0.9068	0.9068		60	6.46	1,310,460	2,698,860	
2006/07		0.10	0.8133	0.8133		60	6.46	1,310,460	2,720,820	
2007/01		0.20	1.0133	1.0133		60	6.46	1,310,460	2,748,360	
2007/07		0.20	1.1050	1.1050		60	6.46	1,310,460	2,778,720	
2008/01		0.30	0.8556	0.8556		60	6.46	1,310,460	2,802,480	
2008/07		0.30	0.6104	0.6104		60	6.46	1,310,460	2,819,580	
2009/01		0.40	1.3268	1.3268		60	6.46	1,310,460	2,857,020	
2009/07		0.40	0.6841	0.6841		60	6.46	1,310,460	2,876,580	
2010/01		0.50	0.8643	0.8643		60	19.66	1,310,460	2,901,420	
2010/07		0.50	0.7107	0.7107		60	19.66	1,310,460	2,922,060	
2011/01		0.60	0.9198	0.9198		60	33.24	1,314,831	2,948,940	
2011/07		0.60	0.9028	0.9028		60	33.24	1,319,136	2,975,580	
2012/01		0.70	0.3865	0.3865		60	33.88	1,321,335	2,987,100	
2012/07		0.70	0.9417	0.9417		60	41.08	1,327,841	3,015,240	
2013/01		0.80	0.4901	0.4901		60	41.08	1,331,730	3,030,000	
2013/07		0.80	0.6196	0.6196		60	41.08	1,336,661	3,048,780	
2014/01		0.90	0.8564	0.8564		60	50.57	1,346,134	3,074,880	
2014/07	400,281	0.90	1.2383	1.2383		80	55.85	1,761,418	4,150,640	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 311308-00 - 2014/07

201.86

South Pointe Plaza

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
42 COLLINS AVENUE	8/1/2012-7/31/2013	Number of Beds: 230	Superior: 0
MIAMI BEACH , FL 33139	Days in CR 365	Maximum: 83,950	Standard: 184
County: Dade [13]	First Used : 2014/07	Max Annualized: 83,950	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 65,698	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 6,680	Inflation
Current Class South Large	Initial CR? False	Medicaid: 54,987	FY Index: 1.30228922
Class at 1/94: South Large	Medical Utilization	83.69661%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	78.25849%	Cost: 1.03437307
Open Date: 11/01/1983	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/01/1983	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 11/01/1983	Low Occupancy Adjustment Factor:	99.62749%	DC Sem Index: 1.24200000
Med # Active Date: 11/03/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 261602			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,420,886	4,524,854	2,443,424	857,247		10,246,411	
1a	Audit Adjustments							
2	Cost Per Diem	44.0265	82.2895	44.4364	15.5900		186.3424	
3	Cost Per Diem Inflated	45.5398	84.5007	45.9638				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.5398	84.5007	45.9638	15.5900		191.5943	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.5102		59.6173				
7	Provider Target Rate	48.5001		60.8595				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.5398	84.5007	45.9638	13.6500		189.6543	
12/13	Medical Adjustment Rate		3.2033	1.7424				
14	Prospective Per Diem 11	45.5398	87.7040	47.7062	13.6500		194.6000	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 311308-00 - 2014/07

201.86

Rate Semester 07/01/2014 through 12/31/2014

South Pointe Plaza

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	12,835,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Variable	80% Capital(1):	6,609,233	7.4842
Indexed Asset Value	8,261,541	<60% of Base:	False	20% ROE(2):	1,652,308	0.3280
FRVS Base Asset:	4,581,230	Interest Rate:	5.9400%	Insurance Cost(3):	50,381	0.7669
Occup Adj Factor	0.9000	Chase Rate:	7.0000%	Taxes Cost(3):	167,947	2.5563
ROE Factor	0.015000	Amortization Rate:	5.9400%	Home Office(3):	31,497	0.4794
		Interest Only:	False	Replacement(3&4):	367,292	0.0000
		Yearly Payment:	565,465	Total FRVS PD:		11.6148

- (1) 80% Capital (\$6,609,233) amortized at 5.9400 % for 20 years Principal & Interest of \$565,465 divided by annual available days (83950) divided by Occup. Adj. (0.900) = \$7.4842
 (2) 20% ROE (\$1,652,308) times the ROE factor (0.015000) divided by annual available days (83950) divided by Occup. Adj. (0.900) = \$0.3280
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 230	Effective PBS Limitation	6,555,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.5398	45.5398	0.8086	44.7312
Direct Care	87.7040	87.7040	1.5572	86.1468
Indirect Care	47.7062	47.7062	0.8470	46.8592
Property	13.6500	11.6148	0.2062	11.4086
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.8082
Supplemental Rate Add-on				9.9025
Totals	194.6000	192.5648	3.4190	201.8565

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 311308-00 - 2014/07

201.86

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	4,543,997	0.00	3.9578	3.0000	0.9578	230	71.15	4,543,997	6,224,260	
1984/01		0.10	2.2530	2.2530		230	71.15	4,554,235	6,304,990	
1984/07		0.10	1.9179	1.9179		230	71.15	4,562,970	6,425,970	
1985/01		0.20	1.1471	1.1471		230	72.87	4,573,437	6,499,570	
1985/10		0.20	0.8522	0.8522		230	72.87	4,581,230	6,555,000	
1986/01		0.30	0.8299	0.8299		230	72.87	4,592,637	6,609,510	
1986/07		0.30	0.2974	0.2974		230	81.91	4,596,734	6,596,860	
1987/01		0.40	1.0091	1.0091		230	81.91	4,615,286	6,714,850	
1987/07		0.40	0.9007	0.9007		230	81.91	4,631,915	6,767,290	
1988/01		0.50	0.9007	0.9007		230	81.91	4,652,777	6,822,260	
1988/07	127,222	0.50	0.5899	0.5899		230	81.91	4,793,725	6,818,580	
1989/01		0.60	0.5899	0.5899		230	81.91	4,810,690	6,858,830	
1989/07		0.60	0.5899	0.5899		230	80.50	4,827,715	6,905,290	
1990/01		0.70	0.5899	0.5899		230	80.50	4,847,649	6,940,020	
1990/07		0.70	0.5899	0.5899		230	74.14	4,867,665	6,980,960	
1991/01		0.80	0.5899	0.5899		230	74.14	4,890,636	7,021,900	
1991/07	69,051	0.80	1.4932	1.4932		230	79.83	5,018,111	7,126,780	
1992/01		0.90	2.0117	2.0117		230	79.83	5,108,964	7,270,070	
1992/07		0.90	1.8152	1.8152		230	81.91	5,192,429	7,402,090	
1993/01		1.00	1.7710	1.7710		230	81.91	5,284,387	7,533,190	
1993/07		1.00	1.5329	1.5329		230	80.97	5,365,391	7,648,650	
1994/01		1.00	1.6983	1.6983		230	80.97	5,456,511	7,778,600	
1994/07		1.00	1.5991	1.5991		230	77.02	5,543,766	7,903,030	
1995/01		1.00	1.5812	1.5812		230	77.02	5,631,424	8,027,920	
1995/07		1.00	1.5250	1.5250		230	74.77	5,717,303	8,150,280	
1996/01		1.00	1.7228	1.7228		230	74.77	5,815,801	8,290,810	
1996/07		1.00	1.3294	1.3294		230	73.55	5,893,116	8,400,980	
1997/01		1.00	1.4109	1.4109		230	69.78	5,976,262	8,519,430	
1997/07		1.00	1.0917	1.0917		230	69.78	6,041,505	8,612,350	
1998/01		1.00	1.1663	1.1663		230	69.78	6,111,967	8,712,860	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 311308-00 - 2014/07

201.86

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		230	69.78	6,177,940	8,806,930	
1999/01		1.00	1.4499	1.4499		230	69.78	6,267,514	8,934,580	
1999/07		1.00	1.2299	1.2299		230	69.78	6,344,598	9,044,520	
2000/01	112,942	1.00	1.3356	1.3356		230	72.29	6,542,278	9,165,270	
2000/07		1.00	1.1129	1.1129		230	72.29	6,615,087	9,267,160	
2001/01		1.00	1.2976	1.2976		230	73.48	6,700,924	9,387,450	
2001/07		1.00	0.9615	0.9615		230	73.48	6,765,353	9,477,610	
2002/01		1.00	1.0301	1.0301		230	78.55	6,835,043	9,575,130	
2002/07		1.00	0.8337	0.8337		230	78.55	6,892,027	9,654,940	
2003/01	130,785	1.00	1.3271	1.3271		230	83.14	7,114,276	9,783,050	
2003/07	38,956	1.00	1.1664	1.1664		230	85.44	7,236,213	9,897,130	
2004/01		0.95	1.1103	1.1103		230	85.44	7,312,541	10,007,070	
2004/07		0.95	0.8378	0.8378		230	85.44	7,370,742	10,091,020	
2005/01		0.90	0.8595	0.8595		230	85.44	7,427,762	10,177,730	
2005/07		0.90	0.7364	0.7364		230	78.95	7,476,993	10,252,710	
2006/01		0.85	0.9068	0.9068		230	78.95	7,534,626	10,345,630	
2006/07		0.85	0.8133	0.8133		230	78.95	7,586,713	10,429,810	
2007/01		0.80	1.0133	1.0133		230	78.95	7,648,211	10,535,380	
2007/07		0.80	1.1050	1.1050		230	78.95	7,715,821	10,651,760	
2008/01		0.75	0.8556	0.8556		230	78.95	7,765,333	10,742,840	
2008/07		0.75	0.6104	0.6104		230	73.72	7,800,883	10,808,390	
2009/01		0.70	1.3268	1.3268		230	79.65	7,873,338	10,951,910	
2009/07		0.70	0.6841	0.6841		230	79.65	7,911,043	11,026,890	
2010/01		0.65	0.8643	0.8643		230	76.05	7,955,487	11,122,110	
2010/07		0.65	0.7107	0.7107		230	76.05	7,992,241	11,201,230	
2011/01		0.60	0.9198	0.9198		230	76.05	8,036,350	11,304,270	
2011/07		0.60	0.9028	0.9028		230	76.57	8,079,883	11,406,390	
2012/01		0.55	0.3865	0.3865		230	80.52	8,097,061	11,450,550	
2012/07		0.55	0.9417	0.9417		230	80.52	8,138,996	11,558,420	
2013/01		0.50	0.4901	0.4901		230	80.52	8,158,945	11,615,000	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 311308-00 - 2014/07

201.86

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		230	79.86	8,184,221	11,686,990	
2014/01		0.45	0.8564	0.8564		230	79.86	8,215,763	11,787,040	
2014/07		0.45	1.2383	1.2383		230	83.70	8,261,541	11,933,090	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 311308073120130801201210212013144637



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 311685-00 - 2014/07

250.13

Life Care Center of Punta Gorda

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
450 SHREVE STREET	3/1/2013-2/28/2014	Number of Beds: 180	Superior: 0
PUNTA GORDA , FL 33950	Days in CR 365	Maximum: 65,700	Standard: 184
County: Charlotte [8]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 47,742	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 14,083	Inflation
Current Class South Large	Initial CR? False	Medicaid: 28,417	FY Index: 1.31433985
Class at 1/94: South Large	Medical Utilization	59.52201%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	72.66667%	Cost: 1.02488934
Open Date: 08/02/2005	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/29/2005	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21766521
Entered Medicaid 07/29/2005	Low Occupancy Adjustment Factor:	92.50879%	DC Sem Index: 1.24200000
Med # Active Date: 07/29/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.01998480
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,286,692	2,674,045	1,651,195	518,326		6,130,258	
1a	Audit Adjustments							
2	Cost Per Diem	45.2790	94.1002	58.1059	18.2400		215.7251	
3	Cost Per Diem Inflated	46.4060	95.9808	59.5521				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.4060	95.9808	59.5521	18.2400		220.1789	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	102.2351		69.4164				
7	Provider Target Rate	104.3653		70.8628				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	46.4060	95.9808	59.5521	13.6500		215.5889	
12/13	Medical Adjustment Rate		1.0282	0.6379				
14	Prospective Per Diem 11	46.4060	97.0090	60.1900	13.6500		217.2550	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

0 311685-00 - 2014/07

250.13

Rate Semester 07/01/2014 through 12/31/2014

Life Care Center of Punta Gorda

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/29/2005	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,150,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	7,061,071	17.6865
RS to Start Calcs:	2005/07	<60% of Base:	False	20% ROE(2):	1,765,268	0.6001
Indexed Asset Value	8,826,339	Interest Rate:	13.8720%	Insurance Cost(3):	29,304	0.6138
FRVS Base Asset:	7,965,180	Chase Rate:	13.0000%	Taxes Cost(3):	132,235	2.7698
Occup Adj Factor	0.9000	Amortization Rate:	13.8720%	Home Office(3):	53,153	1.1133
ROE Factor	0.020100	Interest Only:	False	Replacement(3&4):	139,959	0.0000
		Yearly Payment:	1,045,803	Total FRVS PD:		22.7835

- (1) 80% Capital (\$7,061,071) amortized at 13.8720 % for 20 years Principal & Interest of \$1,045,803 divided by annual available days (65700) divided by Occup. Adj. (0.900) = \$17.6865
- (2) 20% ROE (\$1,765,268) times the ROE factor (0.020100) divided by annual available days (65700) divided by Occup. Adj. (0.900) = \$0.6001
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	44,251
Comparison Date:	01/01/2005	Current RS PBS:	51,883
Comparison Bed	180	Effective PBS Limitation	7,965,180

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.4060	46.4060	0.8239	45.5821
Direct Care	97.0090	97.0090	1.7224	95.2866
Indirect Care	60.1900	60.1900	1.0687	59.1213
Property	13.6500	22.7835	0.4045	22.3790
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.8627
Supplemental Rate Add-on				9.9025
Totals	217.2550	226.3885	4.0195	250.1342

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 311685-00 - 2014/07

250.13

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07	10,421,050	0.00	0.7364	0.7364		180	55.90	7,965,180	7,965,180	1
2006/01		0.10	0.9068	0.9068		180	55.90	7,972,404	8,096,580	
2006/07		0.10	0.8133	0.8133		180	55.90	7,978,886	8,162,460	
2007/01		0.20	1.0133	1.0133		180	55.90	7,995,059	8,245,080	
2007/07		0.20	1.1050	1.1050		180	55.90	8,012,728	8,336,160	
2008/01	32,449	0.30	0.8556	0.8556		180	52.22	8,064,706	8,407,440	
2008/07	39,590	0.30	0.6104	0.6104		180	57.09	8,119,062	8,458,740	
2009/01		0.40	1.3268	1.3268		180	57.09	8,162,150	8,571,060	
2009/07	94,887	0.40	0.6841	0.6841		180	57.70	8,279,369	8,629,740	
2010/01		0.50	0.8643	0.8643		180	57.70	8,315,152	8,704,260	
2010/07		0.50	0.7107	0.7107		180	57.70	8,344,704	8,766,180	
2011/01		0.60	0.9198	0.9198		180	57.98	8,390,758	8,846,820	
2011/07		0.60	0.9028	0.9028		180	58.13	8,436,211	8,926,740	
2012/01		0.70	0.3865	0.3865		180	58.13	8,459,039	8,961,300	
2012/07		0.70	0.9417	0.9417		180	58.13	8,514,801	9,045,720	
2013/01		0.80	0.4901	0.4901		180	58.68	8,548,188	9,090,000	
2013/07		0.80	0.6196	0.6196		180	58.68	8,590,561	9,146,340	
2014/01	39,265	0.90	0.8564	0.8564		180	62.35	8,696,042	9,224,640	
2014/07	33,380	0.90	1.2383	1.2383		180	59.52	8,826,339	9,338,940	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 312045-00 - 2014/07

205.74

SandalWood Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1001 S BEACH STREET	1/1/2013-12/31/2013	Number of Beds: 99	Superior: 0
DAYTONA BEACH, FL 32114	Days in CR 365	Maximum: 36,135	Standard: 184
County: Volusia [64]	First Used : 2014/07	Max Annualized: 36,135	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 27,598	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 2,068	Inflation
Current Class North Small	Initial CR? False	Medicaid: 16,269	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	58.94992%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	76.37471%	Cost: 1.02471376
Open Date: 01/01/1968	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 08/01/1999	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 10/01/1979	Low Occupancy Adjustment Factor:	97.22933%	DC Sem Index: 1.24200000
Med # Active Date: 07/31/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 219444			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	660,365	1,325,089	666,958	218,655		2,871,067	
1a	Audit Adjustments							
2	Cost Per Diem	40.5904	81.4487	40.9956	13.4400		176.4747	
3	Cost Per Diem Inflated	41.5935	83.2587	42.0088				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.5935	83.2587	42.0088	13.4400		180.3010	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.4388		56.3577				
7	Provider Target Rate	48.4272		57.5320				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	53.3690	93.7426	69.3890	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.6361		65.1932				
10	Target Rate Class Ceiling	54.4184		66.1441				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	41.5935	83.2587	42.0088	13.4400		180.3010	
12/13	Medical Adjustment Rate		0.8383	0.4230				
14	Prospective Per Diem 11	41.5935	84.0970	42.4318	13.4400		181.5623	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 312045-00 - 2014/07

205.74

Rate Semester 07/01/2014 through 12/31/2014

SandalWood Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/1999	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,500,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,787,726 5.7538
RS to Start Calcs:	1999/07	<60% of Base:	False	20% ROE(2):	446,932 0.2577
Indexed Asset Value	2,234,658	Interest Rate:	8.5700%	Insurance Cost(3):	21,104 0.7647
FRVS Base Asset:	1,876,942	Chase Rate:	8.2500%	Taxes Cost(3):	37,072 1.3433
Occup Adj Factor	0.9000	Amortization Rate:	8.5700%	Home Office(3):	3,218 0.1166
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	187,123	Total FRVS PD:	8.2361

- (1) 80% Capital (\$1,787,726) amortized at 8.5700 % for 20 years Principal & Interest of \$187,123 divided by annual available days (36135) divided by Occup. Adj. (0.900) = \$5.7538
 (2) 20% ROE (\$446,932) times the ROE factor (0.018750) divided by annual available days (36135) divided by Occup. Adj. (0.900) = \$0.2577
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.5935	41.5935	0.7385	40.8550
Direct Care	84.0970	84.0970	1.4932	82.6038
Indirect Care	42.4318	42.4318	0.7534	41.6784
Property	13.4400	8.2361	0.1462	8.0899
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.6125
Supplemental Rate Add-on				9.9025
Totals	181.5623	176.3584	3.1313	205.7421

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 312045-00 - 2014/07

205.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	891,620	0.00				99	100.00	891,620	1,015,839	
1972/01		0.10	3.9787	3.0000	0.9787	99	100.00	894,295	1,056,231	
1972/07		0.10	5.9113	3.0000	2.9113	99	100.00	896,978	1,108,305	
1973/01		0.20	8.0622	3.0000	5.0622	99	100.00	902,360	1,165,428	
1973/07		0.20	10.7186	3.0000	7.7186	99	100.00	907,774	1,231,362	
1974/01		0.30	12.9457	3.0000	9.9457	99	100.00	915,944	1,295,712	
1974/07		0.30	13.0494	3.0000	10.0494	99	100.00	924,187	1,335,906	
1975/01		0.40	13.1399	3.0000	10.1399	99	100.00	935,277	1,377,189	
1975/07		0.40	14.2033	3.0000	11.2033	99	100.00	946,500	1,433,223	
1976/01		0.50	15.2478	3.0000	12.2478	99	100.00	960,698	1,491,138	
1976/07		0.50	15.7330	3.0000	12.7330	99	100.00	975,108	1,543,113	
1977/01		0.60	16.4836	3.0000	13.4836	99	100.00	992,660	1,601,028	
1977/07		0.60	18.5412	3.0000	15.5412	99	100.00	1,010,528	1,681,911	
1978/01		0.70	20.2809	3.0000	17.2809	99	100.00	1,031,749	1,761,705	
1978/07		0.70	22.8203	3.0000	19.8203	99	100.00	1,053,416	1,859,220	
1979/01		0.80	24.9476	3.0000	21.9476	99	100.00	1,078,698	1,954,557	
1979/07		0.80	26.1458	3.0000	23.1458	99	100.00	1,104,587	2,036,628	
1980/01		0.90	29.3115	3.0000	26.3115	99	8.65	1,104,587	2,162,259	
1980/07		0.90	30.1222	3.0000	27.1222	99	8.65	1,104,587	2,244,627	
1981/01		1.00	30.9462	3.0000	27.9462	99	15.44	1,104,587	2,330,460	
1981/07		1.00	30.5350	3.0000	27.5350	99	15.44	1,104,587	2,390,751	
1982/01		1.00	30.2110	3.0000	27.2110	99	14.23	1,104,587	2,454,804	
1982/07		1.00	29.5087	3.0000	26.5087	99	14.23	1,104,587	2,511,135	
1983/04		1.00	29.1375	3.0000	26.1375	99	12.41	1,104,587	2,577,168	
1983/07		1.00	30.0953	3.0000	27.0953	99	12.41	1,104,587	2,679,138	
1984/01		1.00	28.3905	3.0000	25.3905	99	11.35	1,104,587	2,713,887	
1984/07		1.00	27.3084	3.0000	24.3084	99	12.41	1,104,587	2,765,961	
1985/01	14,560	1.00	25.4555	3.0000	22.4555	99	12.41	1,119,147	2,797,641	
1985/10		1.00	23.3077	3.0000	20.3077	99	11.35	1,119,147	2,821,500	
1986/01		1.00	21.1376	3.0000	18.1376	99	11.35	1,119,147	2,844,963	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 312045-00 - 2014/07

205.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	99	17.55	1,119,147	2,839,518	
1987/01		1.00	16.4441	3.0000	13.4441	99	17.55	1,119,147	2,890,305	
1987/07		1.00	14.3448	3.0000	11.3448	99	20.30	1,119,147	2,912,877	
1988/01		1.00	12.2455	3.0000	9.2455	99	20.30	1,119,147	2,936,538	
1988/07	19,080	1.00	9.8354	3.0000	6.8354	99	24.37	1,138,227	2,934,954	
1989/01		1.00	7.4253	3.0000	4.4253	99	24.37	1,138,227	2,952,279	
1989/07		1.00	5.0152	3.0000	2.0152	99	23.52	1,138,227	2,972,277	
1990/01		1.00	2.6051	2.6051		99	23.52	1,138,227	2,987,226	
1990/07		1.00	0.5899	0.5899		99	21.29	1,138,227	3,004,848	
1991/01		1.00	0.5899	0.5899		99	21.29	1,138,227	3,022,470	
1991/07		1.00	1.4932	1.4932		99	19.37	1,138,227	3,067,614	
1992/01		0.95	2.0117	2.0117		99	19.37	1,138,227	3,129,291	
1992/07	36,770	0.95	1.8152	1.8152		99	26.33	1,184,393	3,186,117	
1993/01		0.90	1.7710	1.7710		99	26.33	1,193,430	3,242,547	
1993/07		0.90	1.5329	1.5329		99	34.48	1,203,752	3,292,245	
1994/01		0.85	1.6983	1.6983		99	34.48	1,214,646	3,348,180	
1994/07	26,239	0.85	1.5991	1.5991		99	41.16	1,253,240	3,401,739	
1995/01		0.80	1.5812	1.5812		99	41.16	1,265,104	3,455,496	
1995/07		0.80	1.5250	1.5250		99	40.10	1,276,357	3,508,164	
1996/01		0.75	1.7228	1.7228		99	40.10	1,288,381	3,568,653	
1996/07		0.75	1.3294	1.3294		99	35.34	1,296,635	3,616,074	
1997/01		0.70	1.4109	1.4109		99	35.34	1,304,863	3,667,059	
1997/07	18,402	0.70	1.0917	1.0917		99	39.16	1,330,365	3,707,055	
1998/01		0.65	1.1663	1.1663		99	39.16	1,337,546	3,750,318	
1998/07		0.65	1.0794	1.0794		99	42.10	1,344,729	3,790,809	
1999/01		0.60	1.4499	1.4499		99	42.10	1,353,683	3,845,754	
1999/07	513,270	0.60	1.2299	1.2299		99	69.78	1,876,942	3,893,076	
2000/01		0.55	1.3356	1.3356		99	69.78	1,890,730	3,945,051	
2000/07		0.55	1.1129	1.1129		99	69.78	1,902,303	3,988,908	
2001/01		0.50	1.2976	1.2976		99	69.78	1,914,645	4,040,685	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 312045-00 - 2014/07

205.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		99	69.78	1,923,851	4,079,493	
2002/01	16,535	0.45	1.0301	1.0301		99	66.16	1,949,303	4,121,469	
2002/07		0.45	0.8337	0.8337		99	66.16	1,956,617	4,155,822	
2003/01		0.40	1.3271	1.3271		99	62.29	1,967,003	4,210,965	
2003/07		0.40	1.1664	1.1664		99	62.29	1,976,181	4,260,069	
2004/01		0.35	1.1103	1.1103		99	66.72	1,983,860	4,307,391	
2004/07		0.35	0.8378	0.8378		99	66.72	1,989,677	4,343,526	
2005/01		0.30	0.8595	0.8595		99	64.31	1,994,808	4,380,849	
2005/07		0.30	0.7364	0.7364		99	62.77	1,999,215	4,413,123	
2006/01		0.25	0.9068	0.9068		99	62.77	2,003,747	4,453,119	
2006/07		0.25	0.8133	0.8133		99	62.77	2,007,821	4,489,353	
2007/01		0.20	1.0133	1.0133		99	62.77	2,011,891	4,534,794	
2007/07		0.20	1.1050	1.1050		99	62.77	2,016,337	4,584,888	
2008/01		0.15	0.8556	0.8556		99	62.77	2,018,924	4,624,092	
2008/07		0.15	0.6104	0.6104		99	62.77	2,020,773	4,652,307	
2009/01		0.10	1.3268	1.3268		99	60.26	2,023,455	4,714,083	
2009/07		0.10	0.6841	0.6841		99	60.26	2,024,839	4,746,357	
2010/01		0.05	0.8643	0.8643		99	63.70	2,025,714	4,787,343	
2010/07	185,000	0.05	0.7107	0.7107		99	61.69	2,211,433	4,821,399	
2011/01		0.00	0.9198	0.9198		99	61.69	2,211,433	4,865,751	
2011/07	23,225	0.00	0.9028	0.9028		99	65.00	2,234,658	4,909,707	
2012/01		0.00	0.3865	0.3865		99	65.00	2,234,658	4,928,715	
2012/07		0.00	0.9417	0.9417		99	65.00	2,234,658	4,975,146	
2013/01		0.00	0.4901	0.4901		99	57.84	2,234,658	4,999,500	
2013/07		0.00	0.6196	0.6196		99	57.84	2,234,658	5,030,487	
2014/01		0.00	0.8564	0.8564		99	62.66	2,234,658	5,073,552	
2014/07		0.00	1.2383	1.2383		99	58.95	2,234,658	5,136,417	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 312142-00 - 2014/07

214.86

LakeWood Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
100 N LAKE ST	1/1/2012-12/31/2012	Number of Beds: 92	Superior: 0
CRESCENT CITY, FL 32112	Days in CR 366	Maximum: 33,672	Standard: 184
County: Putnam [54]	First Used : 2013/07	Max Annualized: 33,580	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 28,905	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 3,600	Inflation
Current Class North Small	Initial CR? False	Medicaid: 21,773	FY Index: 1.28335532
Class at 1/94: North Small	Medical Utilization	75.32607%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.84284%	Cost: 1.04963363
Open Date: 06/01/1969	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/01/1969	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 04/01/1983	Low Occupancy Adjustment Factor:	109.28280%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 251585			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	889,594	1,771,256	942,761	229,923		3,833,534
1a	Audit Adjustments						
2	Cost Per Diem	40.8577	81.3510	43.2995	10.5600		176.0682
3	Cost Per Diem Inflated	42.8856	84.0232	45.4486			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.8856	84.0232	45.4486	10.5600		182.9174
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.4388		56.3577			
7	Provider Target Rate	48.4272		57.5320			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	53.3690	93.7426	69.3890	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.6361		65.1932			
10	Target Rate Class Ceiling	54.4184		66.1441			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.8856	84.0232	45.4486	10.5600		182.9174
12/13	Medical Adjustment Rate		2.3940	1.2949			
14	Prospective Per Diem 11	42.8856	86.4172	46.7435	10.5600		186.6063
15	Inflated Usual & Customary Charge						0.00
Usual and Customary Limitations not applied after 7/1/2002.							



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 312142-00 - 2014/07

214.86

Rate Semester 07/01/2014 through 12/31/2014

LakeWood Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/15/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	2,144,487 8.8220
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	536,122 0.2586
Indexed Asset Value	2,680,609	Interest Rate:	12.5000%	Insurance Cost(3):	15,318 0.5299
FRVS Base Asset:	1,412,152	Chase Rate:	12.5000%	Taxes Cost(3):	6,152 0.2128
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	4,034 0.1396
ROE Factor	0.014580	Interest Only:	True	Replacement(3&4):	0 0.0000
		Yearly Payment:	266,619	Total FRVS PD:	9.9629

- (1) 80% Capital (\$2,144,487) amortized at 12.5000 % for 20 years Interest of \$266,619 divided by annual available days (33580) divided by Occup. Adj. (0.900) = \$8.8220
- (2) 20% ROE (\$536,122) times the ROE factor (0.014580) divided by annual available days (33580) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	92	Effective PBS Limitation	2,622,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.8856	42.8856	0.7614	42.1242
Direct Care	86.4172	86.4172	1.5343	84.8829
Indirect Care	46.7435	46.7435	0.8299	45.9136
Property	10.5600	9.9629	0.1769	9.7860
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.2486
Supplemental Rate Add-on				9.9025
Totals	186.6063	186.0092	3.3025	214.8578

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 312142-00 - 2014/07

214.86

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	921,309	0.00				92	100.00	921,309	944,012	
1972/01		0.10	3.9787	3.0000	0.9787	92	100.00	924,073	981,548	
1972/07		0.10	5.9113	3.0000	2.9113	92	100.00	926,845	1,029,940	
1973/01		0.20	8.0622	3.0000	5.0622	92	100.00	932,406	1,083,024	
1973/07		0.20	10.7186	3.0000	7.7186	92	100.00	938,000	1,144,296	
1974/01		0.30	12.9457	3.0000	9.9457	92	100.00	946,442	1,204,096	
1974/07		0.30	13.0494	3.0000	10.0494	92	100.00	954,960	1,241,448	
1975/01		0.40	13.1399	3.0000	10.1399	92	100.00	966,420	1,279,812	
1975/07		0.40	14.2033	3.0000	11.2033	92	100.00	978,017	1,331,884	
1976/01		0.50	15.2478	3.0000	12.2478	92	100.00	992,687	1,385,704	
1976/07		0.50	15.7330	3.0000	12.7330	92	100.00	1,007,577	1,434,004	
1977/01		0.60	16.4836	3.0000	13.4836	92	100.00	1,025,713	1,487,824	
1977/07		0.60	18.5412	3.0000	15.5412	92	100.00	1,044,176	1,562,988	
1978/01		0.70	20.2809	3.0000	17.2809	92	100.00	1,066,104	1,637,140	
1978/07		0.70	22.8203	3.0000	19.8203	92	100.00	1,088,492	1,727,760	
1979/01		0.80	24.9476	3.0000	21.9476	92	100.00	1,114,616	1,816,356	
1979/07		0.80	26.1458	3.0000	23.1458	92	100.00	1,141,367	1,892,624	
1980/01		0.90	29.3115	3.0000	26.3115	92		1,141,367	2,009,372	
1980/07		0.90	30.1222	3.0000	27.1222	92		1,141,367	2,085,916	
1981/01		1.00	30.9462	3.0000	27.9462	92		1,141,367	2,165,680	
1981/07		1.00	30.5350	3.0000	27.5350	92		1,141,367	2,221,708	
1982/01	10,506	1.00	30.2110	3.0000	27.2110	92		1,151,873	2,281,232	
1982/07	5,889	1.00	29.5087	3.0000	26.5087	92		1,157,762	2,333,580	
1983/04	3,335	1.00	29.1375	3.0000	26.1375	92	55.00	1,195,830	2,394,944	
1983/07	6,992	1.00	30.0953	3.0000	27.0953	92	55.00	1,238,697	2,489,704	
1984/01	4,055	1.00	28.3905	3.0000	25.3905	92	90.13	1,279,913	2,521,996	
1984/07	1,013	1.00	27.3084	3.0000	24.3084	92	90.13	1,319,323	2,570,388	
1985/01	12,118	1.00	25.4555	3.0000	22.4555	92	90.95	1,371,021	2,599,828	
1985/10		1.00	23.3077	3.0000	20.3077	92	90.95	1,412,152	2,622,000	
1986/01		1.00	21.1376	3.0000	18.1376	92	90.95	1,454,517	2,643,804	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 312142-00 - 2014/07

214.86

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	92	90.95	1,498,153	2,638,744	
1987/01		1.00	16.4441	3.0000	13.4441	92	92.00	1,543,098	2,685,940	
1987/07		1.00	14.3448	3.0000	11.3448	92	92.00	1,589,391	2,706,916	
1988/01		1.00	12.2455	3.0000	9.2455	92	90.03	1,637,073	2,728,904	
1988/07		1.00	9.8354	3.0000	6.8354	92	90.03	1,686,185	2,727,432	
1989/01		1.00	7.4253	3.0000	4.4253	92	87.97	1,736,771	2,743,532	
1989/07		1.00	5.0152	3.0000	2.0152	92	92.09	1,788,874	2,762,116	
1990/01		1.00	2.6051	2.6051		92	92.09	1,835,476	2,776,008	
1990/07		1.00	0.5899	0.5899		92	92.09	1,846,303	2,792,384	
1991/01		1.00	0.5899	0.5899		92	92.09	1,857,194	2,808,760	
1991/07		1.00	1.4932	1.4932		92	92.09	1,884,926	2,850,712	
1992/01		0.95	2.0117	2.0117		92	92.09	1,920,949	2,908,028	
1992/07		0.95	1.8152	1.8152		92	92.09	1,954,074	2,960,836	
1993/01		0.90	1.7710	1.7710		92	92.09	1,985,220	3,013,276	
1993/07		0.90	1.5329	1.5329		92	93.55	2,012,608	3,059,460	
1994/01		0.85	1.6983	1.6983		92	93.55	2,041,662	3,111,440	
1994/07		0.85	1.5991	1.5991		92	90.66	2,069,412	3,161,212	
1995/01		0.80	1.5812	1.5812		92	90.66	2,095,590	3,211,168	
1995/07		0.80	1.5250	1.5250		92	89.02	2,121,156	3,260,112	
1996/01		0.75	1.7228	1.7228		92	89.02	2,148,563	3,316,324	
1996/07		0.75	1.3294	1.3294		92	89.14	2,169,986	3,360,392	
1997/01		0.70	1.4109	1.4109		92	89.14	2,191,417	3,407,772	
1997/07		0.70	1.0917	1.0917		92	92.73	2,208,164	3,444,940	
1998/01		0.65	1.1663	1.1663		92	92.73	2,224,904	3,485,144	
1998/07		0.65	1.0794	1.0794		92	91.26	2,240,514	3,522,772	
1999/01		0.60	1.4499	1.4499		92	91.26	2,260,004	3,573,832	
1999/07		0.60	1.2299	1.2299		92	89.18	2,276,681	3,617,808	
2000/01		0.55	1.3356	1.3356		92	89.18	2,293,405	3,666,108	
2000/07		0.55	1.1129	1.1129		92	89.18	2,307,443	3,706,864	
2001/01		0.50	1.2976	1.2976		92	93.16	2,322,414	3,754,980	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 312142-00 - 2014/07

214.86

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		92	79.58	2,333,580	3,791,044	
2002/01		0.45	1.0301	1.0301		92	79.58	2,344,396	3,830,052	
2002/07		0.45	0.8337	0.8337		92	79.58	2,353,192	3,861,976	
2003/01		0.40	1.3271	1.3271		92	79.58	2,365,683	3,913,220	
2003/07		0.40	1.1664	1.1664		92	79.58	2,376,721	3,958,852	
2004/01		0.35	1.1103	1.1103		92	79.58	2,385,957	4,002,828	
2004/07		0.35	0.8378	0.8378		92	79.83	2,392,953	4,036,408	
2005/01		0.30	0.8595	0.8595		92	79.83	2,399,124	4,071,092	
2005/07		0.30	0.7364	0.7364		92	79.83	2,404,424	4,101,084	
2006/01		0.25	0.9068	0.9068		92	82.39	2,409,875	4,138,252	
2006/07		0.25	0.8133	0.8133		92	82.39	2,414,774	4,171,924	
2007/01		0.20	1.0133	1.0133		92	78.16	2,414,774	4,214,152	5
2007/07		0.20	1.1050	1.1050		92	78.16	2,425,016	4,260,704	
2008/01		0.15	0.8556	0.8556		92	78.16	2,428,127	4,297,136	
2008/07		0.15	0.6104	0.6104		92	78.16	2,430,351	4,323,356	
2009/01	27,061	0.10	1.3268	1.3268		92	78.16	2,460,637	4,380,764	
2009/07		0.10	0.6841	0.6841		92	83.13	2,462,320	4,410,756	
2010/01		0.05	0.8643	0.8643		92	80.63	2,463,384	4,448,844	
2010/07		0.05	0.7107	0.7107		92	80.63	2,464,259	4,480,492	
2011/01		0.00	0.9198	0.9198		92	75.49	2,464,259	4,521,708	
2011/07	216,350	0.00	0.9028	0.9028		92	77.66	2,680,609	4,562,556	
2012/01		0.00	0.3865	0.3865		92	77.66	2,680,609	4,580,220	
2012/07		0.00	0.9417	0.9417		92	77.66	2,680,609	4,623,368	
2013/01		0.00	0.4901	0.4901		92	74.41	2,680,609	4,646,000	
2013/07		0.00	0.6196	0.6196		92	75.33	2,680,609	4,674,796	
2014/01		0.00	0.8564	0.8564		92	75.33	2,680,609	4,714,816	
2014/07		0.00	1.2383	1.2383		92	75.33	2,680,609	4,773,236	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 312151-00 - 2014/07

196.49

Cross City Rehabilitation and Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Partnership CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
583 NE 351 HWY	10/1/2012-9/30/2013	Number of Beds: 60	Superior: 0
CROSS CITY, FL 32628	Days in CR 365	Maximum: 21,900	Standard: 184
County: Dixie [15]	First Used : 2014/07	Max Annualized: 21,900	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 19,313	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 4,195	Inflation
Current Class North Small	Initial CR? False	Medicaid: 12,444	FY Index: 1.30932625
Class at 1/94: North Small	Medical Utilization	64.43328%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	88.18721%	Cost: 1.02881379
Open Date: 04/08/1999	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/08/1999	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 07/01/1999	Low Occupancy Adjustment Factor:	112.26731%	DC Sem Index: 1.24200000
Med # Active Date: 08/22/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 224901			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	487,905	764,301	557,325	374,564		2,184,095	
1a	Audit Adjustments							
2	Cost Per Diem	39.2081	61.4192	44.7866	30.1000		175.5139	
3	Cost Per Diem Inflated	40.3378	62.9655	46.0771				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.3378	62.9655	46.0771	30.1000		179.4804	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.2994		56.3577				
7	Provider Target Rate	49.3058		57.5320				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	53.3690	93.7426	69.3890	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.6361		65.1932				
10	Target Rate Class Ceiling	54.4184		66.1441				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	40.3378	62.9655	46.0771	13.6500		163.0304	
12/13	Medical Adjustment Rate		1.0224	0.7482				
14	Prospective Per Diem 11	40.3378	63.9879	46.8253	13.6500		164.8010	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 312151-00 - 2014/07

196.49

Rate Semester 07/01/2014 through 12/31/2014

Cross City Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 07/01/1999		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	Variable	80% Capital(1):	2,303,760	11.5839
Indexed Asset Value	2,879,700	<60% of Base:	False	20% ROE(2):	575,940	0.4871
FRVS Base Asset:	0	Interest Rate:	7.8300%	Insurance Cost(3):	9,745	0.5046
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	75,028	3.8848
ROE Factor	0.016670	Amortization Rate:	7.8300%	Home Office(3):	1,736	0.0899
		Interest Only:	False	Replacement(3&4):	14,018	0.0000
		Yearly Payment:	228,319	Total FRVS PD:		16.5503

- (1) 80% Capital (\$2,303,760) amortized at 7.8300 % for 20 years Principal & Interest of \$228,319 divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$11.5839
- (2) 20% ROE (\$575,940) times the ROE factor (0.016670) divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$0.4871
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	01/01/1999	Current RS PBS:	38,846
Comparison Bed	60	Effective PBS Limitation	51,883
			2,330,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.3378	40.3378	0.7162	39.6216
Direct Care	63.9879	63.9879	1.1361	62.8518
Indirect Care	46.8253	46.8253	0.8314	45.9939
Property	13.6500	16.5503	0.2939	16.2564
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.8668
Supplemental Rate Add-on				9.9025
Totals	164.8010	167.7013	2.9776	196.4930

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 312151-00 - 2014/07

196.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	2,800,000	0.00	1.2299	1.2299		60	72.19	2,330,760	2,330,760	1
2000/01	6,456	0.10	1.3356	1.3356		60	80.86	2,340,330	2,390,940	
2000/07	7,747	0.10	1.1129	1.1129		60	80.86	2,350,682	2,417,520	
2001/01		0.20	1.2976	1.2976		60	80.86	2,356,782	2,448,900	
2001/07		0.20	0.9615	0.9615		60	80.86	2,361,314	2,472,420	
2002/01		0.30	1.0301	1.0301		60	80.86	2,368,610	2,497,860	
2002/07	9,867	0.30	0.8337	0.8337		60	82.55	2,384,401	2,518,680	
2003/01		0.40	1.3271	1.3271		60	82.55	2,397,057	2,552,100	
2003/07		0.40	1.1664	1.1664		60	69.83	2,408,242	2,581,860	
2004/01		0.50	1.1103	1.1103		60	69.83	2,421,613	2,610,540	
2004/07		0.50	0.8378	0.8378		60	67.53	2,431,757	2,632,440	
2005/01		0.60	0.8595	0.8595		60	67.53	2,444,298	2,655,060	
2005/07		0.60	0.7364	0.7364		60	65.54	2,455,097	2,674,620	
2006/01	11,999	0.70	0.9068	0.9068		60	65.54	2,482,681	2,698,860	
2006/07		0.70	0.8133	0.8133		60	65.54	2,496,815	2,720,820	
2007/01		0.80	1.0133	1.0133		60	65.54	2,517,054	2,748,360	
2007/07		0.80	1.1050	1.1050		60	65.54	2,539,305	2,778,720	
2008/01		0.90	0.8556	0.8556		60	65.54	2,558,858	2,802,480	
2008/07		0.90	0.6104	0.6104		60	65.54	2,572,916	2,819,580	
2009/01		1.00	1.3268	1.3268		60	64.58	2,607,053	2,857,020	
2009/07		1.00	0.6841	0.6841		60	71.39	2,624,888	2,876,580	
2010/01		1.00	0.8643	0.8643		60	71.39	2,647,575	2,901,420	
2010/07		1.00	0.7107	0.7107		60	71.39	2,666,391	2,922,060	
2011/01		1.00	0.9198	0.9198		60	71.39	2,690,916	2,948,940	
2011/07		1.00	0.9028	0.9028		60	71.39	2,715,210	2,975,580	
2012/01		1.00	0.3865	0.3865		60	72.70	2,725,704	2,987,100	
2012/07		1.00	0.9417	0.9417		60	73.04	2,751,372	3,015,240	
2013/01		1.00	0.4901	0.4901		60	73.04	2,764,856	3,030,000	
2013/07	38,337	1.00	0.6196	0.6196		60	71.81	2,820,324	3,048,780	
2014/01		1.00	0.8564	0.8564		60	71.81	2,844,477	3,074,880	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 312151-00 - 2014/07

196.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		1.00	1.2383	1.2383		60	64.43	2,879,700	3,112,980	

Message Code:

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 312151093020131001201204182014114443



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 312274-00 - 2014/07

200.00

CrestWood Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
501 S PALM AVE	1/1/2013-12/31/2013	Number of Beds: 65	Superior: 0
PALATKA, FL 32177	Days in CR 365	Maximum: 23,725	Standard: 184
County: Putnam [54]	First Used : 2014/07	Max Annualized: 23,725	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 21,057	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 5,992	Inflation
Current Class North Small	Initial CR? False	Medicaid: 12,026	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	57.11165%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	88.75448%	Cost: 1.02471376
Open Date: 06/01/1977	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/01/1977	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 04/01/1983	Low Occupancy Adjustment Factor:	112.98948%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 251593			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	549,210	913,038	464,716	112,684		2,039,648	
1a	Audit Adjustments							
2	Cost Per Diem	45.6686	75.9220	38.6426	9.3700		169.6032	
3	Cost Per Diem Inflated	46.7972	77.6092	39.5976				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.7972	77.6092	39.5976	9.3700		173.3740	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.4388		56.3577				
7	Provider Target Rate	48.4272		57.5320				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	53.3690	93.7426	69.3890	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.6361		65.1932				
10	Target Rate Class Ceiling	54.4184		66.1441				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	46.7972	77.6092	39.5976	9.3700		173.3740	
12/13	Medical Adjustment Rate		0.6209	0.3168				
14	Prospective Per Diem 11	46.7972	78.2301	39.9144	9.3700		174.3117	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 312274-00 - 2014/07

200.00

Rate Semester 07/01/2014 through 12/31/2014

CrestWood Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/15/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,250,694 7.2823
RS to Start Calcs:	1977/01	<60% of Base:	True	20% ROE(2):	312,673 0.2746
Indexed Asset Value	1,563,367	Interest Rate:	12.5000%	Insurance Cost(3):	20,272 0.9627
FRVS Base Asset:	695,693	Chase Rate:	12.5000%	Taxes Cost(3):	6,071 0.2883
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	2,483 0.1179
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	24,080 0.0000
		Yearly Payment:	155,496	Total FRVS PD:	8.9258

- (1) 80% Capital (\$1,250,694) amortized at 12.5000 % for 20 years Interest of \$155,496 divided by annual available days (23725) divided by Occup. Adj. (0.900) = \$7.2823
- (2) 20% ROE (\$312,673) times the ROE factor (0.018750) divided by annual available days (23725) divided by Occup. Adj. (0.900) = \$0.2746
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	65	Effective PBS Limitation	1,852,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.7972	46.7972	0.8309	45.9663
Direct Care	78.2301	78.2301	1.3890	76.8411
Indirect Care	39.9144	39.9144	0.7087	39.2057
Property	9.3700	8.9258	0.1585	8.7673
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.3187
Supplemental Rate Add-on				9.9025
Totals	174.3117	173.8675	3.0871	200.0016

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 312274-00 - 2014/07

200.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1977/01	524,984	0.00	3.7506	3.0000	0.7506	65	100.00	524,984	1,051,180	
1977/07		0.10	5.8082	3.0000	2.8082	65	100.00	526,559	1,104,285	
1978/01		0.10	7.5479	3.0000	4.5479	65	100.00	528,139	1,156,675	
1978/07		0.20	10.0873	3.0000	7.0873	65	100.00	531,308	1,220,700	
1979/01		0.20	12.2145	3.0000	9.2145	65	100.00	534,496	1,283,295	
1979/07		0.30	13.4128	3.0000	10.4128	65	100.00	539,306	1,337,180	
1980/01		0.30	16.5785	3.0000	13.5785	65		539,306	1,419,665	
1980/07		0.40	17.3891	3.0000	14.3891	65		539,306	1,473,745	
1981/01		0.40	18.2132	3.0000	15.2132	65		539,306	1,530,100	
1981/07		0.50	17.8020	3.0000	14.8020	65		539,306	1,569,685	
1982/01		0.50	17.4780	3.0000	14.4780	65		539,306	1,611,740	
1982/07	14,195	0.60	16.7756	3.0000	13.7756	65		553,501	1,648,725	
1983/04	9,342	0.60	16.4045	3.0000	13.4045	65	89.34	572,806	1,692,080	
1983/07	2,242	0.70	17.3623	3.0000	14.3623	65	89.34	587,077	1,759,030	
1984/01		0.70	15.6575	3.0000	12.6575	65	89.34	599,406	1,781,845	
1984/07	24,902	0.80	14.5754	3.0000	11.5754	65	89.34	638,694	1,816,035	
1985/01	23,380	0.80	12.7225	3.0000	9.7225	65	87.40	677,403	1,836,835	
1985/10		0.90	10.5747	3.0000	7.5747	65	87.40	695,693	1,852,500	
1986/01		0.90	8.4046	3.0000	5.4046	65	87.40	714,477	1,867,905	
1986/07		1.00	5.7020	3.0000	2.7020	65	87.40	735,911	1,864,330	
1987/01		1.00	3.7111	3.0000	0.7111	65	85.00	757,988	1,897,675	
1987/07		1.00	1.6118	1.6118		65	85.00	770,205	1,912,495	
1988/01		1.00	0.9007	0.9007		65	87.15	777,142	1,928,030	
1988/07	44,595	1.00	0.5899	0.5899		65	87.15	826,321	1,926,990	
1989/01		1.00	0.5899	0.5899		65	93.53	831,195	1,938,365	
1989/07		1.00	0.5899	0.5899		65	94.71	836,098	1,951,495	
1990/01	18,110	1.00	0.5899	0.5899		65	94.71	859,140	1,961,310	
1990/07		1.00	0.5899	0.5899		65	94.71	864,208	1,972,880	
1991/01		1.00	0.5899	0.5899		65	94.71	869,306	1,984,450	
1991/07		1.00	1.4932	1.4932		65	94.71	882,286	2,014,090	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 312274-00 - 2014/07

200.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/01		1.00	2.0117	2.0117		65	94.71	900,035	2,054,585	
1992/07		1.00	1.8152	1.8152		65	94.71	916,372	2,091,895	
1993/01		1.00	1.7710	1.7710		65	94.71	932,601	2,128,945	
1993/07		1.00	1.5329	1.5329		65	95.07	946,897	2,161,575	
1994/01		1.00	1.6983	1.6983		65	95.07	962,978	2,198,300	
1994/07		1.00	1.5991	1.5991		65	93.86	978,377	2,233,465	
1995/01		1.00	1.5812	1.5812		65	93.86	993,847	2,268,760	
1995/07		1.00	1.5250	1.5250		65	87.94	1,009,003	2,303,340	
1996/01		1.00	1.7228	1.7228		65	87.94	1,026,386	2,343,055	
1996/07		1.00	1.3294	1.3294		65	90.69	1,040,031	2,374,190	
1997/01		1.00	1.4109	1.4109		65	90.69	1,054,705	2,407,665	
1997/07		0.95	1.0917	1.0917		65	93.98	1,065,643	2,433,925	
1998/01		0.95	1.1663	1.1663		65	93.98	1,077,450	2,462,330	
1998/07		0.90	1.0794	1.0794		65	87.15	1,087,917	2,488,915	
1999/01		0.90	1.4499	1.4499		65	87.15	1,102,113	2,524,990	
1999/07		0.85	1.2299	1.2299		65	84.02	1,113,634	2,556,060	
2000/01		0.85	1.3356	1.3356		65	84.02	1,126,277	2,590,185	
2000/07		0.80	1.1129	1.1129		65	84.02	1,136,304	2,618,980	
2001/01		0.80	1.2976	1.2976		65	86.37	1,148,100	2,652,975	
2001/07		0.75	0.9615	0.9615		65	78.34	1,156,379	2,678,455	
2002/01		0.75	1.0301	1.0301		65	78.34	1,165,313	2,706,015	
2002/07		0.70	0.8337	0.8337		65	78.34	1,172,114	2,728,570	
2003/01		0.70	1.3271	1.3271		65	78.34	1,183,003	2,764,775	
2003/07		0.65	1.1664	1.1664		65	78.34	1,191,973	2,797,015	
2004/01		0.65	1.1103	1.1103		65	78.34	1,200,575	2,828,085	
2004/07		0.60	0.8378	0.8378		65	80.86	1,206,610	2,851,810	
2005/01		0.60	0.8595	0.8595		65	80.86	1,212,832	2,876,315	
2005/07		0.55	0.7364	0.7364		65	80.86	1,217,744	2,897,505	
2006/01		0.55	0.9068	0.9068		65	80.86	1,223,817	2,923,765	
2006/07		0.50	0.8133	0.8133		65	80.86	1,228,794	2,947,555	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 312274-00 - 2014/07

200.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/01		0.50	1.0133	1.0133		65	73.90	1,235,020	2,977,390	
2007/07		0.45	1.1050	1.1050		65	72.98	1,241,162	3,010,280	
2008/01		0.45	0.8556	0.8556		65	72.98	1,245,940	3,036,020	
2008/07		0.40	0.6104	0.6104		65	72.98	1,248,983	3,054,545	
2009/01	24,258	0.40	1.3268	1.3268		65	72.98	1,279,869	3,095,105	
2009/07		0.35	0.6841	0.6841		65	68.74	1,282,933	3,116,295	
2010/01		0.35	0.8643	0.8643		65	66.54	1,286,814	3,143,205	
2010/07		0.30	0.7107	0.7107		65	66.54	1,289,557	3,165,565	
2011/01		0.30	0.9198	0.9198		65	68.79	1,293,115	3,194,685	
2011/07	256,000	0.25	0.9028	0.9028		65	66.87	1,552,034	3,223,545	
2012/01		0.25	0.3865	0.3865		65	66.87	1,553,533	3,236,025	
2012/07		0.20	0.9417	0.9417		65	66.87	1,553,533	3,266,510	5
2013/01		0.20	0.4901	0.4901		65	61.32	1,557,983	3,282,500	
2013/07		0.15	0.6196	0.6196		65	61.32	1,559,430	3,302,845	
2014/01		0.15	0.8564	0.8564		65	59.25	1,561,434	3,331,120	
2014/07		0.10	1.2383	1.2383		65	57.11	1,563,367	3,372,395	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 312312-00 - 2014/07

224.73

Savannah Cove of the Palm Beaches

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2090 N CONGRESS AVE	1/1/2013-12/31/2013	Number of Beds: 30	Superior: 0
WEST PALM BEACH , FL	Days in CR 365	Maximum: 10,950	Standard: 184
33401	First Used : 2014/07	Max Annualized: 10,950	Conditional: 0
County: Palm Beach [50]	Last Used: 2014/07	Total Patient: 9,401	Total: 184
Region: South Area: 9	Unaudited	Medicare: 2,467	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 4,390	FY Index: 1.31456505
Current Class South Small	Medical Utilization		Semester Index: 1.34705290
Class at 1/94: South Small	Occupancy:	46.69716%	Cost: 1.02471376
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	85.85388%	Target: 1.01458517
Open Date: 01/16/1995	Medicaid Low Occupancy Threshold:	78.55110%	DC FY Index: 1.21500000
Acquired Date: 01/16/1995	Low Occupancy Adjustment Factor:	41.17760%	DC Sem Index: 1.24200000
Entered Medicaid 01/26/1995	Weighted Low Occ Adjustment Factor:	109.29685%	DC Inflation: 1.02222222
Med # Active Date: 01/01/2006		100.00000%	PS Target: 1.02083595
Previous Med # 262854			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	266,884	341,724	270,112	116,203		994,923	
1a	Audit Adjustments							
2	Cost Per Diem	60.7936	77.8415	61.5289	26.4699		226.6339	
3	Cost Per Diem Inflated	62.2960	79.5713	63.0495				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	62.2960	79.5713	63.0495	26.4699		231.3867	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	82.7003		80.0593				
7	Provider Target Rate	84.4234		81.7274				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500			
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810				
10	Target Rate Class Ceiling	68.3236		80.3359				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	62.2960	79.5713	63.0495	13.6500		218.5668	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	62.2960	79.5713	63.0495	13.6500		218.5668	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 312312-00 - 2014/07

224.73

Rate Semester 07/01/2014 through 12/31/2014

Savannah Cove of the Palm Beaches

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/26/1995	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	981,708	8.1422
RS to Start Calcs:	1995/01	<60% of Base:	True	20% ROE(2):	245,427	0.4669
Indexed Asset Value	1,227,135	Interest Rate:	8.2500%	Insurance Cost(3):	15,004	1.5960
FRVS Base Asset:	1,030,830	Chase Rate:	8.2500%	Taxes Cost(3):	25,975	2.7630
Occup Adj Factor	0.9000	Amortization Rate:	8.2500%	Home Office(3):	7,751	0.8245
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	37,982	0.0000
		Yearly Payment:	80,241	Total FRVS PD:		13.7926

- (1) 80% Capital (\$981,708) amortized at 8.2500 % for 20 years Interest of \$80,241 divided by annual available days (10950) divided by Occup. Adj. (0.900) = \$8.1422
- (2) 20% ROE (\$245,427) times the ROE factor (0.018750) divided by annual available days (10950) divided by Occup. Adj. (0.900) = \$0.4669
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	07/01/1994	Current RS PBS:	51,883
Comparison Bed	30	Effective PBS Limitation	1,030,830

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.2960	62.2960	1.1061	61.1899
Direct Care	79.5713	79.5713	1.4128	78.1585
Indirect Care	63.0495	63.0495	1.1195	61.9300
Property	13.6500	13.7926	0.2449	13.5477
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	218.5668	218.7094	3.8833	224.7286

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 312312-00 - 2014/07

224.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	1,948,261	0.00	1.5812	1.5812		30	3.31	1,030,830	1,030,830	1
1995/07		0.10	1.5250	1.5250		30	3.31	1,030,830	1,063,080	
1996/01		0.10	1.7228	1.7228		30	3.31	1,030,830	1,081,410	
1996/07		0.20	1.3294	1.3294		30	3.31	1,030,830	1,095,780	
1997/01		0.20	1.4109	1.4109		30	3.31	1,030,830	1,111,230	
1997/07		0.30	1.0917	1.0917		30	25.19	1,032,376	1,123,350	
1998/01		0.30	1.1663	1.1663		30	25.19	1,032,376	1,136,460	5
1998/07		0.40	1.0794	1.0794		30	33.57	1,036,755	1,148,730	
1999/01		0.40	1.4499	1.4499		30	33.57	1,040,425	1,165,380	
1999/07	5,712	0.50	1.2299	1.2299		30	29.96	1,049,622	1,179,720	
2000/01		0.50	1.3356	1.3356		30	29.96	1,053,440	1,195,470	
2000/07		0.60	1.1129	1.1129		30	38.81	1,058,403	1,208,760	
2001/01		0.60	1.2976	1.2976		30	38.81	1,064,218	1,224,450	
2001/07		0.70	0.9615	0.9615		30	46.41	1,070,262	1,236,210	
2002/01		0.70	1.0301	1.0301		30	46.41	1,076,774	1,248,930	
2002/07		0.80	0.8337	0.8337		30	63.42	1,083,956	1,259,340	
2003/01		0.80	1.3271	1.3271		30	63.42	1,095,464	1,276,050	
2003/07		0.90	1.1664	1.1664		30	33.15	1,102,395	1,290,930	
2004/01		0.90	1.1103	1.1103		30	33.15	1,102,395	1,305,270	5
2004/07		1.00	0.8378	0.8378		30	33.15	1,114,635	1,316,220	
2005/01		1.00	0.8595	0.8595		30	33.15	1,120,409	1,327,530	
2005/07		1.00	0.7364	0.7364		30	33.15	1,125,382	1,337,310	
2006/01		1.00	0.9068	0.9068		30	29.27	1,130,813	1,349,430	
2006/07		1.00	0.8133	0.8133		30	29.27	1,135,707	1,360,410	
2007/01		1.00	1.0133	1.0133		30	29.27	1,141,831	1,374,180	
2007/07		1.00	1.1050	1.1050		30	29.27	1,148,546	1,389,360	
2008/01		1.00	0.8556	0.8556		30	29.27	1,153,776	1,401,240	
2008/07		1.00	0.6104	0.6104		30	29.27	1,157,524	1,409,790	
2009/01		1.00	1.3268	1.3268		30	30.39	1,166,010	1,428,510	
2009/07		1.00	0.6841	0.6841		30	30.39	1,166,010	1,438,290	5



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 312312-00 - 2014/07

224.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		1.00	0.8643	0.8643		30	38.48	1,177,494	1,450,710	
2010/07		1.00	0.7107	0.7107		30	28.06	1,181,763	1,461,030	
2011/01		1.00	0.9198	0.9198		30	28.06	1,187,309	1,474,470	
2011/07		1.00	0.9028	0.9028		30	27.57	1,192,682	1,487,790	
2012/01		1.00	0.3865	0.3865		30	27.57	1,194,993	1,493,550	
2012/07		1.00	0.9417	0.9417		30	27.18	1,200,554	1,507,620	
2013/01		1.00	0.4901	0.4901		30	27.18	1,203,462	1,515,000	
2013/07		1.00	0.6196	0.6196		30	27.18	1,207,147	1,524,390	
2014/01		1.00	0.8564	0.8564		30	38.41	1,214,367	1,537,440	
2014/07		1.00	1.2383	1.2383		30	46.70	1,227,135	1,556,490	

Message Code:

1	Per Bed Standard Limitation
5	Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 312312123120130101201304232014085959



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 312371-00 - 2014/07
234.38

Southlake Nursing and Rehabilitation Center
--

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
10680 OLD ST AUGUSTINE RD	1/1/2012-12/31/2012	Number of Beds: 180	Superior: 0
JACKSONVILLE, FL 32257	Days in CR 366	Maximum: 65,880	Standard: 184
County: Duval [16]	First Used : 2014/01	Max Annualized: 65,700	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 62,117	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 12,221	Inflation
Current Class North Large	Initial CR? False	Medicaid: 35,755	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	57.56073%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	94.28810%	Cost: 1.04963363
Open Date: 11/01/1982	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 11/01/1982	Low Occupancy Adjustment Factor:	120.03409%	DC Sem Index: 1.24200000
Med # Active Date: 09/12/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 214345			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,634,514	2,803,152	1,846,241	678,630		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	47.9833	80.9742	54.1988			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.9833	80.9742	54.1988	18.9800		202.1363
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.7689		64.8858			
7	Provider Target Rate	52.8476		66.2378			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500		
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527			
10	Target Rate Class Ceiling	50.8465		60.1169			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.9833	80.9742	54.1988	13.6500		196.8063
12/13	Medical Adjustment Rate		0.6888	0.4610			
14	Prospective Per Diem 11	47.9833	81.6630	54.6598	13.6500		197.9561
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 312371-00 - 2014/07

234.38

Rate Semester 07/01/2014 through 12/31/2014

Southlake Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,188,421.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	7,099,806	18.1270
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	1,774,951	0.4377
Indexed Asset Value	8,874,757	Interest Rate:	15.1200%	Insurance Cost(3):	113,313	1.8242
FRVS Base Asset:	3,420,000	Chase Rate:	11.2000%	Taxes Cost(3):	84,526	1.3608
Occup Adj Factor	0.9000	Amortization Rate:	14.2000%	Home Office(3):	36,611	0.5894
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	25,238	0.0000
		Yearly Payment:	1,071,849	Total FRVS PD:		22.3391

- (1) 80% Capital (\$7,099,806) amortized at 14.2000 % for 20 years Principal & Interest of \$1,071,849 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$18.1270
- (2) 20% ROE (\$1,774,951) times the ROE factor (0.014580) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4377
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.9833	47.9833	0.8519	47.1314
Direct Care	81.6630	81.6630	1.4499	80.2131
Indirect Care	54.6598	54.6598	0.9705	53.6893
Property	13.6500	22.3391	0.3966	21.9425
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.4987
Supplemental Rate Add-on				9.9025
Totals	197.9561	206.6452	3.6689	234.3775

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 312371-00 - 2014/07

234.38

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	3,394,737	0.00	2.2977	2.2977		120	49.23	3,394,737	3,043,800	
1983/04	17,334	0.10	2.6288	2.6288		120	41.94	3,418,877	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	41.94	3,426,698	3,247,440	
1984/01	1,500	0.20	2.2530	2.2530		120	52.19	3,442,850	3,289,560	
1984/07		0.20	1.9179	1.9179		120	52.19	3,455,382	3,352,680	
1985/01	4,420	0.30	1.1471	1.1471		120	53.57	3,471,383	3,391,080	
1985/10		0.30	0.8522	0.8522		120	86.31	3,420,000	3,420,000	1
1986/01		0.40	0.8299	0.8299		120	52.20	3,430,776	3,448,440	
1986/07		0.40	0.2974	0.2974		120	52.20	3,434,651	3,441,840	
1987/01		0.50	1.0091	1.0091		120	53.35	3,451,462	3,503,400	
1987/07		0.50	0.9007	0.9007		120	61.24	3,467,007	3,530,760	
1988/01		0.60	0.9007	0.9007		120	61.24	3,485,743	3,559,440	
1988/07		0.60	0.5899	0.5899		120	62.11	3,498,079	3,557,520	
1989/01		0.70	0.5899	0.5899		120	62.11	3,512,523	3,578,520	
1989/07		0.70	0.5899	0.5899		120	61.41	3,527,026	3,602,760	
1990/01		0.80	0.5899	0.5899		120	61.41	3,543,670	3,620,880	
1990/07		0.80	0.5899	0.5899		120	61.41	3,560,393	3,642,240	
1991/01		0.90	0.5899	0.5899		120	62.20	3,579,295	3,663,600	
1991/07		0.90	1.4932	1.4932		120	62.20	3,627,397	3,718,320	
1992/01		1.00	2.0117	2.0117		120	61.71	3,700,369	3,793,080	
1992/07		1.00	1.8152	1.8152		120	68.43	3,767,538	3,861,960	
1993/01		1.00	1.7710	1.7710		120	68.43	3,834,261	3,930,360	
1993/07	49,360	1.00	1.5329	1.5329		120	76.02	3,942,396	3,990,600	
1994/01		1.00	1.6983	1.6983		120	76.02	4,009,350	4,058,400	
1994/07	76,593	1.00	1.5991	1.5991		120	76.89	4,150,057	4,123,320	
1995/01		1.00	1.5812	1.5812		120	76.89	4,215,678	4,188,480	
1995/07		1.00	1.5250	1.5250		120	76.89	4,279,967	4,252,320	
1996/01	17,720	1.00	1.7228	1.7228		120	78.82	4,371,422	4,325,640	
1996/07	2,129,717	1.00	1.3294	1.3294		180	78.61	6,559,253	6,574,680	
1997/01		1.00	1.4109	1.4109		180	78.61	6,559,253	6,667,380	5



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 312371-00 - 2014/07

234.38

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		180	72.72	6,724,416	6,740,100	
1998/01		1.00	1.1663	1.1663		180	72.72	6,802,843	6,818,760	
1998/07		1.00	1.0794	1.0794		180	75.09	6,876,273	6,892,380	
1999/01		1.00	1.4499	1.4499		180	75.09	6,975,972	6,992,280	
1999/07		1.00	1.2299	1.2299		180	75.09	7,061,769	7,078,320	
2000/01		1.00	1.3356	1.3356		180	75.09	7,156,086	7,172,820	
2000/07		1.00	1.1129	1.1129		180	75.09	7,235,726	7,252,560	
2001/01		1.00	1.2976	1.2976		180	83.02	7,329,617	7,346,700	
2001/07		1.00	0.9615	0.9615		180	83.02	7,400,091	7,417,260	
2002/01		1.00	1.0301	1.0301		180	79.06	7,476,319	7,493,580	
2002/07		1.00	0.8337	0.8337		180	76.00	7,538,649	7,556,040	
2003/01		0.95	1.3271	1.3271		180	76.00	7,633,689	7,656,300	
2003/07		0.95	1.1664	1.1664		180	75.54	7,718,278	7,745,580	
2004/01		0.90	1.1103	1.1103		180	75.54	7,795,407	7,831,620	
2004/07		0.90	0.8378	0.8378		180	74.48	7,854,184	7,897,320	
2005/01		0.85	0.8595	0.8595		180	74.48	7,911,567	7,965,180	
2005/07		0.85	0.7364	0.7364		180	66.59	7,961,085	8,023,860	
2006/01		0.80	0.9068	0.9068		180	66.59	8,018,835	8,096,580	
2006/07		0.80	0.8133	0.8133		180	66.59	8,071,006	8,162,460	
2007/01		0.75	1.0133	1.0133		180	66.59	8,132,346	8,245,080	
2007/07		0.75	1.1050	1.1050		180	66.59	8,199,747	8,336,160	
2008/01		0.70	0.8556	0.8556		180	66.59	8,248,855	8,407,440	
2008/07		0.70	0.6104	0.6104		180	63.82	8,284,102	8,458,740	
2009/01		0.65	1.3268	1.3268		180	63.82	8,355,544	8,571,060	
2009/07	53,600	0.65	0.6841	0.6841		180	63.08	8,446,301	8,629,740	
2010/01		0.60	0.8643	0.8643		180	59.49	8,490,104	8,704,260	
2010/07		0.60	0.7107	0.7107		180	59.49	8,526,306	8,766,180	
2011/01	32,920	0.55	0.9198	0.9198		180	58.47	8,602,361	8,846,820	
2011/07		0.55	0.9028	0.9028		180	58.47	8,645,072	8,926,740	
2012/01		0.50	0.3865	0.3865		180	58.65	8,661,783	8,961,300	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 312371-00 - 2014/07

234.38

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		180	58.65	8,702,571	9,045,720	
2013/01	54,636	0.45	0.4901	0.4901		180	56.78	8,776,396	9,090,000	
2013/07		0.45	0.6196	0.6196		180	56.78	8,800,865	9,146,340	
2014/01		0.40	0.8564	0.8564		180	57.56	8,831,017	9,224,640	
2014/07		0.40	1.2383	1.2383		180	57.56	8,874,757	9,338,940	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 312371123120120101201210112013154529



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 312550-00 - 2014/07

214.57

Savannah Cove of Maitland

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1301 W MAITLAND BLVD	7/1/2012-6/30/2013	Number of Beds: 39	Superior: 0
MAITLAND, FL 32751	Days in CR 365	Maximum: 14,235	Standard: 163
County: Orange [48]	First Used : 2014/01	Max Annualized: 14,235	Conditional: 21
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 12,466	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 3,720	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 4,487	FY Index: 1.29878490
Class at 1/94: North Small	Medical Utilization	35.99390%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	87.57288%	Cost: 1.03716397
Open Date: 06/16/1995	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/16/1995	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 06/16/1995	Low Occupancy Adjustment Factor:	111.48524%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2006	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med # 263117			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	238,846	338,565	275,466	102,304		955,181	
1a	Audit Adjustments							
2	Cost Per Diem	53.2307	75.4547	61.3920	22.8001		212.8775	
3	Cost Per Diem Inflated	55.2090	77.5463	63.6736				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.2090	77.5463	63.6736	22.8001		219.2290	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	77.3406		82.5447				
7	Provider Target Rate	78.9521		84.2646				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500			
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442				
10	Target Rate Class Ceiling	61.3634		72.4862				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	55.2090	77.5463	63.6736	13.6500		210.0789	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	55.2090	77.5463	63.6736	13.6500		210.0789	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 312550-00 - 2014/07

214.57

Rate Semester 07/01/2014 through 12/31/2014

Savannah Cove of Maitland

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/16/1995	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,308,353 8.3471
RS to Start Calcs:	1995/01	<60% of Base:	True	20% ROE(2):	327,088 0.3671
Indexed Asset Value	1,635,441	Interest Rate:	8.2500%	Insurance Cost(3):	12,454 0.9990
FRVS Base Asset:	1,340,079	Chase Rate:	8.2500%	Taxes Cost(3):	17,678 1.4181
Occup Adj Factor	0.9000	Amortization Rate:	8.2500%	Home Office(3):	10,083 0.8088
ROE Factor	0.014380	Interest Only:	True	Replacement(3&4):	14,688 0.0000
		Yearly Payment:	106,939	Total FRVS PD:	11.9401

- (1) 80% Capital (\$1,308,353) amortized at 8.2500 % for 20 years Interest of \$106,939 divided by annual available days (14235) divided by Occup. Adj. (0.900) = \$8.3471
- (2) 20% ROE (\$327,088) times the ROE factor (0.014380) divided by annual available days (14235) divided by Occup. Adj. (0.900) = \$0.3671
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	07/01/1994	Current RS PBS:	51,883
Comparison Bed	39	Effective PBS Limitation	1,340,079

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.2090	55.2090	0.9802	54.2288
Direct Care	77.5463	77.5463	1.3768	76.1695
Indirect Care	63.6736	63.6736	1.1305	62.5431
Property	13.6500	11.9401	0.2120	11.7281
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	210.0789	208.3690	3.6995	214.5720

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 312550-00 - 2014/07

214.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	2,121,503	0.00	1.5812	1.5812		39	4.53	1,340,079	1,340,079	1
1995/07		0.10	1.5250	1.5250		39	4.53	1,340,079	1,382,004	
1996/01		0.10	1.7228	1.7228		39	4.53	1,340,079	1,405,833	
1996/07		0.20	1.3294	1.3294		39	4.53	1,340,079	1,424,514	
1997/01		0.20	1.4109	1.4109		39	4.53	1,340,079	1,444,599	
1997/07		0.30	1.0917	1.0917		39	26.24	1,342,173	1,460,355	
1998/01		0.30	1.1663	1.1663		39	26.24	1,344,414	1,477,398	
1998/07		0.40	1.0794	1.0794		39	38.43	1,344,414	1,493,349	5
1999/01		0.40	1.4499	1.4499		39	38.43	1,348,470	1,514,994	5
1999/07	50,593	0.50	1.2299	1.2299		39	29.09	1,408,932	1,533,636	
2000/01		0.50	1.3356	1.3356		39	29.09	1,413,908	1,554,111	
2000/07		0.60	1.1129	1.1129		39	23.18	1,413,908	1,571,388	
2001/01		0.60	1.2976	1.2976		39	23.18	1,413,908	1,591,785	
2001/07		0.70	0.9615	0.9615		39	27.17	1,418,609	1,607,073	
2002/01		0.70	1.0301	1.0301		39	27.17	1,423,662	1,623,609	
2002/07		0.80	0.8337	0.8337		39	34.32	1,429,587	1,637,142	
2003/01		0.80	1.3271	1.3271		39	34.32	1,439,058	1,658,865	
2003/07		0.90	1.1664	1.1664		39	31.53	1,447,719	1,678,209	
2004/01		0.90	1.1103	1.1103		39	31.53	1,456,013	1,696,851	
2004/07		1.00	0.8378	0.8378		39	31.53	1,463,006	1,711,086	
2005/01		1.00	0.8595	0.8595		39	31.53	1,470,215	1,725,789	
2005/07		1.00	0.7364	0.7364		39	31.53	1,476,422	1,738,503	
2006/01	3,516	1.00	0.9068	0.9068		39	35.54	1,488,589	1,754,259	
2006/07		1.00	0.8133	0.8133		39	35.54	1,496,412	1,768,533	
2007/01		1.00	1.0133	1.0133		39	35.54	1,506,210	1,786,434	
2007/07		1.00	1.1050	1.1050		39	35.54	1,516,965	1,806,168	
2008/01		1.00	0.8556	0.8556		39	35.54	1,525,352	1,821,612	
2008/07		1.00	0.6104	0.6104		39	27.51	1,530,009	1,832,727	
2009/01		1.00	1.3268	1.3268		39	27.51	1,540,163	1,857,063	
2009/07	22,606	1.00	0.6841	0.6841		39	29.90	1,568,497	1,869,777	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 312550-00 - 2014/07

214.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		1.00	0.8643	0.8643		39	29.90	1,575,867	1,885,923	
2010/07		1.00	0.7107	0.7107		39	25.26	1,581,011	1,899,339	
2011/01		1.00	0.9198	0.9198		39	25.88	1,587,854	1,916,811	
2011/07		1.00	0.9028	0.9028		39	25.88	1,594,599	1,934,127	
2012/01		1.00	0.3865	0.3865		39	25.88	1,597,499	1,941,615	
2012/07		1.00	0.9417	0.9417		39	25.95	1,604,597	1,959,906	
2013/01		1.00	0.4901	0.4901		39	25.95	1,608,307	1,969,500	
2013/07		1.00	0.6196	0.6196		39	27.31	1,613,255	1,981,707	
2014/01		1.00	0.8564	0.8564		39	35.99	1,613,255	1,998,672	5
2014/07		1.00	1.2383	1.2383		39	35.99	1,635,441	2,023,437	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 312550063020130701201210182013103316



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 312789-00 - 2014/07
269.35

Children's Comprehensive Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective		CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization			
Provider Information	Cost Report	Patient Days	Ratings Days
200 SE 19TH AVENUE	8/1/2012-7/31/2013	Number of Beds: 36	Superior: 0
POMPANO BEACH, FL 33060	Days in CR 365	Maximum: 13,140	Standard: 184
County: Broward [6]	First Used : 2014/01	Max Annualized: 13,140	Conditional: 0
Region: South Area: 10	Last Used: 2014/07	Total Patient: 11,367	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 0	Inflation
Current Class South Small	Initial CR? False	Medicaid: 11,005	FY Index: 1.30228922
Class at 1/94: South Small	Medical Utilization	96.81534%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	86.50685%	Cost: 1.03437307
Open Date: 05/04/1992	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/04/1992	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 06/08/1992	Low Occupancy Adjustment Factor:	110.12812%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 204790			PS Target: 1.02083595

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	666,463	1,141,952	717,449	217,129		2,742,993	
1a	Audit Adjustments							
2	Cost Per Diem	60.5600	103.7667	65.1930	19.7300		249.2497	
3	Cost Per Diem Inflated	62.6416	106.5550	67.4339				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	62.6416	106.5550	67.4339	19.7300		256.3605	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	79.2643		67.7484				
7	Provider Target Rate	80.9158		69.1600				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500			
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810				
10	Target Rate Class Ceiling	68.3236		80.3359				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	62.6416	105.8360	67.4339	13.6500		249.5615	
12/13	Medical Adjustment Rate		4.7626	3.0345				
14	Prospective Per Diem 11	62.6416	110.5986	70.4684	13.6500		257.3586	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 312789-00 - 2014/07

269.35

Rate Semester 07/01/2014 through 12/31/2014

Children's Comprehensive Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/08/1992	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	1,220,125.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,491,478	14.1071
RS to Start Calcs:	1992/01	<60% of Base:	False	20% ROE(2):	372,870	0.4729
Indexed Asset Value	1,864,348	Interest Rate:	9.5000%	Insurance Cost(3):	38,940	3.4257
FRVS Base Asset:	1,084,510	Chase Rate:	6.5000%	Taxes Cost(3):	0	0.0000
Occup Adj Factor	0.9000	Amortization Rate:	9.5000%	Home Office(3):	27,493	2.4187
ROE Factor	0.015000	Interest Only:	False	Replacement(3&4):	8,390	0.0000
		Yearly Payment:	166,830	Total FRVS PD:		20.4244

- (1) 80% Capital (\$1,491,478) amortized at 9.5000 % for 20 years Principal & Interest of \$166,830 divided by annual available days (13140) divided by Occup. Adj. (0.900) = \$14.1071
- (2) 20% ROE (\$372,870) times the ROE factor (0.015000) divided by annual available days (13140) divided by Occup. Adj. (0.900) = \$0.4729
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,986
Comparison Date:	07/01/1991	Current RS PBS:	51,883
Comparison Bed	35	Effective PBS Limitation	1,084,510

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.6416	62.6416	1.1122	61.5294
Direct Care	110.5986	110.5986	1.9637	108.6349
Indirect Care	70.4684	70.4684	1.2512	69.2172
Property	13.6500	20.4244	0.3626	20.0618
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	257.3586	264.1330	4.6897	269.3458

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 312789-00 - 2014/07

269.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/01	2,412,492	0.00	2.0117	2.0117		35	77.01	1,084,510	1,084,510	1
1992/07		0.10	1.8152	1.8152		35	77.01	1,086,478	1,126,405	
1993/01		0.10	1.7710	1.7710		35	77.01	1,088,402	1,146,355	
1993/07		0.20	1.5329	1.5329		35	77.01	1,091,739	1,163,925	
1994/01	10,280	0.20	1.6983	1.6983		35	77.01	1,105,728	1,183,700	
1994/07		0.30	1.5991	1.5991		35	77.01	1,111,032	1,202,635	
1995/01		0.30	1.5812	1.5812		35	77.01	1,116,303	1,221,640	
1995/07		0.40	1.5250	1.5250		35	91.05	1,123,112	1,240,260	
1996/01		0.40	1.7228	1.7228		35	91.05	1,130,851	1,261,645	
1996/07		0.50	1.3294	1.3294		35	91.30	1,138,368	1,278,410	
1997/01		0.50	1.4109	1.4109		35	89.94	1,146,399	1,296,435	
1997/07		0.60	1.0917	1.0917		35	89.94	1,153,908	1,310,575	
1998/01		0.60	1.1663	1.1663		35	98.08	1,161,983	1,325,870	
1998/07		0.70	1.0794	1.0794		35	98.08	1,170,763	1,340,185	
1999/01		0.70	1.4499	1.4499		35	98.08	1,182,645	1,359,610	
1999/07		0.80	1.2299	1.2299		35	98.86	1,194,281	1,376,340	
2000/01		0.80	1.3356	1.3356		35	98.86	1,207,042	1,394,715	
2000/07		0.90	1.1129	1.1129		36	98.43	1,219,132	1,450,512	
2001/01	13,789	0.90	1.2976	1.2976		36	97.41	1,247,158	1,469,340	
2001/07		1.00	0.9615	0.9615		36	97.41	1,259,149	1,483,452	
2002/01		1.00	1.0301	1.0301		36	99.54	1,272,119	1,498,716	
2002/07		1.00	0.8337	0.8337		36	99.54	1,282,725	1,511,208	
2003/01		1.00	1.3271	1.3271		36	99.66	1,299,748	1,531,260	
2003/07		1.00	1.1664	1.1664		36	99.66	1,314,908	1,549,116	
2004/01	6,242	1.00	1.1103	1.1103		36	97.00	1,335,749	1,566,324	
2004/07		1.00	0.8378	0.8378		36	97.00	1,346,940	1,579,464	
2005/01		1.00	0.8595	0.8595		36	99.50	1,358,517	1,593,036	
2005/07		1.00	0.7364	0.7364		36	99.50	1,368,521	1,604,772	
2006/01	63,028	1.00	0.9068	0.9068		36	97.47	1,443,959	1,619,316	
2006/07		1.00	0.8133	0.8133		36	97.47	1,455,703	1,632,492	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 312789-00 - 2014/07

269.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/01	43,398	1.00	1.0133	1.0133		36	92.87	1,513,852	1,649,016	
2007/07		1.00	1.1050	1.1050		36	92.87	1,530,580	1,667,232	
2008/01		1.00	0.8556	0.8556		36	93.89	1,543,676	1,681,488	
2008/07		1.00	0.6104	0.6104		36	93.89	1,553,099	1,691,748	
2009/01		1.00	1.3268	1.3268		36	93.89	1,573,706	1,714,212	
2009/07	74,081	1.00	0.6841	0.6841		36	92.38	1,658,553	1,725,948	
2010/01	118,342	1.00	0.8643	0.8643		36	94.24	1,740,852	1,740,852	8
2010/07		1.00	0.7107	0.7107		36	94.24	1,753,224	1,753,236	
2011/01	85,331	1.00	0.9198	0.9198		36	94.38	1,769,364	1,769,364	8
2011/07		1.00	0.9028	0.9028		36	94.38	1,785,338	1,785,348	
2012/01	11,844	1.00	0.3865	0.3865		36	95.51	1,792,260	1,792,260	8
2012/07		0.95	0.9417	0.9417		36	95.51	1,808,294	1,809,144	
2013/01		0.95	0.4901	0.4901		36	95.51	1,816,713	1,818,000	
2013/07	44,404	0.90	0.6196	0.6196		36	97.03	1,829,268	1,829,268	8
2014/01	31,007	0.90	0.8564	0.8564		36	96.82	1,844,928	1,844,928	8
2014/07		0.85	1.2383	1.2383		36	96.82	1,864,348	1,867,788	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation |
| 8 Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 313424-00 - 2014/07

234.10

Hollywood Hills Rehabilitation Center, LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1200 N 35TH AVE	7/1/2012-6/30/2013	Number of Beds: 152	Superior: 0
HOLLYWOOD, FL 33021	Days in CR 365	Maximum: 55,480	Standard: 184
County: Broward [6]	First Used : 2014/07	Max Annualized: 55,480	Conditional: 0
Region: South Area: 10	Last Used: 2014/07	Total Patient: 47,305	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,237	Inflation
Current Class South Large	Initial CR? False	Medicaid: 25,943	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	54.84198%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.26496%	Cost: 1.03716397
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1970	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	108.54712%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2006	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med # 200204			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,609,409	1,992,013	1,412,969	679,447		5,693,838	
1a	Audit Adjustments							
2	Cost Per Diem	62.0363	76.7842	54.4644	26.1900		219.4749	
3	Cost Per Diem Inflated	64.3418	78.9127	56.4885				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	64.3418	78.9127	56.4885	26.1900		225.9330	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.0002		66.0366				
7	Provider Target Rate	64.3129		67.4125				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	78.9127	56.4885	13.6500		203.4688	
12/13	Medical Adjustment Rate		0.4299	0.3077				
14	Prospective Per Diem 11	54.4176	79.3426	56.7962	13.6500		204.2064	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 313424-00 - 2014/07

234.10

Rate Semester 07/01/2014 through 12/31/2014

Hollywood Hills Rehabilitation Center, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,323,889.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	5,131,434	12.7769
Indexed Asset Value	6,414,293	<60% of Base:	True	20% ROE(2):	1,282,859	0.3695
FRVS Base Asset:	3,129,551	Interest Rate:	9.5000%	Insurance Cost(3):	85,743	1.8126
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	111,917	2.3659
ROE Factor	0.014380	Amortization Rate:	12.5000%	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	103,792	0.0000
		Yearly Payment:	637,978	Total FRVS PD:		17.3249

- (1) 80% Capital (\$5,131,434) amortized at 12.5000 % for 20 years Interest of \$637,978 divided by annual available days (55480) divided by Occup. Adj. (0.900) = \$12.7769
- (2) 20% ROE (\$1,282,859) times the ROE factor (0.014380) divided by annual available days (55480) divided by Occup. Adj. (0.900) = \$0.3695
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	152	Effective PBS Limitation	4,332,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	79.3426	79.3426	1.4087	77.9339
Indirect Care	56.7962	56.7962	1.0084	55.7878
Property	13.6500	17.3249	0.3076	17.0173
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.0091
Supplemental Rate Add-on				9.9025
Totals	204.2064	207.8813	3.6909	234.1020

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 313424-00 - 2014/07

234.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	1,271,634	0.00				152	100.00	1,271,634	1,559,672	
1972/01		0.10	3.9787	3.0000	0.9787	152	100.00	1,275,449	1,621,688	
1972/07		0.10	5.9113	3.0000	2.9113	152	100.00	1,279,275	1,701,640	
1973/01	83,019	0.20	8.0622	3.0000	5.0622	152	100.00	1,369,970	1,789,344	
1973/07	21,289	0.20	10.7186	3.0000	7.7186	152	100.00	1,399,479	1,890,576	
1974/01	559,614	0.30	12.9457	3.0000	9.9457	152	100.00	1,971,688	1,989,376	
1974/07		0.30	13.0494	3.0000	10.0494	152	100.00	1,989,433	2,051,088	
1975/01		0.40	13.1399	3.0000	10.1399	152	100.00	2,013,306	2,114,472	
1975/07		0.40	14.2033	3.0000	11.2033	152	100.00	2,037,466	2,200,504	
1976/01		0.50	15.2478	3.0000	12.2478	152	100.00	2,068,028	2,289,424	
1976/07		0.50	15.7330	3.0000	12.7330	152	100.00	2,099,048	2,369,224	
1977/01		0.60	16.4836	3.0000	13.4836	152	100.00	2,136,831	2,458,144	
1977/07		0.60	18.5412	3.0000	15.5412	152	100.00	2,175,294	2,582,328	
1978/01		0.70	20.2809	3.0000	17.2809	152	100.00	2,220,975	2,704,840	
1978/07		0.70	22.8203	3.0000	19.8203	152	100.00	2,267,615	2,854,560	
1979/01		0.80	24.9476	3.0000	21.9476	152	100.00	2,322,038	3,000,936	
1979/07		0.80	26.1458	3.0000	23.1458	152	100.00	2,377,767	3,126,944	
1980/01		0.90	29.3115	3.0000	26.3115	152	40.46	2,424,995	3,319,832	
1980/07		0.90	30.1222	3.0000	27.1222	152	40.46	2,473,161	3,446,296	
1981/01		1.00	30.9462	3.0000	27.9462	152	46.79	2,536,281	3,578,080	
1981/07		1.00	30.5350	3.0000	27.5350	152	46.79	2,601,012	3,670,648	
1982/01		1.00	30.2110	3.0000	27.2110	152	45.46	2,665,508	3,768,992	
1982/07		1.00	29.5087	3.0000	26.5087	142	45.46	2,731,603	3,601,830	
1983/04		1.00	29.1375	3.0000	26.1375	142	53.60	2,811,465	3,696,544	
1983/07		1.00	30.0953	3.0000	27.0953	152	53.60	2,893,662	4,113,424	
1984/01		1.00	28.3905	3.0000	25.3905	152	33.07	2,945,858	4,166,776	
1984/07		1.00	27.3084	3.0000	24.3084	152	33.07	2,998,996	4,246,728	
1985/01		1.00	25.4555	3.0000	22.4555	152	39.48	3,063,578	4,295,368	
1985/10		1.00	23.3077	3.0000	20.3077	152	39.48	3,129,551	4,332,000	
1986/01		1.00	21.1376	3.0000	18.1376	142	39.92	3,197,696	4,080,654	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 313424-00 - 2014/07

234.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	142	39.92	3,267,324	4,072,844	
1987/01		1.00	16.4441	3.0000	13.4441	152	45.47	3,348,360	4,437,640	
1987/07		1.00	14.3448	3.0000	11.3448	152	45.47	3,431,405	4,472,296	
1988/01		1.00	12.2455	3.0000	9.2455	152	44.62	3,514,919	4,508,624	
1988/07		1.00	9.8354	3.0000	6.8354	152	44.62	3,600,466	4,506,192	
1989/01		1.00	7.4253	3.0000	4.4253	152	44.50	3,687,859	4,532,792	
1989/07		1.00	5.0152	3.0000	2.0152	152	44.50	3,777,373	4,563,496	
1990/01		1.00	2.6051	2.6051		152	48.36	3,863,897	4,586,448	
1990/07		1.00	0.5899	0.5899		152	48.36	3,883,938	4,613,504	
1991/01	1,434,932	1.00	0.5899	0.5899		152	49.95	4,640,560	4,640,560	5
1991/07		1.00	1.4932	1.4932		152	49.95	5,412,089	4,709,872	
1992/01		0.95	2.0117	2.0117		152	49.91	5,505,947	4,804,568	
1992/07		0.95	1.8152	1.8152		152	49.91	5,592,105	4,891,816	
1993/01		0.90	1.7710	1.7710		152	51.96	5,676,311	4,978,456	
1993/07		0.90	1.5329	1.5329		152	51.96	5,750,293	5,054,760	
1994/01		0.85	1.6983	1.6983		152	54.99	5,833,289	5,140,640	
1994/07		0.85	1.5991	1.5991		152	54.99	5,912,561	5,222,872	
1995/01		0.80	1.5812	1.5812		152	64.63	5,987,355	5,305,408	
1995/07		0.80	1.5250	1.5250		152	64.63	6,060,401	5,386,272	
1996/01		0.75	1.7228	1.7228		152	53.79	6,136,985	5,479,144	
1996/07		0.75	1.3294	1.3294		152	53.79	6,136,985	5,551,952	3
1997/01		0.70	1.4109	1.4109		152	59.86	6,136,985	5,630,232	3
1997/07		0.70	1.0917	1.0917		152	59.86	6,136,985	5,691,640	3
1998/01		0.65	1.1663	1.1663		152	64.11	6,136,985	5,758,064	3
1998/07		0.65	1.0794	1.0794		152	64.11	6,136,985	5,820,232	3
1999/01		0.60	1.4499	1.4499		152	64.11	6,136,985	5,904,592	3
1999/07		0.60	1.2299	1.2299		152	53.84	6,136,985	5,977,248	3
2000/01	31,446	0.55	1.3356	1.3356		152	48.41	6,136,985	6,057,048	3
2000/07		0.55	1.1129	1.1129		152	48.41	6,136,985	6,124,384	3
2001/01		0.50	1.2976	1.2976		152	49.13	6,172,552	6,203,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 313424-00 - 2014/07

234.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		152	49.13	6,199,062	6,263,464	
2002/01		0.45	1.0301	1.0301		152	44.22	6,222,163	6,327,912	
2002/07		0.45	0.8337	0.8337		152	44.22	6,222,163	6,380,656	5
2003/01		0.40	1.3271	1.3271		152	43.68	6,267,242	6,465,320	
2003/07		0.40	1.1664	1.1664		152	43.68	6,290,466	6,540,712	
2004/01		0.35	1.1103	1.1103		152	43.47	6,309,786	6,613,368	
2004/07		0.35	0.8378	0.8378		152	43.47	6,324,408	6,668,848	
2005/01		0.30	0.8595	0.8595		152	43.47	6,337,299	6,726,152	
2005/07		0.30	0.7364	0.7364		152	47.48	6,349,384	6,775,704	
2006/01		0.25	0.9068	0.9068		152	44.37	6,360,996	6,837,112	
2006/07		0.25	0.8133	0.8133		152	44.37	6,371,429	6,892,744	
2007/01		0.20	1.0133	1.0133		152	38.25	6,380,411	6,962,512	
2007/07		0.20	1.1050	1.1050		152	38.25	6,390,217	7,039,424	
2008/01		0.15	0.8556	0.8556		152	38.25	6,395,919	7,099,616	
2008/07		0.15	0.6104	0.6104		152	55.18	6,401,778	7,142,936	
2009/01		0.10	1.3268	1.3268		152	37.65	6,407,593	7,237,784	
2009/07		0.10	0.6841	0.6841		152	37.65	6,410,593	7,287,336	
2010/01		0.05	0.8643	0.8643		152	37.65	6,412,489	7,350,264	
2010/07		0.05	0.7107	0.7107		152	43.58	6,414,293	7,402,552	
2011/01		0.00	0.9198	0.9198		152	43.58	6,414,293	7,470,648	
2011/07		0.00	0.9028	0.9028		152	42.89	6,414,293	7,538,136	
2012/01		0.00	0.3865	0.3865		152	42.89	6,414,293	7,567,320	
2012/07		0.00	0.9417	0.9417		152	44.40	6,414,293	7,638,608	
2013/01		0.00	0.4901	0.4901		152	44.40	6,414,293	7,676,000	
2013/07		0.00	0.6196	0.6196		152	51.33	6,414,293	7,723,576	
2014/01		0.00	0.8564	0.8564		152	51.33	6,414,293	7,789,696	
2014/07		0.00	1.2383	1.2383		152	54.84	6,414,293	7,886,216	

Message Code:

- | | |
|---|--------------------------------------|
| 3 | Index Cost Limitation - January 1996 |
| 5 | Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 313718-00 - 2014/07

218.22

Lutheran Haven Nursing Home

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : Church CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1525 HAVEN DRIVE	9/1/2012-8/31/2013	Number of Beds: 42	Superior: 0
OVIEDO, FL 32765	Days in CR 365	Maximum: 15,330	Standard: 165
County: Seminole [59]	First Used : 2014/07	Max Annualized: 15,330	Conditional: 19
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 13,275	Total: 184
Control: Nonprofit : Church	Unaudited	Medicare: 2,572	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 5,939	FY Index: 1.30580299
Class at 1/94: North Small	Medical Utilization	44.73823%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	86.59491%	Cost: 1.03158969
Open Date: 12/17/2005	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/17/2005	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21049917
Entered Medicaid 12/16/2005	Low Occupancy Adjustment Factor:	110.24023%	DC Sem Index: 1.24200000
Med # Active Date: 12/16/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02602301
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	396,309	485,560	353,376	155,008		1,390,253	
1a	Audit Adjustments							
2	Cost Per Diem	66.7299	81.7579	59.5009	26.1000		234.0887	
3	Cost Per Diem Inflated	68.8379	83.8855	61.3805				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	68.8379	83.8855	61.3805	26.1000		240.2039	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	60.2371		65.7198				
7	Provider Target Rate	61.4922		67.0891				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500			
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442				
10	Target Rate Class Ceiling	61.3634		72.4862				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	58.1332	83.8855	61.3805	13.6500		217.0492	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	58.1332	83.8855	61.3805	13.6500		217.0492	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 313718-00 - 2014/07

218.22

Rate Semester 07/01/2014 through 12/31/2014

Lutheran Haven Nursing Home

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/16/2005	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,663,145.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,653,211	6.0758
RS to Start Calcs:	2005/07	<60% of Base:	False	20% ROE(2):	413,303	0.4712
Indexed Asset Value	2,066,514	Interest Rate:	0.1400%	Insurance Cost(3):	28,432	2.1418
FRVS Base Asset:	1,858,542	Chase Rate:	3.2500%	Taxes Cost(3):	0	0.0000
Occup Adj Factor	0.9000	Amortization Rate:	0.1400%	Home Office(3):	0	0.0000
ROE Factor	0.015730	Interest Only:	False	Replacement(3&4):	61,670	0.0000
		Yearly Payment:	83,828	Total FRVS PD:		8.6888

- (1) 80% Capital (\$1,653,211) amortized at 0.1400 % for 20 years Principal & Interest of \$83,828 divided by annual available days (15330) divided by Occup. Adj. (0.900) = \$6.0758
- (2) 20% ROE (\$413,303) times the ROE factor (0.015730) divided by annual available days (15330) divided by Occup. Adj. (0.900) = \$0.4712
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	44,251
Comparison Date:	01/01/2005	Current RS PBS:	51,883
Comparison Bed	42	Effective PBS Limitation	1,858,542

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	58.1332	58.1332	1.0322	57.1010
Direct Care	83.8855	83.8855	1.4894	82.3961
Indirect Care	61.3805	61.3805	1.0898	60.2907
Property	13.6500	8.6888	0.1543	8.5345
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	217.0492	212.0880	3.7657	218.2248

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 313718-00 - 2014/07

218.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07	5,804,654	0.00	0.7364	0.7364		42	33.26	1,858,542	1,858,542	1
2006/01		0.10	0.9068	0.9068		42	33.26	1,859,561	1,889,202	
2006/07		0.10	0.8133	0.8133		42	33.26	1,860,475	1,904,574	
2007/01		0.20	1.0133	1.0133		42	33.26	1,862,756	1,923,852	
2007/07		0.20	1.1050	1.1050		42	33.26	1,865,245	1,945,104	
2008/01		0.30	0.8556	0.8556		42	33.26	1,868,140	1,961,736	
2008/07		0.30	0.6104	0.6104		42	47.85	1,871,116	1,973,706	
2009/01		0.40	1.3268	1.3268		42	47.85	1,879,755	1,999,914	
2009/07		0.40	0.6841	0.6841		42	50.47	1,884,474	2,013,606	
2010/01		0.50	0.8643	0.8643		42	50.47	1,891,948	2,030,994	
2010/07		0.50	0.7107	0.7107		42	48.03	1,897,820	2,045,442	
2011/01		0.60	0.9198	0.9198		42	48.03	1,906,967	2,064,258	
2011/07	84,945	0.60	0.9028	0.9028		42	42.34	1,999,864	2,082,906	
2012/01		0.70	0.3865	0.3865		42	42.34	2,004,030	2,090,970	
2012/07		0.70	0.9417	0.9417		42	54.79	2,017,190	2,110,668	
2013/01		0.80	0.4901	0.4901		42	54.79	2,025,069	2,121,000	
2013/07		0.80	0.6196	0.6196		42	48.93	2,033,999	2,134,146	
2014/01		0.90	0.8564	0.8564		42	48.93	2,047,947	2,152,416	
2014/07		0.90	1.2383	1.2383		42	44.74	2,066,514	2,179,086	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 315664-00 - 2014/07

224.05

Life Care Center of Pensacola

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3291 EAST OLIVE RD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
PENSACOLA, FL 32514	Days in CR 365	Maximum: 43,800	Standard: 184
County: Escambia [17]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 1	Last Used: 2014/07	Total Patient: 38,942	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 24,069	Inflation
Current Class North Large	Initial CR? False	Medicaid: 12,797	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	32.86169%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	88.90868%	Cost: 1.02471376
Open Date: 06/09/2006	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/09/2006	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 06/01/2006	Low Occupancy Adjustment Factor:	113.18579%	DC Sem Index: 1.24200000
Med # Active Date: 06/01/2006	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	563,286	1,093,897	825,187	512,904		2,995,274
1a	Audit Adjustments						
2	Cost Per Diem	44.0170	85.4807	64.4828	40.0800		234.0605
3	Cost Per Diem Inflated	45.1048	87.3803	66.0764			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.1048	87.3803	66.0764	40.0800		238.6415
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.8307		86.1101			
7	Provider Target Rate	70.2649		87.9043			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500		
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527			
10	Target Rate Class Ceiling	50.8465		60.1169			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.1048	87.3803	60.1169	13.6500		206.2520
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	45.1048	87.3803	60.1169	13.6500		206.2520
15	Inflated Usual & Customary Charge						0.00
Usual and Customary Limitations not applied after 7/1/2002.							



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 315664-00 - 2014/07

224.05

Rate Semester 07/01/2014 through 12/31/2014

Life Care Center of Pensacola

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/01/2006	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	11,530,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,740,146 9.7233
RS to Start Calcs:	2006/01	<60% of Base:	False	20% ROE(2):	1,185,036 0.5637
Indexed Asset Value	5,925,182	Interest Rate:	6.0000%	Insurance Cost(3):	29,673 0.7620
FRVS Base Asset:	478,329	Chase Rate:	3.2500%	Taxes Cost(3):	88,167 2.2641
Occup Adj Factor	0.9000	Amortization Rate:	5.2500%	Home Office(3):	50,677 1.3013
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	78,203 0.0000
		Yearly Payment:	383,294	Total FRVS PD:	14.6144

- (1) 80% Capital (\$4,740,146) amortized at 5.2500 % for 20 years Principal & Interest of \$383,294 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.7233
- (2) 20% ROE (\$1,185,036) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5637
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	44,577
Comparison Date: 07/01/2005	Current RS PBS:	51,883
Comparison Bed 120	Effective PBS Limitation	5,349,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.1048	45.1048	0.8008	44.3040
Direct Care	87.3803	87.3803	1.5514	85.8289
Indirect Care	60.1169	60.1169	1.0674	59.0495
Property	13.6500	14.6144	0.2595	14.3549
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				10.6106
Supplemental Rate Add-on				9.9025
Totals	206.2520	207.2164	3.6791	224.0504

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 315664-00 - 2014/07

224.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01	478,329	0.00	0.9068	0.9068		120	12.24	478,329	5,397,720	
2006/07	14,372,169	0.10	0.8133	0.8133		120	12.24	5,441,640	5,441,640	8
2007/01	215,299	0.10	1.0133	1.0133		120	12.24	5,496,720	5,496,720	8
2007/07	13,559	0.20	1.1050	1.1050		120	12.24	5,510,279	5,557,440	
2008/01		0.20	0.8556	0.8556		120	12.24	5,510,279	5,604,960	
2008/07		0.30	0.6104	0.6104		120	12.24	5,510,279	5,639,160	
2009/01		0.30	1.3268	1.3268		120	12.24	5,510,279	5,714,040	
2009/07		0.40	0.6841	0.6841		120	12.24	5,510,279	5,753,160	
2010/01	132,700	0.40	0.8643	0.8643		120	24.96	5,642,979	5,802,840	
2010/07		0.50	0.7107	0.7107		120	24.96	5,642,979	5,844,120	
2011/01	26,561	0.50	0.9198	0.9198		120	36.01	5,686,532	5,897,880	
2011/07		0.60	0.9028	0.9028		120	36.01	5,706,700	5,951,160	
2012/01	21,007	0.60	0.3865	0.3865		120	40.69	5,737,498	5,974,200	
2012/07		0.70	0.9417	0.9417		120	40.69	5,765,479	6,030,480	
2013/01		0.70	0.4901	0.4901		120	36.11	5,778,466	6,060,000	
2013/07		0.80	0.6196	0.6196		120	36.11	5,797,272	6,097,560	
2014/01	36,137	0.80	0.8564	0.8564		120	32.62	5,856,965	6,149,760	
2014/07	29,218	0.90	1.2383	1.2383		120	32.86	5,925,182	6,225,960	

Message Code:

8 Limited to Current RS Per Bed Standard



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 316075-00 - 2014/07

229.23

Westwood Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1001 MAR-WALT DRIVE	1/1/2012-12/31/2012	Number of Beds: 60	Superior: 0
FORT WALTON BEACH , FL 32548	Days in CR 366	Maximum: 21,960	Standard: 175
County: Okaloosa [46]	First Used : 2013/07	Max Annualized: 21,900	Conditional: 9
Region: North Area: 1	Last Used: 2014/07	Total Patient: 19,048	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,820	Inflation
Current Class North Small	Initial CR? False	Medicaid: 5,724	FY Index: 1.28335532
Class at 1/94: North Small	Medical Utilization	30.05040%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	86.73953%	Cost: 1.04963363
Open Date: 07/01/1985	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1985	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 07/01/1985	Low Occupancy Adjustment Factor:	110.42434%	DC Sem Index: 1.24200000
Med # Active Date: 03/31/2006	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 225061			PS Target: 1.02083595

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	50.7387	78.9532	66.5379				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.7387	78.9532	66.5379	11.8201	3.3038	211.3537	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.0551		66.7342				
7	Provider Target Rate	56.2022		68.1247				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	53.3690	93.7426	69.3890	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.6361		65.1932				
10	Target Rate Class Ceiling	54.4184		66.1441				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	50.7387	78.9532	66.1441	11.8201	3.3038	210.9599	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	50.7387	78.9532	66.1441	11.8201	3.3038	210.9599	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 316075-00 - 2014/07

229.23

Rate Semester 07/01/2014 through 12/31/2014

Westwood Health Care Center

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
	3,807,470.00				
Type:	Variable	80% Capital(1):	1,070,560	5.1129	
<60% of Base:	False	20% ROE(2):	267,640	0.1980	
Interest Rate:	7.1519%	Insurance Cost(3):	15,388	0.8079	
Chase Rate:	7.7500%	Taxes Cost(3):	13,024	0.6837	
Amortization Rate:	7.1519%	Home Office(3):	49,498	2.5986	
Interest Only:	False	Replacement(3&4):	0	0.0000	
Yearly Payment:	100,775	Total FRVS PD:		9.4011	

- (1) 80% Capital (\$1,070,560) amortized at 7.1519 % for 20 years Principal & Interest of \$100,775 divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$5.1129
- (2) 20% ROE (\$267,640) times the ROE factor (0.014580) divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$0.1980
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.7387	50.7387	0.9009	49.8378
Direct Care	78.9532	78.9532	1.4018	77.5514
Indirect Care	66.1441	66.1441	1.1744	64.9697
Property	11.8201	9.4011	0.2099	11.6102
ROE	3.3038	2.8440	0.0587	3.2451
ROE Adjustment	-2.8440	-2.8440	-0.0505	-2.7935
Quality Assess-Medicaid Share				14.9097
Supplemental Rate Add-on				9.9025
Totals	208.1159	205.2371	3.6952	229.2329

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 316075-00 - 2014/07

229.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	892,330	0.00	0.8522	0.8522		60	28.81	892,330	1,710,000	
1986/01		0.10	0.8299	0.8299		60	28.81	892,718	1,724,220	
1986/07		0.10	0.2974	0.2974		60	28.81	892,857	1,720,920	
1987/01		0.20	1.0091	1.0091		60	28.81	893,801	1,751,700	
1987/07		0.20	0.9007	0.9007		60	28.81	894,644	1,765,380	
1988/01		0.30	0.9007	0.9007		60	24.19	894,644	1,779,720	
1988/07		0.30	0.5899	0.5899		60	24.19	894,644	1,778,760	
1989/01		0.40	0.5899	0.5899		60	28.66	895,744	1,789,260	
1989/07		0.40	0.5899	0.5899		60	28.66	896,846	1,801,380	
1990/01		0.50	0.5899	0.5899		60	26.86	898,138	1,810,440	
1990/07		0.50	0.5899	0.5899		60	26.86	899,432	1,821,120	
1991/01		0.60	0.5899	0.5899		60	25.20	900,890	1,831,800	
1991/07		0.60	1.4932	1.4932		60	25.20	904,588	1,859,160	
1992/01	14,234	0.70	2.0117	2.0117		60	23.27	918,822	1,896,540	
1992/07		0.70	1.8152	1.8152		60	23.27	918,822	1,930,980	
1993/01		0.80	1.7710	1.7710		60	26.83	925,172	1,965,180	
1993/07		0.80	1.5329	1.5329		60	26.83	930,706	1,995,300	
1994/01	16,162	0.90	1.6983	1.6983		60	25.36	953,427	2,029,200	
1994/07		0.90	1.5991	1.5991		60	25.36	959,754	2,061,660	
1995/01		1.00	1.5812	1.5812		60	23.73	959,754	2,094,240	
1995/07		1.00	1.5250	1.5250		60	23.73	959,754	2,126,160	
1996/01		1.00	1.7228	1.7228		60	21.17	959,754	2,162,820	
1996/07		1.00	1.3294	1.3294		60	21.17	959,754	2,191,560	
1997/01		1.00	1.4109	1.4109		60	25.92	966,136	2,222,460	
1997/07		1.00	1.0917	1.0917		60	25.92	971,107	2,246,700	
1998/01		1.00	1.1663	1.1663		60	25.92	976,445	2,272,920	
1998/07		1.00	1.0794	1.0794		60	34.40	983,037	2,297,460	
1999/01	856	1.00	1.4499	1.4499		60	34.04	992,714	2,330,760	
1999/07		1.00	1.2299	1.2299		60	34.04	1,000,271	2,359,440	
2000/01	87,811	1.00	1.3356	1.3356		60	39.30	1,097,628	2,390,940	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 316075-00 - 2014/07

229.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		60	39.30	1,106,357	2,417,520	
2001/01		1.00	1.2976	1.2976		60	39.30	1,116,615	2,448,900	
2001/07		1.00	0.9615	0.9615		60	39.30	1,124,287	2,472,420	
2002/01		1.00	1.0301	1.0301		60	39.30	1,124,287	2,497,860	5
2002/07	27,259	1.00	0.8337	0.8337		60	42.36	1,167,093	2,518,680	
2003/01		1.00	1.3271	1.3271		60	42.36	1,179,022	2,552,100	
2003/07		1.00	1.1664	1.1664		60	41.89	1,189,496	2,581,860	
2004/01		1.00	1.1103	1.1103		60	41.89	1,199,555	2,610,540	
2004/07		1.00	0.8378	0.8378		60	39.32	1,206,740	2,632,440	
2005/01		1.00	0.8595	0.8595		60	39.32	1,214,155	2,655,060	
2005/07		1.00	0.7364	0.7364		60	39.32	1,220,547	2,674,620	
2006/01		0.95	0.9068	0.9068		60	43.89	1,228,938	2,698,860	
2006/07		0.95	0.8133	0.8133		60	43.89	1,236,515	2,720,820	
2007/01		0.90	1.0133	1.0133		60	43.89	1,245,514	2,748,360	
2007/07		0.90	1.1050	1.1050		60	43.89	1,255,399	2,778,720	
2008/01		0.85	0.8556	0.8556		60	43.89	1,262,685	2,802,480	
2008/07		0.85	0.6104	0.6104		60	43.89	1,267,913	2,819,580	
2009/01	14,959	0.80	1.3268	1.3268		60	43.89	1,293,611	2,857,020	
2009/07		0.80	0.6841	0.6841		60	43.89	1,299,261	2,876,580	
2010/01		0.75	0.8643	0.8643		60	33.22	1,304,348	2,901,420	
2010/07		0.75	0.7107	0.7107		60	33.22	1,308,547	2,922,060	
2011/01		0.70	0.9198	0.9198		60	33.11	1,313,619	2,948,940	
2011/07		0.70	0.9028	0.9028		60	33.11	1,318,617	2,975,580	
2012/01		0.65	0.3865	0.3865		60	40.42	1,321,051	2,987,100	
2012/07		0.65	0.9417	0.9417		60	27.86	1,325,147	3,015,240	
2013/01		0.60	0.4901	0.4901		60	27.86	1,327,121	3,030,000	
2013/07		0.60	0.6196	0.6196		60	30.05	1,329,817	3,048,780	
2014/01		0.55	0.8564	0.8564		60	30.05	1,329,817	3,074,880	5
2014/07		0.55	1.2383	1.2383		60	30.05	1,338,200	3,112,980	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 316628-00 - 2014/07

186.46

Laurellwood Nursing Center, Inc.

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3127 57TH AVE N	6/1/2012-5/31/2013	Number of Beds: 60	Superior: 0
SAINT PETERSBURG, FL 33714	Days in CR 365	Maximum: 21,900	Standard: 184
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 21,900	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 19,344	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 1,896	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 16,493	FY Index: 1.29575017
Class at 1/94: North Small	Medical Utilization	85.26158%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	88.32877%	Cost: 1.03959307
Open Date: 03/01/1980	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/01/1980	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 03/01/1980	Low Occupancy Adjustment Factor:	112.44753%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 257206			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	554,510	1,136,396	575,831	293,740		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	34.9521	70.8704	36.2960				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	34.9521	70.8704	36.2960	17.8100		159.9285	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.6481		62.0530				
7	Provider Target Rate	53.7451		63.3459				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500			
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442				
10	Target Rate Class Ceiling	61.3634		72.4862				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	34.9521	70.8704	36.2960	13.6500		155.7685	
12/13	Medical Adjustment Rate		2.8114	1.4398				
14	Prospective Per Diem 11	34.9521	73.6818	37.7358	13.6500		160.0197	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 316628-00 - 2014/07

186.46

Rate Semester 07/01/2014 through 12/31/2014

Laurellwood Nursing Center, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/01/1996	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,500,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,185,190 5.8130
RS to Start Calcs:	1980/01	<60% of Base:	False	20% ROE(2):	296,298 0.2114
Indexed Asset Value	1,481,488	Interest Rate:	7.5000%	Insurance Cost(3):	3,003 0.1552
FRVS Base Asset:	764,013	Chase Rate:	7.2500%	Taxes Cost(3):	13,181 0.6814
Occup Adj Factor	0.9000	Amortization Rate:	7.5000%	Home Office(3):	14,840 0.7672
ROE Factor	0.014060	Interest Only:	False	Replacement(3&4):	37,099 0.0000
		Yearly Payment:	114,574	Total FRVS PD:	7.6282

- (1) 80% Capital (\$1,185,190) amortized at 7.5000 % for 20 years Principal & Interest of \$114,574 divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$5.8130
- (2) 20% ROE (\$296,298) times the ROE factor (0.014060) divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$0.2114
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	34.9521	34.9521	0.6206	34.3315
Direct Care	73.6818	73.6818	1.3082	72.3736
Indirect Care	37.7358	37.7358	0.6700	37.0658
Property	13.6500	7.6282	0.1354	7.4928
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.2905
Supplemental Rate Add-on				9.9025
Totals	160.0197	153.9979	2.7342	186.4567

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 316628-00 - 2014/07

186.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/01	676,021	0.00	6.1657	3.0000	3.1657	60	55.00	676,021	1,310,460	
1980/07		0.10	6.9764	3.0000	3.9764	60	55.00	678,049	1,360,380	
1981/01		0.10	7.8004	3.0000	4.8004	60	61.93	680,083	1,412,400	
1981/07	2,450	0.20	7.3892	3.0000	4.3892	60	61.93	686,613	1,448,940	
1982/01		0.20	7.0652	3.0000	4.0652	60	55.61	690,733	1,487,760	
1982/07	8,167	0.30	6.3629	3.0000	3.3629	60	55.61	705,117	1,521,900	
1983/04	5,151	0.30	5.9917	3.0000	2.9917	60	63.60	716,614	1,561,920	
1983/07		0.40	6.9495	3.0000	3.9495	60	63.60	725,213	1,623,720	
1984/01	4,887	0.40	5.2447	3.0000	2.2447	60	68.09	738,803	1,644,780	
1984/07	1,563	0.50	4.1626	3.0000	1.1626	60	68.09	751,448	1,676,340	
1985/01		0.50	2.3097	2.3097		60	68.09	760,126	1,695,540	
1985/10		0.60	0.8522	0.8522		60	68.09	764,013	1,710,000	
1986/01		0.60	0.8299	0.8299		60	68.09	767,817	1,724,220	
1986/07		0.70	0.2974	0.2974		60	69.40	769,416	1,720,920	
1987/01		0.70	1.0091	1.0091		60	74.89	774,851	1,751,700	
1987/07		0.80	0.9007	0.9007		60	74.89	780,435	1,765,380	
1988/01		0.80	0.9007	0.9007		60	75.50	786,059	1,779,720	
1988/07	19,531	0.90	0.5899	0.5899		60	75.50	809,763	1,778,760	
1989/01		0.90	0.5899	0.5899		60	77.32	814,062	1,789,260	
1989/07		1.00	0.5899	0.5899		60	77.32	818,864	1,801,380	
1990/01	86,756	1.00	0.5899	0.5899		60	73.24	910,450	1,810,440	
1990/07		1.00	0.5899	0.5899		60	73.24	915,821	1,821,120	
1991/01	12,672	1.00	0.5899	0.5899		60	83.96	933,895	1,831,800	
1991/07		1.00	1.4932	1.4932		60	83.96	947,840	1,859,160	
1992/01		1.00	2.0117	2.0117		60	83.96	966,908	1,896,540	
1992/07		1.00	1.8152	1.8152		60	83.92	984,459	1,930,980	
1993/01		1.00	1.7710	1.7710		60	85.40	1,001,894	1,965,180	
1993/07		1.00	1.5329	1.5329		60	85.40	1,017,252	1,995,300	
1994/01		1.00	1.6983	1.6983		60	85.40	1,034,528	2,029,200	
1994/07		1.00	1.5991	1.5991		60	81.77	1,051,071	2,061,660	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 316628-00 - 2014/07

186.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01		1.00	1.5812	1.5812		60	81.35	1,067,691	2,094,240	
1995/07		1.00	1.5250	1.5250		60	81.35	1,083,973	2,126,160	
1996/01		1.00	1.7228	1.7228		60	81.99	1,102,648	2,162,820	
1996/07		1.00	1.3294	1.3294		60	74.37	1,117,307	2,191,560	
1997/01		1.00	1.4109	1.4109		60	74.37	1,133,071	2,222,460	
1997/07		1.00	1.0917	1.0917		60	74.37	1,145,441	2,246,700	
1998/01		1.00	1.1663	1.1663		60	74.37	1,158,800	2,272,920	
1998/07		1.00	1.0794	1.0794		60	74.37	1,171,308	2,297,460	
1999/01	14,384	1.00	1.4499	1.4499		60	71.34	1,202,675	2,330,760	
1999/07	18,303	1.00	1.2299	1.2299		60	73.50	1,235,770	2,359,440	
2000/01		1.00	1.3356	1.3356		60	73.50	1,252,275	2,390,940	
2000/07		0.95	1.1129	1.1129		60	76.81	1,265,515	2,417,520	
2001/01		0.95	1.2976	1.2976		60	76.81	1,281,115	2,448,900	
2001/07		0.90	0.9615	0.9615		60	76.81	1,292,202	2,472,420	
2002/01		0.90	1.0301	1.0301		60	72.47	1,304,182	2,497,860	
2002/07		0.85	0.8337	0.8337		60	75.56	1,313,423	2,518,680	
2003/01		0.85	1.3271	1.3271		60	75.56	1,328,238	2,552,100	
2003/07		0.80	1.1664	1.1664		60	75.56	1,340,632	2,581,860	
2004/01		0.80	1.1103	1.1103		60	75.56	1,352,539	2,610,540	
2004/07		0.75	0.8378	0.8378		60	75.56	1,361,038	2,632,440	
2005/01		0.75	0.8595	0.8595		60	79.48	1,369,811	2,655,060	
2005/07		0.70	0.7364	0.7364		60	74.43	1,376,872	2,674,620	
2006/01		0.70	0.9068	0.9068		60	74.43	1,385,612	2,698,860	
2006/07		0.65	0.8133	0.8133		60	74.43	1,392,936	2,720,820	
2007/01		0.65	1.0133	1.0133		60	74.43	1,402,110	2,748,360	
2007/07		0.60	1.1050	1.1050		60	74.43	1,411,406	2,778,720	
2008/01		0.60	0.8556	0.8556		60	74.43	1,418,652	2,802,480	
2008/07		0.55	0.6104	0.6104		60	74.43	1,423,414	2,819,580	
2009/01		0.55	1.3268	1.3268		60	74.43	1,433,801	2,857,020	
2009/07		0.50	0.6841	0.6841		60	78.53	1,438,706	2,876,580	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 316628-00 - 2014/07

186.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		0.50	0.8643	0.8643		60	79.58	1,444,924	2,901,420	
2010/07		0.45	0.7107	0.7107		60	79.58	1,449,545	2,922,060	
2011/01		0.45	0.9198	0.9198		60	83.46	1,455,545	2,948,940	
2011/07		0.40	0.9028	0.9028		60	83.46	1,460,801	2,975,580	
2012/01		0.40	0.3865	0.3865		60	81.33	1,463,059	2,987,100	
2012/07		0.35	0.9417	0.9417		60	81.33	1,467,881	3,015,240	
2013/01		0.35	0.4901	0.4901		60	82.64	1,470,398	3,030,000	
2013/07		0.30	0.6196	0.6196		60	82.64	1,473,131	3,048,780	
2014/01		0.30	0.8564	0.8564		60	85.26	1,476,915	3,074,880	
2014/07		0.25	1.2383	1.2383		60	85.26	1,481,488	3,112,980	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014

ID: 316628053120130601201210092013080519



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 316636-00 - 2014/07

225.52

HarbourWood Nursing Center, Inc.

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
549 SKY HARBOR DR	6/1/2012-5/31/2013	Number of Beds: 120	Superior: 0
CLEARWATER, FL 33759	Days in CR 365	Maximum: 43,800	Standard: 184
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 36,513	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 2,608	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 26,376	FY Index: 1.29575017
Class at 1/94: North Large	Medical Utilization	72.23729%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	83.36301%	Cost: 1.03959307
Open Date: 07/03/1996	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/03/1996	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 07/03/1996	Low Occupancy Adjustment Factor:	106.12583%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 251577			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,132,638	2,317,608	1,032,611	657,817		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	44.6422	90.3787	40.6997				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.6422	90.3787	40.6997	24.9400		200.6606	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1212		53.3361				
7	Provider Target Rate	45.0405		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.6422	90.3787	40.6997	13.6500		189.3706	
12/13	Medical Adjustment Rate		2.2610	1.0182				
14	Prospective Per Diem 11	44.6422	92.6397	41.7179	13.6500		192.6498	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

0 316636-00 - 2014/07

225.52

Rate Semester 07/01/2014 through 12/31/2014

HarbourWood Nursing Center, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 07/03/1996		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,560,000.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable	80% Capital(1):	4,408,469	10.2041
Indexed Asset Value	5,510,586	<60% of Base:	False	20% ROE(2):	1,102,117	0.3931
FRVS Base Asset:	4,325,640	Interest Rate:	6.7500%	Insurance Cost(3):	12,754	0.3493
Occup Adj Factor	0.9000	Chase Rate:	7.0000%	Taxes Cost(3):	87,923	2.4080
ROE Factor	0.014060	Amortization Rate:	6.7500%	Home Office(3):	35,339	0.9678
		Interest Only:	False	Replacement(3&4):	21,130	0.0000
		Yearly Payment:	402,245	Total FRVS PD:		14.3223

- (1) 80% Capital (\$4,408,469) amortized at 6.7500 % for 20 years Principal & Interest of \$402,245 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.2041
 (2) 20% ROE (\$1,102,117) times the ROE factor (0.014060) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3931
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	01/01/1996	Current RS PBS:	36,047
Comparison Bed	120	Effective PBS Limitation	51,883
			4,325,640

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.6422	44.6422	0.7926	43.8496
Direct Care	92.6397	92.6397	1.6448	90.9949
Indirect Care	41.7179	41.7179	0.7407	40.9772
Property	13.6500	14.3223	0.2543	14.0680
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.7281
Supplemental Rate Add-on				9.9025
Totals	192.6498	193.3221	3.4324	225.5203

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 316636-00 - 2014/07

225.52

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	5,791,629	0.00	1.3294	1.3294		120	38.78	4,325,640	4,325,640	1
1997/01		0.10	1.4109	1.4109		120	38.78	4,329,944	4,444,920	
1997/07		0.10	1.0917	1.0917		120	38.78	4,333,278	4,493,400	
1998/01		0.20	1.1663	1.1663		120	38.78	4,333,278	4,545,840	5
1998/07		0.20	1.0794	1.0794		120	38.78	4,347,013	4,594,920	
1999/01		0.30	1.4499	1.4499		120	38.78	4,360,346	4,661,520	
1999/07		0.30	1.2299	1.2299		120	51.10	4,375,295	4,718,880	
2000/01		0.40	1.3356	1.3356		120	51.10	4,397,010	4,781,880	
2000/07		0.40	1.1129	1.1129		120	54.55	4,416,425	4,835,040	
2001/01		0.50	1.2976	1.2976		120	54.55	4,444,844	4,897,800	
2001/07		0.50	0.9615	0.9615		120	65.42	4,466,215	4,944,840	
2002/01		0.60	1.0301	1.0301		120	65.42	4,493,821	4,995,720	
2002/07		0.60	0.8337	0.8337		120	65.42	4,516,299	5,037,360	
2003/01		0.70	1.3271	1.3271		120	65.42	4,558,255	5,104,200	
2003/07		0.70	1.1664	1.1664		120	65.42	4,595,473	5,163,720	
2004/01		0.80	1.1103	1.1103		120	65.42	4,636,290	5,221,080	
2004/07		0.80	0.8378	0.8378		120	58.53	4,667,362	5,264,880	
2005/01		0.90	0.8595	0.8595		120	58.53	4,667,362	5,310,120	5
2005/07		0.90	0.7364	0.7364		120	63.85	4,734,644	5,349,240	
2006/01		1.00	0.9068	0.9068		120	63.85	4,777,578	5,397,720	
2006/07		1.00	0.8133	0.8133		120	63.85	4,816,434	5,441,640	
2007/01		1.00	1.0133	1.0133		120	63.85	4,865,239	5,496,720	
2007/07		1.00	1.1050	1.1050		120	63.85	4,919,000	5,557,440	
2008/01		1.00	0.8556	0.8556		120	63.85	4,961,087	5,604,960	
2008/07		1.00	0.6104	0.6104		120	63.85	4,991,369	5,639,160	
2009/01		1.00	1.3268	1.3268		120	63.85	5,057,594	5,714,040	
2009/07		1.00	0.6841	0.6841		120	59.23	5,092,193	5,753,160	
2010/01		1.00	0.8643	0.8643		120	57.65	5,136,205	5,802,840	
2010/07		1.00	0.7107	0.7107		120	57.65	5,172,708	5,844,120	
2011/01		1.00	0.9198	0.9198		120	61.27	5,220,287	5,897,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 316636-00 - 2014/07

225.52

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		1.00	0.9028	0.9028		120	61.27	5,267,416	5,951,160	
2012/01		1.00	0.3865	0.3865		120	72.20	5,287,775	5,974,200	
2012/07		1.00	0.9417	0.9417		120	72.20	5,337,570	6,030,480	
2013/01		1.00	0.4901	0.4901		120	67.02	5,363,729	6,060,000	
2013/07		1.00	0.6196	0.6196		120	67.02	5,396,963	6,097,560	
2014/01		1.00	0.8564	0.8564		120	72.24	5,443,183	6,149,760	
2014/07		1.00	1.2383	1.2383		120	72.24	5,510,586	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 316636053120130601201207152013131501



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 316644-00 - 2014/07

187.18

GraceWood Nursing Center, Inc.

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
8600 US HWY 19 N	6/1/2012-5/31/2013	Number of Beds: 120	Superior: 0
PINELLAS PARK, FL 33782	Days in CR 365	Maximum: 43,800	Standard: 184
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 41,885	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 3,903	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 36,029	FY Index: 1.29575017
Class at 1/94: North Large	Medical Utilization	86.01886%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.62785%	Cost: 1.03959307
Open Date: 12/21/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/21/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 12/21/1984	Low Occupancy Adjustment Factor:	121.73967%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 228583			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,213,881	2,545,033	1,052,942	740,396		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	35.0258	72.6568	30.3819				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	35.0258	72.6568	30.3819	20.5500		158.6145	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1212		53.3361				
7	Provider Target Rate	45.0405		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	35.0258	72.6568	30.3819	13.6500		151.7145	
12/13	Medical Adjustment Rate		2.9441	1.2311				
14	Prospective Per Diem 11	35.0258	75.6009	31.6130	13.6500		155.8897	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 316644-00 - 2014/07

187.18

Rate Semester 07/01/2014 through 12/31/2014

GraceWood Nursing Center, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/1998	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,500,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,270,142	10.2740
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	1,067,536	0.3808
Indexed Asset Value	5,337,678	Interest Rate:	7.2500%	Insurance Cost(3):	9,114	0.2176
FRVS Base Asset:	3,239,533	Chase Rate:	7.2500%	Taxes Cost(3):	74,761	1.7849
Occup Adj Factor	0.9000	Amortization Rate:	7.2500%	Home Office(3):	29,775	0.7109
ROE Factor	0.014060	Interest Only:	False	Replacement(3&4):	58,134	0.0000
		Yearly Payment:	405,002	Total FRVS PD:		13.3682

- (1) 80% Capital (\$4,270,142) amortized at 7.2500 % for 20 years Principal & Interest of \$405,002 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.2740
- (2) 20% ROE (\$1,067,536) times the ROE factor (0.014060) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3808
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	35.0258	35.0258	0.6219	34.4039
Direct Care	75.6009	75.6009	1.3423	74.2586
Indirect Care	31.6130	31.6130	0.5613	31.0517
Property	13.6500	13.3682	0.2374	13.1308
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.4297
Supplemental Rate Add-on				9.9025
Totals	155.8897	155.6079	2.7629	187.1772

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 316644-00 - 2014/07

187.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	3,218,368	0.00	1.9179	1.9179		120	44.70	3,218,368	3,352,680	
1985/01	13,998	0.10	1.1471	1.1471		120	44.70	3,235,366	3,391,080	
1985/10	1,927	0.10	0.8522	0.8522		120	44.70	3,239,533	3,420,000	
1986/01		0.20	0.8299	0.8299		120	44.70	3,243,904	3,448,440	
1986/07		0.20	0.2974	0.2974		120	44.70	3,245,473	3,441,840	
1987/01		0.30	1.0091	1.0091		120	44.70	3,253,457	3,503,400	
1987/07		0.30	0.9007	0.9007		120	44.70	3,260,602	3,530,760	
1988/01		0.40	0.9007	0.9007		120	61.71	3,272,350	3,559,440	
1988/07		0.40	0.5899	0.5899		120	60.15	3,280,073	3,557,520	
1989/01		0.50	0.5899	0.5899		120	60.15	3,289,749	3,578,520	
1989/07		0.50	0.5899	0.5899		120	55.39	3,299,454	3,602,760	
1990/01		0.60	0.5899	0.5899		120	55.39	3,311,131	3,620,880	
1990/07		0.60	0.5899	0.5899		120	54.60	3,322,764	3,642,240	
1991/01		0.70	0.5899	0.5899		120	54.60	3,336,384	3,663,600	
1991/07		0.70	1.4932	1.4932		120	62.18	3,336,384	3,718,320	5
1992/01		0.80	2.0117	2.0117		120	62.18	3,371,256	3,793,080	5
1992/07		0.80	1.8152	1.8152		120	66.15	3,475,258	3,861,960	
1993/01		0.90	1.7710	1.7710		120	66.15	3,530,650	3,930,360	
1993/07		0.90	1.5329	1.5329		120	72.16	3,530,650	3,990,600	5
1994/01		1.00	1.6983	1.6983		120	72.16	3,640,147	4,058,400	
1994/07		1.00	1.5991	1.5991		120	71.18	3,698,357	4,123,320	
1995/01		1.00	1.5812	1.5812		120	71.18	3,756,835	4,188,480	
1995/07		1.00	1.5250	1.5250		120	71.46	3,814,127	4,252,320	
1996/01		1.00	1.7228	1.7228		120	71.46	3,879,837	4,325,640	
1996/07		1.00	1.3294	1.3294		120	74.01	3,931,416	4,383,120	
1997/01		1.00	1.4109	1.4109		120	74.01	3,986,884	4,444,920	
1997/07		1.00	1.0917	1.0917		120	75.15	4,030,409	4,493,400	
1998/01		1.00	1.1663	1.1663		120	75.15	4,077,416	4,545,840	
1998/07		1.00	1.0794	1.0794		120	74.68	4,121,428	4,594,920	
1999/01		1.00	1.4499	1.4499		120	74.68	4,181,185	4,661,520	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 316644-00 - 2014/07

187.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	75.74	4,232,609	4,718,880	
2000/01		1.00	1.3356	1.3356		120	75.74	4,289,140	4,781,880	
2000/07		1.00	1.1129	1.1129		120	73.21	4,336,874	4,835,040	
2001/01		1.00	1.2976	1.2976		120	69.16	4,393,149	4,897,800	
2001/07		1.00	0.9615	0.9615		120	69.16	4,435,389	4,944,840	
2002/01		1.00	1.0301	1.0301		120	69.16	4,481,078	4,995,720	
2002/07		1.00	0.8337	0.8337		120	69.16	4,518,437	5,037,360	
2003/01		1.00	1.3271	1.3271		120	69.16	4,578,401	5,104,200	
2003/07		1.00	1.1664	1.1664		120	69.16	4,631,803	5,163,720	
2004/01		1.00	1.1103	1.1103		120	69.16	4,683,230	5,221,080	
2004/07		1.00	0.8378	0.8378		120	68.47	4,722,466	5,264,880	
2005/01		0.95	0.8595	0.8595		120	68.47	4,761,025	5,310,120	
2005/07		0.95	0.7364	0.7364		120	77.10	4,794,333	5,349,240	
2006/01		0.90	0.9068	0.9068		120	77.10	4,833,460	5,397,720	
2006/07		0.90	0.8133	0.8133		120	77.10	4,868,841	5,441,640	
2007/01		0.85	1.0133	1.0133		120	77.10	4,910,776	5,496,720	
2007/07		0.85	1.1050	1.1050		120	77.10	4,956,903	5,557,440	
2008/01		0.80	0.8556	0.8556		120	77.10	4,990,833	5,604,960	
2008/07		0.80	0.6104	0.6104		120	77.10	5,015,203	5,639,160	
2009/01		0.75	1.3268	1.3268		120	80.46	5,065,109	5,714,040	
2009/07		0.75	0.6841	0.6841		120	80.46	5,091,098	5,753,160	
2010/01		0.70	0.8643	0.8643		120	84.32	5,121,899	5,802,840	
2010/07		0.70	0.7107	0.7107		120	84.32	5,147,380	5,844,120	
2011/01		0.65	0.9198	0.9198		120	83.53	5,178,156	5,897,880	
2011/07		0.65	0.9028	0.9028		120	83.53	5,208,541	5,951,160	
2012/01		0.60	0.3865	0.3865		120	81.49	5,220,620	5,974,200	
2012/07		0.60	0.9417	0.9417		120	81.49	5,250,117	6,030,480	
2013/01		0.55	0.4901	0.4901		120	86.01	5,264,271	6,060,000	
2013/07		0.55	0.6196	0.6196		120	86.01	5,282,212	6,097,560	
2014/01		0.50	0.8564	0.8564		120	86.02	5,304,830	6,149,760	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 316644-00 - 2014/07

187.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	86.02	5,337,678	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 316644053120130601201209162013150757



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 316652-00 - 2014/07

192.36

BayWood Nursing Center, Inc

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2000 17TH AVE S	6/1/2012-5/31/2013	Number of Beds: 59	Superior: 0
SAINT PETERSBURG, FL 33712	Days in CR 365	Maximum: 21,535	Standard: 184
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 21,535	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 20,028	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 1,252	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 18,274	FY Index: 1.29575017
Class at 1/94: North Small	Medical Utilization	91.24226%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.00209%	Cost: 1.03959307
Open Date: 10/01/1981	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/01/1981	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 10/01/1981	Low Occupancy Adjustment Factor:	118.39693%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 228206			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	681,270	1,403,288	588,552	123,167		2,796,276
1a	Audit Adjustments						
2	Cost Per Diem	37.2808	76.7915	32.2071	6.7400		153.0194
3	Cost Per Diem Inflated	38.7569	78.9856	33.4823			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.7569	78.9856	33.4823	6.7400		157.9648
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.6481		62.0530			
7	Provider Target Rate	53.7451		63.3459			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500		
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442			
10	Target Rate Class Ceiling	61.3634		72.4862			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7569	78.9856	33.4823	6.7400		157.9648
12/13	Medical Adjustment Rate		3.5544	1.5067			
14	Prospective Per Diem 11	38.7569	82.5400	34.9890	6.7400		163.0259
15	Inflated Usual & Customary Charge						0.00

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



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 316652-00 - 2014/07

192.36

Rate Semester 07/01/2014 through 12/31/2014

BayWood Nursing Center, Inc

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2005	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	550,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	453,050 2.2442
RS to Start Calcs:	1981/07	<60% of Base:	False	20% ROE(2):	113,263 0.0822
Indexed Asset Value	566,313	Interest Rate:	7.4091%	Insurance Cost(3):	3,241 0.1618
FRVS Base Asset:	341,074	Chase Rate:	6.5000%	Taxes Cost(3):	9,821 0.4904
Occup Adj Factor	0.9000	Amortization Rate:	7.4091%	Home Office(3):	14,352 0.7166
ROE Factor	0.014060	Interest Only:	False	Replacement(3&4):	32,402 0.0000
		Yearly Payment:	43,495	Total FRVS PD:	3.6952

- (1) 80% Capital (\$453,050) amortized at 7.4091 % for 20 years Principal & Interest of \$43,495 divided by annual available days (21535) divided by Occup. Adj. (0.900) = \$2.2442
- (2) 20% ROE (\$113,263) times the ROE factor (0.014060) divided by annual available days (21535) divided by Occup. Adj. (0.900) = \$0.0822
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	59	Effective PBS Limitation	1,681,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.7569	38.7569	0.6881	38.0688
Direct Care	82.5400	82.5400	1.4655	81.0745
Indirect Care	34.9890	34.9890	0.6212	34.3678
Property	6.7400	3.6952	0.0656	3.6296
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.3199
Supplemental Rate Add-on				9.9025
Totals	163.0259	159.9811	2.8404	192.3631

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 316652-00 - 2014/07

192.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	318,228	0.00	2.5888	2.5888		59	94.74	318,228	1,424,791	
1982/01		0.10	2.6760	2.6760		59	94.74	319,080	1,462,964	
1982/07		0.10	2.2977	2.2977		59	94.74	319,813	1,496,535	
1983/04	8,963	0.20	2.6288	2.6288		59	95.62	330,458	1,535,888	
1983/07		0.20	3.9578	3.0000	0.9578	59	95.62	332,441	1,596,658	
1984/01	551	0.30	2.2530	2.2530		59	96.53	335,239	1,617,367	
1984/07		0.30	1.9179	1.9179		59	96.53	337,168	1,648,401	
1985/01	1,200	0.40	1.1471	1.1471		59	92.06	339,915	1,667,281	
1985/10		0.40	0.8522	0.8522		59	92.06	341,074	1,681,500	
1986/01		0.50	0.8299	0.8299		59	92.06	342,489	1,695,483	
1986/07		0.50	0.2974	0.2974		59	92.06	342,998	1,692,238	
1987/01		0.60	1.0091	1.0091		59	92.06	345,075	1,722,505	
1987/07		0.60	0.9007	0.9007		59	83.89	346,940	1,735,957	
1988/01		0.70	0.9007	0.9007		59	83.89	349,127	1,750,058	
1988/07		0.70	0.5899	0.5899		59	83.51	350,569	1,749,114	
1989/01		0.80	0.5899	0.5899		59	83.51	352,223	1,759,439	
1989/07		0.80	0.5899	0.5899		59	83.51	353,885	1,771,357	
1990/01		0.90	0.5899	0.5899		59	83.51	355,764	1,780,266	
1990/07		0.90	0.5899	0.5899		59	83.51	357,653	1,790,768	
1991/01		1.00	0.5899	0.5899		59	83.51	359,763	1,801,270	
1991/07		1.00	1.4932	1.4932		59	91.84	365,135	1,828,174	
1992/01		1.00	2.0117	2.0117		59	91.84	372,480	1,864,931	
1992/07		1.00	1.8152	1.8152		59	91.83	379,241	1,898,797	
1993/01		1.00	1.7710	1.7710		59	92.26	385,957	1,932,427	
1993/07		1.00	1.5329	1.5329		59	92.26	391,873	1,962,045	
1994/01		1.00	1.6983	1.6983		59	94.10	398,528	1,995,380	
1994/07		1.00	1.5991	1.5991		59	94.10	404,901	2,027,299	
1995/01		1.00	1.5812	1.5812		59	94.10	411,303	2,059,336	
1995/07		1.00	1.5250	1.5250		58	91.53	417,575	2,055,288	
1996/01		1.00	1.7228	1.7228		58	91.99	424,769	2,090,726	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 316652-00 - 2014/07

192.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		58	91.99	430,416	2,118,508	
1997/01		1.00	1.4109	1.4109		58	91.99	436,489	2,148,378	
1997/07		1.00	1.0917	1.0917		59	92.11	441,254	2,209,255	
1998/01		1.00	1.1663	1.1663		59	92.11	446,400	2,235,038	
1998/07		1.00	1.0794	1.0794		59	92.31	451,218	2,259,169	
1999/01		1.00	1.4499	1.4499		59	92.31	451,218	2,291,914	5
1999/07		1.00	1.2299	1.2299		59	90.34	463,390	2,320,116	
2000/01		1.00	1.3356	1.3356		59	96.11	469,579	2,351,091	
2000/07		1.00	1.1129	1.1129		59	96.11	474,805	2,377,228	
2001/01		1.00	1.2976	1.2976		59	96.11	480,966	2,408,085	
2001/07		1.00	0.9615	0.9615		59	96.11	485,590	2,431,213	
2002/01		0.95	1.0301	1.0301		59	96.11	485,590	2,456,229	5
2002/07		0.95	0.8337	0.8337		59	96.11	490,342	2,476,702	5
2003/01		0.90	1.3271	1.3271		59	98.48	500,129	2,509,565	
2003/07		0.90	1.1664	1.1664		59	98.48	505,379	2,538,829	
2004/01		0.85	1.1103	1.1103		59	98.48	505,379	2,567,031	5
2004/07		0.85	0.8378	0.8378		59	93.55	513,782	2,588,566	
2005/01		0.80	0.8595	0.8595		59	93.55	517,315	2,610,809	
2005/07		0.80	0.7364	0.7364		59	94.14	520,363	2,630,043	
2006/01		0.75	0.9068	0.9068		59	94.14	523,902	2,653,879	
2006/07		0.75	0.8133	0.8133		59	94.14	527,098	2,675,473	
2007/01		0.70	1.0133	1.0133		59	94.14	530,837	2,702,554	
2007/07		0.70	1.1050	1.1050		59	94.14	534,943	2,732,408	
2008/01		0.65	0.8556	0.8556		59	94.14	537,918	2,755,772	
2008/07		0.65	0.6104	0.6104		59	94.14	540,052	2,772,587	
2009/01		0.60	1.3268	1.3268		59	96.01	544,351	2,809,403	
2009/07		0.60	0.6841	0.6841		59	96.01	546,586	2,828,637	
2010/01		0.55	0.8643	0.8643		59	92.49	549,184	2,853,063	
2010/07		0.55	0.7107	0.7107		59	92.49	551,331	2,873,359	
2011/01		0.50	0.9198	0.9198		59	90.69	553,867	2,899,791	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 316652-00 - 2014/07

192.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		59	90.69	556,367	2,925,987	
2012/01		0.45	0.3865	0.3865		59	89.99	557,335	2,937,315	
2012/07		0.45	0.9417	0.9417		59	89.99	559,697	2,964,986	
2013/01		0.40	0.4901	0.4901		59	83.85	560,794	2,979,500	
2013/07		0.40	0.6196	0.6196		59	83.85	562,184	2,997,967	
2014/01		0.35	0.8564	0.8564		59	91.24	563,869	3,023,632	
2014/07		0.35	1.2383	1.2383		59	91.24	566,313	3,061,097	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 316652053120130601201208162013071548



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 317195-00 - 2014/07

209.26

The Nursing Center at Freedom Village

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6410 21ST AVE W	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
BRADENTON, FL 34209	Days in CR 366	Maximum: 43,920	Standard: 184
County: Manatee [41]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 37,899	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 10,599	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 13,387	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	35.32283%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	86.29098%	Cost: 1.04963363
Open Date: 06/23/1989	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/23/1989	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 06/23/1989	Low Occupancy Adjustment Factor:	109.85331%	DC Sem Index: 1.24200000
Med # Active Date: 06/12/2006	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 263036			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	605,153	1,147,876	691,390	287,954		2,732,372	
1a	Audit Adjustments							
2	Cost Per Diem	45.2045	85.7456	51.6464	21.5100		204.1065	
3	Cost Per Diem Inflated	47.4482	88.5622	54.2098				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.4482	88.5622	54.2098	21.5100		211.7302	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.6239		66.0123				
7	Provider Target Rate	59.8454		67.3877				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.4482	88.5622	54.2098	13.6500		203.8702	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	47.4482	88.5622	54.2098	13.6500		203.8702	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 317195-00 - 2014/07

209.26

Rate Semester 07/01/2014 through 12/31/2014

The Nursing Center at Freedom Village

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/23/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	10,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,894,041 7.2324
RS to Start Calcs:	1989/01	<60% of Base:	False	20% ROE(2):	723,510 0.2676
Indexed Asset Value	3,617,551	Interest Rate:	7.7500%	Insurance Cost(3):	51,637 1.3625
FRVS Base Asset:	1,655,981	Chase Rate:	8.0000%	Taxes Cost(3):	50,493 1.3323
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	96,597 2.5488
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	621,122 0.0000
		Yearly Payment:	285,103	Total FRVS PD:	12.7436

- (1) 80% Capital (\$2,894,041) amortized at 7.7500 % for 20 years Principal & Interest of \$285,103 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.2324
- (2) 20% ROE (\$723,510) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2676
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,821
Comparison Date:	01/01/1989	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,789,260

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.4482	47.4482	0.8424	46.6058
Direct Care	88.5622	88.5622	1.5724	86.9898
Indirect Care	54.2098	54.2098	0.9625	53.2473
Property	13.6500	12.7436	0.2263	12.5173
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	203.8702	202.9638	3.6036	209.2627

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 317195-00 - 2014/07

209.26

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	1,655,981	0.00	0.5899	0.5899		60	3.43	1,655,981	1,789,260	
1989/07		0.10	0.5899	0.5899		60	3.43	1,655,981	1,801,380	
1990/01		0.10	0.5899	0.5899		60	3.43	1,655,981	1,810,440	
1990/07		0.20	0.5899	0.5899		60	3.43	1,655,981	1,821,120	
1991/01		0.20	0.5899	0.5899		60	3.43	1,655,981	1,831,800	
1991/07	1,241,443	0.30	1.4932	1.4932		120	14.51	2,897,424	3,718,320	
1992/01		0.30	2.0117	2.0117		120	14.51	2,897,424	3,793,080	
1992/07	18,109	0.40	1.8152	1.8152		120	22.14	2,915,533	3,861,960	
1993/01		0.40	1.7710	1.7710		120	22.14	2,915,533	3,930,360	
1993/07		0.50	1.5329	1.5329		120	27.18	2,926,577	3,990,600	
1994/01		0.50	1.6983	1.6983		120	27.18	2,938,859	4,058,400	
1994/07	18,813	0.60	1.5991	1.5991		120	30.00	2,973,053	4,123,320	
1995/01		0.60	1.5812	1.5812		120	30.00	2,988,438	4,188,480	
1995/07	71,521	0.70	1.5250	1.5250		120	31.66	3,078,323	4,252,320	
1996/01		0.70	1.7228	1.7228		120	31.66	3,099,693	4,325,640	
1996/07		0.80	1.3294	1.3294		120	30.43	3,117,932	4,383,120	
1997/01		0.80	1.4109	1.4109		120	30.43	3,137,403	4,444,920	
1997/07	33,051	0.90	1.0917	1.0917		120	29.37	3,186,915	4,493,400	
1998/01		0.90	1.1663	1.1663		120	29.37	3,204,779	4,545,840	
1998/07		1.00	1.0794	1.0794		120	27.94	3,222,352	4,594,920	
1999/01		1.00	1.4499	1.4499		120	27.94	3,246,086	4,661,520	
1999/07	31,689	1.00	1.2299	1.2299		120	27.81	3,297,962	4,718,880	
2000/01		1.00	1.3356	1.3356		120	27.81	3,320,234	4,781,880	
2000/07		1.00	1.1129	1.1129		120	27.81	3,338,918	4,835,040	
2001/01		1.00	1.2976	1.2976		120	27.81	3,360,825	4,897,800	
2001/07		1.00	0.9615	0.9615		120	27.81	3,377,164	4,944,840	
2002/01		1.00	1.0301	1.0301		120	27.81	3,394,754	4,995,720	
2002/07	24,298	1.00	0.8337	0.8337		120	27.54	3,433,224	5,037,360	
2003/01	3,753	1.00	1.3271	1.3271		120	24.36	3,436,977	5,104,200	
2003/07	56,072	1.00	1.1664	1.1664		120	24.36	3,493,049	5,163,720	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 317195-00 - 2014/07

209.26

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		120	24.36	3,493,049	5,221,080	
2004/07		1.00	0.8378	0.8378		120	24.36	3,493,049	5,264,880	
2005/01		1.00	0.8595	0.8595		120	24.36	3,493,049	5,310,120	
2005/07		1.00	0.7364	0.7364		120	24.36	3,493,049	5,349,240	
2006/01		1.00	0.9068	0.9068		120	23.96	3,493,049	5,397,720	
2006/07		1.00	0.8133	0.8133		120	23.96	3,493,049	5,441,640	
2007/01	21,858	1.00	1.0133	1.0133		120	23.96	3,514,907	5,496,720	
2007/07	20,608	1.00	1.1050	1.1050		120	23.96	3,535,515	5,557,440	
2008/01		1.00	0.8556	0.8556		120	23.96	3,535,515	5,604,960	
2008/07		1.00	0.6104	0.6104		120	23.96	3,535,515	5,639,160	
2009/01		1.00	1.3268	1.3268		120	23.96	3,535,515	5,714,040	
2009/07		0.95	0.6841	0.6841		120	21.99	3,535,515	5,753,160	
2010/01		0.95	0.8643	0.8643		120	21.99	3,535,515	5,802,840	
2010/07		0.90	0.7107	0.7107		120	21.99	3,535,515	5,844,120	
2011/01		0.90	0.9198	0.9198		120	24.15	3,535,515	5,897,880	
2011/07		0.85	0.9028	0.9028		120	25.02	3,547,857	5,951,160	
2012/01		0.85	0.3865	0.3865		120	25.02	3,553,159	5,974,200	
2012/07		0.80	0.9417	0.9417		120	25.02	3,565,337	6,030,480	
2013/01		0.80	0.4901	0.4901		120	31.31	3,573,295	6,060,000	
2013/07		0.75	0.6196	0.6196		120	31.31	3,582,748	6,097,560	
2014/01		0.75	0.8564	0.8564		120	35.32	3,597,526	6,149,760	
2014/07		0.70	1.2383	1.2383		120	35.32	3,617,551	6,225,960	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014

ID: 317195123120120101201210222013103011



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 317349-00 - 2014/07
235.90

Darcy Hall of Life Care

Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective
Type of Ownership: Proprietary : Corporation		CHOW Status based on this Cost Report: No Change	
Provider Information	Cost Report	Patient Days	Ratings Days
2170 PALM BEACH LAKES BLVD	1/1/2013-12/31/2013	Number of Beds: 220	Superior: 0
WEST PALM BEACH, FL 33409	Days in CR 365	Maximum: 80,300	Standard: 184
County: Palm Beach [50]	First Used : 2014/07	Max Annualized: 80,300	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 53,736	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,203	Inflation
Current Class South Large	Initial CR? False	Medicaid: 39,148	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	72.85246%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	66.91905%	Cost: 1.02471376
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1970	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	85.19174%	DC Sem Index: 1.24200000
Med # Active Date: 09/14/2006	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 203483			PS Target: 1.02083595

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,662,735	3,598,274	2,239,670	512,447		8,013,126	
1a	Audit Adjustments							
2	Cost Per Diem	42.4731	91.9146	57.2103	13.0900		204.6880	
3	Cost Per Diem Inflated	43.5228	93.9571	58.6242				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.5228	93.9571	58.6242	13.0900		209.1941	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.8083		55.4668				
7	Provider Target Rate	48.8044		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.5228	93.9571	56.6225	13.0900		207.1924	
12/13	Medical Adjustment Rate		2.4155	1.4557				
14	Prospective Per Diem 11	43.5228	96.3726	58.0782	13.0900		211.0636	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 317349-00 - 2014/07

235.90

Rate Semester 07/01/2014 through 12/31/2014

Darcy Hall of Life Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 07/01/1990		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable	80% Capital(1):	3,726,245	3.6082
Indexed Asset Value	4,657,806	<60% of Base:	False	20% ROE(2):	931,561	0.2417
FRVS Base Asset:	2,203,076	Interest Rate:	3.5625%	Insurance Cost(3):	22,764	0.4236
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	137,980	2.5677
ROE Factor	0.018750	Amortization Rate:	3.5625%	Home Office(3):	52,045	0.9685
		Interest Only:	False	Replacement(3&4):	130,233	0.0000
		Yearly Payment:	260,767	Total FRVS PD:		7.8097

- (1) 80% Capital (\$3,726,245) amortized at 3.5625 % for 20 years Principal & Interest of \$260,767 divided by annual available days (80300) divided by Occup. Adj. (0.900) = \$3.6082
- (2) 20% ROE (\$931,561) times the ROE factor (0.018750) divided by annual available days (80300) divided by Occup. Adj. (0.900) = \$0.2417
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	07/01/1985	Current RS PBS:	28,500
Comparison Bed	220	Effective PBS Limitation	51,883
			6,270,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.5228	43.5228	0.7728	42.7500
Direct Care	96.3726	96.3726	1.7111	94.6615
Indirect Care	58.0782	58.0782	1.0312	57.0470
Property	13.0900	7.8097	0.1387	7.6710
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.8678
Supplemental Rate Add-on				9.9025
Totals	211.0636	205.7833	3.6538	235.8998

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 317349-00 - 2014/07

235.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/01		0.00				220			2,257,420	
1971/07	1,514,709	0.00				220	100.00	1,514,709	2,257,420	
1972/01		0.10	3.9787	3.0000	0.9787	220	100.00	1,519,253	2,347,180	
1972/07		0.10	5.9113	3.0000	2.9113	220	100.00	1,523,811	2,462,900	
1973/01		0.20	8.0622	3.0000	5.0622	220	100.00	1,532,954	2,589,840	
1973/07		0.20	10.7186	3.0000	7.7186	220	100.00	1,542,152	2,736,360	
1974/01		0.30	12.9457	3.0000	9.9457	220	100.00	1,556,031	2,879,360	
1974/07		0.30	13.0494	3.0000	10.0494	220	100.00	1,570,035	2,968,680	
1975/01		0.40	13.1399	3.0000	10.1399	220	100.00	1,588,875	3,060,420	
1975/07		0.40	14.2033	3.0000	11.2033	220	100.00	1,607,942	3,184,940	
1976/01		0.50	15.2478	3.0000	12.2478	220	100.00	1,632,061	3,313,640	
1976/07		0.50	15.7330	3.0000	12.7330	220	100.00	1,656,542	3,429,140	
1977/01		0.60	16.4836	3.0000	13.4836	220	100.00	1,686,360	3,557,840	
1977/07		0.60	18.5412	3.0000	15.5412	220	100.00	1,716,714	3,737,580	
1978/01		0.70	20.2809	3.0000	17.2809	220	100.00	1,752,765	3,914,900	
1978/07		0.70	22.8203	3.0000	19.8203	220	100.00	1,789,573	4,131,600	
1979/01		0.80	24.9476	3.0000	21.9476	220	100.00	1,832,523	4,343,460	
1979/07		0.80	26.1458	3.0000	23.1458	220	100.00	1,876,504	4,525,840	
1980/01		0.90	29.3115	3.0000	26.3115	220	24.36	1,876,504	4,805,020	
1980/07		0.90	30.1222	3.0000	27.1222	220	24.36	1,876,504	4,988,060	
1981/01		1.00	30.9462	3.0000	27.9462	220	33.36	1,910,650	5,178,800	
1981/07		1.00	30.5350	3.0000	27.5350	220	33.36	1,945,417	5,312,780	
1982/01		1.00	30.2110	3.0000	27.2110	220	30.93	1,978,238	5,455,120	
1982/07		1.00	29.5087	3.0000	26.5087	220	30.93	2,011,613	5,580,300	
1983/04		1.00	29.1375	3.0000	26.1375	220	31.21	2,045,858	5,727,040	
1983/07		1.00	30.0953	3.0000	27.0953	220	31.21	2,080,686	5,953,640	
1984/01		1.00	28.3905	3.0000	25.3905	220	26.97	2,111,295	6,030,860	
1984/07		1.00	27.3084	3.0000	24.3084	220	26.87	2,142,239	6,146,580	
1985/01		1.00	25.4555	3.0000	22.4555	220	25.85	2,172,445	6,216,980	
1985/10		1.00	23.3077	3.0000	20.3077	220	25.85	2,203,076	6,270,000	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 317349-00 - 2014/07

235.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01		1.00	21.1376	3.0000	18.1376	220	25.85	2,234,139	6,322,140	
1986/07		1.00	18.4350	3.0000	15.4350	220	25.85	2,265,640	6,310,040	
1987/01		1.00	16.4441	3.0000	13.4441	220	25.85	2,297,586	6,422,900	
1987/07		1.00	14.3448	3.0000	11.3448	220	29.09	2,334,042	6,473,060	
1988/01		1.00	12.2455	3.0000	9.2455	220	29.09	2,371,077	6,525,640	
1988/07		1.00	9.8354	3.0000	6.8354	220	36.22	2,417,921	6,522,120	
1989/01		1.00	7.4253	3.0000	4.4253	220	36.22	2,465,690	6,560,620	
1989/07		1.00	5.0152	3.0000	2.0152	220	58.37	2,539,661	6,605,060	
1990/01		1.00	2.6051	2.6051		220	58.37	2,605,822	6,638,280	
1990/07		1.00	0.5899	0.5899		220	58.37	2,621,194	6,677,440	
1991/01		1.00	0.5899	0.5899		220	58.37	2,636,656	6,716,600	
1991/07		1.00	1.4932	1.4932		220	58.37	2,676,027	6,816,920	
1992/01		0.95	2.0117	2.0117		220	58.37	2,727,169	6,953,980	
1992/07	39,436	0.95	1.8152	1.8152		220	63.07	2,813,632	7,080,260	
1993/01		0.90	1.7710	1.7710		220	63.07	2,858,478	7,205,660	
1993/07		0.90	1.5329	1.5329		220	71.20	2,897,914	7,316,100	
1994/01		0.85	1.6983	1.6983		220	71.20	2,939,748	7,440,400	
1994/07		0.85	1.5991	1.5991		220	67.79	2,979,705	7,559,420	
1995/01		0.80	1.5812	1.5812		220	67.79	3,017,398	7,678,880	
1995/07		0.80	1.5250	1.5250		220	70.54	3,054,210	7,795,920	
1996/01		0.75	1.7228	1.7228		220	70.54	3,093,673	7,930,340	
1996/07	40,620	0.75	1.3294	1.3294		220	69.96	3,165,140	8,035,720	
1997/01		0.70	1.4109	1.4109		220	69.96	3,196,399	8,149,020	
1997/07	48,215	0.70	1.0917	1.0917		220	68.89	3,269,041	8,237,900	
1998/01		0.65	1.1663	1.1663		220	68.89	3,293,824	8,334,040	
1998/07		0.65	1.0794	1.0794		220	69.77	3,293,824	8,424,020	5
1999/01		0.60	1.4499	1.4499		220	69.77	3,345,787	8,546,120	
1999/07		0.60	1.2299	1.2299		220	75.91	3,370,476	8,651,280	
2000/01		0.55	1.3356	1.3356		220	75.91	3,370,476	8,766,780	5
2000/07	57,757	0.55	1.1129	1.1129		220	76.31	3,452,993	8,864,240	5



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 317349-00 - 2014/07

235.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		0.50	1.2976	1.2976		220	76.31	3,496,313	8,979,300	
2001/07	38,203	0.50	0.9615	0.9615		220	76.38	3,551,326	9,065,540	
2002/01		0.45	1.0301	1.0301		220	76.38	3,567,786	9,158,820	
2002/07		0.45	0.8337	0.8337		220	72.44	3,581,172	9,235,160	
2003/01		0.40	1.3271	1.3271		220	72.44	3,600,181	9,357,700	
2003/07		0.40	1.1664	1.1664		220	72.54	3,616,979	9,466,820	
2004/01		0.35	1.1103	1.1103		220	72.54	3,631,035	9,571,980	
2004/07		0.35	0.8378	0.8378		220	72.85	3,641,681	9,652,280	
2005/01		0.30	0.8595	0.8595		220	72.85	3,651,073	9,735,220	
2005/07	101,467	0.30	0.7364	0.7364		220	72.86	3,760,605	9,806,940	
2006/01		0.25	0.9068	0.9068		220	72.86	3,769,130	9,895,820	
2006/07	2,941	0.25	0.8133	0.8133		220	63.92	3,779,734	9,976,340	
2007/01	193,198	0.20	1.0133	1.0133		220	63.92	3,980,594	10,077,320	
2007/07		0.20	1.1050	1.1050		220	63.92	3,989,391	10,188,640	
2008/01		0.15	0.8556	0.8556		220	63.92	3,994,509	10,275,760	
2008/07		0.15	0.6104	0.6104		220	63.92	3,998,168	10,338,460	
2009/01	300,443	0.10	1.3268	1.3268		220	65.70	4,303,917	10,475,740	
2009/07		0.10	0.6841	0.6841		220	65.70	4,306,861	10,547,460	
2010/01	38,640	0.05	0.8643	0.8643		220	67.01	4,347,362	10,638,540	
2010/07	119,258	0.05	0.7107	0.7107		220	69.14	4,468,163	10,714,220	
2011/01		0.00	0.9198	0.9198		220	69.14	4,468,163	10,812,780	
2011/07	66,667	0.00	0.9028	0.9028		220	67.43	4,534,830	10,910,460	
2012/01		0.00	0.3865	0.3865		220	67.43	4,534,830	10,952,700	
2012/07		0.00	0.9417	0.9417		220	67.43	4,534,830	11,055,880	
2013/01		0.00	0.4901	0.4901		220	67.42	4,534,830	11,110,000	
2013/07		0.00	0.6196	0.6196		220	67.42	4,534,830	11,178,860	
2014/01	32,234	0.00	0.8564	0.8564		220	69.55	4,567,064	11,274,560	
2014/07	90,742	0.00	1.2383	1.2383		220	72.85	4,657,806	11,414,260	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 317578-00 - 2014/07
245.32

Parklands Rehabilitation and Nursing Center
--

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective		CHOW Status based on this Cost Report: No Change	
Type of Ownership: Proprietary : Corporation			
Provider Information	Cost Report	Patient Days	Ratings Days
1000 SW 16TH AVE	4/1/2012-3/31/2013	Number of Beds: 120	Superior: 0
GAINESVILLE, FL 32601	Days in CR 365	Maximum: 43,800	Standard: 184
County: Alachua [1]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 41,111	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 8,066	Inflation
Current Class North Large	Initial CR? False	Medicaid: 29,130	FY Index: 1.28970197
Class at 1/94: North Large	Medical Utilization	70.85695%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.86073%	Cost: 1.04446836
Open Date: 07/01/1980	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1980	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20550000
Entered Medicaid 07/01/1980	Low Occupancy Adjustment Factor:	119.49003%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2006	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03027789
Previous Med # 267821			PS Target: 1.02083595

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,289,595	2,709,412	1,671,388	1,268,029		6,938,423	
1a	Audit Adjustments							
2	Cost Per Diem	44.2703	93.0110	57.3769	43.5300		238.1882	
3	Cost Per Diem Inflated	46.2389	95.8272	59.9284				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.2389	95.8272	59.9284	43.5300		245.5245	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.6064		69.1873				
7	Provider Target Rate	58.8067		70.6289				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	46.2389	95.0998	59.9284	13.6500		214.9171	
12/13	Medical Adjustment Rate		2.2314	1.4062				
14	Prospective Per Diem 11	46.2389	97.3312	61.3346	13.6500		218.5547	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 317578-00 - 2014/07

245.32

Rate Semester 07/01/2014 through 12/31/2014

Parklands Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1987	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,850,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,653,333 7.1378
RS to Start Calcs:	1980/07	<60% of Base:	False	20% ROE(2):	663,333 0.2453
Indexed Asset Value	3,316,666	Interest Rate:	8.7500%	Insurance Cost(3):	119,694 2.9115
FRVS Base Asset:	1,756,442	Chase Rate:	8.2500%	Taxes Cost(3):	59,419 1.4453
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	13,057 0.3176
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	20,650 0.0000
		Yearly Payment:	281,374	Total FRVS PD:	12.0575

- (1) 80% Capital (\$2,653,333) amortized at 8.7500 % for 20 years Principal & Interest of \$281,374 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$7.1378
- (2) 20% ROE (\$663,333) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.2453
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.2389	46.2389	0.8210	45.4179
Direct Care	97.3312	97.3312	1.7281	95.6031
Indirect Care	61.3346	61.3346	1.0890	60.2456
Property	13.6500	12.0575	0.2141	11.8434
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3037
Supplemental Rate Add-on				9.9025
Totals	218.5547	216.9622	3.8522	245.3162

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 3/31/2013

0 317578-00 - 2014/07

245.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	1,571,872	0.00	3.8106	3.0000	0.8106	120	75.96	1,571,872	2,720,760	
1981/01	7,681	0.10	4.6347	3.0000	1.6347	120	71.49	1,584,269	2,824,800	
1981/07		0.10	4.2235	3.0000	1.2235	120	71.49	1,589,022	2,897,880	
1982/01		0.20	3.8995	3.0000	0.8995	120	74.90	1,598,556	2,975,520	
1982/07	14,818	0.20	3.1971	3.0000	0.1971	120	74.90	1,622,965	3,043,800	
1983/04	630	0.30	2.8260	2.8260		120	80.40	1,637,354	3,123,840	
1983/07	6,483	0.30	3.9578	3.0000	0.9578	120	80.40	1,658,573	3,247,440	
1984/01	42,947	0.40	2.2530	2.2530		120	77.04	1,716,467	3,289,560	
1984/07	1,182	0.40	1.9179	1.9179		120	77.04	1,730,818	3,352,680	
1985/01	8,244	0.50	1.1471	1.1471		120	78.42	1,748,990	3,391,080	
1985/10		0.50	0.8522	0.8522		120	78.42	1,756,442	3,420,000	
1986/01		0.60	0.8299	0.8299		120	78.42	1,765,187	3,448,440	
1986/07		0.60	0.2974	0.2974		120	78.42	1,768,336	3,441,840	
1987/01		0.70	1.0091	1.0091		120	84.00	1,780,828	3,503,400	
1987/07		0.70	0.9007	0.9007		120	90.74	1,792,056	3,530,760	
1988/01		0.80	0.9007	0.9007		120	90.74	1,804,970	3,559,440	
1988/07		0.80	0.5899	0.5899		120	90.74	1,813,488	3,557,520	
1989/01		0.90	0.5899	0.5899		120	76.52	1,823,116	3,578,520	
1989/07		0.90	0.5899	0.5899		120	84.06	1,832,795	3,602,760	
1990/01		1.00	0.5899	0.5899		120	84.06	1,843,607	3,620,880	
1990/07		1.00	0.5899	0.5899		120	84.06	1,854,482	3,642,240	
1991/01		1.00	0.5899	0.5899		120	84.06	1,865,422	3,663,600	
1991/07	52,869	1.00	1.4932	1.4932		120	84.06	1,946,145	3,718,320	
1992/01		1.00	2.0117	2.0117		120	84.06	1,985,296	3,793,080	
1992/07		1.00	1.8152	1.8152		120	84.06	2,021,333	3,861,960	
1993/01		1.00	1.7710	1.7710		120	91.28	2,057,131	3,930,360	
1993/07		1.00	1.5329	1.5329		120	91.28	2,088,665	3,990,600	
1994/01	7,043	1.00	1.6983	1.6983		120	90.80	2,131,180	4,058,400	
1994/07		1.00	1.5991	1.5991		120	90.80	2,165,260	4,123,320	
1995/01	41,528	1.00	1.5812	1.5812		120	89.86	2,241,025	4,188,480	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 3/31/2013

0 317578-00 - 2014/07

245.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07		1.00	1.5250	1.5250		120	89.86	2,275,201	4,252,320	
1996/01	19,179	1.00	1.7228	1.7228		120	84.72	2,333,577	4,325,640	
1996/07		1.00	1.3294	1.3294		120	84.72	2,333,577	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	85.83	2,364,600	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	85.83	2,397,962	4,493,400	5
1998/01		1.00	1.1663	1.1663		120	85.34	2,452,414	4,545,840	
1998/07		1.00	1.0794	1.0794		120	85.34	2,478,885	4,594,920	
1999/01		1.00	1.4499	1.4499		120	85.34	2,514,826	4,661,520	
1999/07		1.00	1.2299	1.2299		120	80.83	2,545,756	4,718,880	
2000/01		1.00	1.3356	1.3356		120	85.70	2,579,757	4,781,880	
2000/07		1.00	1.1129	1.1129		120	85.70	2,608,467	4,835,040	
2001/01		0.95	1.2976	1.2976		120	87.80	2,640,622	4,897,800	
2001/07		0.95	0.9615	0.9615		120	83.46	2,664,741	4,944,840	
2002/01		0.90	1.0301	1.0301		120	83.46	2,689,446	4,995,720	
2002/07		0.90	0.8337	0.8337		120	82.93	2,709,625	5,037,360	
2003/01		0.85	1.3271	1.3271		120	82.93	2,740,190	5,104,200	
2003/07		0.85	1.1664	1.1664		120	92.43	2,767,356	5,163,720	
2004/01		0.80	1.1103	1.1103		120	86.63	2,791,936	5,221,080	
2004/07		0.80	0.8378	0.8378		120	86.63	2,810,648	5,264,880	
2005/01		0.75	0.8595	0.8595		120	86.63	2,828,765	5,310,120	
2005/07		0.75	0.7364	0.7364		120	86.63	2,844,388	5,349,240	
2006/01		0.70	0.9068	0.9068		120	86.63	2,862,444	5,397,720	
2006/07		0.70	0.8133	0.8133		120	84.26	2,878,740	5,441,640	
2007/01		0.65	1.0133	1.0133		120	84.26	2,897,699	5,496,720	
2007/07		0.65	1.1050	1.1050		120	84.26	2,918,513	5,557,440	
2008/01		0.60	0.8556	0.8556		120	84.26	2,933,497	5,604,960	
2008/07		0.60	0.6104	0.6104		120	84.26	2,944,239	5,639,160	
2009/01		0.55	1.3268	1.3268		120	76.13	2,965,723	5,714,040	
2009/07		0.55	0.6841	0.6841		120	76.13	2,976,883	5,753,160	
2010/01	99,650	0.50	0.8643	0.8643		120	72.75	3,089,399	5,802,840	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 3/31/2013

0 317578-00 - 2014/07

245.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		0.50	0.7107	0.7107		120	72.75	3,100,379	5,844,120	
2011/01		0.45	0.9198	0.9198		120	71.69	3,113,211	5,897,880	
2011/07	139,929	0.45	0.9028	0.9028		120	72.43	3,265,789	5,951,160	
2012/01		0.40	0.3865	0.3865		120	72.43	3,270,838	5,974,200	
2012/07		0.40	0.9417	0.9417		120	72.43	3,283,159	6,030,480	
2013/01		0.35	0.4901	0.4901		120	74.41	3,288,790	6,060,000	
2013/07		0.35	0.6196	0.6196		120	74.41	3,295,923	6,097,560	
2014/01		0.30	0.8564	0.8564		120	70.86	3,304,390	6,149,760	
2014/07		0.30	1.2383	1.2383		120	70.86	3,316,666	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 317586-00 - 2014/07

237.39

Williston Rehabilitation and Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
300 NW 1ST AVE	4/1/2013-3/31/2014	Number of Beds: 120	Superior: 0
WILLISTON, FL 32696	Days in CR 365	Maximum: 43,800	Standard: 184
County: Levy [38]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 41,341	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 5,844	Inflation
Current Class North Large	Initial CR? False	Medicaid: 30,693	FY Index: 1.31422727
Class at 1/94: North Large	Medical Utilization	74.24349%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	94.38584%	Cost: 1.02497713
Open Date: 01/01/1981	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1981	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21900000
Entered Medicaid 07/01/1982	Low Occupancy Adjustment Factor:	120.15852%	DC Sem Index: 1.24200000
Med # Active Date: 10/01/2006	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.01886792
Previous Med # 267830			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,387,905	2,787,406	1,520,797	1,028,829		6,724,937	
1a	Audit Adjustments							
2	Cost Per Diem	45.2189	90.8157	49.5487	33.5200		219.1033	
3	Cost Per Diem Inflated	46.3483	92.5292	50.7863				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.3483	92.5292	50.7863	33.5200		223.1838	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.4615		68.7330				
7	Provider Target Rate	56.6171		70.1651				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	46.3483	92.5292	50.7863	13.6500		203.3138	
12/13	Medical Adjustment Rate		2.5236	1.3851				
14	Prospective Per Diem 11	46.3483	95.0528	52.1714	13.6500		207.2225	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 317586-00 - 2014/07

237.39

Rate Semester 07/01/2014 through 12/31/2014

Williston Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/2006	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,600,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,394,680 9.1322
RS to Start Calcs:	1981/01	<60% of Base:	False	20% ROE(2):	848,670 0.4463
Indexed Asset Value	4,243,350	Interest Rate:	8.7500%	Insurance Cost(3):	115,837 2.8020
FRVS Base Asset:	2,398,789	Chase Rate:	8.2500%	Taxes Cost(3):	80,842 1.9555
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	12,000 0.2903
ROE Factor	0.020730	Interest Only:	False	Replacement(3&4):	15,119 0.0000
		Yearly Payment:	359,990	Total FRVS PD:	14.6263

- (1) 80% Capital (\$3,394,680) amortized at 8.7500 % for 20 years Principal & Interest of \$359,990 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.1322
- (2) 20% ROE (\$848,670) times the ROE factor (0.020730) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4463
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	22,673
Comparison Date:	07/01/1980	Current RS PBS:	51,883
Comparison Bed	180	Effective PBS Limitation	4,081,140

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.3483	46.3483	0.8229	45.5254
Direct Care	95.0528	95.0528	1.6877	93.3651
Indirect Care	52.1714	52.1714	0.9263	51.2451
Property	13.6500	14.6263	0.2597	14.3666
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.9882
Supplemental Rate Add-on				9.9025
Totals	207.2225	208.1988	3.6966	237.3929

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 3/31/2014

0 317586-00 - 2014/07

237.39

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/01	1,619,233	0.00	3.8241	3.0000	0.8241	180		1,619,233	4,237,200	
1981/07	646,163	0.10	3.4129	3.0000	0.4129	180		2,265,396	4,346,820	
1982/01		0.10	3.0888	3.0000	0.0888	180		2,265,396	4,463,280	
1982/07		0.20	2.3865	2.3865		180	81.24	2,276,209	4,565,700	
1983/04	1,396	0.20	2.6288	2.6288		180	84.76	2,289,573	4,685,760	
1983/07	13,233	0.30	3.9578	3.0000	0.9578	180	84.76	2,323,412	4,871,160	
1984/01	9,334	0.30	2.2530	2.2530		180	87.27	2,348,450	4,934,340	
1984/07	1,500	0.40	1.9179	1.9179		180	87.27	2,367,967	5,029,020	
1985/01	3,497	0.40	1.1471	1.1471		180	83.19	2,382,328	5,086,620	
1985/10	6,310	0.50	0.8522	0.8522		180	83.19	2,398,789	5,130,000	
1986/01		0.50	0.8299	0.8299		180	83.19	2,408,744	5,172,660	
1986/07		0.60	0.2974	0.2974		180	83.19	2,413,041	5,162,760	
1987/01		0.60	1.0091	1.0091		180	83.19	2,427,652	5,255,100	
1987/07		0.70	0.9007	0.9007		180	84.80	2,442,958	5,296,140	
1988/01		0.70	0.9007	0.9007		180	84.80	2,458,361	5,339,160	
1988/07		0.80	0.5899	0.5899		180	86.40	2,469,962	5,336,280	
1989/01		0.80	0.5899	0.5899		180	80.00	2,481,618	5,367,780	
1989/07		0.90	0.5899	0.5899		180	85.36	2,494,793	5,404,140	
1990/01		0.90	0.5899	0.5899		180	85.36	2,508,038	5,431,320	
1990/07		1.00	0.5899	0.5899		180	85.36	2,522,833	5,463,360	
1991/01		1.00	0.5899	0.5899		180	85.36	2,537,715	5,495,400	
1991/07		1.00	1.4932	1.4932		180	85.36	2,537,715	5,577,480	5
1992/01	100,819	1.00	2.0117	2.0117		180	85.36	2,676,427	5,689,620	5
1992/07		1.00	1.8152	1.8152		180	85.36	2,777,764	5,792,940	
1993/01		1.00	1.7710	1.7710		180	86.21	2,826,958	5,895,540	
1993/07		1.00	1.5329	1.5329		180	86.21	2,870,292	5,985,900	
1994/01	60,221	1.00	1.6983	1.6983		180	82.84	2,979,259	6,087,600	
1994/07		1.00	1.5991	1.5991		180	82.84	3,026,900	6,184,980	
1995/01		1.00	1.5812	1.5812		180	76.84	3,074,761	6,282,720	
1995/07		1.00	1.5250	1.5250		180	76.84	3,121,651	6,378,480	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 3/31/2014

0 317586-00 - 2014/07

237.39

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01		1.00	1.7228	1.7228		180	76.07	3,175,431	6,488,460	
1996/07		1.00	1.3294	1.3294		180	76.07	3,217,645	6,574,680	
1997/01		1.00	1.4109	1.4109		180	80.45	3,263,043	6,667,380	
1997/07		1.00	1.0917	1.0917		180	80.45	3,298,666	6,740,100	
1998/01		1.00	1.1663	1.1663		180	81.25	3,337,138	6,818,760	
1998/07		1.00	1.0794	1.0794		180	81.25	3,373,159	6,892,380	
1999/01		1.00	1.4499	1.4499		180	84.54	3,422,066	6,992,280	
1999/07		1.00	1.2299	1.2299		180	84.54	3,464,154	7,078,320	
2000/01		1.00	1.3356	1.3356		180	82.72	3,510,421	7,172,820	
2000/07		1.00	1.1129	1.1129		180	82.72	3,549,488	7,252,560	
2001/01		1.00	1.2976	1.2976		180	85.71	3,595,546	7,346,700	
2001/07		0.95	0.9615	0.9615		180	83.40	3,628,388	7,417,260	
2002/01		0.95	1.0301	1.0301		180	83.40	3,628,388	7,493,580	5
2002/07		0.90	0.8337	0.8337		180	79.27	3,691,385	7,556,040	
2003/01		0.90	1.3271	1.3271		180	79.27	3,735,475	7,656,300	
2003/07		0.85	1.1664	1.1664		180	83.86	3,735,475	7,745,580	5
2004/01		0.85	1.1103	1.1103		180	80.01	3,808,113	7,831,620	
2004/07		0.80	0.8378	0.8378		180	80.01	3,833,635	7,897,320	
2005/01		0.80	0.8595	0.8595		180	80.01	3,859,995	7,965,180	
2005/07		0.75	0.7364	0.7364		180	80.01	3,881,314	8,023,860	
2006/01		0.75	0.9068	0.9068		180	80.01	3,907,711	8,096,580	
2006/07		0.70	0.8133	0.8133		180	76.77	3,929,958	8,162,460	
2007/01		0.70	1.0133	1.0133		180	76.77	3,957,833	8,245,080	
2007/07		0.65	1.1050	1.1050		180	76.77	3,986,262	8,336,160	
2008/01		0.65	0.8556	0.8556		180	76.77	4,008,430	8,407,440	
2008/07		0.60	0.6104	0.6104		180	76.77	4,023,109	8,458,740	
2009/01		0.60	1.3268	1.3268		180	79.66	4,055,137	8,571,060	
2009/07		0.55	0.6841	0.6841		180	79.66	4,070,396	8,629,740	
2010/01	34,318	0.55	0.8643	0.8643		180	76.66	4,124,065	8,704,260	
2010/07		0.50	0.7107	0.7107		180	76.66	4,138,722	8,766,180	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 3/31/2014

0 317586-00 - 2014/07

237.39

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		0.50	0.9198	0.9198		180	76.96	4,157,756	8,846,820	
2011/07		0.45	0.9028	0.9028		180	72.96	4,174,649	8,926,740	
2012/01		0.45	0.3865	0.3865		180	72.96	4,181,909	8,961,300	
2012/07		0.40	0.9417	0.9417		180	73.51	4,197,662	9,045,720	
2013/01		0.40	0.4901	0.4901		180	73.51	4,205,889	9,090,000	
2013/07		0.35	0.6196	0.6196		180	73.51	4,215,012	9,146,340	
2014/01		0.35	0.8564	0.8564		120	71.19	4,227,644	6,149,760	
2014/07		0.30	1.2383	1.2383		120	74.24	4,243,350	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 317586033120140401201304242014060118



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 318787-00 - 2014/07

201.98

Citrus Gardens of Fort Myers

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7173 CYPRESS DRIVE SW	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
FORT MYERS, FL 33907-2994	Days in CR 365	Maximum: 43,800	Standard: 86
County: Lee [36]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 98
Region: South Area: 8	Last Used: 2014/07	Total Patient: 40,656	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 4,683	Inflation
Current Class South Large	Initial CR? False	Medicaid: 31,754	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	78.10409%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.82192%	Cost: 1.03716397
Open Date: 01/01/1983	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1983	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 01/01/1983	Low Occupancy Adjustment Factor:	118.16756%	DC Sem Index: 1.24200000
Med # Active Date: 01/15/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med # 252131			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,012,252	2,290,749	1,479,871	590,307		5,373,179	
1a	Audit Adjustments							
2	Cost Per Diem	31.8779	72.1405	46.6042	18.5900		169.2126	
3	Cost Per Diem Inflated	33.0626	74.1403	48.3362				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	33.0626	74.1403	48.3362	18.5900		174.1291	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4166		62.7750				
7	Provider Target Rate	47.3837		64.0830				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	33.0626	74.1403	48.3362	13.6500		169.1891	
12/13	Medical Adjustment Rate		1.0956	0.7143				
14	Prospective Per Diem 11	33.0626	75.2359	49.0505	13.6500		170.9990	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 318787-00 - 2014/07

201.98

Rate Semester 07/01/2014 through 12/31/2014

Citrus Gardens of Fort Myers

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 01/01/1987		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,960,000.00	Total Amount	Per Diem	
RS to Start Calcs:	1982/07	Type:	Variable	80% Capital(1):	4,003,713	10.0056
Indexed Asset Value	5,004,641	<60% of Base:	False	20% ROE(2):	1,000,928	0.3651
FRVS Base Asset:	2,886,169	Interest Rate:	7.7500%	Insurance Cost(3):	54,301	1.3356
Occup Adj Factor	0.9000	Chase Rate:	8.7500%	Taxes Cost(3):	57,192	1.4067
ROE Factor	0.014380	Amortization Rate:	7.7500%	Home Office(3):	17,566	0.4321
		Interest Only:	False	Replacement(3&4):	245,961	0.0000
		Yearly Payment:	394,421	Total FRVS PD:		13.5451

- (1) 80% Capital (\$4,003,713) amortized at 7.7500 % for 20 years Principal & Interest of \$394,421 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.0056
 (2) 20% ROE (\$1,000,928) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3651
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	33.0626	33.0626	0.5870	32.4756
Direct Care	75.2359	75.2359	1.3358	73.9001
Indirect Care	49.0505	49.0505	0.8709	48.1796
Property	13.6500	13.5451	0.2405	13.3046
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.2181
Supplemental Rate Add-on				9.9025
Totals	170.9990	170.8941	3.0342	201.9805

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 318787-00 - 2014/07

201.98

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	2,828,141	0.00	2.6288	2.6288		120	77.89	2,828,141	3,123,840	
1983/07	12,434	0.10	3.9578	3.0000	0.9578	120	77.89	2,849,059	3,247,440	
1984/01	1,453	0.10	2.2530	2.2530		120	78.83	2,856,931	3,289,560	
1984/07	1,609	0.20	1.9179	1.9179		120	78.83	2,869,499	3,352,680	
1985/01	2,726	0.20	1.1471	1.1471		120	82.15	2,878,808	3,391,080	
1985/10		0.30	0.8522	0.8522		120	82.15	2,886,169	3,420,000	
1986/01		0.30	0.8299	0.8299		120	57.50	2,893,356	3,448,440	
1986/07		0.40	0.2974	0.2974		120	57.50	2,896,799	3,441,840	
1987/01		0.40	1.0091	1.0091		120	57.50	2,908,490	3,503,400	
1987/07		0.50	0.9007	0.9007		120	57.50	2,921,590	3,530,760	
1988/01		0.50	0.9007	0.9007		120	57.50	2,934,749	3,559,440	
1988/07		0.60	0.5899	0.5899		120	57.50	2,945,135	3,557,520	
1989/01		0.60	0.5899	0.5899		120	59.19	2,955,558	3,578,520	
1989/07		0.70	0.5899	0.5899		120	59.19	2,967,761	3,602,760	
1990/01		0.70	0.5899	0.5899		120	54.26	2,979,850	3,620,880	
1990/07		0.80	0.5899	0.5899		120	54.26	2,993,723	3,642,240	
1991/01		0.80	0.5899	0.5899		120	53.44	3,007,450	3,663,600	
1991/07		0.90	1.4932	1.4932		120	53.44	3,046,721	3,718,320	
1992/01		0.90	2.0117	2.0117		120	52.98	3,099,856	3,793,080	
1992/07		1.00	1.8152	1.8152		120	52.98	3,154,058	3,861,960	
1993/01		1.00	1.7710	1.7710		120	56.79	3,209,916	3,930,360	
1993/07		1.00	1.5329	1.5329		120	56.79	3,259,121	3,990,600	
1994/01		1.00	1.6983	1.6983		120	56.79	3,314,471	4,058,400	
1994/07	23,797	1.00	1.5991	1.5991		120	56.79	3,391,270	4,123,320	
1995/01		1.00	1.5812	1.5812		120	56.79	3,444,893	4,188,480	
1995/07		1.00	1.5250	1.5250		120	56.79	3,497,428	4,252,320	
1996/01	36,148	1.00	1.7228	1.7228		120	57.30	3,593,830	4,325,640	
1996/07		1.00	1.3294	1.3294		120	57.30	3,593,830	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	57.49	3,692,985	4,444,920	
1997/07		1.00	1.0917	1.0917		120	57.49	3,692,985	4,493,400	5



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 318787-00 - 2014/07

201.98

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	56.20	3,776,842	4,545,840	
1998/07		1.00	1.0794	1.0794		120	56.20	3,817,609	4,594,920	
1999/01	19,994	1.00	1.4499	1.4499		120	58.83	3,892,955	4,661,520	
1999/07		1.00	1.2299	1.2299		120	58.83	3,892,955	4,718,880	5
2000/01	37,363	1.00	1.3356	1.3356		120	67.17	4,030,831	4,781,880	
2000/07		1.00	1.1129	1.1129		120	67.17	4,075,690	4,835,040	
2001/01	25,215	1.00	1.2976	1.2976		120	73.78	4,153,791	4,897,800	
2001/07		1.00	0.9615	0.9615		120	79.48	4,193,730	4,944,840	
2002/01		1.00	1.0301	1.0301		120	79.48	4,193,730	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	79.48	4,272,253	5,037,360	
2003/01		1.00	1.3271	1.3271		120	79.48	4,272,253	5,104,200	5
2003/07		0.95	1.1664	1.1664		120	79.48	4,328,950	5,163,720	5
2004/01		0.95	1.1103	1.1103		120	79.48	4,423,087	5,221,080	
2004/07		0.90	0.8378	0.8378		120	78.29	4,456,437	5,264,880	
2005/01		0.90	0.8595	0.8595		120	78.29	4,490,912	5,310,120	
2005/07		0.85	0.7364	0.7364		120	79.48	4,519,021	5,349,240	
2006/01		0.85	0.9068	0.9068		120	79.48	4,553,854	5,397,720	
2006/07		0.80	0.8133	0.8133		120	77.12	4,583,481	5,441,640	
2007/01	15,608	0.80	1.0133	1.0133		120	75.55	4,636,243	5,496,720	
2007/07	2,900	0.75	1.1050	1.1050		120	75.55	4,677,568	5,557,440	
2008/01	9,848	0.75	0.8556	0.8556		120	75.55	4,717,432	5,604,960	
2008/07		0.70	0.6104	0.6104		120	75.55	4,737,590	5,639,160	
2009/01		0.70	1.3268	1.3268		120	75.55	4,781,593	5,714,040	
2009/07		0.65	0.6841	0.6841		120	75.55	4,802,857	5,753,160	
2010/01		0.65	0.8643	0.8643		120	75.55	4,829,839	5,802,840	
2010/07		0.60	0.7107	0.7107		120	69.88	4,850,433	5,844,120	
2011/01		0.60	0.9198	0.9198		120	72.58	4,877,203	5,897,880	
2011/07		0.55	0.9028	0.9028		120	72.58	4,901,418	5,951,160	
2012/01		0.55	0.3865	0.3865		120	72.58	4,911,838	5,974,200	
2012/07		0.50	0.9417	0.9417		120	70.56	4,934,968	6,030,480	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 318787-00 - 2014/07

201.98

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	70.56	4,947,064	6,060,000	
2013/07		0.45	0.6196	0.6196		120	73.08	4,960,856	6,097,560	
2014/01		0.45	0.8564	0.8564		120	78.10	4,979,975	6,149,760	
2014/07		0.40	1.2383	1.2383		120	78.10	5,004,641	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 318787063020130701201210282013105638



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 318795-00 - 2014/07

249.59

The Court at Palm-Aire

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2701 N COURSE DR	7/1/2012-6/30/2013	Number of Beds: 60	Superior: 0
POMPANO BEACH, FL 33069-3058	Days in CR 365	Maximum: 21,900	Standard: 184
County: Broward [6]	First Used : 2014/07	Max Annualized: 21,900	Conditional: 0
Region: South Area: 10	Last Used: 2014/07	Total Patient: 18,635	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 8,535	Inflation
Current Class South Small	Initial CR? False	Medicaid: 8,452	FY Index: 1.29878490
Class at 1/94: South Small	Medical Utilization	45.35551%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.09132%	Cost: 1.03716397
Open Date: 04/01/1988	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/28/1994	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 04/28/1994	Low Occupancy Adjustment Factor:	108.32607%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2006	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med # 211761			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	370,189	752,964	821,841	304,526		2,249,520	
1a	Audit Adjustments							
2	Cost Per Diem	43.7990	89.0871	97.2363	36.0301		266.1525	
3	Cost Per Diem Inflated	45.4267	91.5566	100.8500				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.4267	91.5566	100.8500	36.0301		273.8634	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.8568		99.3041				
7	Provider Target Rate	59.0623		101.3732				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500			
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810				
10	Target Rate Class Ceiling	68.3236		80.3359				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.4267	91.5566	80.3359	13.6500		230.9692	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	45.4267	91.5566	80.3359	13.6500		230.9692	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 318795-00 - 2014/07

249.59

Rate Semester 07/01/2014 through 12/31/2014

The Court at Palm-Aire

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/28/1994	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,757,122 7.2867
RS to Start Calcs:	1994/01	<60% of Base:	True	20% ROE(2):	439,280 0.3205
Indexed Asset Value	2,196,402	Interest Rate:	8.2500%	Insurance Cost(3):	34,856 1.8705
FRVS Base Asset:	1,765,380	Chase Rate:	8.2500%	Taxes Cost(3):	62,807 3.3704
Occup Adj Factor	0.9000	Amortization Rate:	8.2500%	Home Office(3):	4,151 0.2228
ROE Factor	0.014380	Interest Only:	True	Replacement(3&4):	583,998 0.0000
		Yearly Payment:	143,620	Total FRVS PD:	13.0709

- (1) 80% Capital (\$1,757,122) amortized at 8.2500 % for 20 years Interest of \$143,620 divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$7.2867
- (2) 20% ROE (\$439,280) times the ROE factor (0.014380) divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$0.3205
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.4267	45.4267	0.8066	44.6201
Direct Care	91.5566	91.5566	1.6256	89.9310
Indirect Care	80.3359	80.3359	1.4264	78.9095
Property	13.6500	13.0709	0.2321	12.8388
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				13.3913
Supplemental Rate Add-on				9.9025
Totals	230.9692	230.3901	4.0907	249.5932

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 318795-00 - 2014/07

249.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01	2,487,096	0.00	1.6983	1.6983		60	9.90	1,765,380	1,765,380	1
1994/07		0.10	1.5991	1.5991		60	9.90	1,765,380	2,061,660	
1995/01		0.10	1.5812	1.5812		60	9.90	1,765,380	2,094,240	
1995/07		0.20	1.5250	1.5250		60	9.90	1,765,380	2,126,160	
1996/01		0.20	1.7228	1.7228		60	9.90	1,765,380	2,162,820	
1996/07		0.30	1.3294	1.3294		60	9.90	1,765,380	2,191,560	
1997/01		0.30	1.4109	1.4109		60	9.90	1,765,380	2,222,460	
1997/07		0.40	1.0917	1.0917		60	17.10	1,765,380	2,246,700	
1998/01		0.40	1.1663	1.1663		60	17.10	1,765,380	2,272,920	
1998/07	45,093	0.50	1.0794	1.0794		60	17.05	1,810,473	2,297,460	
1999/01		0.50	1.4499	1.4499		60	17.05	1,810,473	2,330,760	
1999/07	8,802	0.60	1.2299	1.2299		60	19.63	1,819,275	2,359,440	
2000/01		0.60	1.3356	1.3356		60	19.63	1,819,275	2,390,940	
2000/07		0.70	1.1129	1.1129		60	26.00	1,825,975	2,417,520	
2001/01		0.70	1.2976	1.2976		60	26.00	1,833,815	2,448,900	
2001/07		0.80	0.9615	0.9615		60	25.50	1,840,355	2,472,420	
2002/01		0.80	1.0301	1.0301		60	25.50	1,847,387	2,497,860	
2002/07		0.90	0.8337	0.8337		60	27.67	1,854,360	2,518,680	
2003/01		0.90	1.3271	1.3271		60	27.67	1,865,503	2,552,100	
2003/07		1.00	1.1664	1.1664		60	27.13	1,876,236	2,581,860	
2004/01		1.00	1.1103	1.1103		60	27.13	1,886,512	2,610,540	
2004/07		1.00	0.8378	0.8378		60	40.45	1,898,136	2,632,440	
2005/01		1.00	0.8595	0.8595		60	40.45	1,910,135	2,655,060	
2005/07		1.00	0.7364	0.7364		60	40.45	1,920,480	2,674,620	
2006/01	21,083	1.00	0.9068	0.9068		60	31.43	1,951,515	2,698,860	
2006/07		1.00	0.8133	0.8133		60	41.02	1,963,352	2,720,820	
2007/01		1.00	1.0133	1.0133		60	41.02	1,978,190	2,748,360	
2007/07		1.00	1.1050	1.1050		60	41.02	1,994,493	2,778,720	
2008/01		1.00	0.8556	0.8556		60	41.02	2,007,220	2,802,480	
2008/07		1.00	0.6104	0.6104		60	41.02	2,016,358	2,819,580	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 318795-00 - 2014/07

249.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		1.00	1.3268	1.3268		60	41.02	2,036,311	2,857,020	
2009/07		1.00	0.6841	0.6841		60	46.21	2,048,015	2,876,580	
2010/01		1.00	0.8643	0.8643		60	46.21	2,062,887	2,901,420	
2010/07		1.00	0.7107	0.7107		60	48.44	2,075,799	2,922,060	
2011/01		1.00	0.9198	0.9198		60	49.33	2,092,924	2,948,940	
2011/07		1.00	0.9028	0.9028		60	49.33	2,109,871	2,975,580	
2012/01		1.00	0.3865	0.3865		60	49.33	2,117,185	2,987,100	
2012/07		1.00	0.9417	0.9417		60	50.95	2,135,654	3,015,240	
2013/01		1.00	0.4901	0.4901		60	50.95	2,145,350	3,030,000	
2013/07		1.00	0.6196	0.6196		60	51.84	2,157,879	3,048,780	
2014/01		1.00	0.8564	0.8564		60	51.84	2,175,297	3,074,880	
2014/07		0.95	1.2383	1.2383		60	45.36	2,196,402	3,112,980	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 319244-00 - 2014/07

269.56

Palmer Ranch Healthcare and Rehabilitation

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5111 PALMER RANCH PARKWAY	7/1/2012-6/30/2013	Number of Beds: 60	Superior: 0
SARASOTA, FL 34238	Days in CR 365	Maximum: 21,900	Standard: 184
County: Sarasota [58]	First Used : 2014/01	Max Annualized: 21,900	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 20,436	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,341	Inflation
Current Class South Small	Initial CR? False	Medicaid: 7,511	FY Index: 1.29878490
Class at 1/94: South Small	Medical Utilization		Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy: 93.31507%	36.75377%	Cost: 1.03716397
Open Date: 07/01/1999	Statewide Low Occupancy Threshold: 78.55110%	93.31507%	Target: 1.01458517
Acquired Date: 09/28/1999	Medicaid Low Occupancy Threshold: 41.17760%	78.55110%	DC FY Index: 1.20850000
Entered Medicaid 06/01/2000	Low Occupancy Adjustment Factor: 118.79537%	41.17760%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2006	Weighted Low Occ Adjustment Factor: 100.00000%	118.79537%	DC Inflation: 1.02772031
Previous Med # 269328		100.00000%	PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	400,738	809,337	505,391	234,569		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	55.3363	110.7406	69.7874				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.3363	110.7406	69.7874	31.2301		267.0944	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.8568		79.4029				
7	Provider Target Rate	59.0623		81.0573				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500			
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810				
10	Target Rate Class Ceiling	68.3236		80.3359				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	55.3363	105.8360	69.7874	13.6500		244.6097	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	55.3363	105.8360	69.7874	13.6500		244.6097	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 319244-00 - 2014/07

269.56

Rate Semester 07/01/2014 through 12/31/2014

Palmer Ranch Healthcare and Rehabilitation

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/01/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,596,680.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	Variable	80% Capital(1):	2,110,154	10.9467
Indexed Asset Value	2,637,693	<60% of Base:	False	20% ROE(2):	527,539	0.3849
FRVS Base Asset:	0	Interest Rate:	8.2500%	Insurance Cost(3):	6,453	0.3158
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	29,866	1.4614
ROE Factor	0.014380	Amortization Rate:	8.2500%	Home Office(3):	16,334	0.7993
		Interest Only:	False	Replacement(3&4):	24,350	0.0000
		Yearly Payment:	215,759	Total FRVS PD:		13.9081

- (1) 80% Capital (\$2,110,154) amortized at 8.2500 % for 20 years Principal & Interest of \$215,759 divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$10.9467
 (2) 20% ROE (\$527,539) times the ROE factor (0.014380) divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$0.3849
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	01/01/1999	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	2,330,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.3363	55.3363	0.9825	54.3538
Direct Care	105.8360	105.8360	1.8791	103.9569
Indirect Care	69.7874	69.7874	1.2391	68.5483
Property	13.6500	13.9081	0.2469	13.6612
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.1379
Supplemental Rate Add-on				9.9025
Totals	244.6097	244.8678	4.3476	269.5606

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 319244-00 - 2014/07

269.56

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01	4,833,075	0.00	1.3356	1.3356		60	14.93	2,330,760	2,330,760	1
2000/07		0.10	1.1129	1.1129		60	14.93	2,330,760	2,417,520	
2001/01		0.10	1.2976	1.2976		60	14.93	2,330,760	2,448,900	
2001/07		0.20	0.9615	0.9615		60	14.93	2,330,760	2,472,420	
2002/01		0.20	1.0301	1.0301		60	14.93	2,330,760	2,497,860	
2002/07		0.30	0.8337	0.8337		60	25.91	2,333,506	2,518,680	
2003/01		0.30	1.3271	1.3271		60	25.91	2,337,882	2,552,100	
2003/07		0.40	1.1664	1.1664		60	34.28	2,344,681	2,581,860	
2004/01		0.40	1.1103	1.1103		60	41.14	2,352,470	2,610,540	
2004/07		0.50	0.8378	0.8378		60	41.14	2,359,841	2,632,440	
2005/01		0.50	0.8595	0.8595		60	41.14	2,367,428	2,655,060	
2005/07		0.60	0.7364	0.7364		60	41.14	2,375,252	2,674,620	
2006/01		0.60	0.9068	0.9068		60	41.14	2,384,919	2,698,860	
2006/07		0.70	0.8133	0.8133		60	46.25	2,396,336	2,720,820	
2007/01		0.70	1.0133	1.0133		60	46.25	2,410,629	2,748,360	
2007/07		0.80	1.1050	1.1050		60	46.25	2,428,549	2,778,720	
2008/01		0.80	0.8556	0.8556		60	46.25	2,442,528	2,802,480	
2008/07		0.90	0.6104	0.6104		60	46.25	2,453,812	2,819,580	
2009/01		0.90	1.3268	1.3268		60	46.25	2,478,451	2,857,020	
2009/07		1.00	0.6841	0.6841		60	45.92	2,492,607	2,876,580	
2010/01	16,162	1.00	0.8643	0.8643		60	36.39	2,523,023	2,901,420	
2010/07		1.00	0.7107	0.7107		60	36.39	2,534,887	2,922,060	
2011/01		1.00	0.9198	0.9198		60	33.84	2,549,233	2,948,940	
2011/07		1.00	0.9028	0.9028		60	33.84	2,563,393	2,975,580	
2012/01		1.00	0.3865	0.3865		60	33.84	2,569,489	2,987,100	
2012/07		1.00	0.9417	0.9417		60	33.96	2,584,429	3,015,240	
2013/01		1.00	0.4901	0.4901		60	32.04	2,591,808	3,030,000	
2013/07		1.00	0.6196	0.6196		60	32.04	2,601,163	3,048,780	
2014/01		1.00	0.8564	0.8564		60	36.75	2,616,048	3,074,880	
2014/07		1.00	1.2383	1.2383		60	36.75	2,637,693	3,112,980	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 319325-00 - 2014/07

247.41

Port Charlotte Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
25325 RAMPART BLVD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
PORT CHARLOTTE, FL 33983	Days in CR 365	Maximum: 43,800	Standard: 184
County: Charlotte [8]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 40,598	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 14,451	Inflation
Current Class South Large	Initial CR? False	Medicaid: 20,861	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	51.38430%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.68950%	Cost: 1.02471376
Open Date: 02/01/1985	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 02/01/1985	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 03/01/1985	Low Occupancy Adjustment Factor:	117.99898%	DC Sem Index: 1.24200000
Med # Active Date: 10/08/2004	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 264555			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,056,998	1,817,512	1,330,582	326,057		4,531,149	
1a	Audit Adjustments							
2	Cost Per Diem	50.6686	87.1249	63.7832	15.6300		217.2067	
3	Cost Per Diem Inflated	51.9208	89.0610	65.3595				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.9208	89.0610	65.3595	15.6300		221.9713	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.7294		61.2173				
7	Provider Target Rate	58.9322		62.4928				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.9208	89.0610	62.4928	13.6500		217.1246	
12/13	Medical Adjustment Rate		0.1387	0.0973				
14	Prospective Per Diem 11	51.9208	89.1997	62.5901	13.6500		217.3606	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 319325-00 - 2014/07

247.41

Rate Semester 07/01/2014 through 12/31/2014

Port Charlotte Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/15/1990	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,300,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,980,768 15.3930
RS to Start Calcs:	1985/01	<60% of Base:	False	20% ROE(2):	1,245,192 0.5923
Indexed Asset Value	6,225,960	Interest Rate:	10.7500%	Insurance Cost(3):	83,374 2.0536
FRVS Base Asset:	3,157,214	Chase Rate:	10.0000%	Taxes Cost(3):	51,478 1.2680
Occup Adj Factor	0.9000	Amortization Rate:	10.7500%	Home Office(3):	18,979 0.4675
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	101,014 0.0000
		Yearly Payment:	606,794	Total FRVS PD:	19.7744

- (1) 80% Capital (\$4,980,768) amortized at 10.7500 % for 20 years Principal & Interest of \$606,794 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$15.3930
- (2) 20% ROE (\$1,245,192) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5923
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.9208	51.9208	0.9219	50.9989
Direct Care	89.1997	89.1997	1.5837	87.6160
Indirect Care	62.5901	62.5901	1.1113	61.4788
Property	13.6500	19.7744	0.3511	19.4233
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.9902
Supplemental Rate Add-on				9.9025
Totals	217.3606	223.4850	3.9680	247.4097

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 319325-00 - 2014/07

247.41

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	3,154,526	0.00	1.1471	1.1471		120	65.03	3,154,526	3,391,080	
1985/10		0.10	0.8522	0.8522		120	65.03	3,157,214	3,420,000	
1986/01		0.10	0.8299	0.8299		120	65.03	3,159,834	3,448,440	
1986/07		0.20	0.2974	0.2974		120	65.03	3,161,714	3,441,840	
1987/01		0.20	1.0091	1.0091		120	65.03	3,168,094	3,503,400	
1987/07	54,913	0.30	0.9007	0.9007		120	76.93	3,231,567	3,530,760	
1988/01		0.30	0.9007	0.9007		120	76.93	3,240,299	3,559,440	
1988/07		0.40	0.5899	0.5899		120	76.93	3,247,946	3,557,520	
1989/01		0.40	0.5899	0.5899		120	76.93	3,255,611	3,578,520	
1989/07		0.50	0.5899	0.5899		120	76.93	3,265,215	3,602,760	
1990/01		0.50	0.5899	0.5899		120	64.70	3,274,847	3,620,880	
1990/07		0.60	0.5899	0.5899		120	64.70	3,286,437	3,642,240	
1991/01	18,411	0.60	0.5899	0.5899		120	69.63	3,316,479	3,663,600	
1991/07		0.70	1.4932	1.4932		120	69.63	3,351,143	3,718,320	
1992/01		0.70	2.0117	2.0117		120	70.80	3,398,334	3,793,080	
1992/07		0.80	1.8152	1.8152		120	75.57	3,447,685	3,861,960	
1993/01		0.80	1.7710	1.7710		120	75.57	3,496,532	3,930,360	
1993/07	58,945	0.90	1.5329	1.5329		120	72.71	3,603,715	3,990,600	
1994/01		0.90	1.6983	1.6983		120	72.71	3,658,798	4,058,400	
1994/07	24,100	1.00	1.5991	1.5991		120	66.30	3,741,406	4,123,320	
1995/01		1.00	1.5812	1.5812		120	66.30	3,800,565	4,188,480	
1995/07		1.00	1.5250	1.5250		120	61.19	3,858,524	4,252,320	
1996/01		1.00	1.7228	1.7228		120	54.42	3,924,298	4,325,640	
1996/07	496,250	1.00	1.3294	1.3294		120	65.28	4,383,120	4,383,120	8
1997/01		1.00	1.4109	1.4109		120	65.28	4,444,920	4,444,920	8
1997/07		1.00	1.0917	1.0917		120	65.28	4,493,400	4,493,400	8
1998/01		1.00	1.1663	1.1663		120	65.28	4,545,807	4,545,840	
1998/07		1.00	1.0794	1.0794		120	65.28	4,545,807	4,594,920	5
1999/01		1.00	1.4499	1.4499		120	70.35	4,661,495	4,661,520	
1999/07		1.00	1.2299	1.2299		120	70.35	4,718,827	4,718,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 319325-00 - 2014/07

247.41

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	73.62	4,781,852	4,781,880	
2000/07		1.00	1.1129	1.1129		120	73.62	4,835,040	4,835,040	8
2001/01	27,444	1.00	1.2976	1.2976		120	70.55	4,897,800	4,897,800	8
2001/07		1.00	0.9615	0.9615		120	70.55	4,944,840	4,944,840	8
2002/01		1.00	1.0301	1.0301		120	69.27	4,944,840	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	69.97	5,037,360	5,037,360	8
2003/01		1.00	1.3271	1.3271		120	69.97	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	60.01	5,104,200	5,163,720	5
2004/01		1.00	1.1103	1.1103		120	60.01	5,221,068	5,221,080	
2004/07		1.00	0.8378	0.8378		120	50.96	5,261,597	5,264,880	
2005/01		1.00	0.8595	0.8595		120	50.96	5,303,499	5,310,120	
2005/07		0.95	0.7364	0.7364		120	50.96	5,337,877	5,349,240	
2006/01		0.95	0.9068	0.9068		120	50.96	5,380,485	5,397,720	
2006/07		0.90	0.8133	0.8133		120	50.96	5,380,485	5,441,640	5
2007/01		0.90	1.0133	1.0133		120	55.07	5,466,380	5,496,720	
2007/07		0.85	1.1050	1.1050		120	55.07	5,517,726	5,557,440	
2008/01		0.85	0.8556	0.8556		120	55.07	5,557,856	5,604,960	
2008/07		0.80	0.6104	0.6104		120	63.50	5,584,995	5,639,160	
2009/01		0.80	1.3268	1.3268		120	63.50	5,644,274	5,714,040	
2009/07		0.75	0.6841	0.6841		120	63.50	5,673,235	5,753,160	
2010/01		0.75	0.8643	0.8643		120	60.33	5,710,009	5,802,840	
2010/07		0.70	0.7107	0.7107		120	57.97	5,738,416	5,844,120	
2011/01		0.70	0.9198	0.9198		120	57.97	5,775,366	5,897,880	
2011/07	100,885	0.65	0.9028	0.9028		120	51.48	5,907,972	5,951,160	
2012/01		0.65	0.3865	0.3865		120	51.48	5,921,863	5,974,200	
2012/07		0.60	0.9417	0.9417		120	51.48	5,953,180	6,030,480	
2013/01	130,461	0.60	0.4901	0.4901		120	58.94	6,060,000	6,060,000	8
2013/07		0.55	0.6196	0.6196		120	58.94	6,080,652	6,097,560	
2014/01	21,771	0.55	0.8564	0.8564		120	55.53	6,131,063	6,149,760	
2014/07	61,386	0.50	1.2383	1.2383		120	51.38	6,225,960	6,225,960	8

Message Code:

5 Uncorrected Licensure Deficiency

8 Limited to Current RS Per Bed Standard

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 319325123120130101201304152014162629



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 319333-00 - 2014/07

230.11

Harbour Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
23013 WESTCHESTER BLVD	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
PORT CHARLOTTE, FL 33980	Days in CR 366	Maximum: 43,920	Standard: 184
County: Charlotte [8]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 34,233	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 9,739	Inflation
Current Class South Large	Initial CR? False	Medicaid: 12,806	FY Index: 1.28335532
Class at 1/94: South Large	Medical Utilization	37.40835%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	77.94399%	Cost: 1.04963363
Open Date: 06/01/1986	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/01/1986	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 06/01/1986	Low Occupancy Adjustment Factor:	99.22711%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2005	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 228974			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	674,024	1,108,735	902,357	205,664		2,890,779	
1a	Audit Adjustments							
2	Cost Per Diem	52.6335	86.5793	70.4636	16.0600		225.7364	
3	Cost Per Diem Inflated	55.2459	89.4233	73.9610				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.2459	89.4233	73.9610	16.0600		234.6902	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.3760		84.1979				
7	Provider Target Rate	52.4465		85.9522				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.4465	89.4233	63.9416	13.6500		219.4614	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	52.4465	89.4233	63.9416	13.6500		219.4614	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 319333-00 - 2014/07

230.11

Rate Semester 07/01/2014 through 12/31/2014

Harbour Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/2000	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,150,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,041,312	13.9772
RS to Start Calcs:	1986/01	<60% of Base:	False	20% ROE(2):	1,010,328	0.3737
Indexed Asset Value	5,051,640	Interest Rate:	15.0000%	Insurance Cost(3):	51,317	1.4991
FRVS Base Asset:	3,420,000	Chase Rate:	9.5000%	Taxes Cost(3):	86,372	2.5231
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	0	0.0000
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	73,814	0.0000
		Yearly Payment:	550,980	Total FRVS PD:		18.3731

- (1) 80% Capital (\$4,041,312) amortized at 12.5000 % for 20 years Principal & Interest of \$550,980 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$13.9772
- (2) 20% ROE (\$1,010,328) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3737
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.4465	52.4465	0.9312	51.5153
Direct Care	89.4233	89.4233	1.5877	87.8356
Indirect Care	63.9416	63.9416	1.1353	62.8063
Property	13.6500	18.3731	0.3262	18.0469
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	219.4614	224.1845	3.9804	230.1066

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 319333-00 - 2014/07

230.11

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	3,650,000	0.00	0.8299	0.8299		120	18.76	3,420,000	3,420,000	1
1986/07		0.10	0.2974	0.2974		120	18.76	3,420,000	3,441,840	
1987/01		0.10	1.0091	1.0091		120	18.76	3,420,000	3,503,400	
1987/07		0.20	0.9007	0.9007		120	18.76	3,420,000	3,530,760	
1988/01		0.20	0.9007	0.9007		120	18.76	3,420,000	3,559,440	
1988/07		0.30	0.5899	0.5899		120	18.76	3,420,000	3,557,520	
1989/01	42,544	0.30	0.5899	0.5899		120	18.76	3,462,544	3,578,520	
1989/07		0.40	0.5899	0.5899		120	27.59	3,466,643	3,602,760	
1990/01		0.40	0.5899	0.5899		120	27.59	3,470,747	3,620,880	
1990/07		0.50	0.5899	0.5899		120	27.59	3,475,883	3,642,240	
1991/01		0.50	0.5899	0.5899		120	33.76	3,482,177	3,663,600	
1991/07		0.60	1.4932	1.4932		120	33.76	3,501,326	3,718,320	
1992/01		0.60	2.0117	2.0117		120	32.22	3,526,083	3,793,080	
1992/07		0.70	1.8152	1.8152		120	35.95	3,555,367	3,861,960	
1993/01		0.70	1.7710	1.7710		120	35.95	3,584,177	3,930,360	
1993/07		0.80	1.5329	1.5329		120	39.03	3,615,367	3,990,600	
1994/01		0.80	1.6983	1.6983		120	39.03	3,650,223	4,058,400	
1994/07		0.90	1.5991	1.5991		120	42.58	3,690,894	4,123,320	
1995/01		0.90	1.5812	1.5812		120	42.58	3,731,558	4,188,480	
1995/07	27,572	1.00	1.5250	1.5250		120	45.93	3,806,652	4,252,320	
1996/01		1.00	1.7228	1.7228		120	45.93	3,861,418	4,325,640	
1996/07	18,306	1.00	1.3294	1.3294		120	46.52	3,923,143	4,383,120	
1997/01		1.00	1.4109	1.4109		120	46.52	3,969,960	4,444,920	
1997/07		1.00	1.0917	1.0917		120	44.02	4,004,648	4,493,400	
1998/01		1.00	1.1663	1.1663		120	44.02	4,042,030	4,545,840	
1998/07		1.00	1.0794	1.0794		120	40.77	4,074,371	4,594,920	
1999/01		1.00	1.4499	1.4499		120	40.77	4,118,161	4,661,520	
1999/07		1.00	1.2299	1.2299		120	40.77	4,155,706	4,718,880	
2000/01		1.00	1.3356	1.3356		120	40.94	4,197,021	4,781,880	
2000/07		1.00	1.1129	1.1129		120	40.26	4,231,212	4,835,040	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 319333-00 - 2014/07

230.11

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		120	40.26	4,271,402	4,897,800	
2001/07		1.00	0.9615	0.9615		120	41.93	4,302,712	4,944,840	
2002/01		1.00	1.0301	1.0301		120	41.93	4,336,502	4,995,720	
2002/07		1.00	0.8337	0.8337		120	38.65	4,361,908	5,037,360	
2003/01		1.00	1.3271	1.3271		120	38.65	4,402,587	5,104,200	
2003/07	163,829	1.00	1.1664	1.1664		120	36.77	4,600,747	5,163,720	
2004/01		1.00	1.1103	1.1103		120	36.77	4,634,898	5,221,080	
2004/07		1.00	0.8378	0.8378		120	34.79	4,659,460	5,264,880	
2005/01		1.00	0.8595	0.8595		120	34.79	4,659,460	5,310,120	5
2005/07		1.00	0.7364	0.7364		120	22.29	4,684,792	5,349,240	
2006/01		1.00	0.9068	0.9068		120	22.29	4,684,792	5,397,720	
2006/07		0.95	0.8133	0.8133		120	22.29	4,684,792	5,441,640	
2007/01		0.95	1.0133	1.0133		120	22.29	4,684,792	5,496,720	
2007/07		0.90	1.1050	1.1050		120	22.29	4,684,792	5,557,440	
2008/01		0.90	0.8556	0.8556		120	22.29	4,684,792	5,604,960	
2008/07		0.85	0.6104	0.6104		120	22.29	4,684,792	5,639,160	
2009/01	85,165	0.85	1.3268	1.3268		120	30.51	4,799,266	5,714,040	
2009/07	50,164	0.80	0.6841	0.6841		120	33.64	4,865,495	5,753,160	
2010/01		0.80	0.8643	0.8643		120	33.64	4,886,070	5,802,840	
2010/07		0.75	0.7107	0.7107		120	33.64	4,901,999	5,844,120	
2011/01		0.75	0.9198	0.9198		120	35.51	4,923,834	5,897,880	
2011/07		0.70	0.9028	0.9028		120	31.77	4,941,809	5,951,160	
2012/01		0.70	0.3865	0.3865		120	31.77	4,949,533	5,974,200	
2012/07		0.65	0.9417	0.9417		120	36.83	4,969,820	6,030,480	
2013/01		0.65	0.4901	0.4901		120	36.83	4,980,423	6,060,000	
2013/07		0.60	0.6196	0.6196		120	36.83	4,992,823	6,097,560	
2014/01	18,073	0.60	0.8564	0.8564		120	37.41	5,028,345	6,149,760	
2014/07		0.55	1.2383	1.2383		120	37.41	5,051,640	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 319376-00 - 2014/07

214.58

Atrium Healthcare Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
9960 ATRIUM WAY	1/1/2012-12/31/2012	Number of Beds: 84	Superior: 0
JACKSONVILLE , FL 32225	Days in CR 366	Maximum: 30,744	Standard: 184
County: Duval [16]	First Used : 2014/01	Max Annualized: 30,660	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 28,655	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 11,026	Inflation
Current Class North Small	Initial CR? False	Medicaid: 8,826	FY Index: 1.28335532
Class at 1/94: North Small	Medical Utilization	30.80091%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.20518%	Cost: 1.04963363
Open Date: 09/13/1996	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/13/1996	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 09/13/1996	Low Occupancy Adjustment Factor:	118.65547%	DC Sem Index: 1.24200000
Med # Active Date: 02/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 225550			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	380,968	689,317	445,726	119,504		1,635,515	
1a	Audit Adjustments							
2	Cost Per Diem	43.1643	78.1008	50.5015	13.5400		185.3066	
3	Cost Per Diem Inflated	45.3067	80.6663	53.0081				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.3067	80.6663	53.0081	13.5400		192.5211	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.8589		56.3577				
7	Provider Target Rate	50.8978		57.5320				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	53.3690	93.7426	69.3890	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.6361		65.1932				
10	Target Rate Class Ceiling	54.4184		66.1441				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.3067	80.6663	53.0081	13.5400		192.5211	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	45.3067	80.6663	53.0081	13.5400		192.5211	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 319376-00 - 2014/07

214.58

Rate Semester 07/01/2014 through 12/31/2014

Atrium Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/13/1996	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,789,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,032,110 9.5230
RS to Start Calcs:	1996/07	<60% of Base:	False	20% ROE(2):	758,028 0.4005
Indexed Asset Value	3,790,138	Interest Rate:	6.1000%	Insurance Cost(3):	25,349 0.8846
FRVS Base Asset:	3,027,948	Chase Rate:	8.2500%	Taxes Cost(3):	39,874 1.3915
Occup Adj Factor	0.9000	Amortization Rate:	6.1000%	Home Office(3):	58,342 2.0360
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	262,779	Total FRVS PD:	14.2356

- (1) 80% Capital (\$3,032,110) amortized at 6.1000 % for 20 years Principal & Interest of \$262,779 divided by annual available days (30660) divided by Occup. Adj. (0.900) = \$9.5230
- (2) 20% ROE (\$758,028) times the ROE factor (0.014580) divided by annual available days (30660) divided by Occup. Adj. (0.900) = \$0.4005
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,047
Comparison Date:	01/01/1996	Current RS PBS:	51,883
Comparison Bed	84	Effective PBS Limitation	3,027,948

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.3067	45.3067	0.8044	44.5023
Direct Care	80.6663	80.6663	1.4322	79.2341
Indirect Care	53.0081	53.0081	0.9412	52.0669
Property	13.5400	14.2356	0.2528	13.9828
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				14.8882
Supplemental Rate Add-on				9.9025
Totals	192.5211	193.2167	3.4306	214.5768

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 319376-00 - 2014/07

214.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	5,575,062	0.00	1.3294	1.3294		84	15.86	3,027,948	3,027,948	1
1997/01		0.10	1.4109	1.4109		84	15.86	3,027,948	3,111,444	
1997/07		0.10	1.0917	1.0917		84	15.86	3,027,948	3,145,380	
1998/01		0.20	1.1663	1.1663		84	15.86	3,027,948	3,182,088	
1998/07		0.20	1.0794	1.0794		84	15.86	3,027,948	3,216,444	
1999/01		0.30	1.4499	1.4499		84	15.86	3,027,948	3,263,064	
1999/07		0.30	1.2299	1.2299		84	15.86	3,027,948	3,303,216	
2000/01		0.40	1.3356	1.3356		84	30.82	3,037,012	3,347,316	
2000/07	66,763	0.40	1.1129	1.1129		84	47.49	3,115,450	3,384,528	
2001/01		0.50	1.2976	1.2976		84	47.49	3,132,903	3,428,460	
2001/07		0.50	0.9615	0.9615		84	47.49	3,145,909	3,461,388	
2002/01		0.60	1.0301	1.0301		84	47.49	3,162,699	3,497,004	
2002/07		0.60	0.8337	0.8337		84	51.81	3,177,601	3,526,152	
2003/01		0.70	1.3271	1.3271		84	51.81	3,205,409	3,572,940	
2003/07		0.70	1.1664	1.1664		84	46.77	3,227,665	3,614,604	
2004/01		0.80	1.1103	1.1103		84	46.77	3,252,043	3,654,756	
2004/07		0.80	0.8378	0.8378		84	42.39	3,268,841	3,685,416	
2005/01		0.90	0.8595	0.8595		84	42.39	3,288,331	3,717,084	
2005/07		0.90	0.7364	0.7364		84	39.50	3,303,984	3,744,468	
2006/01		1.00	0.9068	0.9068		84	39.50	3,325,501	3,778,404	
2006/07		1.00	0.8133	0.8133		84	39.50	3,344,925	3,809,148	
2007/01		1.00	1.0133	1.0133		84	39.61	3,369,335	3,847,704	
2007/07		1.00	1.1050	1.1050		84	39.61	3,396,148	3,890,208	
2008/01		1.00	0.8556	0.8556		84	39.61	3,417,075	3,923,472	
2008/07		1.00	0.6104	0.6104		84	39.61	3,432,096	3,947,412	
2009/01		1.00	1.3268	1.3268		84	39.61	3,464,891	3,999,828	
2009/07		1.00	0.6841	0.6841		84	39.61	3,481,962	4,027,212	
2010/01	125,751	1.00	0.8643	0.8643		84	37.06	3,627,991	4,061,988	
2010/07		1.00	0.7107	0.7107		84	37.06	3,645,365	4,090,884	
2011/01		1.00	0.9198	0.9198		84	37.06	3,667,958	4,128,516	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 319376-00 - 2014/07

214.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		1.00	0.9028	0.9028		84	35.84	3,689,536	4,165,812	
2012/01		1.00	0.3865	0.3865		84	35.14	3,698,647	4,181,940	
2012/07		1.00	0.9417	0.9417		84	35.14	3,720,900	4,221,336	
2013/01		1.00	0.4901	0.4901		84	33.47	3,731,998	4,242,000	
2013/07		1.00	0.6196	0.6196		84	33.47	3,746,070	4,268,292	
2014/01		1.00	0.8564	0.8564		84	30.80	3,764,036	4,304,832	
2014/07		1.00	1.2383	1.2383		84	30.80	3,790,138	4,358,172	

Message Code:

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 319376123120120101201210242013121735



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 320391-00 - 2014/07
209.96

Zephyr Haven Health & Rehab Center, Inc.

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective		CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization			
Provider Information	Cost Report	Patient Days	Ratings Days
38250 A AVE	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
ZEPHYRHILLS, FL 33542	Days in CR 366	Maximum: 43,920	Standard: 184
County: Pasco [51]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 41,363	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 5,674	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 28,846	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	69.73866%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	94.17805%	Cost: 1.04963363
Open Date: 07/01/1971	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/28/1989	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 06/28/1989	Low Occupancy Adjustment Factor:	119.89399%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 212741			PS Target: 1.02083595

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,183,109	2,241,626	1,223,197	285,864		4,933,795	
1a	Audit Adjustments							
2	Cost Per Diem	41.0147	77.7101	42.4044	9.9100		171.0392	
3	Cost Per Diem Inflated	43.0504	80.2627	44.5091				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.0504	80.2627	44.5091	9.9100		177.7322	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.6268		53.3361				
7	Provider Target Rate	58.8275		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.0504	80.2627	44.5091	9.9100		177.7322	
12/13	Medical Adjustment Rate		1.7823	0.9884				
14	Prospective Per Diem 11	43.0504	82.0450	45.4975	9.9100		180.5029	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 320391-00 - 2014/07

209.96

Rate Semester 07/01/2014 through 12/31/2014

Zephyr Haven Health & Rehab Center, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/28/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,178,600.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,849,998 8.1616
RS to Start Calcs:	1989/01	<60% of Base:	False	20% ROE(2):	962,499 0.3560
Indexed Asset Value	4,812,497	Interest Rate:	5.6500%	Insurance Cost(3):	6,896 0.1667
FRVS Base Asset:	615,660	Chase Rate:	3.2500%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	5.6500%	Home Office(3):	66,756 1.6139
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	27,798 0.0000
		Yearly Payment:	321,731	Total FRVS PD:	10.2982

- (1) 80% Capital (\$3,849,998) amortized at 5.6500 % for 20 years Principal & Interest of \$321,731 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$8.1616
- (2) 20% ROE (\$962,499) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3560
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	10,261
Comparison Date:	01/01/1971	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	615,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.0504	43.0504	0.7644	42.2860
Direct Care	82.0450	82.0450	1.4567	80.5883
Indirect Care	45.4975	45.4975	0.8078	44.6897
Property	9.9100	10.2982	0.1828	10.1154
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3792
Supplemental Rate Add-on				9.9025
Totals	180.5029	180.8911	3.2117	209.9611

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 320391-00 - 2014/07

209.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	742,396	0.00					100.00	742,396		
1972/01		0.00	3.9787	3.0000	0.9787		100.00	742,396		
1972/07		0.00	5.9113	3.0000	2.9113		100.00	742,396		
1973/01		0.00	8.0622	3.0000	5.0622		100.00	742,396		
1973/07		0.00	10.7186	3.0000	7.7186		100.00	742,396		
1974/01		0.00	12.9457	3.0000	9.9457		100.00	742,396		
1974/07		0.00	13.0494	3.0000	10.0494		100.00	742,396		
1975/01		0.00	13.1399	3.0000	10.1399		100.00	742,396		
1975/07		0.00	14.2033	3.0000	11.2033		100.00	742,396		
1976/01		0.00	15.2478	3.0000	12.2478		100.00	742,396		
1976/07		0.00	15.7330	3.0000	12.7330		100.00	742,396		
1977/01		0.00	16.4836	3.0000	13.4836		100.00	742,396		
1977/07		0.00	18.5412	3.0000	15.5412		100.00	742,396		
1978/01		0.00	20.2809	3.0000	17.2809		100.00	742,396		
1978/07		0.00	22.8203	3.0000	19.8203		100.00	742,396		
1979/01		0.00	24.9476	3.0000	21.9476		100.00	742,396		
1979/07		0.00	26.1458	3.0000	23.1458		100.00	742,396		
1980/01		0.00	29.3115	3.0000	26.3115			742,396		
1980/07		0.00	30.1222	3.0000	27.1222			742,396		
1981/01		0.00	30.9462	3.0000	27.9462			742,396		
1981/07		0.00	30.5350	3.0000	27.5350			742,396		
1982/01		0.00	30.2110	3.0000	27.2110			742,396		
1982/07		0.00	29.5087	3.0000	26.5087			742,396		
1983/04		0.00	29.1375	3.0000	26.1375			742,396		
1983/07		0.00	30.0953	3.0000	27.0953			742,396		
1984/01		0.00	28.3905	3.0000	25.3905			742,396		
1984/07		0.00	27.3084	3.0000	24.3084			742,396		
1985/01		0.00	25.4555	3.0000	22.4555			742,396		
1985/10		0.00	23.3077	3.0000	20.3077			742,396		
1986/01		0.00	21.1376	3.0000	18.1376			742,396		



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 320391-00 - 2014/07

209.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		0.00	18.4350	3.0000	15.4350			742,396		
1987/01		0.00	16.4441	3.0000	13.4441			742,396		
1987/07		0.00	14.3448	3.0000	11.3448			742,396		
1988/01		0.00	12.2455	3.0000	9.2455			742,396		
1988/07		0.00	9.8354	3.0000	6.8354	60		742,396	1,778,760	
1989/01	742,396	0.00	7.4253	3.0000	4.4253	60	30.74	615,660	615,660	1
1989/07		0.10	5.0152	3.0000	2.0152	60	30.74	616,692	1,801,380	
1990/01	1,801,380	0.10	2.6051	2.6051		120	30.74	2,418,970	3,620,880	
1990/07		0.20	0.5899	0.5899		120	30.74	2,420,565	3,642,240	
1991/01		0.20	0.5899	0.5899		120	30.74	2,422,161	3,663,600	
1991/07		0.30	1.4932	1.4932		120	30.74	2,428,226	3,718,320	
1992/01	23,177	0.30	2.0117	2.0117		120	30.74	2,459,593	3,793,080	
1992/07		0.40	1.8152	1.8152		120	45.18	2,474,263	3,861,960	
1993/01		0.40	1.7710	1.7710		120	45.18	2,488,661	3,930,360	
1993/07		0.50	1.5329	1.5329		120	48.42	2,505,454	3,990,600	
1994/01		0.50	1.6983	1.6983		120	48.42	2,524,185	4,058,400	
1994/07	201,699	0.60	1.5991	1.5991		120	53.16	2,749,293	4,123,320	
1995/01		0.60	1.5812	1.5812		120	53.16	2,774,503	4,188,480	
1995/07		0.70	1.5250	1.5250		120	57.37	2,804,121	4,252,320	
1996/01		0.70	1.7228	1.7228		120	57.37	2,837,939	4,325,640	
1996/07	40,409	0.80	1.3294	1.3294		120	60.12	2,908,529	4,383,120	
1997/01		0.80	1.4109	1.4109		120	60.12	2,941,358	4,444,920	
1997/07		0.90	1.0917	1.0917		120	60.12	2,970,257	4,493,400	
1998/01		0.90	1.1663	1.1663		120	60.12	3,001,436	4,545,840	
1998/07		1.00	1.0794	1.0794		120	56.31	3,033,834	4,594,920	
1999/01		1.00	1.4499	1.4499		120	56.31	3,077,822	4,661,520	
1999/07		1.00	1.2299	1.2299		120	56.31	3,115,676	4,718,880	
2000/01		1.00	1.3356	1.3356		120	62.27	3,157,289	4,781,880	
2000/07		1.00	1.1129	1.1129		120	62.27	3,192,426	4,835,040	
2001/01	32,749	1.00	1.2976	1.2976		120	64.29	3,266,600	4,897,800	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 320391-00 - 2014/07

209.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		1.00	0.9615	0.9615		120	64.29	3,298,008	4,944,840	
2002/01		1.00	1.0301	1.0301		120	71.21	3,331,981	4,995,720	
2002/07		1.00	0.8337	0.8337		120	71.21	3,359,760	5,037,360	
2003/01	21,192	1.00	1.3271	1.3271		120	67.27	3,425,539	5,104,200	
2003/07		1.00	1.1664	1.1664		120	67.27	3,465,494	5,163,720	
2004/01	46,590	1.00	1.1103	1.1103		120	63.77	3,550,561	5,221,080	
2004/07		1.00	0.8378	0.8378		120	63.77	3,580,308	5,264,880	
2005/01	46,888	1.00	0.8595	0.8595		120	68.56	3,657,969	5,310,120	
2005/07		1.00	0.7364	0.7364		120	68.56	3,684,906	5,349,240	
2006/01	129,184	1.00	0.9068	0.9068		120	66.71	3,847,505	5,397,720	
2006/07		1.00	0.8133	0.8133		120	66.71	3,878,797	5,441,640	
2007/01	102,785	1.00	1.0133	1.0133		120	65.88	4,020,886	5,496,720	
2007/07	64,269	1.00	1.1050	1.1050		120	60.62	4,129,586	5,557,440	
2008/01		1.00	0.8556	0.8556		120	60.62	4,164,919	5,604,960	
2008/07		1.00	0.6104	0.6104		120	60.62	4,190,342	5,639,160	
2009/01		1.00	1.3268	1.3268		120	72.75	4,245,939	5,714,040	
2009/07		0.95	0.6841	0.6841		120	72.75	4,273,533	5,753,160	
2010/01	53,181	0.95	0.8643	0.8643		120	66.21	4,361,804	5,802,840	
2010/07	17,357	0.90	0.7107	0.7107		120	65.45	4,407,059	5,844,120	
2011/01		0.90	0.9198	0.9198		120	65.45	4,443,541	5,897,880	
2011/07		0.85	0.9028	0.9028		120	65.45	4,477,641	5,951,160	
2012/01	81,460	0.85	0.3865	0.3865		120	68.08	4,573,810	5,974,200	
2012/07		0.80	0.9417	0.9417		120	68.08	4,608,269	6,030,480	
2013/01		0.80	0.4901	0.4901		120	72.48	4,626,338	6,060,000	
2013/07		0.75	0.6196	0.6196		120	72.48	4,647,837	6,097,560	
2014/01	93,451	0.75	0.8564	0.8564		120	69.74	4,771,141	6,149,760	
2014/07		0.70	1.2383	1.2383		120	69.74	4,812,497	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 320404-00 - 2014/07
207.80

Zephyrhills Health & Rehab Center, Inc.
--

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective		CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization			
Provider Information	Cost Report	Patient Days	Ratings Days
7350 DAIRY RD	8/1/2012-7/31/2013	Number of Beds: 103	Superior: 184
ZEPHYRHILLS , FL 33540	Days in CR 365	Maximum: 37,595	Standard: 0
County: Pasco [51]	First Used : 2014/07	Max Annualized: 37,595	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 36,220	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 9,032	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 18,375	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	50.73164%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	96.34260%	Cost: 1.03437307
Open Date: 05/01/1998	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/01/1998	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 06/23/1998	Low Occupancy Adjustment Factor:	122.64959%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 213802			PS Target: 1.02083595

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	752,644	1,414,247	898,551	161,700		3,227,142	
1a	Audit Adjustments							
2	Cost Per Diem	40.9602	76.9658	48.9007	8.8000		175.6267	
3	Cost Per Diem Inflated	42.3681	79.0340	50.5816				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.3681	79.0340	50.5816	8.8000		180.7837	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.0170		61.9964				
7	Provider Target Rate	53.1008		63.2882				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	42.3681	79.0340	50.5816	8.8000		180.7837	
12/13	Medical Adjustment Rate		0.0651	0.0416				
14	Prospective Per Diem 11	42.3681	79.0991	50.6232	8.8000		180.8904	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 320404-00 - 2014/07

207.80

Rate Semester 07/01/2014 through 12/31/2014

Zephyrhills Health & Rehab Center, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/23/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	3,892,770 9.6914
RS to Start Calcs:	1998/01	<60% of Base:	True	20% ROE(2):	973,192 0.4314
Indexed Asset Value	4,865,962	Interest Rate:	8.5000%	Insurance Cost(3):	6,667 0.1841
FRVS Base Asset:	2,171,810	Chase Rate:	8.5000%	Taxes Cost(3):	383 0.0106
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	65,668 1.8130
ROE Factor	0.015000	Interest Only:	True	Replacement(3&4):	77,798 0.0000
		Yearly Payment:	327,913	Total FRVS PD:	12.1305

(1) 80% Capital (\$3,892,770) amortized at 8.5000 % for 20 years Interest of \$327,913 divided by annual available days (37595) divided by Occup. Adj. (0.90) = \$9.6914

(2) 20% ROE (\$973,192) times the ROE factor (0.015000) divided by annual available days (37595) divided by Occup. Adj. (0.90) = \$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		Used Per Bed Standard:	37,445
Comparison Date:	07/01/1997	Current RS PBS:	51,883
Comparison Bed	58	Effective PBS Limitation	2,171,810

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.3681	42.3681	0.7522	41.6159
Direct Care	79.0991	79.0991	1.4044	77.6947
Indirect Care	50.6232	50.6232	0.8988	49.7244
Property	8.8000	12.1305	0.2154	11.9151
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.9520
Supplemental Rate Add-on				9.9025
Totals	180.8904	184.2209	3.2708	207.8046

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 320404-00 - 2014/07

207.80

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	3,540,301	0.00	1.1663	1.1663		100	31.80	2,171,810	2,171,810	1
1998/07	1,591,044	0.10	1.0794	1.0794		100	31.80	3,764,209	3,829,100	
1999/01		0.10	1.4499	1.4499		100	31.80	3,767,365	3,884,600	
1999/07		0.20	1.2299	1.2299		100	31.80	3,772,723	3,932,400	
2000/01		0.20	1.3356	1.3356		100	31.80	3,778,549	3,984,900	
2000/07		0.30	1.1129	1.1129		100	31.80	3,785,844	4,029,200	
2001/01		0.30	1.2976	1.2976		100	31.80	3,794,365	4,081,500	
2001/07	23,154	0.40	0.9615	0.9615		103	40.18	3,828,180	4,244,321	
2002/01		0.40	1.0301	1.0301		103	40.18	3,839,702	4,287,993	
2002/07		0.50	0.8337	0.8337		103	51.04	3,854,557	4,323,734	
2003/01	26,456	0.50	1.3271	1.3271		103	48.10	3,903,383	4,381,105	
2003/07		0.60	1.1664	1.1664		103	48.10	3,927,272	4,432,193	
2004/01		0.60	1.1103	1.1103		103	50.39	3,951,243	4,481,427	
2004/07		0.70	0.8378	0.8378		103	50.39	3,972,475	4,519,022	
2005/01		0.70	0.8595	0.8595		103	46.17	3,992,540	4,557,853	
2005/07		0.80	0.7364	0.7364		103	46.17	4,012,284	4,591,431	
2006/01		0.80	0.9068	0.9068		103	46.17	4,036,716	4,633,043	
2006/07		0.90	0.8133	0.8133		103	51.01	4,064,121	4,670,741	
2007/01		0.90	1.0133	1.0133		103	52.38	4,099,420	4,718,018	
2007/07		1.00	1.1050	1.1050		103	52.38	4,142,561	4,770,136	
2008/01	28,734	1.00	0.8556	0.8556		103	59.86	4,206,739	4,810,924	
2008/07		1.00	0.6104	0.6104		103	59.86	4,232,417	4,840,279	
2009/01		1.00	1.3268	1.3268		103	59.86	4,288,573	4,904,551	
2009/07	70,922	1.00	0.6841	0.6841		103	47.77	4,384,976	4,938,129	
2010/01		1.00	0.8643	0.8643		103	47.77	4,417,893	4,980,771	
2010/07	19,061	1.00	0.7107	0.7107		103	46.06	4,463,248	5,016,203	
2011/01		1.00	0.9198	0.9198		103	46.06	4,497,628	5,062,347	
2011/07		1.00	0.9028	0.9028		103	45.73	4,531,389	5,108,079	
2012/01		1.00	0.3865	0.3865		103	45.73	4,545,951	5,127,855	
2012/07	50,824	1.00	0.9417	0.9417		103	49.61	4,635,389	5,176,162	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 320404-00 - 2014/07

207.80

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		103	49.61	4,655,881	5,201,500	
2013/07	63,384	1.00	0.6196	0.6196		103	52.69	4,746,901	5,233,739	
2014/01		1.00	0.8564	0.8564		103	52.69	4,785,846	5,278,544	
2014/07	25,454	1.00	1.2383	1.2383		103	50.73	4,865,962	5,343,949	

Message Code:

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 320404073120130801201201272014131447



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 320412-00 - 2014/07

216.12

Sunbelt Health & Rehab Center - Apopka, Inc.

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
305 EAST OAK STREET	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 0
APOPKA , FL 32703	Days in CR 365	Maximum: 43,800	Standard: 184
County: Orange [48]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 42,398	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 11,298	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 21,777	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	51.36327%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	96.79909%	Cost: 1.03437307
Open Date: 02/09/1993	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 02/09/1993	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 02/09/1993	Low Occupancy Adjustment Factor:	123.23072%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 210412			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	957,710	1,747,291	1,037,094	186,629		3,928,724	
1a	Audit Adjustments							
2	Cost Per Diem	43.9781	80.2356	47.6234	8.5700		180.4071	
3	Cost Per Diem Inflated	45.4898	82.3916	49.2604				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.4898	82.3916	49.2604	8.5700		185.7118	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.9176		53.3361				
7	Provider Target Rate	48.9160		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.4898	82.3916	49.2604	8.5700		185.7118	
12/13	Medical Adjustment Rate		0.1264	0.0755				
14	Prospective Per Diem 11	45.4898	82.5180	49.3359	8.5700		185.9137	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 320412-00 - 2014/07

216.12

Rate Semester 07/01/2014 through 12/31/2014

Sunbelt Health & Rehab Center - Apopka, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/09/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,745,700.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Fixed	80% Capital(1):	4,964,410	10.5240
Indexed Asset Value	6,205,513	<60% of Base:	False	20% ROE(2):	1,241,103	0.4723
FRVS Base Asset:	3,861,960	Interest Rate:	5.6500%	Insurance Cost(3):	8,777	0.2070
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	0	0.0000
ROE Factor	0.015000	Amortization Rate:	5.6500%	Home Office(3):	80,260	1.8930
		Interest Only:	False	Replacement(3&4):	164,226	0.0000
		Yearly Payment:	414,858	Total FRVS PD:		13.0963

- (1) 80% Capital (\$4,964,410) amortized at 5.6500 % for 20 years Principal & Interest of \$414,858 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.5240
 (2) 20% ROE (\$1,241,103) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4723
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,183
Comparison Date:	08/01/1992	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.4898	45.4898	0.8077	44.6821
Direct Care	82.5180	82.5180	1.4651	81.0529
Indirect Care	49.3359	49.3359	0.8760	48.4599
Property	8.5700	13.0963	0.2325	12.8638
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.1576
Supplemental Rate Add-on				9.9025
Totals	185.9137	190.4400	3.3813	216.1188

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 320412-00 - 2014/07

216.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	5,521,693	0.00	1.7710	1.7710		120	67.50	3,861,960	3,861,960	1
1993/07		0.10	1.5329	1.5329		120	67.50	3,867,880	3,990,600	
1994/01		0.10	1.6983	1.6983		120	67.50	3,874,448	4,058,400	
1994/07		0.20	1.5991	1.5991		120	67.50	3,886,838	4,123,320	
1995/01		0.20	1.5812	1.5812		120	67.50	3,899,128	4,188,480	
1995/07	62,125	0.30	1.5250	1.5250		120	66.96	3,979,092	4,252,320	
1996/01		0.30	1.7228	1.7228		120	66.96	3,999,656	4,325,640	
1996/07	29,456	0.40	1.3294	1.3294		120	66.77	4,050,382	4,383,120	
1997/01		0.40	1.4109	1.4109		120	66.77	4,073,242	4,444,920	
1997/07		0.50	1.0917	1.0917		120	63.59	4,095,478	4,493,400	
1998/01		0.50	1.1663	1.1663		120	63.59	4,119,363	4,545,840	
1998/07		0.60	1.0794	1.0794		120	66.95	4,146,040	4,594,920	
1999/01		0.60	1.4499	1.4499		120	66.95	4,182,106	4,661,520	
1999/07		0.70	1.2299	1.2299		120	64.67	4,218,110	4,718,880	
2000/01		0.70	1.3356	1.3356		120	64.67	4,257,545	4,781,880	
2000/07		0.80	1.1129	1.1129		120	68.87	4,295,450	4,835,040	
2001/01		0.80	1.2976	1.2976		120	68.87	4,340,041	4,897,800	
2001/07		0.90	0.9615	0.9615		120	64.09	4,377,600	4,944,840	
2002/01		0.90	1.0301	1.0301		120	60.60	4,418,185	4,995,720	
2002/07		1.00	0.8337	0.8337		120	60.60	4,418,185	5,037,360	5
2003/01	21,930	1.00	1.3271	1.3271		120	62.88	4,536,072	5,104,200	
2003/07		1.00	1.1664	1.1664		120	62.88	4,588,981	5,163,720	
2004/01		1.00	1.1103	1.1103		120	58.59	4,639,932	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.59	4,678,805	5,264,880	
2005/01		1.00	0.8595	0.8595		120	58.59	4,719,019	5,310,120	
2005/07		1.00	0.7364	0.7364		120	57.00	4,753,770	5,349,240	
2006/01		1.00	0.9068	0.9068		120	57.00	4,796,877	5,397,720	
2006/07	23,072	1.00	0.8133	0.8133		120	62.51	4,858,962	5,441,640	
2007/01		1.00	1.0133	1.0133		120	62.51	4,908,198	5,496,720	
2007/07	20,662	1.00	1.1050	1.1050		120	65.27	4,983,096	5,557,440	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 320412-00 - 2014/07

216.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		120	66.28	5,025,731	5,604,960	
2008/07		1.00	0.6104	0.6104		120	66.28	5,056,408	5,639,160	
2009/01	28,924	1.00	1.3268	1.3268		120	55.14	5,152,420	5,714,040	
2009/07		1.00	0.6841	0.6841		120	55.14	5,187,668	5,753,160	
2010/01		1.00	0.8643	0.8643		120	55.14	5,232,505	5,802,840	
2010/07	926,388	1.00	0.7107	0.7107		120	50.69	5,844,120	5,844,120	8
2011/01		1.00	0.9198	0.9198		120	49.72	5,892,714	5,897,880	
2011/07		1.00	0.9028	0.9028		120	49.72	5,940,806	5,951,160	
2012/01		1.00	0.3865	0.3865		120	49.72	5,961,563	5,974,200	
2012/07	88,490	1.00	0.9417	0.9417		120	50.40	6,030,480	6,030,480	8
2013/01		1.00	0.4901	0.4901		120	50.40	6,057,563	6,060,000	
2013/07	41,402	0.95	0.6196	0.6196		120	48.82	6,097,560	6,097,560	8
2014/01		0.95	0.8564	0.8564		120	48.82	6,141,595	6,149,760	
2014/07		0.90	1.2383	1.2383		120	51.36	6,205,513	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency
8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 320421-00 - 2014/07

243.94

East Orlando Health & Rehab Center, Inc.

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
250 SOUTH CHICKASAW TRAIL	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 184
ORLANDO, FL 32825-3308	Days in CR 365	Maximum: 43,800	Standard: 0
County: Orange [48]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 41,951	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 9,323	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 23,573	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	56.19175%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.77854%	Cost: 1.03437307
Open Date: 01/06/1993	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/06/1993	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 02/08/1993	Low Occupancy Adjustment Factor:	121.93151%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 206261			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,151,103	2,101,657	1,474,787	212,864		4,940,411	
1a	Audit Adjustments							
2	Cost Per Diem	48.8314	89.1553	62.5626	9.0300		209.5793	
3	Cost Per Diem Inflated	50.5099	91.5510	64.7131				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.5099	91.5510	64.7131	9.0300		215.8040	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.9528		75.5122				
7	Provider Target Rate	61.2020		77.0856				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	50.5099	91.5510	61.9692	9.0300		213.0601	
12/13	Medical Adjustment Rate		0.6377	0.4317				
14	Prospective Per Diem 11	50.5099	92.1887	62.4009	9.0300		214.1295	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 320421-00 - 2014/07

243.94

Rate Semester 07/01/2014 through 12/31/2014

East Orlando Health & Rehab Center, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/08/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	7,740,000.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Fixed	80% Capital(1):	4,980,768	10.5587
Indexed Asset Value	6,225,960	<60% of Base:	False	20% ROE(2):	1,245,192	0.4738
FRVS Base Asset:	2,574,640	Interest Rate:	5.6500%	Insurance Cost(3):	8,178	0.1949
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	0	0.0000
ROE Factor	0.015000	Amortization Rate:	5.6500%	Home Office(3):	89,197	2.1262
		Interest Only:	False	Replacement(3&4):	59,190	0.0000
		Yearly Payment:	416,225	Total FRVS PD:		13.3536

- (1) 80% Capital (\$4,980,768) amortized at 5.6500 % for 20 years Principal & Interest of \$416,225 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.5587
- (2) 20% ROE (\$1,245,192) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4738
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,183
Comparison Date:	08/01/1992	Current RS PBS:	51,883
Comparison Bed	80	Effective PBS Limitation	2,574,640

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.5099	50.5099	0.8968	49.6131
Direct Care	92.1887	92.1887	1.6368	90.5519
Indirect Care	62.4009	62.4009	1.1079	61.2930
Property	9.0300	13.3536	0.2371	13.1165
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.4593
Supplemental Rate Add-on				9.9025
Totals	214.1295	218.4531	3.8786	243.9363

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 320421-00 - 2014/07

243.94

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	5,589,374	0.00	1.7710	1.7710		80	29.68	2,574,640	2,574,640	1
1993/07		0.10	1.5329	1.5329		80	29.68	2,576,770	2,660,400	
1994/01		0.10	1.6983	1.6983		80	29.68	2,579,131	2,705,600	
1994/07		0.20	1.5991	1.5991		80	29.68	2,583,582	2,748,880	
1995/01		0.20	1.5812	1.5812		80	29.68	2,587,990	2,792,320	
1995/07	44,841	0.30	1.5250	1.5250		80	43.84	2,642,269	2,834,880	
1996/01		0.30	1.7228	1.7228		80	43.84	2,653,153	2,883,760	
1996/07	54,882	0.40	1.3294	1.3294		80	53.11	2,721,660	2,922,080	
1997/01		0.40	1.4109	1.4109		80	53.11	2,736,493	2,963,280	
1997/07	13,468	0.50	1.0917	1.0917		80	48.99	2,763,267	2,995,600	
1998/01		0.50	1.1663	1.1663		80	48.99	2,777,621	3,030,560	
1998/07	1,481,640	0.60	1.0794	1.0794		120	47.09	4,259,261	4,594,920	5
1999/01		0.60	1.4499	1.4499		120	47.09	4,306,499	4,661,520	
1999/07		0.70	1.2299	1.2299		120	46.30	4,337,709	4,718,880	
2000/01		0.70	1.3356	1.3356		120	46.30	4,371,847	4,781,880	
2000/07		0.80	1.1129	1.1129		120	57.89	4,410,770	4,835,040	
2001/01		0.80	1.2976	1.2976		120	57.89	4,456,558	4,897,800	
2001/07		0.90	0.9615	0.9615		120	58.80	4,495,125	4,944,840	
2002/01		0.90	1.0301	1.0301		120	53.96	4,536,011	4,995,720	
2002/07		1.00	0.8337	0.8337		120	53.96	4,573,113	5,037,360	
2003/01	139,616	1.00	1.3271	1.3271		120	57.90	4,773,419	5,104,200	
2003/07		1.00	1.1664	1.1664		120	57.90	4,829,096	5,163,720	
2004/01	18,537	1.00	1.1103	1.1103		120	58.29	4,901,250	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.29	4,942,313	5,264,880	
2005/01		1.00	0.8595	0.8595		120	57.23	4,984,792	5,310,120	
2005/07		1.00	0.7364	0.7364		120	57.23	5,021,500	5,349,240	
2006/01		1.00	0.9068	0.9068		120	57.23	5,067,035	5,397,720	
2006/07		1.00	0.8133	0.8133		120	63.75	5,108,245	5,441,640	
2007/01	38,955	1.00	1.0133	1.0133		120	61.02	5,198,962	5,496,720	
2007/07		1.00	1.1050	1.1050		120	61.02	5,256,411	5,557,440	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 320421-00 - 2014/07

243.94

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		120	61.53	5,301,385	5,604,960	
2008/07		1.00	0.6104	0.6104		120	61.53	5,333,745	5,639,160	
2009/01		1.00	1.3268	1.3268		120	48.96	5,396,742	5,714,040	
2009/07		1.00	0.6841	0.6841		120	48.96	5,429,607	5,753,160	
2010/01		1.00	0.8643	0.8643		120	48.96	5,471,382	5,802,840	
2010/07	56,800	1.00	0.7107	0.7107		120	52.98	5,565,639	5,844,120	
2011/01	125,982	1.00	0.9198	0.9198		120	45.82	5,734,269	5,897,880	
2011/07		1.00	0.9028	0.9028		120	45.82	5,777,397	5,951,160	
2012/01		1.00	0.3865	0.3865		120	45.82	5,796,000	5,974,200	
2012/07	56,983	1.00	0.9417	0.9417		120	59.70	5,907,564	6,030,480	
2013/01		1.00	0.4901	0.4901		120	59.70	5,936,517	6,060,000	
2013/07	150,281	0.95	0.6196	0.6196		120	63.02	6,097,560	6,097,560	8
2014/01		0.95	0.8564	0.8564		120	63.02	6,147,170	6,149,760	
2014/07	396,182	0.90	1.2383	1.2383		120	56.19	6,225,960	6,225,960	8

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency
8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 320439-00 - 2014/07

226.68

Adventist Care Centers - Courtland, Inc.

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
730 COURTLAND STREET	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
ORLANDO , FL 32804	Days in CR 365	Maximum: 43,800	Standard: 184
County: Orange [48]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 42,083	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 9,103	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 26,363	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	62.64525%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	96.07991%	Cost: 1.02471376
Open Date: 06/28/2000	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/28/2000	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 07/27/2000	Low Occupancy Adjustment Factor:	122.31517%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 224642			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,115,049	2,217,443	1,525,928	299,484		5,157,904	
1a	Audit Adjustments							
2	Cost Per Diem	42.2960	84.1119	57.8814	11.3600		195.6493	
3	Cost Per Diem Inflated	43.3413	85.9811	59.3119				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.3413	85.9811	59.3119	11.3600		199.9943	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.2261		66.1083				
7	Provider Target Rate	55.3560		67.4857				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.3413	85.9811	59.3119	11.3600		199.9943	
12/13	Medical Adjustment Rate		1.2232	0.8438				
14	Prospective Per Diem 11	43.3413	87.2043	60.1557	11.3600		202.0613	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 320439-00 - 2014/07

226.68

Rate Semester 07/01/2014 through 12/31/2014

Adventist Care Centers - Courtland, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/27/2000	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	3,554,812 8.4989
RS to Start Calcs:	2000/01	<60% of Base:	True	20% ROE(2):	888,703 0.4227
Indexed Asset Value	4,443,515	Interest Rate:	9.5000%	Insurance Cost(3):	7,320 0.1739
FRVS Base Asset:	0	Chase Rate:	9.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	9.5000%	Home Office(3):	83,714 1.9893
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	33,919 0.0000
		Yearly Payment:	335,028	Total FRVS PD:	11.0848

- (1) 80% Capital (\$3,554,812) amortized at 9.5000 % for 20 years Interest of \$335,028 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$8.4989
- (2) 20% ROE (\$888,703) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4227
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,324
Comparison Date: 07/01/1999	Current RS PBS:	51,883
Comparison Bed 87	Effective PBS Limitation	3,421,188

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.3413	43.3413	0.7695	42.5718
Direct Care	87.2043	87.2043	1.5483	85.6560
Indirect Care	60.1557	60.1557	1.0681	59.0876
Property	11.3600	11.0848	0.1968	10.8880
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.5735
Supplemental Rate Add-on				9.9025
Totals	202.0613	201.7861	3.5827	226.6794

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 320439-00 - 2014/07

226.68

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07	7,599,378	0.00	1.1129	1.1129		87	35.83	3,421,188	3,421,188	1
2001/01	33,259	0.10	1.2976	1.2976		87	35.83	3,457,340	3,550,905	
2001/07	9,027	0.10	0.9615	0.9615		87	35.83	3,468,534	3,585,009	
2002/01		0.20	1.0301	1.0301		87	35.83	3,473,189	3,621,897	
2002/07		0.20	0.8337	0.8337		87	35.83	3,476,961	3,652,086	
2003/01		0.30	1.3271	1.3271		87	35.83	3,485,978	3,700,545	
2003/07	109,266	0.30	1.1664	1.1664		120	43.63	3,604,920	5,163,720	
2004/01		0.40	1.1103	1.1103		120	43.63	3,617,620	5,221,080	
2004/07	29,051	0.40	0.8378	0.8378		120	50.70	3,657,846	5,264,880	
2005/01		0.50	0.8595	0.8595		120	50.70	3,672,338	5,310,120	
2005/07	56,105	0.50	0.7364	0.7364		120	55.95	3,741,965	5,349,240	
2006/01		0.60	0.9068	0.9068		120	55.95	3,762,325	5,397,720	
2006/07		0.60	0.8133	0.8133		120	55.95	3,780,685	5,441,640	
2007/01		0.70	1.0133	1.0133		120	45.76	3,802,996	5,496,720	
2007/07		0.70	1.1050	1.1050		120	46.08	3,827,641	5,557,440	
2008/01		0.80	0.8556	0.8556		120	46.08	3,849,592	5,604,960	
2008/07	67,724	0.80	0.6104	0.6104		120	50.84	3,934,692	5,639,160	
2009/01		0.90	1.3268	1.3268		120	50.84	3,978,122	5,714,040	
2009/07		0.90	0.6841	0.6841		120	50.84	4,000,763	5,753,160	
2010/01		1.00	0.8643	0.8643		120	49.34	4,031,783	5,802,840	
2010/07		1.00	0.7107	0.7107		120	51.37	4,058,546	5,844,120	
2011/01		1.00	0.9198	0.9198		120	51.37	4,093,413	5,897,880	
2011/07		1.00	0.9028	0.9028		120	51.37	4,127,929	5,951,160	
2012/01	67,487	1.00	0.3865	0.3865		120	53.00	4,210,790	5,974,200	
2012/07		1.00	0.9417	0.9417		120	53.00	4,249,001	6,030,480	
2013/01	20,684	1.00	0.4901	0.4901		120	60.46	4,290,509	6,060,000	
2013/07		1.00	0.6196	0.6196		120	60.46	4,317,093	6,097,560	
2014/01	35,099	1.00	0.8564	0.8564		120	57.31	4,389,164	6,149,760	
2014/07		1.00	1.2383	1.2383		120	62.65	4,443,515	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 320463-00 - 2014/07

236.77

Florida Living Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3355 E SEMORAN BLVD	8/1/2012-7/31/2013	Number of Beds: 202	Superior: 0
APOPKA, FL 32703	Days in CR 365	Maximum: 73,730	Standard: 184
County: Seminole [59]	First Used : 2014/01	Max Annualized: 73,730	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 71,035	Total: 184
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 9,125	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 48,720	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	68.58591%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	96.34477%	Cost: 1.03437307
Open Date: 12/01/1971	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/01/1971	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 07/01/1984	Low Occupancy Adjustment Factor:	122.65235%	DC Sem Index: 1.24200000
Med # Active Date: 01/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 208167			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,939,121	4,404,859	2,597,444	1,196,076		10,137,499	
1a	Audit Adjustments							
2	Cost Per Diem	39.8013	90.4117	53.3137	24.5500		208.0767	
3	Cost Per Diem Inflated	41.1694	92.8412	55.1463				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.1694	92.8412	55.1463	24.5500		213.7069	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.4520		65.0783				
7	Provider Target Rate	50.4824		66.4343				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	41.1694	92.8412	55.1463	13.6500		202.8069	
12/13	Medical Adjustment Rate		1.9412	1.1531				
14	Prospective Per Diem 11	41.1694	94.7824	56.2994	13.6500		205.9012	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 320463-00 - 2014/07

236.77

Rate Semester 07/01/2014 through 12/31/2014

Florida Living Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/24/1989	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	7,306,971	13.6904
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	1,826,743	0.4129
Indexed Asset Value	9,133,714	Interest Rate:	12.5000%	Insurance Cost(3):	13,043	0.1836
FRVS Base Asset:	1,690,206	Chase Rate:	12.5000%	Taxes Cost(3):	0	0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	118,054	1.6619
ROE Factor	0.015000	Interest Only:	True	Replacement(3&4):	75,034	0.0000
		Yearly Payment:	908,457	Total FRVS PD:		15.9488

- (1) 80% Capital (\$7,306,971) amortized at 12.5000 % for 20 years Interest of \$908,457 divided by annual available days (73730) divided by Occup. Adj. (0.90) = \$13.6904
- (2) 20% ROE (\$1,826,743) times the ROE factor (0.015000) divided by annual available days (73730) divided by Occup. Adj. (0.90) = \$0.4129
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.1694	41.1694	0.7310	40.4384
Direct Care	94.7824	94.7824	1.6829	93.0995
Indirect Care	56.2994	56.2994	0.9996	55.2998
Property	13.6500	15.9488	0.2832	15.6656
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3637
Supplemental Rate Add-on				9.9025
Totals	205.9012	208.2000	3.6967	236.7695

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 320463-00 - 2014/07

236.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	1,271,206	0.00				104	100.00	1,271,206	1,067,144	
1972/01		0.10	3.9787	3.0000	0.9787	104	100.00	1,275,020	1,109,576	
1972/07		0.10	5.9113	3.0000	2.9113	104	100.00	1,278,845	1,164,280	
1973/01	100	0.20	8.0622	3.0000	5.0622	104	100.00	1,286,618	1,224,288	
1973/07		0.20	10.7186	3.0000	7.7186	104	100.00	1,294,338	1,293,552	
1974/01		0.30	12.9457	3.0000	9.9457	104	100.00	1,305,987	1,361,152	
1974/07		0.30	13.0494	3.0000	10.0494	104	100.00	1,317,741	1,403,376	
1975/01	2,626	0.40	13.1399	3.0000	10.1399	104	100.00	1,336,180	1,446,744	
1975/07		0.40	14.2033	3.0000	11.2033	104	100.00	1,352,214	1,505,608	
1976/01		0.50	15.2478	3.0000	12.2478	104	100.00	1,372,497	1,566,448	
1976/07		0.50	15.7330	3.0000	12.7330	104	100.00	1,393,084	1,621,048	
1977/01		0.60	16.4836	3.0000	13.4836	104	100.00	1,418,160	1,681,888	
1977/07		0.60	18.5412	3.0000	15.5412	104	100.00	1,443,687	1,766,856	
1978/01		0.70	20.2809	3.0000	17.2809	104	100.00	1,474,004	1,850,680	
1978/07		0.70	22.8203	3.0000	19.8203	104	100.00	1,504,958	1,953,120	
1979/01	4,258	0.80	24.9476	3.0000	21.9476	104	100.00	1,545,335	2,053,272	
1979/07		0.80	26.1458	3.0000	23.1458	104	100.00	1,582,423	2,139,488	
1980/01		0.90	29.3115	3.0000	26.3115	104		1,582,423	2,271,464	
1980/07		0.90	30.1222	3.0000	27.1222	104		1,582,423	2,357,992	
1981/01		1.00	30.9462	3.0000	27.9462	104		1,582,423	2,448,160	
1981/07		1.00	30.5350	3.0000	27.5350	104		1,582,423	2,511,496	
1982/01		1.00	30.2110	3.0000	27.2110	104		1,582,423	2,578,784	
1982/07		1.00	29.5087	3.0000	26.5087	104		1,582,423	2,637,960	
1983/04		1.00	29.1375	3.0000	26.1375	104		1,582,423	2,707,328	
1983/07		1.00	30.0953	3.0000	27.0953	104		1,582,423	2,814,448	
1984/01		1.00	28.3905	3.0000	25.3905	104		1,582,423	2,850,952	
1984/07		1.00	27.3084	3.0000	24.3084	104	40.87	1,617,700	2,905,656	
1985/01		1.00	25.4555	3.0000	22.4555	104	40.87	1,653,763	2,938,936	
1985/10		1.00	23.3077	3.0000	20.3077	104	40.40	1,690,206	2,964,000	
1986/01		1.00	21.1376	3.0000	18.1376	104	40.40	1,727,452	2,988,648	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 320463-00 - 2014/07

236.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	104	40.40	1,765,519	2,982,928	
1987/01		1.00	16.4441	3.0000	13.4441	104	43.31	1,807,227	3,036,280	
1987/07		1.00	14.3448	3.0000	11.3448	104	38.92	1,845,593	3,059,992	
1988/01		1.00	12.2455	3.0000	9.2455	104	38.92	1,884,773	3,084,848	
1988/07		1.00	9.8354	3.0000	6.8354	104	38.92	1,924,785	3,083,184	
1989/01		1.00	7.4253	3.0000	4.4253	104	43.51	1,970,465	3,101,384	
1989/07	1,789,260	1.00	5.0152	3.0000	2.0152	164	43.03	3,805,974	4,923,772	
1990/01		1.00	2.6051	2.6051		164	43.03	3,883,545	4,948,536	
1990/07		1.00	0.5899	0.5899		164	44.69	3,902,160	4,977,728	
1991/01		1.00	0.5899	0.5899		164	44.69	3,920,864	5,006,920	
1991/07	27,451	1.00	1.4932	1.4932		164	54.85	4,006,702	5,081,704	
1992/01		0.95	2.0117	2.0117		164	54.85	4,083,065	5,183,876	
1992/07	607,040	0.95	1.8152	1.8152		164	60.51	4,760,513	5,278,012	
1993/01		0.90	1.7710	1.7710		164	60.51	4,836,391	5,371,492	
1993/07	42,979	0.90	1.5329	1.5329		184	59.24	4,946,093	6,118,920	
1994/01		0.85	1.6983	1.6983		184	59.24	5,017,495	6,222,880	
1994/07		0.85	1.5991	1.5991		184	64.98	5,085,693	6,322,424	
1995/01		0.80	1.5812	1.5812		184	64.98	5,150,027	6,422,336	
1995/07		0.80	1.5250	1.5250		184	65.85	5,212,857	6,520,224	
1996/01		0.75	1.7228	1.7228		184	65.85	5,280,212	6,632,648	
1996/07		0.75	1.3294	1.3294		184	65.58	5,332,861	6,720,784	
1997/01		0.70	1.4109	1.4109		184	65.58	5,385,528	6,815,544	
1997/07	142,466	0.70	1.0917	1.0917		184	66.47	5,569,150	6,889,880	
1998/01		0.65	1.1663	1.1663		184	66.47	5,611,370	6,970,288	
1998/07		0.65	1.0794	1.0794		184	66.29	5,650,739	7,045,544	
1999/01		0.60	1.4499	1.4499		184	66.29	5,699,895	7,147,664	
1999/07		0.60	1.2299	1.2299		184	66.29	5,741,955	7,235,616	
2000/01	44,923	0.55	1.3356	1.3356		184	67.46	5,829,058	7,332,216	
2000/07	44,795	0.55	1.1129	1.1129		184	67.40	5,909,533	7,413,728	
2001/01		0.50	1.2976	1.2976		184	67.40	5,947,874	7,509,960	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 320463-00 - 2014/07

236.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		184	60.74	5,976,471	7,582,088	
2002/01		0.45	1.0301	1.0301		184	62.63	6,004,172	7,660,104	
2002/07		0.45	0.8337	0.8337		184	62.63	6,026,700	7,723,952	
2003/01	153,846	0.40	1.3271	1.3271		184	61.30	6,212,536	7,826,440	
2003/07		0.40	1.1664	1.1664		184	61.30	6,241,524	7,917,704	
2004/01	269,062	0.35	1.1103	1.1103		202	61.97	6,534,841	8,788,818	
2004/07		0.35	0.8378	0.8378		202	61.97	6,554,001	8,862,548	
2005/01		0.30	0.8595	0.8595		202	61.97	6,570,904	8,938,702	
2005/07		0.30	0.7364	0.7364		202	65.54	6,585,419	9,004,554	
2006/01		0.25	0.9068	0.9068		202	65.54	6,600,348	9,086,162	
2006/07	43,470	0.25	0.8133	0.8133		202	69.61	6,657,237	9,160,094	
2007/01		0.20	1.0133	1.0133		202	69.61	6,670,731	9,252,812	
2007/07	35,946	0.20	1.1050	1.1050		202	72.33	6,721,419	9,355,024	
2008/01	49,185	0.15	0.8556	0.8556		202	71.63	6,779,228	9,435,016	
2008/07		0.15	0.6104	0.6104		202	71.63	6,785,438	9,492,586	
2009/01		0.10	1.3268	1.3268		202	71.63	6,794,442	9,618,634	
2009/07	215,389	0.10	0.6841	0.6841		202	64.55	7,014,478	9,684,486	
2010/01		0.05	0.8643	0.8643		202	67.52	7,017,508	9,768,114	
2010/07		0.05	0.7107	0.7107		202	67.52	7,019,999	9,837,602	
2011/01		0.00	0.9198	0.9198		202	67.24	7,019,999	9,928,098	
2011/07		0.00	0.9028	0.9028		202	67.24	7,019,999	10,017,786	
2012/01		0.00	0.3865	0.3865		202	67.24	7,019,999	10,056,570	
2012/07	1,499,171	0.00	0.9417	0.9417		202	71.58	8,519,170	10,151,308	
2013/01		0.00	0.4901	0.4901		202	71.58	8,519,170	10,201,000	
2013/07	79,149	0.00	0.6196	0.6196		202	70.23	8,598,319	10,264,226	
2014/01	535,395	0.00	0.8564	0.8564		202	68.59	9,133,714	10,352,096	
2014/07		0.00	1.2383	1.2383		202	68.59	9,133,714	10,480,366	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 320978-00 - 2014/07

257.05

Lehigh Acres Health & Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1550 LEE BLVD	1/1/2012-12/31/2012	Number of Beds: 110	Superior: 0
LEHIGH ACRES, FL 33936	Days in CR 366	Maximum: 40,260	Standard: 184
County: Lee [36]	First Used : 2014/01	Max Annualized: 40,150	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 37,380	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 11,325	Inflation
Current Class South Large	Initial CR? False	Medicaid: 16,693	FY Index: 1.28335532
Class at 1/94: South Large	Medical Utilization	44.65757%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.84650%	Cost: 1.04963363
Open Date: 01/01/1986	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1986	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 01/01/1986	Low Occupancy Adjustment Factor:	118.19885%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 225169			PS Target: 1.02083595

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	234.9564	
3	Cost Per Diem Inflated	59.4338	97.9475	62.1675				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.4338	97.9475	62.1675	24.1400	0.1328	243.8216	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.0725		63.3533				
7	Provider Target Rate	69.4909		64.6733				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation	55.6724		66.6853				
10b	Base for line 10a	54.5361		65.3242				
11	Lesser of 5,7,8,10, 10a	54.4176	97.9475	62.1675	13.6500	0.1328	228.3154	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.4176	97.9475	62.1675	13.6500	0.1328	228.3154	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 320978-00 - 2014/07

257.05

Rate Semester 07/01/2014 through 12/31/2014

Lehigh Acres Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/01/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,960,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Fixed	80% Capital(1):	4,532,920	15.7947
Indexed Asset Value	5,666,150	<60% of Base:	False	20% ROE(2):	1,133,230	0.4572
FRVS Base Asset:	3,135,000	Interest Rate:	11.2500%	Insurance Cost(3):	65,212	1.7446
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	53,180	1.4227
ROE Factor	0.014580	Amortization Rate:	11.2500%	Home Office(3):	32,631	0.8730
		Interest Only:	False	Replacement(3&4):	23,895	0.0000
		Yearly Payment:	570,743	Total FRVS PD:		20.2922

- (1) 80% Capital (\$4,532,920) amortized at 11.2500 % for 20 years Principal & Interest of \$570,743 divided by annual available days (40150) divided by Occup. Adj. (0.900) = \$15.7947
- (2) 20% ROE (\$1,133,230) times the ROE factor (0.014580) divided by annual available days (40150) divided by Occup. Adj. (0.900) = \$0.4572
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	110	Effective PBS Limitation	3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	97.9475	97.9475	1.7391	96.2084
Indirect Care	62.1675	62.1675	1.1038	61.0637
Property	13.6500	20.2922	0.3603	19.9319
ROE	0.1328	0.1353	0.0024	0.1329
ROE Adjustment	-0.1328	-0.1353	-0.0024	-0.1329
Quality Assess-Medicaid Share				16.4941
Supplemental Rate Add-on				9.9025
Totals	228.1826	234.8248	4.1694	257.0520

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 320978-00 - 2014/07

257.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	3,234,470	0.00	0.8299	0.8299		110	58.64	3,135,000	3,135,000	1
1986/07		0.10	0.2974	0.2974		110	63.10	3,135,931	3,155,020	
1987/01		0.10	1.0091	1.0091		110	58.64	3,139,095	3,211,450	
1987/07		0.20	0.9007	0.9007		110	63.10	3,144,749	3,236,530	
1988/01		0.20	0.9007	0.9007		110	63.10	3,150,413	3,262,820	
1988/07		0.30	0.5899	0.5899		110	61.92	3,155,989	3,261,060	
1989/01		0.30	0.5899	0.5899		110	63.05	3,161,575	3,280,310	
1989/07		0.40	0.5899	0.5899		110	63.05	3,169,036	3,302,530	
1990/01		0.40	0.5899	0.5899		110	63.05	3,176,515	3,319,140	
1990/07		0.50	0.5899	0.5899		110	63.05	3,185,886	3,338,720	
1991/01		0.50	0.5899	0.5899		110	65.89	3,195,284	3,358,300	
1991/07		0.60	1.4932	1.4932		110	68.52	3,223,911	3,408,460	
1992/01		0.60	2.0117	2.0117		110	68.52	3,262,824	3,476,990	
1992/07		0.70	1.8152	1.8152		110	64.90	3,304,281	3,540,130	
1993/01		0.70	1.7710	1.7710		110	64.90	3,345,244	3,602,830	
1993/07	27,829	0.80	1.5329	1.5329		110	68.91	3,414,096	3,658,050	
1994/01		0.80	1.6983	1.6983		110	68.91	3,460,480	3,720,200	
1994/07	30,267	0.90	1.5991	1.5991		110	71.46	3,540,550	3,779,710	
1995/01		0.90	1.5812	1.5812		110	68.86	3,590,936	3,839,440	
1995/07		1.00	1.5250	1.5250		110	68.86	3,645,698	3,897,960	
1996/01		1.00	1.7228	1.7228		110	68.86	3,708,506	3,965,170	
1996/07		1.00	1.3294	1.3294		110	68.86	3,757,807	4,017,860	
1997/01		1.00	1.4109	1.4109		110	68.86	3,810,826	4,074,510	
1997/07		1.00	1.0917	1.0917		110	68.86	3,852,429	4,118,950	
1998/01		1.00	1.1663	1.1663		110	71.75	3,897,360	4,167,020	
1998/07		1.00	1.0794	1.0794		110	71.75	3,939,428	4,212,010	
1999/01		1.00	1.4499	1.4499		110	71.23	3,996,546	4,273,060	
1999/07		1.00	1.2299	1.2299		110	71.23	4,045,700	4,325,640	
2000/01		1.00	1.3356	1.3356		110	72.85	4,099,734	4,383,390	
2000/07	18,249	1.00	1.1129	1.1129		110	80.18	4,163,609	4,432,120	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 320978-00 - 2014/07

257.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		110	80.18	4,217,636	4,489,650	
2001/07		1.00	0.9615	0.9615		110	80.18	4,258,189	4,532,770	
2002/01		1.00	1.0301	1.0301		110	80.18	4,302,053	4,579,410	
2002/07		1.00	0.8337	0.8337		110	80.18	4,337,919	4,617,580	
2003/01		1.00	1.3271	1.3271		110	72.61	4,395,488	4,678,850	
2003/07		1.00	1.1664	1.1664		110	72.61	4,446,757	4,733,410	
2004/01		1.00	1.1103	1.1103		110	71.61	4,496,129	4,785,990	
2004/07		1.00	0.8378	0.8378		110	71.61	4,533,798	4,826,140	
2005/01	23,312	1.00	0.8595	0.8595		110	66.96	4,596,078	4,867,610	
2005/07		1.00	0.7364	0.7364		110	63.22	4,629,924	4,903,470	
2006/01		1.00	0.9068	0.9068		110	63.22	4,671,908	4,947,910	
2006/07	57,163	0.95	0.8133	0.8133		110	68.69	4,765,166	4,988,170	
2007/01		0.95	1.0133	1.0133		110	68.69	4,811,035	5,038,660	
2007/07	55,614	0.90	1.1050	1.1050		110	65.08	4,914,495	5,094,320	
2008/01		0.90	0.8556	0.8556		110	65.08	4,952,337	5,137,880	
2008/07		0.85	0.6104	0.6104		110	65.08	4,978,030	5,169,230	
2009/01		0.85	1.3268	1.3268		110	65.08	5,034,172	5,237,870	
2009/07		0.80	0.6841	0.6841		110	65.08	5,061,724	5,273,730	
2010/01	115,464	0.80	0.8643	0.8643		110	61.53	5,212,185	5,319,270	
2010/07	130,434	0.75	0.7107	0.7107		110	49.74	5,357,110	5,357,110	8
2011/01		0.75	0.9198	0.9198		110	49.74	5,390,534	5,406,390	
2011/07		0.70	0.9028	0.9028		110	49.74	5,421,344	5,455,230	
2012/01	89,255	0.70	0.3865	0.3865		110	46.63	5,476,350	5,476,350	8
2012/07	47,848	0.65	0.9417	0.9417		110	43.62	5,527,940	5,527,940	8
2013/01		0.65	0.4901	0.4901		110	43.62	5,541,908	5,555,000	
2013/07		0.60	0.6196	0.6196		110	43.62	5,558,249	5,589,430	
2014/01	53,548	0.60	0.8564	0.8564		110	44.66	5,634,986	5,637,280	
2014/07		0.55	1.2383	1.2383		110	44.66	5,666,150	5,707,130	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation |
| 8 Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 321303-00 - 2014/07

236.38

Ft. Lauderdale Health & Rehab Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2000 EAST COMMERCIAL BLVD	1/1/2013-12/31/2013	Number of Beds: 169	Superior: 0
FORT LAUDERDALE, FL 33308	Days in CR 365	Maximum: 61,685	Standard: 184
County: Broward [6]	First Used : 2014/07	Max Annualized: 61,685	Conditional: 0
Region: South Area: 10	Last Used: 2014/07	Total Patient: 50,986	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 9,054	Inflation
Current Class South Large	Initial CR? False	Medicaid: 26,683	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	52.33397%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	82.65543%	Cost: 1.02471376
Open Date: 10/03/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/03/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 10/03/1984	Low Occupancy Adjustment Factor:	105.22504%	DC Sem Index: 1.24200000
Med # Active Date: 07/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 228109			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,312,257	2,251,209	1,529,413	447,741		5,540,620
1a	Audit Adjustments						
2	Cost Per Diem	49.1795	84.3687	57.3179	16.7800		207.6461
3	Cost Per Diem Inflated	50.3949	86.2436	58.7344			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.3949	86.2436	58.7344	16.7800		212.1529
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.7097		69.4569			
7	Provider Target Rate	56.8705		70.9041			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224			
10	Target Rate Class Ceiling	56.5683		63.9416			
10a	New Provider Target Limitation	56.7213		66.4464			
10b	Base for line 10a	55.5636		65.0902			
11	Lesser of 5,7,8,10, 10a	50.3949	86.2436	58.7344	13.6500		209.0229
12/13	Medical Adjustment Rate		0.2265	0.1542			
14	Prospective Per Diem 11	50.3949	86.4701	58.8886	13.6500		209.4036
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 321303-00 - 2014/07

236.38

Rate Semester 07/01/2014 through 12/31/2014

Ft. Lauderdale Health & Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/2007	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	6,000,000.00	Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed	80% Capital(1):	4,729,219 9.3073
Indexed Asset Value	5,911,524	<60% of Base:	False	20% ROE(2):	1,182,305 0.3993
FRVS Base Asset:	1,978,789	Interest Rate:	9.1670%	Insurance Cost(3):	85,095 1.6690
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	Taxes Cost(3):	132,898 2.6066
ROE Factor	0.018750	Amortization Rate:	9.1670%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	516,711	Total FRVS PD:	13.9822

- (1) 80% Capital (\$4,729,219) amortized at 9.1670 % for 20 years Principal & Interest of \$516,711 divided by annual available days (61685) divided by Occup. Adj. (0.900) = \$9.3073
- (2) 20% ROE (\$1,182,305) times the ROE factor (0.018750) divided by annual available days (61685) divided by Occup. Adj. (0.900) = \$0.3993
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	253	Effective PBS Limitation	7,210,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.3949	50.3949	0.8948	49.5001
Direct Care	86.4701	86.4701	1.5353	84.9348
Indirect Care	58.8886	58.8886	1.0456	57.8430
Property	13.6500	13.9822	0.2483	13.7339
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.4633
Supplemental Rate Add-on				9.9025
Totals	209.4036	209.7358	3.7240	236.3776

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 321303-00 - 2014/07

236.38

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	1,974,840	0.00	1.9179	1.9179		253	71.10	1,974,840	7,068,567	
1985/01		0.10	1.1471	1.1471		253	71.10	1,977,105	7,149,527	
1985/10		0.10	0.8522	0.8522		253	71.10	1,978,789	7,210,500	
1986/01		0.20	0.8299	0.8299		253	71.10	1,982,074	7,270,461	
1986/07		0.20	0.2974	0.2974		253	71.10	1,983,253	7,256,546	
1987/01		0.30	1.0091	1.0091		253	71.10	1,989,256	7,386,335	
1987/07		0.30	0.9007	0.9007		253	75.26	1,994,631	7,444,019	
1988/01		0.40	0.9007	0.9007		253	75.26	2,001,818	7,504,486	
1988/07		0.40	0.5899	0.5899		253	75.26	2,006,542	7,500,438	
1989/01	70,466	0.50	0.5899	0.5899		253	72.02	2,082,927	7,544,713	
1989/07		0.50	0.5899	0.5899		253	75.69	2,089,072	7,595,819	
1990/01		0.60	0.5899	0.5899		253	75.69	2,096,465	7,634,022	
1990/07		0.60	0.5899	0.5899		253	72.49	2,103,884	7,679,056	
1991/01		0.70	0.5899	0.5899		253	72.49	2,112,571	7,724,090	
1991/07		0.70	1.4932	1.4932		253	80.45	2,134,652	7,839,458	
1992/01		0.80	2.0117	2.0117		253	80.45	2,169,007	7,997,077	
1992/07		0.80	1.8152	1.8152		253	79.10	2,200,505	8,142,299	
1993/01		0.90	1.7710	1.7710		253	79.10	2,235,579	8,286,509	
1993/07		0.90	1.5329	1.5329		253	80.01	2,266,421	8,413,515	
1994/01		1.00	1.6983	1.6983		253	80.01	2,304,912	8,556,460	
1994/07	78,625	1.00	1.5991	1.5991		253	79.13	2,420,395	8,693,333	
1995/01		1.00	1.5812	1.5812		253	79.13	2,458,666	8,830,712	
1995/07	1,656,174	1.00	1.5250	1.5250		253	82.73	4,152,335	8,965,308	
1996/01		1.00	1.7228	1.7228		253	82.73	4,223,871	9,119,891	
1996/07		1.00	1.3294	1.3294		253	86.78	4,280,023	9,241,078	
1997/01		1.00	1.4109	1.4109		253	86.78	4,340,410	9,371,373	
1997/07		1.00	1.0917	1.0917		253	84.09	4,387,794	9,473,585	
1998/01		1.00	1.1663	1.1663		253	84.09	4,438,969	9,584,146	
1998/07		1.00	1.0794	1.0794		253	84.09	4,486,883	9,687,623	
1999/01	14,453	1.00	1.4499	1.4499		169	85.24	4,566,391	6,564,974	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 321303-00 - 2014/07

236.38

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		169	85.24	4,622,553	6,645,756	
2000/01		1.00	1.3356	1.3356		169	85.24	4,684,292	6,734,481	
2000/07		1.00	1.1129	1.1129		169	76.00	4,736,423	6,809,348	
2001/01		1.00	1.2976	1.2976		169	76.00	4,797,883	6,897,735	
2001/07		1.00	0.9615	0.9615		169	76.00	4,844,015	6,963,983	
2002/01		1.00	1.0301	1.0301		169	76.00	4,893,913	7,035,639	
2002/07		1.00	0.8337	0.8337		169	76.00	4,934,714	7,094,282	
2003/01		1.00	1.3271	1.3271		169	71.99	5,000,203	7,188,415	
2003/07		1.00	1.1664	1.1664		169	71.99	5,058,525	7,272,239	
2004/01		1.00	1.1103	1.1103		169	75.21	5,114,690	7,353,021	
2004/07		1.00	0.8378	0.8378		169	75.21	5,157,541	7,414,706	
2005/01		0.95	0.8595	0.8595		169	71.19	5,199,652	7,478,419	
2005/07		0.95	0.7364	0.7364		169	71.19	5,236,029	7,533,513	
2006/01		0.90	0.9068	0.9068		169	67.59	5,278,760	7,601,789	
2006/07		0.90	0.8133	0.8133		169	67.59	5,317,401	7,663,643	
2007/01		0.85	1.0133	1.0133		169	67.59	5,363,200	7,741,214	
2007/07	64,444	0.85	1.1050	1.1050		169	52.06	5,475,328	7,826,728	
2008/01		0.80	0.8556	0.8556		169	52.06	5,510,803	7,893,652	
2008/07		0.80	0.6104	0.6104		169	52.06	5,536,274	7,941,817	
2009/01		0.75	1.3268	1.3268		169	52.06	5,588,421	8,047,273	
2009/07		0.75	0.6841	0.6841		169	52.06	5,615,562	8,102,367	
2010/01		0.70	0.8643	0.8643		169	53.67	5,648,715	8,172,333	
2010/07		0.70	0.7107	0.7107		169	51.90	5,675,233	8,230,469	
2011/01		0.65	0.9198	0.9198		169	51.90	5,707,253	8,306,181	
2011/07		0.65	0.9028	0.9028		169	53.21	5,739,653	8,381,217	
2012/01		0.60	0.3865	0.3865		169	53.21	5,752,530	8,413,665	
2012/07		0.60	0.9417	0.9417		169	53.21	5,783,974	8,492,926	
2013/01	32,419	0.55	0.4901	0.4901		169	54.97	5,831,978	8,534,500	
2013/07		0.55	0.6196	0.6196		169	54.97	5,851,843	8,587,397	
2014/01		0.50	0.8564	0.8564		169	58.14	5,876,901	8,660,912	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 321303-00 - 2014/07

236.38

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		169	52.33	5,911,524	8,768,227	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 321303123120130101201304252014104844



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 321532-00 - 2014/07

249.64

The Palms Rehabilitation and Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3370 NW 47TH TERRACE	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
LAUDERDALE LAKES, FL	Days in CR 366	Maximum: 43,920	Standard: 184
33319	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
County: Broward [6]	Last Used: 2014/07	Total Patient: 41,823	Total: 184
Region: South Area: 10	Unaudited	Medicare: 8,892	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 30,872	FY Index: 1.28335532
Current Class South Large	Medical Utilization	73.81584%	Semester Index: 1.34705290
Class at 1/94: South Large	Occupancy:	95.22541%	Cost: 1.04963363
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Open Date: 10/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Acquired Date: 10/01/1982	Low Occupancy Adjustment Factor:	121.22734%	DC Sem Index: 1.24200000
Entered Medicaid 10/01/1982	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Med # Active Date: 01/01/2007			PS Target: 1.02083595
Previous Med # 308005			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,393,236	2,827,707	1,966,880	1,001,179		7,189,002	
1a	Audit Adjustments							
2	Cost Per Diem	45.1294	91.5945	63.7108	32.4300		232.8647	
3	Cost Per Diem Inflated	47.3693	94.6032	66.8730				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.3693	94.6032	66.8730	32.4300		241.2755	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.3992		79.4168				
7	Provider Target Rate	58.5952		81.0715				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.3693	94.6032	63.9416	13.6500		219.5641	
12/13	Medical Adjustment Rate		2.5347	1.7132				
14	Prospective Per Diem 11	47.3693	97.1379	65.6548	13.6500		223.8120	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 321532-00 - 2014/07

249.64

Rate Semester 07/01/2014 through 12/31/2014

The Palms Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1994	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	1,400,000.00	Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed	80% Capital(1):	1,778,920 4.1985
Indexed Asset Value	2,223,650	<60% of Base:	False	20% ROE(2):	444,730 0.1645
FRVS Base Asset:	1,323,819	Interest Rate:	10.0000%	Insurance Cost(3):	140,090 3.3496
Occup Adj Factor	0.9000	Chase Rate:	4.0000%	Taxes Cost(3):	157,506 3.7660
ROE Factor	0.014580	Amortization Rate:	7.0000%	Home Office(3):	13,283 0.3176
		Interest Only:	False	Replacement(3&4):	9,397 0.0000
		Yearly Payment:	165,503	Total FRVS PD:	11.7962

- (1) 80% Capital (\$1,778,920) amortized at 7.0000 % for 20 years Principal & Interest of \$165,503 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$4.1985
- (2) 20% ROE (\$444,730) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.1645
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.3693	47.3693	0.8410	46.5283
Direct Care	97.1379	97.1379	1.7247	95.4132
Indirect Care	65.6548	65.6548	1.1657	64.4891
Property	13.6500	11.7962	0.2094	11.5868
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.7192
Supplemental Rate Add-on				9.9025
Totals	223.8120	221.9582	3.9408	249.6391

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 321532-00 - 2014/07

249.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	1,323,819	0.00	2.2977	2.2977		120	2.75	1,323,819	3,043,800	
1983/04		0.10	2.6288	2.6288		120	2.75	1,323,819	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	2.75	1,323,819	3,247,440	
1984/01		0.20	2.2530	2.2530		120	2.75	1,323,819	3,289,560	
1984/07		0.20	1.9179	1.9179		120	2.75	1,323,819	3,352,680	
1985/01		0.30	1.1471	1.1471		120	2.75	1,323,819	3,391,080	
1985/10		0.30	0.8522	0.8522		120	9.59	1,323,819	3,420,000	
1986/01		0.40	0.8299	0.8299		120	9.59	1,323,819	3,448,440	
1986/07		0.40	0.2974	0.2974		120	11.68	1,323,819	3,441,840	
1987/01		0.50	1.0091	1.0091		120	11.68	1,323,819	3,503,400	
1987/07		0.50	0.9007	0.9007		120	14.03	1,323,819	3,530,760	
1988/01	24,531	0.60	0.9007	0.9007		120	14.03	1,348,350	3,559,440	
1988/07		0.60	0.5899	0.5899		120	15.88	1,348,350	3,557,520	
1989/01		0.70	0.5899	0.5899		120	15.88	1,348,350	3,578,520	
1989/07	43,045	0.70	0.5899	0.5899		120	18.85	1,391,395	3,602,760	
1990/01		0.80	0.5899	0.5899		120	18.85	1,391,395	3,620,880	
1990/07		0.80	0.5899	0.5899		120	15.84	1,391,395	3,642,240	
1991/01		0.90	0.5899	0.5899		120	15.84	1,391,395	3,663,600	
1991/07		0.90	1.4932	1.4932		120	30.39	1,401,727	3,718,320	
1992/01		1.00	2.0117	2.0117		120	46.22	1,425,424	3,793,080	
1992/07		1.00	1.8152	1.8152		120	46.22	1,447,168	3,861,960	
1993/01		1.00	1.7710	1.7710		120	46.22	1,468,706	3,930,360	
1993/07		1.00	1.5329	1.5329		120	52.68	1,490,270	3,990,600	
1994/01		1.00	1.6983	1.6983		120	52.68	1,514,512	4,058,400	
1994/07		1.00	1.5991	1.5991		120	55.75	1,538,731	4,123,320	
1995/01		1.00	1.5812	1.5812		120	55.75	1,563,061	4,188,480	
1995/07		1.00	1.5250	1.5250		120	55.75	1,586,898	4,252,320	
1996/01		1.00	1.7228	1.7228		120	55.75	1,614,237	4,325,640	
1996/07		1.00	1.3294	1.3294		120	41.15	1,630,293	4,383,120	
1997/01		1.00	1.4109	1.4109		120	41.15	1,647,503	4,444,920	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 321532-00 - 2014/07

249.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		120	44.46	1,662,042	4,493,400	
1998/01		1.00	1.1663	1.1663		120	44.46	1,677,712	4,545,840	
1998/07		1.00	1.0794	1.0794		120	49.37	1,693,967	4,594,920	
1999/01		1.00	1.4499	1.4499		120	49.37	1,716,014	4,661,520	
1999/07		1.00	1.2299	1.2299		120	60.87	1,737,119	4,718,880	
2000/01		1.00	1.3356	1.3356		120	60.87	1,760,320	4,781,880	
2000/07		1.00	1.1129	1.1129		120	58.26	1,779,911	4,835,040	
2001/01		1.00	1.2976	1.2976		120	58.26	1,803,007	4,897,800	
2001/07		1.00	0.9615	0.9615		120	57.15	1,820,343	4,944,840	
2002/01		1.00	1.0301	1.0301		120	57.15	1,820,343	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	70.80	1,854,427	5,037,360	
2003/01		0.95	1.3271	1.3271		120	70.80	1,877,806	5,104,200	
2003/07		0.95	1.1664	1.1664		120	70.80	1,877,806	5,163,720	5
2004/01		0.90	1.1103	1.1103		120	70.80	1,898,614	5,221,080	5
2004/07		0.90	0.8378	0.8378		120	70.80	1,932,046	5,264,880	
2005/01		0.85	0.8595	0.8595		120	77.63	1,946,162	5,310,120	
2005/07		0.85	0.7364	0.7364		120	77.63	1,958,343	5,349,240	
2006/01		0.80	0.9068	0.9068		120	77.63	1,958,343	5,397,720	5
2006/07		0.80	0.8133	0.8133		120	77.63	1,985,382	5,441,640	
2007/01		0.75	1.0133	1.0133		120	83.88	2,000,471	5,496,720	
2007/07		0.75	1.1050	1.1050		120	83.88	2,017,051	5,557,440	
2008/01		0.70	0.8556	0.8556		120	83.88	2,029,131	5,604,960	
2008/07		0.70	0.6104	0.6104		120	83.88	2,037,801	5,639,160	
2009/01		0.65	1.3268	1.3268		120	83.88	2,055,375	5,714,040	
2009/07		0.65	0.6841	0.6841		120	83.88	2,064,515	5,753,160	
2010/01	39,587	0.60	0.8643	0.8643		120	78.39	2,114,809	5,802,840	
2010/07		0.60	0.7107	0.7107		120	81.21	2,123,827	5,844,120	
2011/01		0.55	0.9198	0.9198		120	81.21	2,134,571	5,897,880	
2011/07		0.55	0.9028	0.9028		120	76.60	2,145,169	5,951,160	
2012/01		0.50	0.3865	0.3865		120	76.60	2,149,316	5,974,200	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 321532-00 - 2014/07

249.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		120	76.60	2,159,437	6,030,480	
2013/01	34,806	0.45	0.4901	0.4901		120	74.85	2,199,005	6,060,000	
2013/07		0.45	0.6196	0.6196		120	74.85	2,205,136	6,097,560	
2014/01		0.40	0.8564	0.8564		120	73.82	2,212,691	6,149,760	
2014/07		0.40	1.2383	1.2383		120	73.82	2,223,650	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 321532123120120101201208232013111947



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 323772-00 - 2014/07
235.95

Coral Gables Nursing and Rehabilitation
--

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7060 SW 8TH STREET	1/1/2012-12/31/2012	Number of Beds: 87	Superior: 0
MIAMI, FL 33144	Days in CR 366	Maximum: 31,842	Standard: 184
County: Dade [13]	First Used : 2013/07	Max Annualized: 31,755	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 27,758	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,258	Inflation
Current Class South Small	Initial CR? False	Medicaid: 18,279	FY Index: 1.28335532
Class at 1/94: South Small	Medical Utilization	65.85129%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	87.17417%	Cost: 1.04963363
Open Date: 11/01/1988	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/01/1988	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 11/01/1988	Low Occupancy Adjustment Factor:	110.97766%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 218251			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	904,958	1,313,756	1,031,928	297,034		3,547,676
1a	Audit Adjustments						
2	Cost Per Diem	49.5081	71.8724	56.4543	16.2500		194.0848
3	Cost Per Diem Inflated	51.9654	74.2333	59.2563			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.9654	74.2333	59.2563	16.2500		201.7050
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.8568		67.7484			
7	Provider Target Rate	59.0623		69.1600			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500		
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810			
10	Target Rate Class Ceiling	68.3236		80.3359			
10a	New Provider Target Limitation	62.5695		71.0172			
10b	Base for line 10a	61.2924		69.5677			
11	Lesser of 5,7,8,10, 10a	51.9654	74.2333	59.2563	13.6500		199.1050
12/13	Medical Adjustment Rate		1.3238	1.0567			
14	Prospective Per Diem 11	51.9654	75.5571	60.3130	13.6500		201.4855
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 323772-00 - 2014/07

235.95

Rate Semester 07/01/2014 through 12/31/2014

Coral Gables Nursing and Rehabilitation

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/1988	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,400,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,358,312	14.0781
RS to Start Calcs:	1988/07	<60% of Base:	False	20% ROE(2):	839,578	0.4283
Indexed Asset Value	4,197,890	Interest Rate:	10.5000%	Insurance Cost(3):	76,530	2.7570
FRVS Base Asset:	2,479,500	Chase Rate:	7.5000%	Taxes Cost(3):	42,789	1.5415
Occup Adj Factor	0.9000	Amortization Rate:	10.5000%	Home Office(3):	0	0.0000
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	49,909	0.0000
		Yearly Payment:	402,345	Total FRVS PD:		18.8049

- (1) 80% Capital (\$3,358,312) amortized at 10.5000 % for 20 years Principal & Interest of \$402,345 divided by annual available days (31755) divided by Occup. Adj. (0.900) = \$14.0781
- (2) 20% ROE (\$839,578) times the ROE factor (0.014580) divided by annual available days (31755) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	29,662
Comparison Date:	01/01/1988	Current RS PBS:	51,883
Comparison Bed	87	Effective PBS Limitation	2,580,594

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.9654	51.9654	0.9227	51.0427
Direct Care	75.5571	75.5571	1.3415	74.2156
Indirect Care	60.3130	60.3130	1.0709	59.2421
Property	13.6500	18.8049	0.3339	18.4710
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.0803
Supplemental Rate Add-on				9.9025
Totals	201.4855	206.6404	3.6690	235.9542

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 323772-00 - 2014/07

235.95

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	2,479,500	0.00	0.5899	0.5899		87	27.67	2,479,500	2,579,202	
1989/01	32,153	0.10	0.5899	0.5899		87	27.67	2,512,389	2,594,427	
1989/07		0.10	0.5899	0.5899		87	27.67	2,513,135	2,612,001	
1990/01		0.20	0.5899	0.5899		87	27.67	2,514,627	2,625,138	
1990/07		0.20	0.5899	0.5899		87	27.67	2,516,120	2,640,624	
1991/01		0.30	0.5899	0.5899		87	60.96	2,520,574	2,656,110	
1991/07	27,912	0.30	1.4932	1.4932		87	73.64	2,559,778	2,695,782	
1992/01		0.40	2.0117	2.0117		87	73.64	2,580,377	2,749,983	
1992/07		0.40	1.8152	1.8152		87	78.44	2,599,113	2,799,921	
1993/01		0.50	1.7710	1.7710		87	78.44	2,622,128	2,849,511	
1993/07		0.50	1.5329	1.5329		87	78.46	2,642,227	2,893,185	
1994/01		0.60	1.6983	1.6983		87	78.46	2,669,151	2,942,340	
1994/07		0.60	1.5991	1.5991		87	79.97	2,694,762	2,989,407	
1995/01		0.70	1.5812	1.5812		87	79.97	2,724,588	3,036,648	
1995/07		0.70	1.5250	1.5250		87	82.19	2,753,673	3,082,932	
1996/01		0.80	1.7228	1.7228		87	82.19	2,791,624	3,136,089	
1996/07		0.80	1.3294	1.3294		87	80.54	2,821,313	3,177,762	
1997/01		0.90	1.4109	1.4109		87	80.54	2,857,138	3,222,567	
1997/07		0.90	1.0917	1.0917		87	88.30	2,885,209	3,257,715	
1998/01		1.00	1.1663	1.1663		87	88.30	2,918,859	3,295,734	
1998/07		1.00	1.0794	1.0794		87	88.30	2,950,365	3,331,317	
1999/01		1.00	1.4499	1.4499		87	81.71	2,993,142	3,379,602	
1999/07		1.00	1.2299	1.2299		87	87.23	3,029,955	3,421,188	
2000/01		1.00	1.3356	1.3356		87	87.23	3,070,423	3,466,863	
2000/07		1.00	1.1129	1.1129		87	87.23	3,104,594	3,505,404	
2001/01		1.00	1.2976	1.2976		87	87.23	3,144,879	3,550,905	
2001/07		1.00	0.9615	0.9615		87	87.23	3,175,117	3,585,009	
2002/01		1.00	1.0301	1.0301		87	87.58	3,207,824	3,621,897	
2002/07		1.00	0.8337	0.8337		87	87.58	3,234,568	3,652,086	
2003/01		1.00	1.3271	1.3271		87	87.10	3,277,494	3,700,545	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 323772-00 - 2014/07

235.95

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		87	87.10	3,315,723	3,743,697	
2004/01		1.00	1.1103	1.1103		87	85.52	3,352,537	3,785,283	
2004/07		1.00	0.8378	0.8378		87	85.52	3,380,625	3,817,038	
2005/01		1.00	0.8595	0.8595		87	85.52	3,409,681	3,849,837	
2005/07		1.00	0.7364	0.7364		87	83.50	3,434,790	3,878,199	
2006/01		1.00	0.9068	0.9068		87	83.50	3,465,937	3,913,347	
2006/07		1.00	0.8133	0.8133		87	84.33	3,494,125	3,945,189	
2007/01		1.00	1.0133	1.0133		87	84.33	3,529,531	3,985,122	
2007/07	25,344	1.00	1.1050	1.1050		87	79.67	3,593,876	4,029,144	
2008/01		1.00	0.8556	0.8556		87	79.67	3,624,625	4,063,596	
2008/07	157,265	1.00	0.6104	0.6104		87	79.67	3,804,015	4,088,391	
2009/01		0.95	1.3268	1.3268		87	79.67	3,851,965	4,142,679	
2009/07		0.95	0.6841	0.6841		87	79.67	3,876,999	4,171,041	
2010/01	24,412	0.90	0.8643	0.8643		87	74.35	3,931,570	4,207,059	
2010/07		0.90	0.7107	0.7107		87	74.35	3,956,716	4,236,987	
2011/01	20,579	0.85	0.9198	0.9198		87	70.97	4,008,229	4,275,963	
2011/07		0.85	0.9028	0.9028		87	70.97	4,038,988	4,314,591	
2012/01		0.80	0.3865	0.3865		87	73.10	4,051,477	4,331,295	
2012/07		0.80	0.9417	0.9417		87	73.10	4,082,001	4,372,098	
2013/01		0.75	0.4901	0.4901		87	74.22	4,097,006	4,393,500	
2013/07	20,969	0.75	0.6196	0.6196		87	65.85	4,137,014	4,420,731	
2014/01		0.70	0.8564	0.8564		87	65.85	4,161,815	4,458,576	
2014/07		0.70	1.2383	1.2383		87	65.85	4,197,890	4,513,821	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014

ID: 323772123120120101201204242013132246



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 323781-00 - 2014/07

253.74

Tarpon Point Nursing and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5157 PARK CLUB DRIVE	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
SARASOTA , FL 34235	Days in CR 365	Maximum: 43,800	Standard: 154
County: Sarasota [58]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 30
Region: South Area: 8	Last Used: 2014/07	Total Patient: 36,256	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 4,721	Inflation
Current Class South Large	Initial CR? False	Medicaid: 26,055	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	71.86397%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	82.77626%	Cost: 1.02471376
Open Date: 07/23/1990	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/23/1990	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 07/27/1990	Low Occupancy Adjustment Factor:	105.37887%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 252654			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,558,628	2,350,729	1,446,233	781,129		6,136,719	
1a	Audit Adjustments							
2	Cost Per Diem	59.8207	90.2218	55.5069	29.9800		235.5294	
3	Cost Per Diem Inflated	61.2991	92.2267	56.8787				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	61.2991	92.2267	56.8787	29.9800		240.3845	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	105.8075		70.0497				
7	Provider Target Rate	108.0121		71.5093				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation	54.6533		60.3772				
10b	Base for line 10a	53.5378		59.1449				
11	Lesser of 5,7,8,10, 10a	54.4176	92.2267	56.8787	13.6500		217.1730	
12/13	Medical Adjustment Rate		1.8986	1.1709				
14	Prospective Per Diem 11	54.4176	94.1253	58.0496	13.6500		220.2425	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 323781-00 - 2014/07

253.74

Rate Semester 07/01/2014 through 12/31/2014

Tarpon Point Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/27/1990	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,500,000.00	Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Variable	80% Capital(1):	4,970,050 14.8518
Indexed Asset Value	6,212,562	<60% of Base:	False	20% ROE(2):	1,242,512 0.5910
FRVS Base Asset:	1,810,440	Interest Rate:	10.2500%	Insurance Cost(3):	14,653 0.4042
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	56,435 1.5566
ROE Factor	0.018750	Amortization Rate:	10.2500%	Home Office(3):	1,872 0.0516
		Interest Only:	False	Replacement(3&4):	15,729 0.0000
		Yearly Payment:	585,458	Total FRVS PD:	17.4552

- (1) 80% Capital (\$4,970,050) amortized at 10.2500 % for 20 years Principal & Interest of \$585,458 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$14.8518
- (2) 20% ROE (\$1,242,512) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5910
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	01/01/1990	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,810,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	94.1253	94.1253	1.6712	92.4541
Indirect Care	58.0496	58.0496	1.0307	57.0189
Property	13.6500	17.4552	0.3099	17.1453
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.7679
Supplemental Rate Add-on				9.9025
Totals	220.2425	224.0477	3.9780	253.7401

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 323781-00 - 2014/07

253.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	2,990,687	0.00	0.5899	0.5899		60	48.33	1,810,440	1,810,440	1
1991/01	1,821,120	0.10	0.5899	0.5899		120	67.41	3,632,628	3,663,600	
1991/07		0.10	1.4932	1.4932		120	67.41	3,638,052	3,718,320	
1992/01		0.20	2.0117	2.0117		120	67.41	3,652,688	3,793,080	
1992/07		0.20	1.8152	1.8152		120	67.41	3,665,947	3,861,960	
1993/01		0.30	1.7710	1.7710		120	67.41	3,685,424	3,930,360	
1993/07		0.30	1.5329	1.5329		120	71.55	3,702,373	3,990,600	
1994/01		0.40	1.6983	1.6983		120	71.55	3,727,523	4,058,400	
1994/07	32,578	0.40	1.5991	1.5991		120	70.39	3,783,942	4,123,320	
1995/01		0.50	1.5812	1.5812		120	70.39	3,813,858	4,188,480	
1995/07	121,925	0.50	1.5250	1.5250		120	64.14	3,964,864	4,252,320	
1996/01		0.60	1.7228	1.7228		120	64.14	4,005,849	4,325,640	
1996/07	736,572	0.60	1.3294	1.3294		120	64.14	4,383,120	4,383,120	8
1997/01	101,638	0.70	1.4109	1.4109		120	59.10	4,444,920	4,444,920	8
1997/07		0.70	1.0917	1.0917		120	61.97	4,478,888	4,493,400	
1998/01		0.80	1.1663	1.1663		120	61.97	4,520,676	4,545,840	
1998/07		0.80	1.0794	1.0794		120	56.45	4,559,712	4,594,920	
1999/01		0.90	1.4499	1.4499		120	56.45	4,619,212	4,661,520	
1999/07		0.90	1.2299	1.2299		120	55.26	4,670,342	4,718,880	
2000/01		1.00	1.3356	1.3356		120	68.05	4,732,719	4,781,880	
2000/07		1.00	1.1129	1.1129		120	68.05	4,785,389	4,835,040	
2001/01		1.00	1.2976	1.2976		120	68.05	4,847,484	4,897,800	
2001/07	24,433	1.00	0.9615	0.9615		120	67.97	4,918,526	4,944,840	
2002/01	13,468	1.00	1.0301	1.0301		120	67.97	4,982,660	4,995,720	
2002/07		1.00	0.8337	0.8337		120	67.97	5,024,200	5,037,360	
2003/01		1.00	1.3271	1.3271		120	67.97	5,090,876	5,104,200	
2003/07		1.00	1.1664	1.1664		120	67.97	5,150,256	5,163,720	
2004/01		1.00	1.1103	1.1103		120	61.53	5,207,439	5,221,080	
2004/07		1.00	0.8378	0.8378		120	61.53	5,251,067	5,264,880	
2005/01		1.00	0.8595	0.8595		120	65.16	5,296,200	5,310,120	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 323781-00 - 2014/07

253.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		120	65.16	5,335,201	5,349,240	
2006/01		1.00	0.9068	0.9068		120	67.51	5,383,581	5,397,720	
2006/07		1.00	0.8133	0.8133		120	66.79	5,427,366	5,441,640	
2007/01		1.00	1.0133	1.0133		120	66.79	5,482,361	5,496,720	
2007/07	11,145	1.00	1.1050	1.1050		120	63.40	5,554,086	5,557,440	
2008/01	9,175	1.00	0.8556	0.8556		120	63.40	5,604,960	5,604,960	8
2008/07	58,798	1.00	0.6104	0.6104		120	63.40	5,639,160	5,639,160	8
2009/01		1.00	1.3268	1.3268		120	63.40	5,639,160	5,714,040	5
2009/07		1.00	0.6841	0.6841		120	63.40	5,753,069	5,753,160	
2010/01		1.00	0.8643	0.8643		120	63.40	5,802,793	5,802,840	
2010/07		1.00	0.7107	0.7107		120	63.40	5,844,033	5,844,120	
2011/01		0.95	0.9198	0.9198		120	56.95	5,895,098	5,897,880	
2011/07	33,913	0.95	0.9028	0.9028		120	63.81	5,951,160	5,951,160	8
2012/01		0.90	0.3865	0.3865		120	63.81	5,971,864	5,974,200	
2012/07	70,392	0.90	0.9417	0.9417		120	68.90	6,030,480	6,030,480	8
2013/01		0.85	0.4901	0.4901		120	68.90	6,055,603	6,060,000	
2013/07		0.85	0.6196	0.6196		120	72.89	6,087,498	6,097,560	
2014/01		0.80	0.8564	0.8564		120	72.89	6,129,203	6,149,760	
2014/07	22,643	0.80	1.2383	1.2383		120	71.86	6,212,562	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency
8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 323799-00 - 2014/07

228.74

St. Andrew's Bay Skilled Nursing and Rehabilitatio

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2100 JENKS AVE	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
PANAMA CITY, FL 32405	Days in CR 366	Maximum: 43,920	Standard: 184
County: Bay [3]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 2	Last Used: 2014/07	Total Patient: 39,175	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 10,267	Inflation
Current Class North Large	Initial CR? False	Medicaid: 21,001	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	53.60817%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.19627%	Cost: 1.04963363
Open Date: 01/01/1986	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1986	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 05/01/1986	Low Occupancy Adjustment Factor:	113.55190%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 312011			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	895,243	1,788,228	1,050,438	660,691		4,394,600
1a	Audit Adjustments						
2	Cost Per Diem	42.6286	85.1497	50.0185	31.4600		209.2568
3	Cost Per Diem Inflated	44.7444	87.9467	52.5011			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7444	87.9467	52.5011	31.4600		216.6522
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.6194		50.9565			
7	Provider Target Rate	45.5491		52.0182			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500		
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527			
10	Target Rate Class Ceiling	50.8465		60.1169			
10a	New Provider Target Limitation	47.0407		56.2185			
10b	Base for line 10a	46.0806		55.0710			
11	Lesser of 5,7,8,10, 10a	44.7444	87.9467	52.0182	13.6500		198.3593
12/13	Medical Adjustment Rate		0.3570	0.2112			
14	Prospective Per Diem 11	44.7444	88.3037	52.2294	13.6500		198.9275
15	Inflated Usual & Customary Charge						0.00

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



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 323799-00 - 2014/07

228.74

Rate Semester 07/01/2014 through 12/31/2014

St. Andrew's Bay Skilled Nursing and Rehabilitatio

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2000	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,650,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,918,295 17.0103
RS to Start Calcs:	1986/01	<60% of Base:	False	20% ROE(2):	1,229,574 0.4548
Indexed Asset Value	6,147,869	Interest Rate:	12.5000%	Insurance Cost(3):	17,430 0.4449
FRVS Base Asset:	3,420,000	Chase Rate:	13.0000%	Taxes Cost(3):	43,964 1.1222
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	2,705 0.0690
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	9,324 0.0000
		Yearly Payment:	670,545	Total FRVS PD:	19.1012

- (1) 80% Capital (\$4,918,295) amortized at 12.5000 % for 20 years Principal & Interest of \$670,545 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$17.0103
- (2) 20% ROE (\$1,229,574) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4548
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.7444	44.7444	0.7944	43.9500
Direct Care	88.3037	88.3037	1.5678	86.7359
Indirect Care	52.2294	52.2294	0.9273	51.3021
Property	13.6500	19.1012	0.3391	18.7621
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.0886
Supplemental Rate Add-on				9.9025
Totals	198.9275	204.3787	3.6286	228.7412

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 323799-00 - 2014/07

228.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	4,542,657	0.00	0.8299	0.8299		120	69.88	3,420,000	3,420,000	1
1986/07		0.10	0.2974	0.2974		120	69.88	3,421,016	3,441,840	
1987/01		0.10	1.0091	1.0091		120	69.88	3,424,468	3,503,400	
1987/07		0.20	0.9007	0.9007		120	69.88	3,430,635	3,530,760	
1988/01		0.20	0.9007	0.9007		120	69.88	3,436,814	3,559,440	
1988/07		0.30	0.5899	0.5899		120	69.88	3,442,897	3,557,520	
1989/01		0.30	0.5899	0.5899		120	69.88	3,448,991	3,578,520	
1989/07		0.40	0.5899	0.5899		120	79.64	3,457,131	3,602,760	
1990/01		0.40	0.5899	0.5899		120	79.64	3,465,290	3,620,880	
1990/07		0.50	0.5899	0.5899		120	79.64	3,475,513	3,642,240	
1991/01	16,722	0.50	0.5899	0.5899		120	73.47	3,502,488	3,663,600	
1991/07		0.60	1.4932	1.4932		120	77.89	3,533,867	3,718,320	
1992/01		0.60	2.0117	2.0117		120	77.89	3,576,521	3,793,080	
1992/07		0.70	1.8152	1.8152		120	83.81	3,621,964	3,861,960	
1993/01		0.70	1.7710	1.7710		120	83.81	3,666,865	3,930,360	
1993/07		0.80	1.5329	1.5329		120	78.96	3,711,832	3,990,600	
1994/01	18,558	0.80	1.6983	1.6983		120	78.67	3,780,819	4,058,400	
1994/07		0.90	1.5991	1.5991		120	78.67	3,835,233	4,123,320	
1995/01		0.90	1.5812	1.5812		120	78.67	3,889,812	4,188,480	
1995/07	789,054	1.00	1.5250	1.5250		120	75.88	4,738,186	4,252,320	
1996/01		1.00	1.7228	1.7228		120	75.88	4,819,815	4,325,640	
1996/07	81,671	1.00	1.3294	1.3294		120	74.48	4,819,815	4,383,120	3
1997/01		1.00	1.4109	1.4109		120	74.48	4,819,815	4,444,920	3
1997/07	31,848	1.00	1.0917	1.0917		120	71.27	4,819,815	4,493,400	3
1998/01		1.00	1.1663	1.1663		120	71.27	4,819,815	4,545,840	3
1998/07	32,064	1.00	1.0794	1.0794		120	63.66	4,819,815	4,594,920	3
1999/01		1.00	1.4499	1.4499		120	63.66	4,819,815	4,661,520	3
1999/07		1.00	1.2299	1.2299		120	63.66	4,819,815	4,718,880	3
2000/01	20,761	1.00	1.3356	1.3356		120	67.56	4,819,815	4,781,880	3
2000/07		1.00	1.1129	1.1129		120	64.45	4,835,040	4,835,040	8



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 323799-00 - 2014/07

228.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		120	64.45	4,897,779	4,897,800	
2001/07		1.00	0.9615	0.9615		120	64.45	4,944,840	4,944,840	8
2002/01		1.00	1.0301	1.0301		120	64.45	4,995,720	4,995,720	8
2002/07		1.00	0.8337	0.8337		120	64.45	5,037,360	5,037,360	8
2003/01		1.00	1.3271	1.3271		120	64.45	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	62.28	5,163,720	5,163,720	8
2004/01		1.00	1.1103	1.1103		120	60.05	5,221,053	5,221,080	
2004/07		1.00	0.8378	0.8378		120	60.05	5,264,795	5,264,880	
2005/01	18,349	1.00	0.8595	0.8595		120	52.75	5,310,120	5,310,120	8
2005/07		1.00	0.7364	0.7364		120	52.75	5,347,624	5,349,240	
2006/01	11,727	1.00	0.9068	0.9068		120	53.99	5,397,720	5,397,720	8
2006/07	10,938	0.95	0.8133	0.8133		120	53.99	5,441,640	5,441,640	8
2007/01		0.95	1.0133	1.0133		120	53.99	5,493,059	5,496,720	
2007/07	39,625	0.90	1.1050	1.1050		120	52.82	5,557,440	5,557,440	8
2008/01	8,050	0.90	0.8556	0.8556		120	52.82	5,565,490	5,604,960	5
2008/07	7,666	0.85	0.6104	0.6104		120	52.82	5,614,252	5,639,160	5
2009/01	5,255	0.85	1.3268	1.3268		120	52.82	5,708,551	5,714,040	
2009/07		0.80	0.6841	0.6841		120	52.82	5,738,556	5,753,160	
2010/01		0.80	0.8643	0.8643		120	52.82	5,776,660	5,802,840	
2010/07		0.75	0.7107	0.7107		120	52.82	5,806,229	5,844,120	
2011/01	98,601	0.75	0.9198	0.9198		120	52.77	5,897,880	5,897,880	8
2011/07		0.70	0.9028	0.9028		120	52.77	5,933,643	5,951,160	
2012/01		0.70	0.3865	0.3865		120	53.40	5,949,232	5,974,200	
2012/07	23,669	0.65	0.9417	0.9417		120	55.50	6,009,316	6,030,480	
2013/01		0.65	0.4901	0.4901		120	55.50	6,028,462	6,060,000	
2013/07	26,580	0.60	0.6196	0.6196		120	53.61	6,076,889	6,097,560	
2014/01		0.60	0.8564	0.8564		120	53.61	6,107,323	6,149,760	
2014/07		0.55	1.2383	1.2383		120	53.61	6,147,869	6,225,960	

Message Code:

- | | |
|---|--------------------------------------|
| 1 | Per Bed Standard Limitation |
| 3 | Index Cost Limitation - January 1996 |
| 5 | Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324027-00 - 2014/07

244.78

Hampton Court Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
16100 NW 2ND AVENUE	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
NORTH MIAMI BEACH, FL	Days in CR 365	Maximum: 43,800	Standard: 184
33169	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
County: Dade [13]	Last Used: 2014/07	Total Patient: 40,006	Total: 184
Region: South Area: 11	Unaudited	Medicare: 4,507	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 23,859	FY Index: 1.30932625
Current Class South Large	Medical Utilization		Semester Index: 1.34705290
Class at 1/94: South Large	Occupancy:	59.63855%	Cost: 1.02881379
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	91.33790%	Target: 1.01458517
Open Date: 01/03/1991	Medicaid Low Occupancy Threshold:	78.55110%	DC FY Index: 1.21150000
Acquired Date: 01/03/1991	Low Occupancy Adjustment Factor:	41.17760%	DC Sem Index: 1.24200000
Entered Medicaid 01/03/1991	Weighted Low Occ Adjustment Factor:	116.27832%	DC Inflation: 1.02517540
Med # Active Date: 11/01/2007		100.00000%	PS Target: 1.02083595
Previous Med # 203131			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,136,167	2,177,691	1,321,727	472,885		5,108,470	
1a	Audit Adjustments							
2	Cost Per Diem	47.6201	91.2734	55.3974	19.8200		214.1109	
3	Cost Per Diem Inflated	48.9922	93.5712	56.9936				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.9922	93.5712	56.9936	19.8200		219.3770	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.3108		67.8965				
7	Provider Target Rate	51.3591		69.3112				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	48.9922	93.5712	56.9936	13.6500		213.2070	
12/13	Medical Adjustment Rate		1.0146	0.6180				
14	Prospective Per Diem 11	48.9922	94.5858	57.6116	13.6500		214.8396	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324027-00 - 2014/07

244.78

Rate Semester 07/01/2014 through 12/31/2014

Hampton Court Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/03/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,420,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed	80% Capital(1):	4,233,407	13.7432
Indexed Asset Value	5,291,759	<60% of Base:	False	20% ROE(2):	1,058,352	0.4476
FRVS Base Asset:	3,642,240	Interest Rate:	11.5000%	Insurance Cost(3):	92,502	2.3122
Occup Adj Factor	0.9000	Chase Rate:	10.0000%	Taxes Cost(3):	62,608	1.5650
ROE Factor	0.016670	Amortization Rate:	11.5000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	37,590	0.0000
		Yearly Payment:	541,756	Total FRVS PD:		18.0680

- (1) 80% Capital (\$4,233,407) amortized at 11.5000 % for 20 years Principal & Interest of \$541,756 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$13.7432
- (2) 20% ROE (\$1,058,352) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4476
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	07/01/1990	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.9922	48.9922	0.8699	48.1223
Direct Care	94.5858	94.5858	1.6794	92.9064
Indirect Care	57.6116	57.6116	1.0229	56.5887
Property	13.6500	18.0680	0.3208	17.7472
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.5113
Supplemental Rate Add-on				9.9025
Totals	214.8396	219.2576	3.8930	244.7784

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324027-00 - 2014/07

244.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	6,981,109	0.00	0.5899	0.5899		120	35.49	3,642,240	3,642,240	1
1991/07		0.10	1.4932	1.4932		120	35.49	3,645,749	3,718,320	
1992/01		0.10	2.0117	2.0117		120	35.49	3,650,482	3,793,080	
1992/07		0.20	1.8152	1.8152		120	35.49	3,650,482	3,861,960	5
1993/01		0.20	1.7710	1.7710		120	35.49	3,659,033	3,930,360	5
1993/07		0.30	1.5329	1.5329		120	35.49	3,678,279	3,990,600	
1994/01		0.30	1.6983	1.6983		120	47.55	3,694,481	4,058,400	
1994/07		0.40	1.5991	1.5991		120	52.44	3,717,011	4,123,320	
1995/01		0.40	1.5812	1.5812		120	52.44	3,739,427	4,188,480	
1995/07		0.50	1.5250	1.5250		120	52.44	3,739,427	4,252,320	5
1996/01		0.50	1.7228	1.7228		120	51.65	3,766,613	4,325,640	5
1996/07		0.60	1.3294	1.3294		120	51.65	3,825,523	4,383,120	
1997/01		0.60	1.4109	1.4109		120	58.73	3,857,906	4,444,920	
1997/07		0.70	1.0917	1.0917		120	64.64	3,887,388	4,493,400	
1998/01		0.70	1.1663	1.1663		120	64.64	3,919,125	4,545,840	
1998/07		0.80	1.0794	1.0794		120	70.53	3,952,967	4,594,920	
1999/01		0.80	1.4499	1.4499		120	70.53	3,998,817	4,661,520	
1999/07		0.90	1.2299	1.2299		120	72.47	4,043,080	4,718,880	
2000/01		0.90	1.3356	1.3356		120	72.47	4,091,678	4,781,880	
2000/07		1.00	1.1129	1.1129		120	75.56	4,137,214	4,835,040	
2001/01		1.00	1.2976	1.2976		120	75.56	4,190,898	4,897,800	
2001/07		1.00	0.9615	0.9615		120	72.74	4,231,193	4,944,840	
2002/01		1.00	1.0301	1.0301		120	72.74	4,274,779	4,995,720	
2002/07		1.00	0.8337	0.8337		120	67.44	4,310,418	5,037,360	
2003/01		1.00	1.3271	1.3271		120	67.44	4,367,622	5,104,200	
2003/07		1.00	1.1664	1.1664		120	71.81	4,418,566	5,163,720	
2004/01		1.00	1.1103	1.1103		120	75.54	4,467,625	5,221,080	
2004/07		1.00	0.8378	0.8378		120	75.54	4,505,055	5,264,880	
2005/01		1.00	0.8595	0.8595		120	72.14	4,543,776	5,310,120	
2005/07		1.00	0.7364	0.7364		120	72.14	4,577,236	5,349,240	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324027-00 - 2014/07

244.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		120	72.14	4,618,742	5,397,720	
2006/07		1.00	0.8133	0.8133		120	71.42	4,656,306	5,441,640	
2007/01		1.00	1.0133	1.0133		120	71.42	4,703,488	5,496,720	
2007/07		1.00	1.1050	1.1050		120	70.23	4,755,462	5,557,440	
2008/01		1.00	0.8556	0.8556		120	65.75	4,796,150	5,604,960	
2008/07		1.00	0.6104	0.6104		120	65.75	4,825,426	5,639,160	
2009/01		1.00	1.3268	1.3268		120	65.75	4,889,450	5,714,040	
2009/07		1.00	0.6841	0.6841		120	68.50	4,922,899	5,753,160	
2010/01		1.00	0.8643	0.8643		120	68.25	4,965,448	5,802,840	
2010/07		1.00	0.7107	0.7107		120	68.25	5,000,737	5,844,120	
2011/01		1.00	0.9198	0.9198		120	68.72	5,046,734	5,897,880	
2011/07		0.95	0.9028	0.9028		120	68.72	5,090,020	5,951,160	
2012/01		0.95	0.3865	0.3865		120	63.07	5,108,711	5,974,200	
2012/07		0.90	0.9417	0.9417		120	63.07	5,152,007	6,030,480	
2013/01		0.90	0.4901	0.4901		120	59.12	5,174,733	6,060,000	
2013/07		0.85	0.6196	0.6196		120	59.12	5,201,988	6,097,560	
2014/01		0.85	0.8564	0.8564		120	59.12	5,239,853	6,149,760	
2014/07		0.80	1.2383	1.2383		120	59.64	5,291,759	6,225,960	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324094-00 - 2014/07

246.20

Advanced Rehabilitation & Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
401 FAIRWOOD AVE	3/1/2013-2/28/2014	Number of Beds: 120	Superior: 0
CLEARWATER, FL 33759	Days in CR 365	Maximum: 43,800	Standard: 184
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 41,951	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,892	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 30,830	FY Index: 1.31433985
Class at 1/94: North Large	Medical Utilization	73.49050%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.77854%	Cost: 1.02488934
Open Date: 10/01/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/01/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21766521
Entered Medicaid 10/01/1984	Low Occupancy Adjustment Factor:	121.93151%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.01998480
Previous Med # 309273			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,416,690	2,830,284	1,682,013	1,310,275		7,239,262
1a	Audit Adjustments						
2	Cost Per Diem	45.9517	91.8029	54.5577	42.5000		234.8123
3	Cost Per Diem Inflated	47.0954	93.6376	55.9156			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.0954	93.6376	55.9156	42.5000		239.1486
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.2621		67.4977			
7	Provider Target Rate	59.4760		68.9041			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500		
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784			
10	Target Rate Class Ceiling	53.7075		61.9692			
10a	New Provider Target Limitation	55.3604		66.9397			
10b	Base for line 10a	54.2305		65.5734			
11	Lesser of 5,7,8,10, 10a	47.0954	93.6376	55.9156	13.6500		210.2986
12/13	Medical Adjustment Rate		2.4745	1.4777			
14	Prospective Per Diem 11	47.0954	96.1121	57.3933	13.6500		214.2508
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324094-00 - 2014/07

246.20

Rate Semester 07/01/2014 through 12/31/2014

Advanced Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/01/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,391,600.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed	80% Capital(1):	3,914,652	12.3815
Indexed Asset Value	4,893,315	<60% of Base:	False	20% ROE(2):	978,663	0.4990
FRVS Base Asset:	2,775,941	Interest Rate:	11.1000%	Insurance Cost(3):	111,032	2.6467
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	62,513	1.4901
ROE Factor	0.020100	Amortization Rate:	11.1000%	Home Office(3):	12,177	0.2903
		Interest Only:	False	Replacement(3&4):	35,635	0.0000
		Yearly Payment:	488,080	Total FRVS PD:		17.3076

- (1) 80% Capital (\$3,914,652) amortized at 11.1000 % for 20 years Principal & Interest of \$488,080 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$12.3815
- (2) 20% ROE (\$978,663) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4990
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.0954	47.0954	0.8362	46.2592
Direct Care	96.1121	96.1121	1.7065	94.4056
Indirect Care	57.3933	57.3933	1.0190	56.3743
Property	13.6500	17.3076	0.3073	17.0003
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.2580
Supplemental Rate Add-on				9.9025
Totals	214.2508	217.9084	3.8690	246.1999

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324094-00 - 2014/07

246.20

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	2,770,400	0.00	1.9179	1.9179		120	56.18	2,770,400	3,352,680	
1985/01		0.10	1.1471	1.1471		120	56.18	2,773,578	3,391,080	
1985/10		0.10	0.8522	0.8522		120	56.18	2,775,941	3,420,000	
1986/01		0.20	0.8299	0.8299		120	56.18	2,780,549	3,448,440	
1986/07		0.20	0.2974	0.2974		120	56.18	2,782,203	3,441,840	
1987/01		0.30	1.0091	1.0091		120	56.18	2,790,625	3,503,400	
1987/07		0.30	0.9007	0.9007		120	56.18	2,798,165	3,530,760	
1988/01		0.40	0.9007	0.9007		120	63.00	2,808,247	3,559,440	
1988/07	20,425	0.40	0.5899	0.5899		120	58.31	2,835,299	3,557,520	
1989/01		0.50	0.5899	0.5899		120	58.31	2,843,663	3,578,520	
1989/07		0.50	0.5899	0.5899		120	58.31	2,852,052	3,602,760	
1990/01		0.60	0.5899	0.5899		120	58.31	2,862,145	3,620,880	
1990/07		0.60	0.5899	0.5899		120	58.31	2,872,274	3,642,240	
1991/01		0.70	0.5899	0.5899		120	58.31	2,884,134	3,663,600	
1991/07		0.70	1.4932	1.4932		120	58.31	2,914,279	3,718,320	
1992/01	46,730	0.80	2.0117	2.0117		120	61.99	3,007,911	3,793,080	
1992/07		0.80	1.8152	1.8152		120	61.99	3,051,592	3,861,960	
1993/01		0.90	1.7710	1.7710		120	59.50	3,100,231	3,930,360	
1993/07	17,331	0.90	1.5329	1.5329		120	60.86	3,160,333	3,990,600	
1994/01		1.00	1.6983	1.6983		120	60.86	3,214,005	4,058,400	
1994/07		1.00	1.5991	1.5991		120	61.09	3,214,005	4,123,320	5
1995/01		1.00	1.5812	1.5812		120	61.09	3,317,033	4,188,480	
1995/07	25,142	1.00	1.5250	1.5250		120	67.22	3,392,760	4,252,320	
1996/01		1.00	1.7228	1.7228		120	67.22	3,392,760	4,325,640	5
1996/07	24,584	1.00	1.3294	1.3294		120	74.59	3,475,794	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	74.59	3,521,674	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	78.12	3,610,350	4,493,400	
1998/01		1.00	1.1663	1.1663		120	78.12	3,652,458	4,545,840	
1998/07	25,460	1.00	1.0794	1.0794		120	64.91	3,717,343	4,594,920	
1999/01		1.00	1.4499	1.4499		120	64.91	3,771,241	4,661,520	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324094-00 - 2014/07

246.20

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	64.28	3,817,623	4,718,880	
2000/01	10,392	1.00	1.3356	1.3356		120	68.51	3,879,003	4,781,880	
2000/07		1.00	1.1129	1.1129		120	68.51	3,922,172	4,835,040	
2001/01		1.00	1.2976	1.2976		120	68.51	3,973,066	4,897,800	
2001/07		1.00	0.9615	0.9615		120	68.51	4,011,267	4,944,840	
2002/01		1.00	1.0301	1.0301		120	68.51	4,052,587	4,995,720	
2002/07		1.00	0.8337	0.8337		120	66.83	4,086,373	5,037,360	
2003/01		1.00	1.3271	1.3271		120	68.61	4,140,603	5,104,200	
2003/07		1.00	1.1664	1.1664		120	68.61	4,188,899	5,163,720	
2004/01		1.00	1.1103	1.1103		120	73.00	4,235,408	5,221,080	
2004/07		1.00	0.8378	0.8378		120	73.00	4,270,892	5,264,880	
2005/01		0.95	0.8595	0.8595		120	73.00	4,305,764	5,310,120	
2005/07		0.95	0.7364	0.7364		120	73.95	4,335,887	5,349,240	
2006/01		0.90	0.9068	0.9068		120	73.95	4,371,272	5,397,720	
2006/07		0.90	0.8133	0.8133		120	76.53	4,403,270	5,441,640	
2007/01		0.85	1.0133	1.0133		120	76.06	4,441,195	5,496,720	
2007/07	13,245	0.85	1.1050	1.1050		120	74.00	4,496,156	5,557,440	
2008/01	3,386	0.80	0.8556	0.8556		120	74.00	4,530,318	5,604,960	
2008/07		0.80	0.6104	0.6104		120	74.00	4,552,440	5,639,160	
2009/01		0.75	1.3268	1.3268		120	74.00	4,597,741	5,714,040	
2009/07		0.75	0.6841	0.6841		120	74.00	4,621,332	5,753,160	
2010/01		0.70	0.8643	0.8643		120	72.93	4,649,291	5,802,840	
2010/07		0.70	0.7107	0.7107		120	74.10	4,672,421	5,844,120	
2011/01		0.65	0.9198	0.9198		120	74.10	4,700,357	5,897,880	
2011/07		0.65	0.9028	0.9028		120	74.10	4,727,939	5,951,160	
2012/01	21,892	0.60	0.3865	0.3865		120	74.43	4,760,795	5,974,200	
2012/07		0.60	0.9417	0.9417		120	74.43	4,787,693	6,030,480	
2013/01		0.55	0.4901	0.4901		120	71.65	4,800,601	6,060,000	
2013/07		0.55	0.6196	0.6196		120	71.65	4,816,961	6,097,560	
2014/01	25,615	0.50	0.8564	0.8564		120	75.94	4,863,202	6,149,760	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324094-00 - 2014/07

246.20

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	73.49	4,893,315	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324094022820140301201304242014150312



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324108-00 - 2014/07

268.53

Bayside Rehabilitation & Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
811 JACKSON ST N	3/1/2012-2/28/2013	Number of Beds: 92	Superior: 0
SAINT PETERSBURG, FL 33705	Days in CR 365	Maximum: 33,580	Standard: 184
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 33,580	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 30,974	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 5,939	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 23,133	FY Index: 1.28758294
Class at 1/94: North Small	Medical Utilization	74.68522%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.23943%	Cost: 1.04618728
Open Date: 10/01/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/01/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20449917
Entered Medicaid 10/01/1984	Low Occupancy Adjustment Factor:	117.42602%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03113396
Previous Med # 308790			PS Target: 1.02083595

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		5,801,343	
1a	Audit Adjustments							
2	Cost Per Diem	52.7712	91.4445	61.6464	44.9200		250.7821	
3	Cost Per Diem Inflated	55.2086	94.2915	64.4937				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.2086	94.2915	64.4937	44.9200		258.9138	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.8370		79.1924				
7	Provider Target Rate	69.2504		80.8424				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500			
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442				
10	Target Rate Class Ceiling	61.3634		72.4862				
10a	New Provider Target Limitation	61.1283		77.9148				
10b	Base for line 10a	59.8806		76.3245				
11	Lesser of 5,7,8,10, 10a	55.2086	94.2915	64.4937	13.6500		227.6438	
12/13	Medical Adjustment Rate		2.6186	1.7910				
14	Prospective Per Diem 11	55.2086	96.9101	66.2847	13.6500		232.0534	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324108-00 - 2014/07

268.53

Rate Semester 07/01/2014 through 12/31/2014

Bayside Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,033,590.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable	80% Capital(1):	3,764,496	15.9403
Indexed Asset Value	4,705,620	<60% of Base:	False	20% ROE(2):	941,124	0.4575
FRVS Base Asset:	1,335,000	Interest Rate:	11.5000%	Insurance Cost(3):	88,547	2.8588
Occup Adj Factor	0.9000	Chase Rate:	10.5000%	Taxes Cost(3):	55,475	1.7910
ROE Factor	0.014690	Amortization Rate:	11.5000%	Home Office(3):	9,838	0.3176
		Interest Only:	False	Replacement(3&4):	21,537	0.0000
		Yearly Payment:	481,748	Total FRVS PD:		21.3652

- (1) 80% Capital (\$3,764,496) amortized at 11.5000 % for 20 years Principal & Interest of \$481,748 divided by annual available days (33580) divided by Occup. Adj. (0.900) = \$15.9403
- (2) 20% ROE (\$941,124) times the ROE factor (0.014690) divided by annual available days (33580) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	66	Effective PBS Limitation	1,881,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.2086	55.2086	0.9802	54.2284
Direct Care	96.9101	96.9101	1.7206	95.1895
Indirect Care	66.2847	66.2847	1.1769	65.1078
Property	13.6500	21.3652	0.3793	20.9859
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.1136
Supplemental Rate Add-on				9.9025
Totals	232.0534	239.7686	4.2570	268.5277

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2013

0 324108-00 - 2014/07

268.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	1,335,000	0.00	1.9179	1.9179		66	21.54	1,335,000	1,843,974	
1985/01		0.10	1.1471	1.1471		66	21.54	1,335,000	1,865,094	
1985/10		0.10	0.8522	0.8522		66	21.54	1,335,000	1,881,000	
1986/01		0.20	0.8299	0.8299		66	100.00	1,337,216	1,896,642	
1986/07		0.20	0.2974	0.2974		66	100.00	1,338,012	1,893,012	
1987/01		0.30	1.0091	1.0091		66	100.00	1,342,062	1,926,870	
1987/07		0.30	0.9007	0.9007		66	23.31	1,342,062	1,941,918	
1988/01		0.40	0.9007	0.9007		66	27.76	1,344,503	1,957,692	
1988/07		0.40	0.5899	0.5899		66	27.76	1,346,105	1,956,636	
1989/01		0.50	0.5899	0.5899		66	47.72	1,349,550	1,968,186	
1989/07		0.50	0.5899	0.5899		66	47.72	1,353,004	1,981,518	
1990/01		0.60	0.5899	0.5899		66	47.72	1,357,158	1,991,484	
1990/07		0.60	0.5899	0.5899		65	50.42	1,361,561	1,972,880	
1991/01		0.70	0.5899	0.5899		65	50.42	1,366,715	1,984,450	
1991/07		0.70	1.4932	1.4932		66	49.68	1,366,715	2,045,076	5
1992/01		0.80	2.0117	2.0117		66	49.68	1,379,618	2,086,194	5
1992/07	1,175,206	0.80	1.8152	1.8152		96	50.67	2,593,606	3,089,568	
1993/01		0.90	1.7710	1.7710		96	50.67	2,631,691	3,144,288	
1993/07	456,141	0.90	1.5329	1.5329		96	54.71	3,123,947	3,192,480	
1994/01		1.00	1.6983	1.6983		96	54.71	3,176,721	3,246,720	
1994/07		1.00	1.5991	1.5991		95	38.28	3,212,077	3,264,295	
1995/01		1.00	1.5812	1.5812		95	38.28	3,212,077	3,315,880	5
1995/07	24,388	1.00	1.5250	1.5250		95	44.91	3,312,252	3,366,420	
1996/01		1.00	1.7228	1.7228		95	44.91	3,358,847	3,424,465	
1996/07		1.00	1.3294	1.3294		95	44.91	3,395,308	3,469,970	
1997/01	19,410	1.00	1.4109	1.4109		92	53.76	3,407,772	3,407,772	8
1997/07		1.00	1.0917	1.0917		92	60.24	3,444,940	3,444,940	8
1998/01		1.00	1.1663	1.1663		92	60.24	3,485,118	3,485,144	
1998/07		1.00	1.0794	1.0794		92	60.86	3,485,118	3,522,772	5
1999/01		1.00	1.4499	1.4499		92	60.86	3,573,812	3,573,832	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2013

0 324108-00 - 2014/07

268.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		92	60.86	3,617,766	3,617,808	
2000/01		1.00	1.3356	1.3356		92	72.91	3,666,085	3,666,108	
2000/07		1.00	1.1129	1.1129		92	76.27	3,706,864	3,706,864	8
2001/01		1.00	1.2976	1.2976		92	76.27	3,754,964	3,754,980	
2001/07		1.00	0.9615	0.9615		92	74.79	3,791,044	3,791,044	8
2002/01		1.00	1.0301	1.0301		92	72.61	3,830,052	3,830,052	8
2002/07		1.00	0.8337	0.8337		92	72.61	3,861,976	3,861,976	8
2003/01		1.00	1.3271	1.3271		92	72.61	3,913,220	3,913,220	8
2003/07		1.00	1.1664	1.1664		92	72.61	3,958,852	3,958,852	8
2004/01		1.00	1.1103	1.1103		92	72.61	4,002,807	4,002,828	
2004/07		1.00	0.8378	0.8378		92	74.77	4,036,343	4,036,408	
2005/01		0.95	0.8595	0.8595		92	74.77	4,069,300	4,071,092	
2005/07		0.95	0.7364	0.7364		92	74.77	4,097,769	4,101,084	
2006/01		0.90	0.9068	0.9068		92	77.63	4,131,211	4,138,252	
2006/07		0.90	0.8133	0.8133		92	77.63	4,161,451	4,171,924	
2007/01		0.85	1.0133	1.0133		92	79.05	4,197,294	4,214,152	
2007/07	10,670	0.85	1.1050	1.1050		92	76.51	4,247,389	4,260,704	
2008/01	5,575	0.80	0.8556	0.8556		92	76.51	4,282,037	4,297,136	
2008/07		0.80	0.6104	0.6104		92	76.51	4,302,946	4,323,356	
2009/01		0.75	1.3268	1.3268		92	76.51	4,345,765	4,380,764	
2009/07		0.75	0.6841	0.6841		92	76.51	4,368,063	4,410,756	
2010/01		0.70	0.8643	0.8643		92	74.52	4,394,490	4,448,844	
2010/07		0.70	0.7107	0.7107		92	73.41	4,416,353	4,480,492	
2011/01		0.65	0.9198	0.9198		92	73.41	4,442,758	4,521,708	
2011/07		0.65	0.9028	0.9028		92	73.41	4,468,828	4,562,556	
2012/01	108,765	0.60	0.3865	0.3865		92	74.80	4,580,220	4,580,220	8
2012/07		0.60	0.9417	0.9417		92	74.80	4,606,098	4,623,368	
2013/01		0.55	0.4901	0.4901		92	75.24	4,618,516	4,646,000	
2013/07		0.55	0.6196	0.6196		92	75.24	4,634,256	4,674,796	
2014/01	22,562	0.50	0.8564	0.8564		92	74.69	4,676,662	4,714,816	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2013

0 324108-00 - 2014/07

268.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		92	74.69	4,705,620	4,773,236	

Message Code:

- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324108022820130301201208232013122000



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324116-00 - 2014/07

249.86

Excel Rehabilitation & Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2811 CAMPUS HILL DR	3/1/2013-2/28/2014	Number of Beds: 120	Superior: 0
TAMPA, FL 33612	Days in CR 365	Maximum: 43,800	Standard: 184
County: Hillsborough [29]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 40,810	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 14,633	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 24,814	FY Index: 1.31433985
Class at 1/94: North Large	Medical Utilization	60.80372%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.17352%	Cost: 1.02488934
Open Date: 04/01/1995	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/01/1995	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21766521
Entered Medicaid 05/15/1995	Low Occupancy Adjustment Factor:	118.61517%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.01998480
Previous Med # 309044			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,346,607	2,124,053	1,609,215	1,093,801		6,173,676	
1a	Audit Adjustments							
2	Cost Per Diem	54.2680	85.5990	64.8511	44.0800		248.7981	
3	Cost Per Diem Inflated	55.6187	87.3097	66.4652				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.6187	87.3097	66.4652	44.0800		253.4736	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.5843		64.1630				
7	Provider Target Rate	59.8050		65.4999				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation	53.4902		67.3074				
10b	Base for line 10a	52.3984		65.9336				
11	Lesser of 5,7,8,10, 10a	52.0915	87.3097	61.9692	13.6500		215.0204	
12/13	Medical Adjustment Rate		1.0612	0.7532				
14	Prospective Per Diem 11	52.0915	88.3709	62.7224	13.6500		216.8348	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324116-00 - 2014/07

249.86

Rate Semester 07/01/2014 through 12/31/2014

Excel Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/15/1995	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,950,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,656,234	15.8683
RS to Start Calcs:	1995/01	<60% of Base:	False	20% ROE(2):	1,164,058	0.5935
Indexed Asset Value	5,820,292	Interest Rate:	12.2636%	Insurance Cost(3):	192,593	4.7193
FRVS Base Asset:	4,123,320	Chase Rate:	9.5000%	Taxes Cost(3):	99,199	2.4308
Occup Adj Factor	0.9000	Amortization Rate:	12.2636%	Home Office(3):	11,845	0.2902
ROE Factor	0.020100	Interest Only:	False	Replacement(3&4):	11,902	0.0000
		Yearly Payment:	625,529	Total FRVS PD:		23.9021

- (1) 80% Capital (\$4,656,234) amortized at 12.2636 % for 20 years Principal & Interest of \$625,529 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$15.8683
- (2) 20% ROE (\$1,164,058) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.5935
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	07/01/1994	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,123,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0915	52.0915	0.9249	51.1666
Direct Care	88.3709	88.3709	1.5690	86.8019
Indirect Care	62.7224	62.7224	1.1136	61.6088
Property	13.6500	23.9021	0.4244	23.4777
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.9072
Supplemental Rate Add-on				9.9025
Totals	216.8348	227.0869	4.0319	249.8647

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324116-00 - 2014/07

249.86

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	6,328,182	0.00	1.5812	1.5812		120	37.37	4,123,320	4,123,320	1
1995/07	14,571	0.10	1.5250	1.5250		120	37.37	4,142,163	4,252,320	
1996/01	17,148	0.10	1.7228	1.7228		120	37.37	4,164,160	4,325,640	
1996/07		0.20	1.3294	1.3294		120	36.60	4,171,528	4,383,120	
1997/01		0.20	1.4109	1.4109		120	36.60	4,179,362	4,444,920	
1997/07		0.30	1.0917	1.0917		120	36.60	4,188,470	4,493,400	
1998/01	85,247	0.30	1.1663	1.1663		120	39.88	4,284,344	4,545,840	
1998/07		0.40	1.0794	1.0794		120	39.88	4,297,758	4,594,920	
1999/01	118,184	0.40	1.4499	1.4499		120	53.31	4,440,103	4,661,520	
1999/07		0.50	1.2299	1.2299		120	53.31	4,440,103	4,718,880	5
2000/01		0.50	1.3356	1.3356		120	60.05	4,496,399	4,781,880	
2000/07		0.60	1.1129	1.1129		120	56.26	4,526,421	4,835,040	
2001/01		0.60	1.2976	1.2976		120	56.26	4,561,664	4,897,800	
2001/07		0.70	0.9615	0.9615		120	56.26	4,592,369	4,944,840	
2002/01		0.70	1.0301	1.0301		120	56.26	4,625,485	4,995,720	
2002/07		0.80	0.8337	0.8337		120	56.26	4,656,337	5,037,360	
2003/01		0.80	1.3271	1.3271		120	53.68	4,704,587	5,104,200	
2003/07		0.90	1.1664	1.1664		120	53.68	4,752,790	5,163,720	
2004/01		0.90	1.1103	1.1103		120	56.45	4,800,285	5,221,080	
2004/07		1.00	0.8378	0.8378		120	56.45	4,840,502	5,264,880	
2005/01		1.00	0.8595	0.8595		120	57.98	4,882,106	5,310,120	
2005/07		1.00	0.7364	0.7364		120	57.98	4,918,058	5,349,240	
2006/01		1.00	0.9068	0.9068		120	57.98	4,962,655	5,397,720	
2006/07		1.00	0.8133	0.8133		120	58.73	5,003,016	5,441,640	
2007/01		1.00	1.0133	1.0133		120	58.73	5,053,712	5,496,720	
2007/07	7,895	1.00	1.1050	1.1050		120	58.99	5,117,451	5,557,440	
2008/01	932	1.00	0.8556	0.8556		120	58.99	5,162,168	5,604,960	
2008/07		1.00	0.6104	0.6104		120	58.99	5,193,678	5,639,160	
2009/01		1.00	1.3268	1.3268		120	58.99	5,262,588	5,714,040	
2009/07		1.00	0.6841	0.6841		120	58.99	5,298,589	5,753,160	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324116-00 - 2014/07

249.86

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01	32,807	1.00	0.8643	0.8643		120	55.72	5,377,192	5,802,840	
2010/07		1.00	0.7107	0.7107		120	59.77	5,415,408	5,844,120	
2011/01		1.00	0.9198	0.9198		120	59.77	5,465,219	5,897,880	
2011/07		1.00	0.9028	0.9028		120	61.67	5,514,559	5,951,160	
2012/01		1.00	0.3865	0.3865		120	61.67	5,535,873	5,974,200	
2012/07		1.00	0.9417	0.9417		120	61.67	5,588,004	6,030,480	
2013/01		1.00	0.4901	0.4901		120	54.20	5,614,992	6,060,000	
2013/07		1.00	0.6196	0.6196		120	54.20	5,649,276	6,097,560	
2014/01	51,445	1.00	0.8564	0.8564		120	55.69	5,749,101	6,149,760	
2014/07		1.00	1.2383	1.2383		120	60.80	5,820,292	6,225,960	

Message Code:

1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324116022820140301201304252014124921



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324124-00 - 2014/07

241.78

Madison Pointe Rehabilitation & Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6020 INDIANA AVE	3/1/2013-2/28/2014	Number of Beds: 119	Superior: 0
NEW PORT RICHEY, FL 34653-3214	Days in CR 365	Maximum: 43,435	Standard: 184
County: Pasco [51]	First Used : 2014/07	Max Annualized: 43,435	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 39,302	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 12,594	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 20,699	FY Index: 1.31433985
Class at 1/94: North Large	Medical Utilization	52.66653%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	90.48463%	Cost: 1.02488934
Open Date: 09/01/1981	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/01/1981	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21766521
Entered Medicaid 01/01/1982	Low Occupancy Adjustment Factor:	115.19206%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.01998480
Previous Med # 309257			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	900,077	1,865,321	1,254,808	1,019,219		5,039,425	
1a	Audit Adjustments							
2	Cost Per Diem	43.4841	90.1165	60.6217	49.2400		243.4623	
3	Cost Per Diem Inflated	44.5664	91.9175	62.1305				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.5664	91.9175	62.1305	49.2400		247.8544	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.7726		68.4373				
7	Provider Target Rate	59.9972		69.8633				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation	52.0390		67.3074				
10b	Base for line 10a	50.9768		65.9336				
11	Lesser of 5,7,8,10, 10a	44.5664	91.9175	61.9692	13.6500		212.1031	
12/13	Medical Adjustment Rate		0.2757	0.1859				
14	Prospective Per Diem 11	44.5664	92.1932	62.1551	13.6500		212.5647	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324124-00 - 2014/07

241.78

Rate Semester 07/01/2014 through 12/31/2014

Madison Pointe Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,525,000.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed	80% Capital(1):	3,602,342	11.8948
Indexed Asset Value	4,502,927	<60% of Base:	False	20% ROE(2):	900,585	0.4631
FRVS Base Asset:	2,077,024	Interest Rate:	11.6337%	Insurance Cost(3):	186,138	4.7361
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	Taxes Cost(3):	68,673	1.7473
ROE Factor	0.020100	Amortization Rate:	11.6337%	Home Office(3):	11,408	0.2903
		Interest Only:	False	Replacement(3&4):	14,277	0.0000
		Yearly Payment:	464,986	Total FRVS PD:		19.1316

- (1) 80% Capital (\$3,602,342) amortized at 11.6337 % for 20 years Principal & Interest of \$464,986 divided by annual available days (43435) divided by Occup. Adj. (0.900) = \$11.8948
- (2) 20% ROE (\$900,585) times the ROE factor (0.020100) divided by annual available days (43435) divided by Occup. Adj. (0.900) = \$0.4631
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	119	Effective PBS Limitation	3,391,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.5664	44.5664	0.7913	43.7751
Direct Care	92.1932	92.1932	1.6369	90.5563
Indirect Care	62.1551	62.1551	1.1036	61.0515
Property	13.6500	19.1316	0.3397	18.7919
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.7048
Supplemental Rate Add-on				9.9025
Totals	212.5647	218.0463	3.8715	241.7821

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324124-00 - 2014/07

241.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	2,025,917	0.00	2.5888	2.5888		119	38.15	2,025,917	2,873,731	
1982/01		0.10	2.6760	2.6760		119	38.15	2,029,677	2,950,724	
1982/07		0.10	2.2977	2.2977		119	38.15	2,032,912	3,018,435	
1983/04		0.20	2.6288	2.6288		119	34.68	2,039,652	3,097,808	
1983/07		0.20	3.9578	3.0000	0.9578	119	34.68	2,047,369	3,220,378	
1984/01		0.30	2.2530	2.2530		119	34.18	2,055,969	3,262,147	
1984/07		0.30	1.9179	1.9179		119	34.18	2,063,321	3,324,741	
1985/01		0.40	1.1471	1.1471		119	45.60	2,071,170	3,362,821	
1985/10		0.40	0.8522	0.8522		119	45.60	2,077,024	3,391,500	
1986/01		0.50	0.8299	0.8299		119	45.60	2,084,170	3,419,703	
1986/07		0.50	0.2974	0.2974		119	45.59	2,086,739	3,413,158	
1987/01		0.60	1.0091	1.0091		119	45.60	2,097,215	3,474,205	
1987/07		0.60	0.9007	0.9007		119	44.15	2,106,313	3,501,337	
1988/01		0.70	0.9007	0.9007		119	44.15	2,116,973	3,529,778	
1988/07	13,238	0.70	0.5899	0.5899		119	46.57	2,137,612	3,527,874	
1989/01		0.80	0.5899	0.5899		119	46.57	2,146,153	3,548,699	
1989/07		0.80	0.5899	0.5899		119	50.74	2,155,496	3,572,737	
1990/01		0.90	0.5899	0.5899		119	50.74	2,166,053	3,590,706	
1990/07		0.90	0.5899	0.5899		119	44.04	2,175,261	3,611,888	
1991/01		1.00	0.5899	0.5899		119	44.04	2,185,536	3,633,070	
1991/07		1.00	1.4932	1.4932		119	54.61	2,217,939	3,687,334	
1992/01		1.00	2.0117	2.0117		119	54.61	2,262,241	3,761,471	
1992/07		1.00	1.8152	1.8152		119	60.35	2,303,305	3,829,777	
1993/01		1.00	1.7710	1.7710		119	60.35	2,344,097	3,897,607	
1993/07		1.00	1.5329	1.5329		119	53.56	2,379,089	3,957,345	
1994/01		1.00	1.6983	1.6983		119	53.56	2,418,435	4,024,580	
1994/07	33,414	1.00	1.5991	1.5991		119	59.84	2,490,522	4,088,959	
1995/01		1.00	1.5812	1.5812		119	59.84	2,490,522	4,153,576	5
1995/07	163,636	1.00	1.5250	1.5250		119	60.71	2,693,538	4,216,884	5
1996/01		1.00	1.7228	1.7228		119	60.71	2,779,188	4,289,593	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324124-00 - 2014/07

241.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	26,494	1.00	1.3294	1.3294		119	61.43	2,842,629	4,346,594	
1997/01		1.00	1.4109	1.4109		119	61.43	2,882,736	4,407,879	
1997/07		1.00	1.0917	1.0917		119	59.99	2,914,207	4,455,955	
1998/01		1.00	1.1663	1.1663		119	59.99	2,948,195	4,507,958	
1998/07		1.00	1.0794	1.0794		119	61.08	2,980,018	4,556,629	
1999/01		1.00	1.4499	1.4499		119	61.08	3,023,225	4,622,674	
1999/07		1.00	1.2299	1.2299		119	58.50	3,060,408	4,679,556	
2000/01		1.00	1.3356	1.3356		119	58.50	3,101,283	4,742,031	
2000/07	13,582	1.00	1.1129	1.1129		119	65.06	3,149,379	4,794,748	
2001/01	1,397	1.00	1.2976	1.2976		119	65.06	3,191,642	4,856,985	
2001/07		1.00	0.9615	0.9615		119	65.06	3,222,330	4,903,633	
2002/01		0.95	1.0301	1.0301		119	64.94	3,253,864	4,954,089	
2002/07		0.95	0.8337	0.8337		119	64.94	3,279,635	4,995,382	
2003/01		0.90	1.3271	1.3271		119	62.07	3,318,807	5,061,665	
2003/07		0.90	1.1664	1.1664		119	62.07	3,353,648	5,120,689	
2004/01		0.85	1.1103	1.1103		119	59.21	3,385,300	5,177,571	
2004/07		0.85	0.8378	0.8378		119	59.21	3,409,407	5,221,006	
2005/01		0.80	0.8595	0.8595		119	62.89	3,432,850	5,265,869	
2005/07		0.80	0.7364	0.7364		119	62.89	3,453,073	5,304,663	
2006/01		0.75	0.9068	0.9068		119	62.89	3,476,557	5,352,739	
2006/07		0.75	0.8133	0.8133		119	57.23	3,497,764	5,396,293	
2007/01		0.70	1.0133	1.0133		119	53.95	3,522,100	5,450,914	
2007/07	23,975	0.70	1.1050	1.1050		119	62.82	3,573,318	5,511,128	
2008/01		0.65	0.8556	0.8556		119	62.82	3,593,189	5,558,252	
2008/07		0.65	0.6104	0.6104		119	62.82	3,607,447	5,592,167	
2009/01		0.60	1.3268	1.3268		119	62.82	3,636,166	5,666,423	
2009/07		0.60	0.6841	0.6841		119	62.82	3,651,092	5,705,217	
2010/01		0.55	0.8643	0.8643		119	55.67	3,668,449	5,754,483	
2010/07		0.55	0.7107	0.7107		119	56.72	3,682,789	5,795,419	
2011/01		0.50	0.9198	0.9198		119	56.72	3,699,726	5,848,731	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324124-00 - 2014/07

241.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		119	56.72	3,716,427	5,901,567	
2012/01	690,999	0.45	0.3865	0.3865		119	53.32	4,413,691	5,924,415	
2012/07		0.45	0.9417	0.9417		119	53.32	4,431,825	5,980,226	
2013/01		0.40	0.4901	0.4901		119	55.97	4,440,511	6,009,500	
2013/07		0.40	0.6196	0.6196		119	55.97	4,451,515	6,046,747	
2014/01	19,699	0.35	0.8564	0.8564		119	54.01	4,484,315	6,098,512	
2014/07		0.35	1.2383	1.2383		119	52.67	4,502,927	6,174,077	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324124022820140301201304252014131000



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324132-00 - 2014/07

245.07

Shore Acres Rehabilitation & Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4500 INDIANAPOLIS ST NE	3/1/2013-2/28/2014	Number of Beds: 109	Superior: 0
SAINT PETERSBURG, FL 33703	Days in CR 365	Maximum: 39,785	Standard: 184
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 39,785	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 35,662	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 5,776	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 28,416	FY Index: 1.31433985
Class at 1/94: North Large	Medical Utilization	79.68145%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.63680%	Cost: 1.02488934
Open Date: 03/01/1971	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/01/1971	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21766521
Entered Medicaid 03/01/1971	Low Occupancy Adjustment Factor:	114.11272%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.01998480
Previous Med # 309290			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,281,953	2,575,668	1,831,558	1,311,683		7,000,862	
1a	Audit Adjustments							
2	Cost Per Diem	45.1138	90.6415	64.4552	46.1600		246.3705	
3	Cost Per Diem Inflated	46.2367	92.4530	66.0594				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.2367	92.4530	66.0594	46.1600		250.9091	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.3869		69.3656				
7	Provider Target Rate	64.7076		70.8109				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation	54.6535		66.8567				
10b	Base for line 10a	53.5380		65.4921				
11	Lesser of 5,7,8,10, 10a	46.2367	92.4530	61.9692	13.6500		214.3089	
12/13	Medical Adjustment Rate		3.0872	2.0693				
14	Prospective Per Diem 11	46.2367	95.5402	64.0385	13.6500		219.4654	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324132-00 - 2014/07

245.07

Rate Semester 07/01/2014 through 12/31/2014

Shore Acres Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1993	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,400,000.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	1,582,096 5.0292
Indexed Asset Value	1,977,620	<60% of Base:	False	20% ROE(2):	395,524 0.2220
FRVS Base Asset:	1,206,806	Interest Rate:	9.7500%	Insurance Cost(3):	123,640 3.4670
Occup Adj Factor	0.9000	Chase Rate:	6.7500%	Taxes Cost(3):	38,289 1.0737
ROE Factor	0.020100	Amortization Rate:	9.7500%	Home Office(3):	10,351 0.2903
		Interest Only:	False	Replacement(3&4):	39,039 0.0000
		Yearly Payment:	180,077	Total FRVS PD:	10.0822

- (1) 80% Capital (\$1,582,096) amortized at 9.7500 % for 20 years Principal & Interest of \$180,077 divided by annual available days (39785) divided by Occup. Adj. (0.900) = \$5.0292
- (2) 20% ROE (\$395,524) times the ROE factor (0.020100) divided by annual available days (39785) divided by Occup. Adj. (0.900) = \$0.2220
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	109	Effective PBS Limitation	3,106,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.2367	46.2367	0.8209	45.4158
Direct Care	95.5402	95.5402	1.6963	93.8439
Indirect Care	64.0385	64.0385	1.1370	62.9015
Property	13.6500	10.0822	0.1790	9.9032
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.1055
Supplemental Rate Add-on				9.9025
Totals	219.4654	215.8976	3.8332	245.0724

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324132-00 - 2014/07

245.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	840,075	0.00				109	100.00	840,075	1,118,449	
1972/01		0.10	3.9787	3.0000	0.9787	109	100.00	842,595	1,162,921	
1972/07		0.10	5.9113	3.0000	2.9113	109	100.00	845,123	1,220,255	
1973/01		0.20	8.0622	3.0000	5.0622	109	100.00	850,194	1,283,148	
1973/07		0.20	10.7186	3.0000	7.7186	109	100.00	855,295	1,355,742	
1974/01		0.30	12.9457	3.0000	9.9457	109	100.00	862,993	1,426,592	
1974/07		0.30	13.0494	3.0000	10.0494	109	100.00	870,760	1,470,846	
1975/01		0.40	13.1399	3.0000	10.1399	109	100.00	881,209	1,516,299	
1975/07		0.40	14.2033	3.0000	11.2033	109	100.00	891,784	1,577,993	
1976/01		0.50	15.2478	3.0000	12.2478	109	100.00	905,161	1,641,758	
1976/07		0.50	15.7330	3.0000	12.7330	109	100.00	918,738	1,698,983	
1977/01		0.60	16.4836	3.0000	13.4836	109	100.00	935,275	1,762,748	
1977/07		0.60	18.5412	3.0000	15.5412	109	100.00	952,110	1,851,801	
1978/01		0.70	20.2809	3.0000	17.2809	109	100.00	972,104	1,939,655	
1978/07		0.70	22.8203	3.0000	19.8203	109	100.00	992,518	2,047,020	
1979/01		0.80	24.9476	3.0000	21.9476	109	100.00	1,016,338	2,151,987	
1979/07		0.80	26.1458	3.0000	23.1458	109	100.00	1,040,730	2,242,348	
1980/01		0.90	29.3115	3.0000	26.3115	109	44.86	1,063,649	2,380,669	
1980/07		0.90	30.1222	3.0000	27.1222	109	44.86	1,087,073	2,471,357	
1981/01		1.00	30.9462	3.0000	27.9462	109	32.98	1,106,628	2,565,860	
1981/07		1.00	30.5350	3.0000	27.5350	109	32.98	1,126,535	2,632,241	
1982/01		1.00	30.2110	3.0000	27.2110	109	32.67	1,146,610	2,702,764	
1982/07		1.00	29.5087	3.0000	26.5087	109	32.67	1,167,043	2,764,785	
1983/04		1.00	29.1375	3.0000	26.1375	109	30.97	1,186,758	2,837,488	
1983/07		1.00	30.0953	3.0000	27.0953	109	30.97	1,206,806	2,949,758	
1984/01		1.00	28.3905	3.0000	25.3905	109	23.24	1,206,806	2,988,017	
1984/07		1.00	27.3084	3.0000	24.3084	109	23.24	1,206,806	3,045,351	
1985/01		1.00	25.4555	3.0000	22.4555	109	19.00	1,206,806	3,080,231	
1985/10		1.00	23.3077	3.0000	20.3077	109	19.00	1,206,806	3,106,500	
1986/01		1.00	21.1376	3.0000	18.1376	109	19.00	1,206,806	3,132,333	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324132-00 - 2014/07

245.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	109	19.00	1,206,806	3,126,338	
1987/01		1.00	16.4441	3.0000	13.4441	109	19.00	1,206,806	3,182,255	
1987/07		1.00	14.3448	3.0000	11.3448	109	37.29	1,231,352	3,207,107	
1988/01		1.00	12.2455	3.0000	9.2455	109	37.29	1,256,398	3,233,158	
1988/07		1.00	9.8354	3.0000	6.8354	109	59.24	1,294,090	3,231,414	
1989/01		1.00	7.4253	3.0000	4.4253	109	59.24	1,332,913	3,250,489	
1989/07		1.00	5.0152	3.0000	2.0152	109	59.24	1,332,913	3,272,507	5
1990/01		1.00	2.6051	2.6051		109	59.24	1,408,665	3,288,966	
1990/07		1.00	0.5899	0.5899		109	59.24	1,416,975	3,308,368	
1991/01		1.00	0.5899	0.5899		109	59.24	1,425,334	3,327,770	
1991/07		1.00	1.4932	1.4932		109	55.02	1,446,617	3,377,474	
1992/01		0.95	2.0117	2.0117		109	54.66	1,474,092	3,445,381	
1992/07		0.95	1.8152	1.8152		109	54.66	1,499,354	3,507,947	
1993/01		0.90	1.7710	1.7710		109	65.20	1,523,252	3,570,077	
1993/07		0.90	1.5329	1.5329		109	65.20	1,544,267	3,624,795	
1994/01		0.85	1.6983	1.6983		109	65.20	1,566,560	3,686,380	
1994/07		0.85	1.5991	1.5991		109	65.20	1,587,853	3,745,349	
1995/01		0.80	1.5812	1.5812		109	65.19	1,607,939	3,804,536	
1995/07	12,329	0.80	1.5250	1.5250		109	68.49	1,639,885	3,862,524	
1996/01		0.75	1.7228	1.7228		109	68.49	1,661,074	3,929,123	
1996/07		0.75	1.3294	1.3294		109	72.20	1,677,637	3,981,334	
1997/01		0.70	1.4109	1.4109		109	72.20	1,694,205	4,037,469	
1997/07		0.70	1.0917	1.0917		109	67.87	1,707,152	4,081,505	
1998/01		0.65	1.1663	1.1663		109	67.87	1,720,094	4,129,138	
1998/07		0.65	1.0794	1.0794		109	65.13	1,732,162	4,173,719	
1999/01		0.60	1.4499	1.4499		109	65.13	1,747,230	4,234,214	
1999/07		0.60	1.2299	1.2299		109	59.30	1,760,123	4,286,316	
2000/01		0.55	1.3356	1.3356		109	59.72	1,773,053	4,343,541	
2000/07		0.55	1.1129	1.1129		109	59.72	1,783,906	4,391,828	
2001/01		0.50	1.2976	1.2976		109	59.72	1,795,480	4,448,835	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324132-00 - 2014/07

245.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		109	59.72	1,804,113	4,491,563	
2002/01		0.45	1.0301	1.0301		109	59.72	1,812,475	4,537,779	
2002/07		0.45	0.8337	0.8337		109	63.70	1,819,275	4,575,602	
2003/01		0.40	1.3271	1.3271		109	61.88	1,828,932	4,636,315	
2003/07		0.40	1.1664	1.1664		109	61.88	1,837,466	4,690,379	
2004/01		0.35	1.1103	1.1103		109	61.36	1,844,606	4,742,481	
2004/07		0.35	0.8378	0.8378		109	61.36	1,850,014	4,782,266	
2005/01		0.30	0.8595	0.8595		109	61.36	1,854,785	4,823,359	
2005/07		0.30	0.7364	0.7364		109	67.79	1,858,882	4,858,893	
2006/01		0.25	0.9068	0.9068		109	67.79	1,863,096	4,902,929	
2006/07		0.25	0.8133	0.8133		109	71.26	1,866,884	4,942,823	
2007/01		0.20	1.0133	1.0133		109	74.59	1,870,668	4,992,854	
2007/07	10,316	0.20	1.1050	1.1050		109	70.78	1,885,118	5,048,008	
2008/01	3,369	0.15	0.8556	0.8556		109	70.78	1,890,906	5,091,172	
2008/07		0.15	0.6104	0.6104		109	70.78	1,892,638	5,122,237	
2009/01		0.10	1.3268	1.3268		109	70.78	1,895,150	5,190,253	
2009/07		0.10	0.6841	0.6841		109	70.78	1,896,446	5,225,787	
2010/01	57,009	0.05	0.8643	0.8643		109	77.70	1,954,274	5,270,913	
2010/07		0.05	0.7107	0.7107		109	77.24	1,954,968	5,308,409	
2011/01		0.00	0.9198	0.9198		109	77.24	1,954,968	5,357,241	
2011/07		0.00	0.9028	0.9028		109	77.24	1,954,968	5,405,637	
2012/01		0.00	0.3865	0.3865		109	76.41	1,954,968	5,426,565	
2012/07		0.00	0.9417	0.9417		109	76.41	1,954,968	5,477,686	
2013/01	22,652	0.00	0.4901	0.4901		109	74.22	1,977,620	5,504,500	
2013/07		0.00	0.6196	0.6196		109	74.22	1,977,620	5,538,617	
2014/01		0.00	0.8564	0.8564		109	80.35	1,977,620	5,586,032	
2014/07		0.00	1.2383	1.2383		109	79.68	1,977,620	5,655,247	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324141-00 - 2014/07

247.61

Woodbridge Rehabilitation & Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
8720 JACKSON SPRINGS RD	3/1/2013-2/28/2014	Number of Beds: 120	Superior: 0
TAMPA, FL 33615-3210	Days in CR 365	Maximum: 43,800	Standard: 184
County: Hillsborough [29]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 41,713	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 10,110	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 29,390	FY Index: 1.31433985
Class at 1/94: North Large	Medical Utilization	70.45765%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.23516%	Cost: 1.02488934
Open Date: 12/01/1982	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21766521
Entered Medicaid 12/01/1982	Low Occupancy Adjustment Factor:	121.23975%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.01998480
Previous Med # 309052			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,383,781	2,645,663	1,799,382	1,246,430		7,075,256
1a	Audit Adjustments						
2	Cost Per Diem	47.0834	90.0192	61.2243	42.4100		240.7369
3	Cost Per Diem Inflated	48.2553	91.8182	62.7481			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.2553	91.8182	62.7481	42.4100		245.2316
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.6175		70.8172			
7	Provider Target Rate	58.8180		72.2927			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500		
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784			
10	Target Rate Class Ceiling	53.7075		61.9692			
10a	New Provider Target Limitation	53.9336		67.3074			
10b	Base for line 10a	52.8328		65.9336			
11	Lesser of 5,7,8,10, 10a	48.2553	91.8182	61.9692	13.6500		215.6927
12/13	Medical Adjustment Rate		2.1132	1.4262			
14	Prospective Per Diem 11	48.2553	93.9314	63.3954	13.6500		219.2321
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324141-00 - 2014/07

247.61

Rate Semester 07/01/2014 through 12/31/2014

Woodbridge Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1994	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,400,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,151,461	10.0660
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	787,865	0.4017
Indexed Asset Value	3,939,326	Interest Rate:	11.6700%	Insurance Cost(3):	131,358	3.1491
FRVS Base Asset:	2,176,171	Chase Rate:	8.2500%	Taxes Cost(3):	45,136	1.0821
Occup Adj Factor	0.9000	Amortization Rate:	11.2500%	Home Office(3):	12,108	0.2903
ROE Factor	0.020100	Interest Only:	False	Replacement(3&4):	44,820	0.0000
		Yearly Payment:	396,803	Total FRVS PD:		14.9892

- (1) 80% Capital (\$3,151,461) amortized at 11.2500 % for 20 years Principal & Interest of \$396,803 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.0660
- (2) 20% ROE (\$787,865) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4017
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.2553	48.2553	0.8568	47.3985
Direct Care	93.9314	93.9314	1.6678	92.2636
Indirect Care	63.3954	63.3954	1.1256	62.2698
Property	13.6500	14.9892	0.2661	14.7231
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.0554
Supplemental Rate Add-on				9.9025
Totals	219.2321	220.5713	3.9163	247.6129

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324141-00 - 2014/07

247.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	2,113,778	0.00	2.2977	2.2977		120	55.00	2,113,778	3,043,800	
1983/04		0.10	2.6288	2.6288		120	55.00	2,119,335	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	55.00	2,125,693	3,247,440	
1984/01		0.20	2.2530	2.2530		120	55.00	2,135,271	3,289,560	
1984/07	9,807	0.20	1.9179	1.9179		120	46.69	2,152,031	3,352,680	
1985/01		0.30	1.1471	1.1471		120	46.69	2,158,317	3,391,080	
1985/10	13,169	0.30	0.8522	0.8522		120	46.69	2,176,171	3,420,000	
1986/01		0.40	0.8299	0.8299		120	46.69	2,182,304	3,448,440	
1986/07		0.40	0.2974	0.2974		120	46.69	2,184,509	3,441,840	
1987/01		0.50	1.0091	1.0091		120	46.59	2,193,847	3,503,400	
1987/07		0.50	0.9007	0.9007		120	46.59	2,202,217	3,530,760	
1988/01		0.60	0.9007	0.9007		120	49.96	2,213,027	3,559,440	
1988/07		0.60	0.5899	0.5899		120	49.96	2,220,141	3,557,520	
1989/01		0.70	0.5899	0.5899		120	62.45	2,229,308	3,578,520	
1989/07		0.70	0.5899	0.5899		120	62.45	2,238,513	3,602,760	
1990/01		0.80	0.5899	0.5899		120	54.62	2,249,004	3,620,880	
1990/07		0.80	0.5899	0.5899		120	54.62	2,259,544	3,642,240	
1991/01		0.90	0.5899	0.5899		120	57.63	2,271,540	3,663,600	
1991/07		0.90	1.4932	1.4932		120	77.34	2,302,067	3,718,320	
1992/01	65,364	1.00	2.0117	2.0117		120	77.34	2,413,742	3,793,080	
1992/07		1.00	1.8152	1.8152		120	77.34	2,457,556	3,861,960	
1993/01		1.00	1.7710	1.7710		120	77.34	2,501,079	3,930,360	
1993/07		1.00	1.5329	1.5329		120	77.34	2,539,418	3,990,600	
1994/01		1.00	1.6983	1.6983		120	77.34	2,582,545	4,058,400	
1994/07		1.00	1.5991	1.5991		120	77.34	2,623,842	4,123,320	
1995/01		1.00	1.5812	1.5812		120	77.34	2,665,330	4,188,480	
1995/07		1.00	1.5250	1.5250		120	80.83	2,705,976	4,252,320	
1996/01		1.00	1.7228	1.7228		120	80.63	2,752,595	4,325,640	
1996/07		1.00	1.3294	1.3294		120	83.98	2,789,188	4,383,120	
1997/01		1.00	1.4109	1.4109		120	83.98	2,828,541	4,444,920	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324141-00 - 2014/07

247.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		120	83.98	2,859,420	4,493,400	
1998/01		1.00	1.1663	1.1663		120	83.98	2,859,420	4,545,840	5
1998/07		1.00	1.0794	1.0794		120	83.99	2,923,994	4,594,920	
1999/01		1.00	1.4499	1.4499		120	83.99	2,966,389	4,661,520	
1999/07		1.00	1.2299	1.2299		120	83.99	3,002,873	4,718,880	
2000/01		1.00	1.3356	1.3356		120	83.99	3,042,979	4,781,880	
2000/07	53,176	1.00	1.1129	1.1129		120	84.07	3,130,020	4,835,040	
2001/01	46,826	1.00	1.2976	1.2976		120	86.04	3,217,461	4,897,800	
2001/07		1.00	0.9615	0.9615		120	76.28	3,248,397	4,944,840	
2002/01	34,509	1.00	1.0301	1.0301		120	76.28	3,316,368	4,995,720	
2002/07		1.00	0.8337	0.8337		120	76.28	3,344,017	5,037,360	
2003/01		0.95	1.3271	1.3271		120	76.28	3,386,175	5,104,200	
2003/07		0.95	1.1664	1.1664		120	76.28	3,423,697	5,163,720	
2004/01		0.90	1.1103	1.1103		120	76.28	3,457,910	5,221,080	
2004/07		0.90	0.8378	0.8378		120	76.28	3,483,983	5,264,880	
2005/01		0.85	0.8595	0.8595		120	74.13	3,509,437	5,310,120	
2005/07		0.85	0.7364	0.7364		120	74.13	3,531,403	5,349,240	
2006/01		0.80	0.9068	0.9068		120	66.44	3,557,020	5,397,720	
2006/07		0.80	0.8133	0.8133		120	66.44	3,580,162	5,441,640	
2007/01		0.75	1.0133	1.0133		120	66.82	3,607,371	5,496,720	
2007/07	17,865	0.75	1.1050	1.1050		120	61.92	3,655,134	5,557,440	
2008/01	2,552	0.70	0.8556	0.8556		120	61.92	3,679,577	5,604,960	
2008/07		0.70	0.6104	0.6104		120	61.92	3,695,300	5,639,160	
2009/01		0.65	1.3268	1.3268		120	61.92	3,727,168	5,714,040	
2009/07		0.65	0.6841	0.6841		120	61.92	3,743,743	5,753,160	
2010/01	20,504	0.60	0.8643	0.8643		120	61.51	3,783,662	5,802,840	
2010/07		0.60	0.7107	0.7107		120	65.69	3,799,796	5,844,120	
2011/01		0.55	0.9198	0.9198		120	65.69	3,819,019	5,897,880	
2011/07		0.55	0.9028	0.9028		120	65.69	3,837,980	5,951,160	
2012/01		0.50	0.3865	0.3865		120	68.27	3,845,399	5,974,200	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324141-00 - 2014/07

247.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		120	68.27	3,863,507	6,030,480	
2013/01		0.45	0.4901	0.4901		120	67.35	3,872,026	6,060,000	
2013/07	23,706	0.45	0.6196	0.6196		120	67.38	3,906,527	6,097,560	
2014/01		0.40	0.8564	0.8564		120	67.38	3,919,911	6,149,760	
2014/07		0.40	1.2383	1.2383		120	70.46	3,939,326	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324141022820140301201304242014145835



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324167-00 - 2014/07

265.89

Palmetto Rehabilitation and Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6750 WEST 22ND COURT	3/1/2013-2/28/2014	Number of Beds: 90	Superior: 0
HIALEAH, FL 33016	Days in CR 365	Maximum: 32,850	Standard: 184
County: Dade [13]	First Used : 2014/07	Max Annualized: 32,850	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 31,434	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 14,673	Inflation
Current Class South Small	Initial CR? False	Medicaid: 15,451	FY Index: 1.31433985
Class at 1/94: South Small	Medical Utilization	49.15378%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.68950%	Cost: 1.02488934
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21766521
Entered Medicaid 09/02/1987	Low Occupancy Adjustment Factor:	121.81815%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.01998480
Previous Med # 309125			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	749,735	1,395,748	1,386,307	906,510		4,438,300
1a	Audit Adjustments						
2	Cost Per Diem	48.5234	90.3338	89.7228	58.6700		287.2500
3	Cost Per Diem Inflated	49.7311	92.1391	91.9559			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.7311	92.1391	91.9559	58.6700		292.4961
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.4734		98.9336			
7	Provider Target Rate	68.8793		100.9950			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500		
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810			
10	Target Rate Class Ceiling	68.3236		80.3359			
10a	New Provider Target Limitation	62.4081		83.8980			
10b	Base for line 10a	61.1343		82.1856			
11	Lesser of 5,7,8,10, 10a	49.7311	92.1391	80.3359	13.6500		235.8561
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	49.7311	92.1391	80.3359	13.6500		235.8561
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324167-00 - 2014/07

265.89

Rate Semester 07/01/2014 through 12/31/2014

Palmetto Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/02/1987	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,400,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,706,379 14.2692
RS to Start Calcs:	1987/07	<60% of Base:	False	20% ROE(2):	926,595 0.6300
Indexed Asset Value	4,632,974	Interest Rate:	9.7500%	Insurance Cost(3):	145,796 4.6382
FRVS Base Asset:	3,246,544	Chase Rate:	6.7500%	Taxes Cost(3):	105,979 3.3715
Occup Adj Factor	0.9000	Amortization Rate:	9.7500%	Home Office(3):	9,124 0.2903
ROE Factor	0.020100	Interest Only:	False	Replacement(3&4):	30,831 0.0000
		Yearly Payment:	421,868	Total FRVS PD:	23.1992

- (1) 80% Capital (\$3,706,379) amortized at 9.7500 % for 20 years Principal & Interest of \$421,868 divided by annual available days (32850) divided by Occup. Adj. (0.900) = \$14.2692
- (2) 20% ROE (\$926,595) times the ROE factor (0.020100) divided by annual available days (32850) divided by Occup. Adj. (0.900) = \$0.6300
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	51,883
Comparison Bed	90	Effective PBS Limitation	2,648,070

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7311	49.7311	0.8830	48.8481
Direct Care	92.1391	92.1391	1.6359	90.5032
Indirect Care	80.3359	80.3359	1.4264	78.9095
Property	13.6500	23.1992	0.4119	22.7873
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				14.9385
Supplemental Rate Add-on				9.9025
Totals	235.8561	245.4053	4.3572	265.8891

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324167-00 - 2014/07

265.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	3,246,544	0.00	0.9007	0.9007		90	68.00	3,246,544	2,648,070	
1988/01	122,472	0.10	0.9007	0.9007		90	68.00	2,648,070	2,648,070	1
1988/07	60,026	0.10	0.5899	0.5899		90	68.00	2,709,658	2,668,140	
1989/01		0.20	0.5899	0.5899		90	68.00	2,712,855	2,683,890	
1989/07		0.20	0.5899	0.5899		90	68.00	2,716,056	2,702,070	
1990/01		0.30	0.5899	0.5899		90	68.00	2,720,863	2,715,660	
1990/07		0.30	0.5899	0.5899		90	68.00	2,725,679	2,731,680	
1991/01		0.40	0.5899	0.5899		90	66.92	2,725,679	2,747,700	5
1991/07		0.40	1.4932	1.4932		90	66.92	2,732,112	2,788,740	5
1992/01		0.50	2.0117	2.0117		90	66.92	2,748,431	2,844,810	5
1992/07		0.50	1.8152	1.8152		90	70.55	2,801,273	2,896,470	
1993/01	106,663	0.60	1.7710	1.7710		90	70.19	2,937,702	2,947,770	
1993/07		0.60	1.5329	1.5329		90	70.19	2,964,720	2,992,950	
1994/01		0.70	1.6983	1.6983		90	69.32	2,964,720	3,043,800	5
1994/07		0.70	1.5991	1.5991		90	75.32	2,999,965	3,092,490	5
1995/01		0.80	1.5812	1.5812		90	75.32	3,071,921	3,141,360	
1995/07	90,301	0.80	1.5250	1.5250		90	69.22	3,199,699	3,189,240	
1996/01		0.90	1.7228	1.7228		90	69.22	3,249,310	3,244,230	
1996/07		0.90	1.3294	1.3294		90	70.36	3,287,340	3,287,340	8
1997/01		1.00	1.4109	1.4109		90	70.36	3,333,690	3,333,690	8
1997/07		1.00	1.0917	1.0917		90	62.81	3,370,050	3,370,050	8
1998/01		1.00	1.1663	1.1663		90	62.81	3,409,355	3,409,380	
1998/07		1.00	1.0794	1.0794		90	53.20	3,444,951	3,446,190	
1999/01		1.00	1.4499	1.4499		90	53.20	3,493,265	3,496,140	
1999/07	15,508	1.00	1.2299	1.2299		90	53.41	3,539,160	3,539,160	8
2000/01		1.00	1.3356	1.3356		90	49.14	3,581,393	3,586,410	
2000/07		1.00	1.1129	1.1129		90	49.14	3,617,004	3,626,280	
2001/01		1.00	1.2976	1.2976		90	49.14	3,658,938	3,673,350	
2001/07		1.00	0.9615	0.9615		90	49.14	3,690,370	3,708,630	
2002/01		1.00	1.0301	1.0301		90	49.14	3,724,334	3,746,790	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324167-00 - 2014/07

265.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		90	36.73	3,745,070	3,778,020	
2003/01		1.00	1.3271	1.3271		90	31.69	3,773,707	3,828,150	
2003/07		1.00	1.1664	1.1664		90	31.69	3,799,069	3,872,790	
2004/01		1.00	1.1103	1.1103		90	40.95	3,830,475	3,915,810	
2004/07		1.00	0.8378	0.8378		90	40.95	3,854,369	3,948,660	
2005/01		1.00	0.8595	0.8595		90	40.95	3,879,035	3,982,590	
2005/07		1.00	0.7364	0.7364		90	47.91	3,903,918	4,011,930	
2006/01		1.00	0.9068	0.9068		90	47.91	3,934,755	4,048,290	
2006/07		1.00	0.8133	0.8133		90	45.04	3,960,961	4,081,230	
2007/01		1.00	1.0133	1.0133		90	45.46	3,994,136	4,122,540	
2007/07	19,724	1.00	1.1050	1.1050		90	47.89	4,052,290	4,168,080	
2008/01		0.95	0.8556	0.8556		90	47.89	4,080,969	4,203,720	
2008/07		0.95	0.6104	0.6104		90	47.89	4,101,575	4,229,370	
2009/01		0.90	1.3268	1.3268		90	47.89	4,144,221	4,285,530	
2009/07		0.90	0.6841	0.6841		90	47.89	4,166,438	4,314,870	
2010/01	39,722	0.85	0.8643	0.8643		90	45.43	4,231,445	4,352,130	
2010/07		0.85	0.7107	0.7107		90	45.43	4,252,559	4,383,090	
2011/01	103,949	0.80	0.9198	0.9198		90	42.75	4,380,829	4,423,410	
2011/07		0.80	0.9028	0.9028		90	42.75	4,405,421	4,463,370	
2012/01		0.75	0.3865	0.3865		90	45.72	4,416,037	4,480,650	
2012/07		0.75	0.9417	0.9417		90	45.72	4,441,965	4,522,860	
2013/01	102,900	0.70	0.4901	0.4901		90	45.38	4,545,000	4,545,000	8
2013/07		0.70	0.6196	0.6196		90	45.38	4,561,264	4,573,170	
2014/01	16,685	0.65	0.8564	0.8564		90	47.52	4,599,888	4,612,320	
2014/07		0.65	1.2383	1.2383		90	49.15	4,632,974	4,669,470	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency
8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324175-00 - 2014/07

239.08

Courtyards of Orlando

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1900 MERCY DRIVE	3/1/2013-2/28/2014	Number of Beds: 120	Superior: 0
ORLANDO, FL 32808	Days in CR 365	Maximum: 43,800	Standard: 184
County: Orange [48]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 39,722	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,245	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 32,151	FY Index: 1.31433985
Class at 1/94: North Large	Medical Utilization	80.94003%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	90.68950%	Cost: 1.02488934
Open Date: 04/01/1983	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/01/1983	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21766521
Entered Medicaid 04/01/1983	Low Occupancy Adjustment Factor:	115.45287%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.01998480
Previous Med # 308803			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,329,694	3,017,007	1,658,411	1,589,545		7,594,657
1a	Audit Adjustments						
2	Cost Per Diem	41.3578	93.8387	51.5819	49.4400		236.2184
3	Cost Per Diem Inflated	42.3872	95.7140	52.8657			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.3872	95.7140	52.8657	49.4400		240.4069
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.0937		67.9816			
7	Provider Target Rate	55.2208		69.3981			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500		
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784			
10	Target Rate Class Ceiling	53.7075		61.9692			
10a	New Provider Target Limitation	53.9721		67.2597			
10b	Base for line 10a	52.8705		65.8869			
11	Lesser of 5,7,8,10, 10a	42.3872	95.7140	52.8657	13.6500		204.6169
12/13	Medical Adjustment Rate		3.3316	1.8401			
14	Prospective Per Diem 11	42.3872	99.0456	54.7058	13.6500		209.7886
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324175-00 - 2014/07

239.08

Rate Semester 07/01/2014 through 12/31/2014

Courtyards of Orlando

FRVS

FRVS Status as of this Semester **On FRVS**

Began FRVS:	10/01/1991	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,055,432.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,830,840 7.2585
RS to Start Calcs:	1983/04	<60% of Base:	False	20% ROE(2):	707,710 0.3609
Indexed Asset Value	3,538,550	Interest Rate:	8.0940%	Insurance Cost(3):	169,370 4.2639
FRVS Base Asset:	1,913,236	Chase Rate:	6.0000%	Taxes Cost(3):	52,158 1.3131
Occup Adj Factor	0.9000	Amortization Rate:	8.0940%	Home Office(3):	11,530 0.2903
ROE Factor	0.020100	Interest Only:	False	Replacement(3&4):	48,276 0.0000
		Yearly Payment:	286,130	Total FRVS PD:	13.4867

- (1) 80% Capital (\$2,830,840) amortized at 8.0940 % for 20 years Principal & Interest of \$286,130 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$7.2585
- (2) 20% ROE (\$707,710) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3609
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.3872	42.3872	0.7526	41.6346
Direct Care	99.0456	99.0456	1.7586	97.2870
Indirect Care	54.7058	54.7058	0.9713	53.7345
Property	13.6500	13.4867	0.2395	13.2472
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.2722
Supplemental Rate Add-on				9.9025
Totals	209.7886	209.6253	3.7220	239.0780

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324175-00 - 2014/07

239.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	1,854,735	0.00	2.6288	2.6288		120	67.23	1,854,735	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	67.23	1,860,299	3,247,440	
1984/01		0.10	2.2530	2.2530		120	70.52	1,864,490	3,289,560	
1984/07	32,346	0.20	1.9179	1.9179		120	70.52	1,903,988	3,352,680	
1985/01		0.20	1.1471	1.1471		120	76.98	1,908,356	3,391,080	
1985/10		0.30	0.8522	0.8522		120	76.98	1,913,236	3,420,000	
1986/01		0.30	0.8299	0.8299		120	76.98	1,918,000	3,448,440	
1986/07		0.40	0.2974	0.2974		120	79.28	1,920,282	3,441,840	
1987/01		0.40	1.0091	1.0091		120	79.28	1,928,032	3,503,400	
1987/07		0.50	0.9007	0.9007		120	79.28	1,936,716	3,530,760	
1988/01		0.50	0.9007	0.9007		120	79.28	1,945,439	3,559,440	
1988/07		0.60	0.5899	0.5899		120	79.28	1,952,324	3,557,520	
1989/01		0.60	0.5899	0.5899		120	79.28	1,959,233	3,578,520	
1989/07		0.70	0.5899	0.5899		120	87.40	1,967,323	3,602,760	
1990/01		0.70	0.5899	0.5899		120	87.40	1,975,446	3,620,880	
1990/07		0.80	0.5899	0.5899		120	81.45	1,984,768	3,642,240	
1991/01		0.80	0.5899	0.5899		120	81.45	1,994,134	3,663,600	
1991/07		0.90	1.4932	1.4932		120	88.19	2,020,933	3,718,320	
1992/01		0.90	2.0117	2.0117		120	88.19	2,057,522	3,793,080	
1992/07		1.00	1.8152	1.8152		120	87.90	2,094,870	3,861,960	
1993/01		1.00	1.7710	1.7710		120	87.90	2,131,970	3,930,360	
1993/07		1.00	1.5329	1.5329		120	90.14	2,164,651	3,990,600	
1994/01		1.00	1.6983	1.6983		120	90.14	2,201,413	4,058,400	
1994/07		1.00	1.5991	1.5991		120	90.14	2,236,616	4,123,320	
1995/01		1.00	1.5812	1.5812		120	90.14	2,271,981	4,188,480	
1995/07		1.00	1.5250	1.5250		120	90.14	2,306,629	4,252,320	
1996/01		1.00	1.7228	1.7228		120	90.14	2,306,629	4,325,640	5
1996/07		1.00	1.3294	1.3294		120	89.49	2,346,368	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	89.49	2,411,106	4,444,920	
1997/07		1.00	1.0917	1.0917		120	84.41	2,437,428	4,493,400	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324175-00 - 2014/07

239.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	84.41	2,437,428	4,545,840	5
1998/07	84,902	1.00	1.0794	1.0794		120	87.81	2,550,758	4,594,920	5
1999/01		1.00	1.4499	1.4499		120	87.81	2,577,374	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	84.98	2,646,902	4,718,880	
2000/01		1.00	1.3356	1.3356		120	84.98	2,682,254	4,781,880	
2000/07		1.00	1.1129	1.1129		120	87.22	2,712,105	4,835,040	
2001/01		1.00	1.2976	1.2976		120	87.22	2,747,297	4,897,800	
2001/07		1.00	0.9615	0.9615		120	85.31	2,773,712	4,944,840	
2002/01		1.00	1.0301	1.0301		120	85.29	2,802,284	4,995,720	
2002/07		1.00	0.8337	0.8337		120	85.29	2,825,647	5,037,360	
2003/01		1.00	1.3271	1.3271		120	85.29	2,863,146	5,104,200	
2003/07		0.95	1.1664	1.1664		120	85.29	2,894,873	5,163,720	
2004/01		0.95	1.1103	1.1103		120	85.29	2,925,408	5,221,080	
2004/07		0.90	0.8378	0.8378		120	85.29	2,947,466	5,264,880	
2005/01		0.90	0.8595	0.8595		120	90.09	2,970,268	5,310,120	
2005/07		0.85	0.7364	0.7364		120	90.09	2,988,859	5,349,240	
2006/01		0.85	0.9068	0.9068		120	89.35	3,011,897	5,397,720	
2006/07		0.80	0.8133	0.8133		120	89.35	3,031,492	5,441,640	
2007/01		0.80	1.0133	1.0133		120	87.33	3,056,065	5,496,720	
2007/07	10,670	0.75	1.1050	1.1050		120	80.30	3,092,064	5,557,440	
2008/01	69,998	0.75	0.8556	0.8556		120	80.30	3,181,904	5,604,960	
2008/07		0.70	0.6104	0.6104		120	80.30	3,195,500	5,639,160	
2009/01		0.70	1.3268	1.3268		120	80.30	3,225,180	5,714,040	
2009/07		0.65	0.6841	0.6841		120	80.30	3,239,522	5,753,160	
2010/01	106,745	0.65	0.8643	0.8643		120	77.24	3,364,467	5,802,840	
2010/07		0.60	0.7107	0.7107		120	75.86	3,378,813	5,844,120	
2011/01		0.60	0.9198	0.9198		120	75.86	3,397,461	5,897,880	
2011/07		0.55	0.9028	0.9028		120	75.86	3,414,329	5,951,160	
2012/01		0.55	0.3865	0.3865		120	76.58	3,421,588	5,974,200	
2012/07		0.50	0.9417	0.9417		120	76.58	3,437,700	6,030,480	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 324175-00 - 2014/07

239.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01	33,957	0.50	0.4901	0.4901		120	76.61	3,480,083	6,060,000	
2013/07		0.45	0.6196	0.6196		120	76.61	3,489,785	6,097,560	
2014/01	17,875	0.45	0.8564	0.8564		120	80.27	3,521,110	6,149,760	
2014/07		0.40	1.2383	1.2383		120	80.94	3,538,550	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324175022820140301201304252014132409



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324213-00 - 2014/07
207.00

Royal Care of Avon Park

Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective
Type of Ownership: Proprietary : Corporation		CHOW Status based on this Cost Report: No Change	
Provider Information	Cost Report	Patient Days	Ratings Days
1213 W STRATFORD RD	1/1/2013-12/31/2013	Number of Beds: 90	Superior: 0
AVON PARK, FL 33825	Days in CR 365	Maximum: 32,850	Standard: 184
County: Highlands [28]	First Used : 2014/07	Max Annualized: 32,850	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 30,484	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,647	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 18,166	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	59.59192%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.79756%	Cost: 1.02471376
Open Date: 03/09/1976	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/09/1976	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21500000
Entered Medicaid 05/01/1984	Low Occupancy Adjustment Factor:	118.13655%	DC Sem Index: 1.24200000
Med # Active Date: 12/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02222222
Previous Med # 310590			PS Target: 1.02083595

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	652,207	1,290,117	899,494	511,010		3,352,828
1a	Audit Adjustments						
2	Cost Per Diem	35.9026	71.0182	49.5152	28.1300		184.5660
3	Cost Per Diem Inflated	36.7899	72.5964	50.7389			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.7899	72.5964	50.7389	28.1300		188.2552
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.6481		62.0530			
7	Provider Target Rate	53.7451		63.3459			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	58.1332	99.7893	75.5421	13.6500		
9	Prior Semester: Class Ceiling Target Base	60.4813		71.4442			
10	Target Rate Class Ceiling	61.3634		72.4862			
10a	New Provider Target Limitation	53.7451		65.3299			
10b	Base for line 10a	52.6481		63.9965			
11	Lesser of 5,7,8,10, 10a	36.7899	72.5964	50.7389	13.6500		173.7752
12/13	Medical Adjustment Rate		0.7834	0.5475			
14	Prospective Per Diem 11	36.7899	73.3798	51.2864	13.6500		175.1061
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324213-00 - 2014/07

207.00

Rate Semester 07/01/2014 through 12/31/2014

Royal Care of Avon Park

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1986	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,000,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,656,529	10.0507
RS to Start Calcs:	1976/01	<60% of Base:	False	20% ROE(2):	664,132	0.4212
Indexed Asset Value	3,320,661	Interest Rate:	9.5000%	Insurance Cost(3):	70,969	2.3281
FRVS Base Asset:	1,076,683	Chase Rate:	7.5000%	Taxes Cost(3):	21,754	0.7136
Occup Adj Factor	0.9000	Amortization Rate:	9.5000%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	40,716	0.0000
		Yearly Payment:	297,148	Total FRVS PD:		13.5136

- (1) 80% Capital (\$2,656,529) amortized at 9.5000 % for 20 years Principal & Interest of \$297,148 divided by annual available days (32850) divided by Occup. Adj. (0.900) = \$10.0507
- (2) 20% ROE (\$664,132) times the ROE factor (0.018750) divided by annual available days (32850) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	90	Effective PBS Limitation	2,565,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	36.7899	36.7899	0.6532	36.1367
Direct Care	73.3798	73.3798	1.3029	72.0769
Indirect Care	51.2864	51.2864	0.9106	50.3758
Property	13.6500	13.5136	0.2399	13.2737
ROE				
ROE Adjustment				
Fire Sprinkler Component				4.4896
Quality Assess-Medicaid Share				20.7422
Supplemental Rate Add-on				9.9025
Totals	175.1061	174.9697	3.1066	206.9974

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 324213-00 - 2014/07

207.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1976/01	800,000	0.00	4.0445	3.0000	1.0445	90	100.00	800,000	1,355,580	
1976/07		0.10	4.5297	3.0000	1.5297	90	100.00	802,400	1,402,830	
1977/01		0.10	5.2803	3.0000	2.2803	90	100.00	804,807	1,455,480	
1977/07		0.20	7.3379	3.0000	4.3379	90	100.00	809,636	1,529,010	
1978/01		0.20	9.0776	3.0000	6.0776	90	100.00	814,494	1,601,550	
1978/07		0.30	11.6170	3.0000	8.6170	90	100.00	821,824	1,690,200	
1979/01		0.30	13.7443	3.0000	10.7443	90	100.00	829,220	1,776,870	
1979/07		0.40	14.9425	3.0000	11.9425	90	100.00	839,171	1,851,480	
1980/01		0.40	18.1082	3.0000	15.1082	90	69.57	849,241	1,965,690	
1980/07		0.50	18.9189	3.0000	15.9189	90	69.57	861,980	2,040,570	
1981/01		0.50	19.7429	3.0000	16.7429	90	69.57	874,910	2,118,600	
1981/07		0.60	19.3317	3.0000	16.3317	90	69.57	890,658	2,173,410	
1982/01		0.60	19.0077	3.0000	16.0077	90	69.57	906,690	2,231,640	
1982/07		0.70	18.3054	3.0000	15.3054	90	69.57	925,730	2,282,850	
1983/04		0.70	17.9342	3.0000	14.9342	90	69.57	945,170	2,342,880	
1983/07		0.80	18.8920	3.0000	15.8920	90	69.57	967,854	2,435,580	
1984/01		0.80	17.1872	3.0000	14.1872	90	66.93	991,082	2,467,170	
1984/07		0.90	16.1051	3.0000	13.1051	90	66.93	1,017,841	2,514,510	
1985/01		0.90	14.2522	3.0000	11.2522	90	66.93	1,045,323	2,543,310	
1985/10		1.00	12.1044	3.0000	9.1044	90	66.93	1,076,683	2,565,000	
1986/01		1.00	9.9343	3.0000	6.9343	90	66.93	1,108,983	2,586,330	
1986/07		1.00	7.2317	3.0000	4.2317	90	66.93	1,142,252	2,581,380	
1987/01		1.00	5.2408	3.0000	2.2408	90	62.02	1,176,520	2,627,550	
1987/07		1.00	3.1415	3.0000	0.1415	90	63.43	1,211,816	2,648,070	
1988/01		1.00	1.0422	1.0422		90	63.43	1,224,446	2,669,580	
1988/07	22,034	1.00	0.5899	0.5899		90	63.43	1,253,703	2,668,140	
1989/01		1.00	0.5899	0.5899		90	63.43	1,261,099	2,683,890	
1989/07		1.00	0.5899	0.5899		90	63.43	1,268,538	2,702,070	
1990/01		1.00	0.5899	0.5899		90	63.43	1,276,021	2,715,660	
1990/07		1.00	0.5899	0.5899		90	63.43	1,283,548	2,731,680	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 324213-00 - 2014/07

207.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01		1.00	0.5899	0.5899		90	63.43	1,291,120	2,747,700	
1991/07		1.00	1.4932	1.4932		90	63.43	1,310,399	2,788,740	
1992/01	12,475	1.00	2.0117	2.0117		90	63.43	1,322,874	2,844,810	5
1992/07		1.00	1.8152	1.8152		90	65.63	1,373,726	2,896,470	
1993/01		1.00	1.7710	1.7710		90	73.68	1,398,055	2,947,770	
1993/07		1.00	1.5329	1.5329		90	73.68	1,398,055	2,992,950	5
1994/01		1.00	1.6983	1.6983		90	73.68	1,443,593	3,043,800	
1994/07		1.00	1.5991	1.5991		90	73.68	1,466,677	3,092,490	
1995/01		1.00	1.5812	1.5812		90	81.28	1,489,868	3,141,360	
1995/07		1.00	1.5250	1.5250		90	69.99	1,512,588	3,189,240	
1996/01		1.00	1.7228	1.7228		90	69.99	1,512,588	3,244,230	5
1996/07		0.95	1.3294	1.3294		90	71.59	1,538,647	3,287,340	5
1997/01		0.95	1.4109	1.4109		90	67.17	1,558,079	3,333,690	5
1997/07		0.90	1.0917	1.0917		90	67.17	1,578,963	3,370,050	5
1998/01		0.90	1.1663	1.1663		90	67.17	1,594,476	3,409,380	5
1998/07		0.85	1.0794	1.0794		90	67.17	1,625,996	3,446,190	
1999/01		0.85	1.4499	1.4499		90	67.17	1,646,035	3,496,140	
1999/07		0.80	1.2299	1.2299		90	67.17	1,662,230	3,539,160	
2000/01		0.80	1.3356	1.3356		90	67.17	1,679,991	3,586,410	
2000/07	69,974	0.75	1.1129	1.1129		90	72.06	1,763,988	3,626,280	
2001/01		0.75	1.2976	1.2976		90	72.06	1,781,155	3,673,350	
2001/07	123,772	0.70	0.9615	0.9615		90	69.40	1,916,916	3,708,630	
2002/01		0.70	1.0301	1.0301		90	69.40	1,930,739	3,746,790	
2002/07		0.65	0.8337	0.8337		90	67.42	1,941,202	3,778,020	
2003/01		0.65	1.3271	1.3271		90	67.42	1,957,947	3,828,150	
2003/07		0.60	1.1664	1.1664		90	63.04	1,971,649	3,872,790	
2004/01		0.60	1.1103	1.1103		90	63.04	1,984,784	3,915,810	
2004/07		0.55	0.8378	0.8378		90	60.88	1,993,930	3,948,660	
2005/01		0.55	0.8595	0.8595		90	54.98	2,003,352	3,982,590	
2005/07		0.50	0.7364	0.7364		90	54.98	2,010,726	4,011,930	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2013

0 324213-00 - 2014/07

207.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		0.50	0.9068	0.9068		90	54.98	2,019,839	4,048,290	
2006/07		0.45	0.8133	0.8133		90	54.98	2,027,229	4,081,230	
2007/01		0.45	1.0133	1.0133		90	54.98	2,036,470	4,122,540	
2007/07		0.40	1.1050	1.1050		90	53.97	2,045,303	4,168,080	
2008/01	9,658	0.40	0.8556	0.8556		90	53.97	2,061,829	4,203,720	
2008/07		0.35	0.6104	0.6104		90	53.97	2,066,151	4,229,370	
2009/01		0.35	1.3268	1.3268		90	53.97	2,075,567	4,285,530	
2009/07		0.30	0.6841	0.6841		90	53.97	2,079,746	4,314,870	
2010/01		0.30	0.8643	0.8643		90	57.77	2,085,139	4,352,130	
2010/07		0.25	0.7107	0.7107		90	57.77	2,088,844	4,383,090	
2011/01	30,032	0.25	0.9198	0.9198		90	64.38	2,123,680	4,423,410	
2011/07		0.20	0.9028	0.9028		90	64.38	2,127,515	4,463,370	
2012/01		0.20	0.3865	0.3865		90	63.63	2,129,160	4,480,650	
2012/07		0.15	0.9417	0.9417		90	63.63	2,132,169	4,522,860	
2013/01	18,750	0.15	0.4901	0.4901		90	62.82	2,152,486	4,545,000	
2013/07		0.10	0.6196	0.6196		90	62.82	2,153,821	4,573,170	
2014/01	34,299	0.10	0.8564	0.8564		90	58.71	2,189,964	4,612,320	
2014/07	1,129,341	0.05	1.2383	1.2383		90	59.59	3,320,661	4,669,470	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324230-00 - 2014/07

218.60

Seminole Pavilion Rehabilitation & Nursing Service

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
10800 TEMPLE TERRACE	6/1/2012-5/31/2013	Number of Beds: 120	Superior: 0
SEMINOLE, FL 33772	Days in CR 365	Maximum: 43,800	Standard: 184
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 41,065	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 12,928	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 16,056	FY Index: 1.29575017
Class at 1/94: North Large	Medical Utilization	39.09899%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.75571%	Cost: 1.03959307
Open Date: 07/01/1982	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 07/01/1982	Low Occupancy Adjustment Factor:	119.35633%	DC Sem Index: 1.24200000
Med # Active Date: 07/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 206814			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	809,095	1,332,132	944,136	277,287		3,362,650	
1a	Audit Adjustments							
2	Cost Per Diem	50.3921	82.9679	58.8027	17.2700		209.4327	
3	Cost Per Diem Inflated	52.3873	85.3385	61.1309				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.3873	85.3385	61.1309	17.2700		216.1267	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	62.6207		71.9652				
7	Provider Target Rate	63.9255		73.4647				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation	55.8354		67.3074				
10b	Base for line 10a	54.6958		65.9336				
11	Lesser of 5,7,8,10, 10a	52.0915	85.3385	61.1309	13.6500		212.2109	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	52.0915	85.3385	61.1309	13.6500		212.2109	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324230-00 - 2014/07

218.60

Rate Semester 07/01/2014 through 12/31/2014

Seminole Pavilion Rehabilitation & Nursing Service

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1988	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,600,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,986,011	8.5329
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	996,503	0.3554
Indexed Asset Value	4,982,514	Interest Rate:	5.7700%	Insurance Cost(3):	65,373	1.5919
FRVS Base Asset:	3,420,000	Chase Rate:	8.2500%	Taxes Cost(3):	52,831	1.2865
Occup Adj Factor	0.9000	Amortization Rate:	5.7700%	Home Office(3):	88,051	2.1442
ROE Factor	0.014060	Interest Only:	False	Replacement(3&4):	430,325	0.0000
		Yearly Payment:	336,368	Total FRVS PD:		13.9109

- (1) 80% Capital (\$3,986,011) amortized at 5.7700 % for 20 years Principal & Interest of \$336,368 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$8.5329
- (2) 20% ROE (\$996,503) times the ROE factor (0.014060) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3554
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0915	52.0915	0.9249	51.1666
Direct Care	85.3385	85.3385	1.5152	83.8233
Indirect Care	61.1309	61.1309	1.0854	60.0455
Property	13.6500	13.9109	0.2470	13.6639
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	212.2109	212.4718	3.7725	218.6018

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 324230-00 - 2014/07

218.60

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	3,491,068	0.00	2.2977	2.2977		120	9.89	3,491,068	3,043,800	
1983/04		0.10	2.6288	2.6288		120	8.36	3,491,068	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	8.36	3,491,068	3,247,440	
1984/01		0.20	2.2530	2.2530		120	11.42	3,491,068	3,289,560	
1984/07		0.20	1.9179	1.9179		120	8.23	3,491,068	3,352,680	
1985/01		0.30	1.1471	1.1471		120	8.23	3,491,068	3,391,080	
1985/10		0.30	0.8522	0.8522		120	8.23	3,420,000	3,420,000	1
1986/01		0.40	0.8299	0.8299		120	11.49	3,420,000	3,448,440	
1986/07		0.40	0.2974	0.2974		120	11.49	3,420,000	3,441,840	
1987/01		0.50	1.0091	1.0091		120	11.39	3,420,000	3,503,400	
1987/07		0.50	0.9007	0.9007		120	14.92	3,420,000	3,530,760	
1988/01		0.60	0.9007	0.9007		120	14.92	3,420,000	3,559,440	
1988/07	13,983	0.60	0.5899	0.5899		120	16.11	3,433,983	3,557,520	
1989/01		0.70	0.5899	0.5899		120	16.11	3,433,983	3,578,520	
1989/07	30,697	0.70	0.5899	0.5899		120	14.29	3,464,680	3,602,760	
1990/01		0.80	0.5899	0.5899		120	14.29	3,464,680	3,620,880	
1990/07	55,066	0.80	0.5899	0.5899		120	18.50	3,519,746	3,642,240	
1991/01		0.90	0.5899	0.5899		120	18.50	3,519,746	3,663,600	
1991/07		0.90	1.4932	1.4932		120	18.50	3,519,746	3,718,320	
1992/01		1.00	2.0117	2.0117		120	30.38	3,519,746	3,793,080	5
1992/07		1.00	1.8152	1.8152		120	30.38	3,558,857	3,861,960	5
1993/01	28,035	1.00	1.7710	1.7710		120	39.26	3,668,016	3,930,360	
1993/07	22,350	1.00	1.5329	1.5329		120	39.01	3,730,246	3,990,600	
1994/01		1.00	1.6983	1.6983		120	39.01	3,775,179	4,058,400	
1994/07		1.00	1.5991	1.5991		120	36.08	3,814,781	4,123,320	
1995/01		1.00	1.5812	1.5812		120	36.08	3,854,350	4,188,480	
1995/07		1.00	1.5250	1.5250		120	36.08	3,892,909	4,252,320	
1996/01		1.00	1.7228	1.7228		120	36.08	3,892,909	4,325,640	5
1996/07	18,705	1.00	1.3294	1.3294		120	35.29	3,989,191	4,383,120	
1997/01		1.00	1.4109	1.4109		120	35.29	4,025,305	4,444,920	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 324230-00 - 2014/07

218.60

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		120	34.04	4,052,502	4,493,400	
1998/01		1.00	1.1663	1.1663		120	34.04	4,081,754	4,545,840	
1998/07	32,011	1.00	1.0794	1.0794		120	35.21	4,141,970	4,594,920	
1999/01		1.00	1.4499	1.4499		120	35.21	4,180,416	4,661,520	
1999/07		1.00	1.2299	1.2299		120	31.74	4,210,087	4,718,880	
2000/01		1.00	1.3356	1.3356		120	31.74	4,242,537	4,781,880	
2000/07		1.00	1.1129	1.1129		120	34.50	4,272,154	4,835,040	
2001/01		1.00	1.2976	1.2976		120	34.50	4,306,927	4,897,800	
2001/07	29,990	1.00	0.9615	0.9615		120	35.56	4,363,691	4,944,840	
2002/01		1.00	1.0301	1.0301		120	35.56	4,392,753	4,995,720	
2002/07		1.00	0.8337	0.8337		120	37.34	4,417,616	5,037,360	
2003/01		0.95	1.3271	1.3271		120	37.34	4,455,426	5,104,200	
2003/07		0.95	1.1664	1.1664		120	37.09	4,488,720	5,163,720	
2004/01		0.90	1.1103	1.1103		120	37.09	4,518,969	5,221,080	
2004/07		0.90	0.8378	0.8378		120	39.35	4,543,347	5,264,880	
2005/01		0.85	0.8595	0.8595		120	39.35	4,567,096	5,310,120	
2005/07		0.85	0.7364	0.7364		120	39.35	4,587,548	5,349,240	
2006/01		0.80	0.9068	0.9068		120	38.46	4,610,818	5,397,720	
2006/07		0.80	0.8133	0.8133		120	31.80	4,628,162	5,441,640	
2007/01		0.75	1.0133	1.0133		120	31.80	4,648,499	5,496,720	
2007/07	47,103	0.75	1.1050	1.1050		120	32.33	4,718,249	5,557,440	
2008/01		0.70	0.8556	0.8556		120	32.33	4,734,859	5,604,960	
2008/07		0.70	0.6104	0.6104		120	32.33	4,746,752	5,639,160	
2009/01		0.65	1.3268	1.3268		120	32.33	4,770,815	5,714,040	
2009/07		0.65	0.6841	0.6841		120	32.33	4,783,286	5,753,160	
2010/01	31,327	0.60	0.8643	0.8643		120	33.82	4,829,867	5,802,840	
2010/07		0.60	0.7107	0.7107		120	33.82	4,842,531	5,844,120	
2011/01		0.55	0.9198	0.9198		120	35.34	4,858,272	5,897,880	
2011/07		0.55	0.9028	0.9028		120	35.34	4,873,771	5,951,160	
2012/01		0.50	0.3865	0.3865		120	37.89	4,880,261	5,974,200	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 324230-00 - 2014/07

218.60

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		120	37.89	4,896,093	6,030,480	
2013/01	38,322	0.45	0.4901	0.4901		120	41.52	4,942,565	6,060,000	
2013/07		0.45	0.6196	0.6196		120	41.52	4,952,968	6,097,560	
2014/01		0.40	0.8564	0.8564		120	39.10	4,965,031	6,149,760	
2014/07		0.40	1.2383	1.2383		120	39.10	4,982,514	6,225,960	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324230053120130601201210302013111251



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324248-00 - 2014/07

216.74

Freedom Square Rehabilitation & Nursing Services

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
10801 JOHNSON BLVD	1/1/2012-12/31/2012	Number of Beds: 116	Superior: 0
SEMINOLE, FL 33772	Days in CR 366	Maximum: 42,456	Standard: 184
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 42,340	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 38,887	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,189	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 14,385	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	36.99180%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.59365%	Cost: 1.04963363
Open Date: 09/14/1988	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/14/1988	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 02/19/2002	Low Occupancy Adjustment Factor:	116.60390%	DC Sem Index: 1.24200000
Med # Active Date: 07/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 253715			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	743,222	1,217,728	821,008	361,639		3,143,596	
1a	Audit Adjustments							
2	Cost Per Diem	51.6665	84.6526	57.0739	25.1400		218.5330	
3	Cost Per Diem Inflated	54.2309	87.4333	59.9067				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.2309	87.4333	59.9067	25.1400		226.7109	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	70.0953		74.7462				
7	Provider Target Rate	71.5558		76.3036				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation	58.2072		65.0137				
10b	Base for line 10a	57.0192		63.6867				
11	Lesser of 5,7,8,10, 10a	52.0915	87.4333	59.9067	13.6500		213.0815	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	52.0915	87.4333	59.9067	13.6500		213.0815	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324248-00 - 2014/07

216.74

Rate Semester 07/01/2014 through 12/31/2014

Freedom Square Rehabilitation & Nursing Services

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/19/2002	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	7,700,000.00	Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Fixed	80% Capital(1):	3,015,953 6.6789
Indexed Asset Value	3,769,941	<60% of Base:	False	20% ROE(2):	753,988 0.2885
FRVS Base Asset:	0	Interest Rate:	5.7700%	Insurance Cost(3):	19,084 0.4908
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	32,726 0.8416
ROE Factor	0.014580	Amortization Rate:	5.7700%	Home Office(3):	110,725 2.8474
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	254,508	Total FRVS PD:	11.1472

- (1) 80% Capital (\$3,015,953) amortized at 5.7700 % for 20 years Principal & Interest of \$254,508 divided by annual available days (42340) divided by Occup. Adj. (0.900) = \$6.6789
 (2) 20% ROE (\$753,988) times the ROE factor (0.014580) divided by annual available days (42340) divided by Occup. Adj. (0.900) = \$0.2885
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 01/01/1988	Current RS PBS:	51,883
Comparison Bed 116	Effective PBS Limitation	3,440,792

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0915	52.0915	0.9249	51.1666
Direct Care	87.4333	87.4333	1.5524	85.8809
Indirect Care	59.9067	59.9067	1.0636	58.8431
Property	13.6500	11.1472	0.1979	10.9493
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	213.0815	210.5787	3.7388	216.7424

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 324248-00 - 2014/07

216.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01	4,911,790	0.00	1.0301	1.0301		116	16.20	3,440,792	3,440,792	1
2002/07		0.10	0.8337	0.8337		116	16.20	3,440,792	4,869,448	
2003/01		0.10	1.3271	1.3271		116	16.20	3,440,792	4,934,060	
2003/07		0.20	1.1664	1.1664		116	16.20	3,440,792	4,991,596	
2004/01		0.20	1.1103	1.1103		116	16.20	3,440,792	5,047,044	
2004/07		0.30	0.8378	0.8378		116	31.55	3,445,752	5,089,384	
2005/01		0.30	0.8595	0.8595		116	31.55	3,450,850	5,133,116	
2005/07		0.40	0.7364	0.7364		116	31.55	3,456,682	5,170,932	
2006/01		0.40	0.9068	0.9068		116	36.54	3,465,011	5,217,796	
2006/07		0.50	0.8133	0.8133		116	33.55	3,473,607	5,260,252	
2007/01		0.50	1.0133	1.0133		116	33.55	3,484,343	5,313,496	
2007/07		0.60	1.1050	1.1050		116	40.15	3,501,207	5,372,192	
2008/01		0.60	0.8556	0.8556		116	40.15	3,514,329	5,418,128	
2008/07		0.70	0.6104	0.6104		116	40.15	3,525,291	5,451,188	
2009/01		0.70	1.3268	1.3268		116	40.15	3,549,193	5,523,572	
2009/07		0.80	0.6841	0.6841		116	40.15	3,563,373	5,561,388	
2010/01		0.80	0.8643	0.8643		116	40.15	3,581,358	5,609,412	
2010/07		0.90	0.7107	0.7107		116	45.86	3,600,458	5,649,316	
2011/01		0.90	0.9198	0.9198		116	45.86	3,625,310	5,701,284	
2011/07		1.00	0.9028	0.9028		116	45.12	3,652,160	5,752,788	
2012/01		1.00	0.3865	0.3865		116	45.12	3,663,740	5,775,060	
2012/07		1.00	0.9417	0.9417		116	39.08	3,688,255	5,829,464	
2013/01		1.00	0.4901	0.4901		116	39.08	3,701,099	5,858,000	
2013/07		1.00	0.6196	0.6196		116	39.08	3,717,393	5,894,308	
2014/01		1.00	0.8564	0.8564		116	36.99	3,738,804	5,944,768	
2014/07		1.00	1.2383	1.2383		116	36.99	3,769,941	6,018,428	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324345-00 - 2014/07

209.56

Heritage Park Care and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2302 59TH ST W	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
BRADENTON, FL 34209	Days in CR 365	Maximum: 43,800	Standard: 184
County: Manatee [41]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 36,728	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 12,158	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 15,885	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	43.25038%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	83.85388%	Cost: 1.02881379
Open Date: 01/01/1985	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1985	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 01/23/1986	Low Occupancy Adjustment Factor:	106.75074%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 258814			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	686,120	1,185,202	748,392	843,335		3,463,049	
1a	Audit Adjustments							
2	Cost Per Diem	43.1929	74.6114	47.1131	53.0900		218.0074	
3	Cost Per Diem Inflated	44.4375	76.4898	48.4706				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.4375	76.4898	48.4706	53.0900		222.4879	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.4874		53.3361				
7	Provider Target Rate	46.4352		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.4375	76.4898	48.4706	13.6500		183.0479	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	44.4375	76.4898	48.4706	13.6500		183.0479	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324345-00 - 2014/07

209.56

Rate Semester 07/01/2014 through 12/31/2014

Heritage Park Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

		Mortgage Information		Calculation of FRVS Per Diem		
Began FRVS:	08/31/1994	Amount:	4,500,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,310,029	12.0165
RS to Start Calcs:	1985/01	<60% of Base:	False	20% ROE(2):	1,077,507	0.4557
Indexed Asset Value	5,387,536	Interest Rate:	9.2500%	Insurance Cost(3):	62,952	1.7140
FRVS Base Asset:	3,352,680	Chase Rate:	7.5000%	Taxes Cost(3):	81,250	2.2122
Occup Adj Factor	0.9000	Amortization Rate:	9.2500%	Home Office(3):	28,829	0.7849
ROE Factor	0.016670	Interest Only:	False	Replacement(3&4):	44,331	0.0000
		Yearly Payment:	473,690	Total FRVS PD:		17.1833

- (1) 80% Capital (\$4,310,029) amortized at 9.2500 % for 20 years Principal & Interest of \$473,690 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$12.0165
- (2) 20% ROE (\$1,077,507) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4557
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	27,939
Comparison Date:	07/01/1984	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,352,680

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.4375	44.4375	0.7890	43.6485
Direct Care	76.4898	76.4898	1.3581	75.1317
Indirect Care	48.4706	48.4706	0.8606	47.6100
Property	13.6500	17.1833	0.3051	16.8782
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.3918
Supplemental Rate Add-on				9.9025
Totals	183.0479	186.5812	3.3128	209.5627

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324345-00 - 2014/07

209.56

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	3,502,900	0.00	1.1471	1.1471		120		3,352,680	3,352,680	1
1985/10		0.10	0.8522	0.8522		120		3,352,680	3,420,000	
1986/01		0.10	0.8299	0.8299		120	27.19	3,354,056	3,448,440	
1986/07		0.20	0.2974	0.2974		120	27.19	3,355,043	3,441,840	
1987/01		0.20	1.0091	1.0091		120	27.19	3,358,390	3,503,400	
1987/07		0.30	0.9007	0.9007		120	27.19	3,362,876	3,530,760	
1988/01		0.30	0.9007	0.9007		120	27.19	3,367,368	3,559,440	
1988/07		0.40	0.5899	0.5899		120	27.19	3,371,297	3,557,520	
1989/01		0.40	0.5899	0.5899		120	27.19	3,375,230	3,578,520	
1989/07		0.50	0.5899	0.5899		120	25.24	3,379,799	3,602,760	
1990/01		0.50	0.5899	0.5899		120	25.24	3,384,375	3,620,880	
1990/07		0.60	0.5899	0.5899		120	28.78	3,384,375	3,642,240	5
1991/01		0.60	0.5899	0.5899		120	28.78	3,390,642	3,663,600	5
1991/07		0.70	1.4932	1.4932		120	34.83	3,419,405	3,718,320	
1992/01		0.70	2.0117	2.0117		120	34.83	3,449,898	3,793,080	
1992/07	20,716	0.80	1.8152	1.8152		120	41.14	3,508,088	3,861,960	
1993/01		0.80	1.7710	1.7710		120	41.14	3,545,266	3,930,360	
1993/07		0.90	1.5329	1.5329		120	41.60	3,582,260	3,990,600	
1994/01		0.90	1.6983	1.6983		120	41.60	3,623,675	4,058,400	
1994/07		1.00	1.5991	1.5991		120	38.78	3,664,532	4,123,320	
1995/01		1.00	1.5812	1.5812		120	38.78	3,705,387	4,188,480	
1995/07		1.00	1.5250	1.5250		120	38.78	3,745,230	4,252,320	
1996/01		1.00	1.7228	1.7228		120	38.78	3,790,724	4,325,640	
1996/07		1.00	1.3294	1.3294		120	38.78	3,826,256	4,383,120	
1997/01		1.00	1.4109	1.4109		120	38.78	3,864,320	4,444,920	
1997/07		1.00	1.0917	1.0917		120	44.52	3,898,468	4,493,400	
1998/01		1.00	1.1663	1.1663		120	44.52	3,935,272	4,545,840	
1998/07		1.00	1.0794	1.0794		120	46.88	3,971,478	4,594,920	
1999/01		1.00	1.4499	1.4499		120	46.88	4,020,559	4,661,520	
1999/07		1.00	1.2299	1.2299		120	46.11	4,062,015	4,718,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324345-00 - 2014/07

209.56

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	46.11	4,107,498	4,781,880	
2000/07		1.00	1.1129	1.1129		120	45.20	4,145,065	4,835,040	
2001/01		1.00	1.2976	1.2976		120	45.20	4,189,268	4,897,800	
2001/07	18,794	1.00	0.9615	0.9615		120	47.35	4,242,739	4,944,840	
2002/01	29,525	1.00	1.0301	1.0301		120	48.22	4,310,581	4,995,720	
2002/07	76,680	1.00	0.8337	0.8337		120	51.74	4,421,068	5,037,360	
2003/01	32,494	1.00	1.3271	1.3271		120	51.74	4,508,756	5,104,200	
2003/07	5,807	1.00	1.1664	1.1664		120	51.74	4,564,036	5,163,720	
2004/01		1.00	1.1103	1.1103		120	51.74	4,611,707	5,221,080	
2004/07		1.00	0.8378	0.8378		120	51.74	4,648,054	5,264,880	
2005/01		1.00	0.8595	0.8595		120	51.74	4,685,636	5,310,120	
2005/07	33,983	0.95	0.7364	0.7364		120	51.15	4,719,619	5,349,240	5
2006/01		0.95	0.9068	0.9068		120	51.15	4,788,163	5,397,720	
2006/07	46,412	0.90	0.8133	0.8133		120	53.20	4,868,477	5,441,640	
2007/01		0.90	1.0133	1.0133		120	53.20	4,911,424	5,496,720	
2007/07		0.85	1.1050	1.1050		120	58.39	4,957,557	5,557,440	
2008/01		0.85	0.8556	0.8556		120	58.39	4,993,613	5,604,960	
2008/07		0.80	0.6104	0.6104		120	52.76	5,017,004	5,639,160	
2009/01		0.80	1.3268	1.3268		120	55.88	5,070,254	5,714,040	
2009/07		0.75	0.6841	0.6841		120	55.88	5,096,269	5,753,160	
2010/01		0.75	0.8643	0.8643		120	55.88	5,129,303	5,802,840	
2010/07		0.70	0.7107	0.7107		120	50.69	5,152,822	5,844,120	
2011/01		0.70	0.9198	0.9198		120	50.69	5,183,401	5,897,880	
2011/07		0.65	0.9028	0.9028		120	52.79	5,212,595	5,951,160	
2012/01		0.65	0.3865	0.3865		120	52.79	5,225,163	5,974,200	
2012/07		0.60	0.9417	0.9417		120	51.55	5,252,833	6,030,480	
2013/01		0.60	0.4901	0.4901		120	51.55	5,267,313	6,060,000	
2013/07	56,525	0.55	0.6196	0.6196		120	47.97	5,339,495	6,097,560	
2014/01		0.55	0.8564	0.8564		120	47.97	5,361,430	6,149,760	
2014/07		0.50	1.2383	1.2383		120	43.25	5,387,536	6,225,960	

Message Code:

1 Per Bed Standard Limitation

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324345093020131001201204222014145535



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324353-00 - 2014/07

207.04

Washington Rehabilitation & Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
879 USERY ROAD	8/1/2012-7/31/2013	Number of Beds: 180	Superior: 0
CHIPLEY, FL 32428	Days in CR 365	Maximum: 65,700	Standard: 184
County: Washington [67]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: North Area: 2	Last Used: 2014/07	Total Patient: 55,963	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,592	Inflation
Current Class North Large	Initial CR? False	Medicaid: 44,948	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	80.31735%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.17960%	Cost: 1.03437307
Open Date: 01/01/1982	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 06/01/1982	Low Occupancy Adjustment Factor:	108.43846%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 312339			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,074,373	2,893,588	1,907,552	1,067,066		7,942,579	
1a	Audit Adjustments							
2	Cost Per Diem	46.1505	64.3763	42.4391	23.7400		176.7059	
3	Cost Per Diem Inflated	47.7368	66.1062	43.8979				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.7368	66.1062	43.8979	23.7400		181.4809	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	66.4405		62.0169				
7	Provider Target Rate	67.8249		63.3091				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.7368	66.1062	43.8979	13.6500		171.3909	
12/13	Medical Adjustment Rate		2.2547	1.4972				
14	Prospective Per Diem 11	47.7368	68.3609	45.3951	13.6500		175.1428	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324353-00 - 2014/07

207.04

Rate Semester 07/01/2014 through 12/31/2014

Washington Rehabilitation & Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 12/31/2001		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,760,000.00	Total Amount	Per Diem	
RS to Start Calcs:	1982/01	Type:	Fixed	80% Capital(1):	4,989,844	12.0622
Indexed Asset Value	6,237,305	<60% of Base:	False	20% ROE(2):	1,247,461	0.3165
FRVS Base Asset:	1,915,339	Interest Rate:	13.2740%	Insurance Cost(3):	84,825	1.5157
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	49,597	0.8862
ROE Factor	0.015000	Amortization Rate:	13.2740%	Home Office(3):	32,923	0.5883
		Interest Only:	False	Replacement(3&4):	119,827	0.0000
		Yearly Payment:	713,238	Total FRVS PD:	15.3689	

- (1) 80% Capital (\$4,989,844) amortized at 13.2740 % for 20 years Principal & Interest of \$713,238 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$12.0622
- (2) 20% ROE (\$1,247,461) times the ROE factor (0.015000) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.3165
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.7368	47.7368	0.8476	46.8892
Direct Care	68.3609	68.3609	1.2138	67.1471
Indirect Care	45.3951	45.3951	0.8060	44.5891
Property	13.6500	15.3689	0.2729	15.0960
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.4209
Supplemental Rate Add-on				9.9025
Totals	175.1428	176.8617	3.1403	207.0448

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324353-00 - 2014/07

207.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	1,839,927	0.00	2.6760	2.6760		120		1,839,927	2,975,520	
1982/07		0.10	2.2977	2.2977		120	91.29	1,844,155	3,043,800	
1983/04		0.10	2.6288	2.6288		120	91.29	1,849,003	3,123,840	
1983/07	2,740	0.20	3.9578	3.0000	0.9578	120	91.29	1,862,837	3,247,440	
1984/01		0.20	2.2530	2.2530		120	91.29	1,871,231	3,289,560	
1984/07	18,430	0.30	1.9179	1.9179		120	94.98	1,900,428	3,352,680	
1985/01	1,865	0.30	1.1471	1.1471		120	94.98	1,908,832	3,391,080	
1985/10		0.40	0.8522	0.8522		120	95.56	1,915,339	3,420,000	
1986/01		0.40	0.8299	0.8299		120	95.56	1,921,698	3,448,440	
1986/07		0.50	0.2974	0.2974		120	93.48	1,924,556	3,441,840	
1987/01		0.50	1.0091	1.0091		120	93.48	1,934,267	3,503,400	
1987/07		0.60	0.9007	0.9007		120	94.63	1,944,720	3,530,760	
1988/01		0.60	0.9007	0.9007		120	94.63	1,955,229	3,559,440	
1988/07	1,651,916	0.70	0.5899	0.5899		180	92.14	3,615,218	5,336,280	
1989/01		0.70	0.5899	0.5899		180	92.14	3,630,145	5,367,780	
1989/07		0.80	0.5899	0.5899		180	92.14	3,647,276	5,404,140	
1990/01		0.80	0.5899	0.5899		180	92.14	3,664,487	5,431,320	
1990/07		0.90	0.5899	0.5899		180	88.74	3,683,942	5,463,360	
1991/01	50,032	0.90	0.5899	0.5899		180	85.85	3,753,532	5,495,400	
1991/07		1.00	1.4932	1.4932		180	93.66	3,809,580	5,577,480	
1992/01	25,449	1.00	2.0117	2.0117		180	93.66	3,911,666	5,689,620	
1992/07		1.00	1.8152	1.8152		180	90.53	3,982,671	5,792,940	
1993/01		1.00	1.7710	1.7710		180	90.53	4,053,204	5,895,540	
1993/07		1.00	1.5329	1.5329		180	87.85	4,115,336	5,985,900	
1994/01		1.00	1.6983	1.6983		180	87.85	4,185,227	6,087,600	
1994/07		1.00	1.5991	1.5991		180	85.65	4,252,153	6,184,980	
1995/01		1.00	1.5812	1.5812		180	85.65	4,319,388	6,282,720	
1995/07		1.00	1.5250	1.5250		180	84.99	4,385,259	6,378,480	
1996/01		1.00	1.7228	1.7228		180	84.99	4,460,808	6,488,460	
1996/07		1.00	1.3294	1.3294		180	83.98	4,520,110	6,574,680	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324353-00 - 2014/07

207.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		180	83.98	4,583,884	6,667,380	
1997/07		1.00	1.0917	1.0917		180	80.88	4,633,926	6,740,100	
1998/01		1.00	1.1663	1.1663		180	80.88	4,687,971	6,818,760	
1998/07		1.00	1.0794	1.0794		180	83.46	4,738,573	6,892,380	
1999/01		1.00	1.4499	1.4499		180	83.46	4,807,278	6,992,280	
1999/07		1.00	1.2299	1.2299		180	83.46	4,866,403	7,078,320	
2000/01	140,463	1.00	1.3356	1.3356		180	84.68	5,071,862	7,172,820	
2000/07		1.00	1.1129	1.1129		180	91.41	5,128,307	7,252,560	
2001/01		1.00	1.2976	1.2976		180	91.41	5,194,852	7,346,700	
2001/07		1.00	0.9615	0.9615		180	85.23	5,244,801	7,417,260	
2002/01		1.00	1.0301	1.0301		180	85.23	5,298,828	7,493,580	
2002/07		0.95	0.8337	0.8337		180	85.23	5,340,795	7,556,040	
2003/01		0.95	1.3271	1.3271		180	85.23	5,408,126	7,656,300	
2003/07		0.90	1.1664	1.1664		180	85.23	5,464,901	7,745,580	
2004/01		0.90	1.1103	1.1103		180	85.23	5,519,512	7,831,620	
2004/07		0.85	0.8378	0.8378		180	85.46	5,558,816	7,897,320	
2005/01		0.85	0.8595	0.8595		180	85.46	5,599,429	7,965,180	
2005/07		0.80	0.7364	0.7364		180	83.55	5,632,415	8,023,860	
2006/01		0.80	0.9068	0.9068		180	83.55	5,673,273	8,096,580	
2006/07		0.75	0.8133	0.8133		180	83.55	5,707,880	8,162,460	
2007/01		0.75	1.0133	1.0133		180	83.55	5,751,260	8,245,080	
2007/07		0.70	1.1050	1.1050		180	83.55	5,795,746	8,336,160	
2008/01		0.70	0.8556	0.8556		180	83.55	5,830,457	8,407,440	
2008/07		0.65	0.6104	0.6104		180	84.51	5,853,592	8,458,740	
2009/01		0.65	1.3268	1.3268		180	83.32	5,904,073	8,571,060	
2009/07		0.60	0.6841	0.6841		180	83.32	5,928,309	8,629,740	
2010/01		0.60	0.8643	0.8643		180	83.32	5,959,053	8,704,260	
2010/07		0.55	0.7107	0.7107		180	82.54	5,982,347	8,766,180	
2011/01		0.55	0.9198	0.9198		180	82.40	5,982,347	8,846,820	5
2011/07		0.50	0.9028	0.9028		180	82.40	6,039,753	8,926,740	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324353-00 - 2014/07

207.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		180	82.40	6,051,428	8,961,300	
2012/07	49,154	0.45	0.9417	0.9417		180	82.14	6,126,228	9,045,720	
2013/01		0.45	0.4901	0.4901		180	82.14	6,139,736	9,090,000	
2013/07	34,235	0.40	0.6196	0.6196		180	81.26	6,189,185	9,146,340	
2014/01		0.40	0.8564	0.8564		180	81.26	6,210,389	9,224,640	
2014/07		0.35	1.2383	1.2383		180	80.32	6,237,305	9,338,940	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324353073120130801201204282014161729



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324361-00 - 2014/07

208.08

Chautauqua Rehabilitation & Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
785 S 2ND STREET	8/1/2012-7/31/2013	Number of Beds: 180	Superior: 184
DEFUNIAK SPRINGS, FL 32433	Days in CR 365	Maximum: 65,700	Standard: 0
County: Walton [66]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: North Area: 1	Last Used: 2014/07	Total Patient: 46,400	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 10,486	Inflation
Current Class North Large	Initial CR? False	Medicaid: 29,352	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	63.25862%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	70.62405%	Cost: 1.03437307
Open Date: 03/01/1979	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/01/1979	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 01/01/1980	Low Occupancy Adjustment Factor:	89.90842%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 312291			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,253,207	2,117,818	1,397,854	952,179		5,721,058
1a	Audit Adjustments						
2	Cost Per Diem	42.6958	72.1524	47.6238	32.4400		194.9120
3	Cost Per Diem Inflated	44.1634	74.0912	49.2608			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.1634	74.0912	49.2608	32.4400		199.9554
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.7713		62.1881			
7	Provider Target Rate	59.9959		63.4838			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500		
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527			
10	Target Rate Class Ceiling	50.8465		60.1169			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.1634	74.0912	49.2608	13.6500		181.1654
12/13	Medical Adjustment Rate		1.1051	0.7348			
14	Prospective Per Diem 11	44.1634	75.1963	49.9956	13.6500		183.0053
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324361-00 - 2014/07

208.08

Rate Semester 07/01/2014 through 12/31/2014

Chautauqua Rehabilitation & Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/01/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,395,000.00		Total Amount	Per Diem
RS to Start Calcs:	1979/01	Type:	Fixed	80% Capital(1):	4,735,503	8.5874
Indexed Asset Value	5,919,379	<60% of Base:	False	20% ROE(2):	1,183,876	0.3003
FRVS Base Asset:	1,743,133	Interest Rate:	8.9040%	Insurance Cost(3):	59,296	1.2779
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	27,953	0.6024
ROE Factor	0.015000	Amortization Rate:	8.9040%	Home Office(3):	30,336	0.6538
		Interest Only:	False	Replacement(3&4):	32,287	0.0000
		Yearly Payment:	507,775	Total FRVS PD:		11.4218

- (1) 80% Capital (\$4,735,503) amortized at 8.9040 % for 20 years Principal & Interest of \$507,775 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$8.5874
- (2) 20% ROE (\$1,183,876) times the ROE factor (0.015000) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.3003
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.1634	44.1634	0.7841	43.3793
Direct Care	75.1963	75.1963	1.3351	73.8612
Indirect Care	49.9956	49.9956	0.8877	49.1079
Property	13.6500	11.4218	0.2028	11.2190
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Quality Assess-Medicaid Share				20.6066
Totals	183.0053	180.7771	3.2097	208.0765

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324361-00 - 2014/07

208.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/01	1,250,057	0.00	5.1272	3.0000	2.1272	120	100.00	1,250,057	2,369,160	
1979/07	11,855	0.10	6.3255	3.0000	3.3255	120	100.00	1,265,662	2,468,640	
1980/01	17,821	0.10	9.4912	3.0000	6.4912	120	81.33	1,287,280	2,620,920	
1980/07	372	0.20	10.3018	3.0000	7.3018	120	81.33	1,295,376	2,720,760	
1981/01	2,732	0.20	11.1259	3.0000	8.1259	120	89.00	1,305,880	2,824,800	
1981/07	9,877	0.30	10.7147	3.0000	7.7147	120	89.00	1,327,510	2,897,880	
1982/01	2,367	0.30	10.3907	3.0000	7.3907	120	84.00	1,341,825	2,975,520	
1982/07	46,834	0.40	9.6883	3.0000	6.6883	120	84.00	1,404,761	3,043,800	
1983/04	10,879	0.40	9.3172	3.0000	6.3172	120	86.31	1,432,497	3,123,840	
1983/07	135,286	0.50	10.2750	3.0000	7.2750	120	86.31	1,589,270	3,247,440	
1984/01	4,309	0.50	8.5701	3.0000	5.5701	120	89.49	1,617,418	3,289,560	
1984/07	17,568	0.60	7.4880	3.0000	4.4880	120	89.49	1,664,100	3,352,680	
1985/01	13,226	0.60	5.6351	3.0000	2.6351	120	89.49	1,707,280	3,391,080	
1985/10		0.70	3.4873	3.0000	0.4873	120	89.49	1,743,133	3,420,000	
1986/01		0.70	1.3172	1.3172		120	88.19	1,759,205	3,448,440	
1986/07		0.80	0.2974	0.2974		120	88.19	1,763,390	3,441,840	
1987/01	39,103	0.80	1.0091	1.0091		120	91.07	1,816,729	3,503,400	
1987/07		0.90	0.9007	0.9007		120	91.07	1,831,455	3,530,760	
1988/01	24,435	0.90	0.9007	0.9007		120	90.67	1,870,736	3,559,440	
1988/07		1.00	0.5899	0.5899		120	90.67	1,881,771	3,557,520	
1989/01		1.00	0.5899	0.5899		120	91.83	1,892,872	3,578,520	
1989/07		1.00	0.5899	0.5899		120	91.83	1,904,038	3,602,760	
1990/01		1.00	0.5899	0.5899		120	89.11	1,915,270	3,620,880	
1990/07		1.00	0.5899	0.5899		120	89.11	1,926,568	3,642,240	
1991/01		1.00	0.5899	0.5899		120	85.69	1,937,933	3,663,600	
1991/07	16,782	1.00	1.4932	1.4932		120	85.69	1,983,652	3,718,320	
1992/01		1.00	2.0117	2.0117		120	85.69	2,023,557	3,793,080	
1992/07	20,644	1.00	1.8152	1.8152		120	85.69	2,080,933	3,861,960	
1993/01		1.00	1.7710	1.7710		120	85.69	2,117,786	3,930,360	
1993/07		1.00	1.5329	1.5329		120	85.69	2,150,250	3,990,600	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324361-00 - 2014/07

208.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01		1.00	1.6983	1.6983		120	85.69	2,186,768	4,058,400	
1994/07		1.00	1.5991	1.5991		120	85.45	2,221,737	4,123,320	
1995/01		1.00	1.5812	1.5812		120	85.45	2,256,867	4,188,480	
1995/07		1.00	1.5250	1.5250		120	82.23	2,291,284	4,252,320	
1996/01		1.00	1.7228	1.7228		120	82.23	2,330,758	4,325,640	
1996/07		1.00	1.3294	1.3294		120	82.23	2,361,743	4,383,120	
1997/01		1.00	1.4109	1.4109		120	83.73	2,395,065	4,444,920	
1997/07		1.00	1.0917	1.0917		120	80.95	2,421,212	4,493,400	
1998/01		1.00	1.1663	1.1663		120	80.95	2,449,451	4,545,840	
1998/07		1.00	1.0794	1.0794		120	86.18	2,475,890	4,594,920	
1999/01		1.00	1.4499	1.4499		120	86.18	2,511,788	4,661,520	
1999/07		0.95	1.2299	1.2299		120	82.20	2,541,136	4,718,880	
2000/01		0.95	1.3356	1.3356		120	82.20	2,573,378	4,781,880	
2000/07		0.90	1.1129	1.1129		120	84.87	2,599,153	4,835,040	
2001/01		0.90	1.2976	1.2976		120	84.87	2,629,506	4,897,800	
2001/07		0.85	0.9615	0.9615		120	75.14	2,650,997	4,944,840	
2002/01		0.85	1.0301	1.0301		120	75.14	2,674,209	4,995,720	
2002/07		0.80	0.8337	0.8337		120	75.14	2,692,046	5,037,360	
2003/01		0.80	1.3271	1.3271		120	75.14	2,720,627	5,104,200	
2003/07		0.75	1.1664	1.1664		120	75.14	2,744,427	5,163,720	
2004/01		0.75	1.1103	1.1103		120	75.14	2,767,280	5,221,080	
2004/07		0.70	0.8378	0.8378		120	68.54	2,783,510	5,264,880	
2005/01		0.70	0.8595	0.8595		120	68.54	2,800,258	5,310,120	
2005/07		0.65	0.7364	0.7364		120	74.60	2,813,663	5,349,240	
2006/01		0.65	0.9068	0.9068		120	74.60	2,830,247	5,397,720	
2006/07		0.60	0.8133	0.8133		120	74.60	2,844,059	5,441,640	
2007/01		0.60	1.0133	1.0133		120	74.60	2,861,351	5,496,720	
2007/07		0.55	1.1050	1.1050		120	74.60	2,878,742	5,557,440	
2008/01		0.55	0.8556	0.8556		120	74.60	2,892,289	5,604,960	
2008/07	2,698,860	0.50	0.6104	0.6104		180	73.16	5,599,976	8,458,740	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324361-00 - 2014/07

208.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		0.50	1.3268	1.3268		180	68.36	5,637,126	8,571,060	
2009/07		0.45	0.6841	0.6841		180	68.36	5,654,477	8,629,740	
2010/01		0.45	0.8643	0.8643		180	68.36	5,676,467	8,704,260	
2010/07		0.40	0.7107	0.7107		180	69.06	5,692,605	8,766,180	
2011/01		0.40	0.9198	0.9198		180	69.06	5,713,548	8,846,820	
2011/07	71,745	0.35	0.9028	0.9028		180	67.47	5,803,348	8,926,740	
2012/01		0.35	0.3865	0.3865		180	62.21	5,811,200	8,961,300	
2012/07		0.30	0.9417	0.9417		180	62.21	5,827,617	9,045,720	
2013/01		0.30	0.4901	0.4901		180	62.21	5,836,184	9,090,000	
2013/07	46,914	0.25	0.6196	0.6196		180	68.59	5,892,138	9,146,340	
2014/01		0.25	0.8564	0.8564		180	68.59	5,904,753	9,224,640	
2014/07		0.20	1.2383	1.2383		180	63.26	5,919,379	9,338,940	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014

ID: 324361073120130801201204182014161250



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324370-00 - 2014/07

219.90

Signature HealthCARE of College Park

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
13755 GOLF CLUB PKWY	10/1/2012-9/30/2013	Number of Beds: 107	Superior: 0
FORT MYERS, FL 33919	Days in CR 365	Maximum: 39,055	Standard: 184
County: Lee [36]	First Used : 2014/07	Max Annualized: 39,055	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 26,866	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 3,786	Inflation
Current Class South Large	Initial CR? False	Medicaid: 16,017	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	59.61810%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	68.79017%	Cost: 1.02881379
Open Date: 04/01/1981	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/01/1981	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 04/01/1981	Low Occupancy Adjustment Factor:	87.57378%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 258253			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	839,739	1,238,149	777,676	555,309		3,410,873	
1a	Audit Adjustments							
2	Cost Per Diem	52.4280	77.3022	48.5532	34.6700		212.9534	
3	Cost Per Diem Inflated	53.9386	79.2483	49.9522				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.9386	79.2483	49.9522	34.6700		217.8091	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.9887		55.4668				
7	Provider Target Rate	52.0511		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.0511	79.2483	49.9522	13.6500		194.9016	
12/13	Medical Adjustment Rate		0.8575	0.5405				
14	Prospective Per Diem 11	52.0511	80.1058	50.4927	13.6500		196.2996	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324370-00 - 2014/07

219.90

Rate Semester 07/01/2014 through 12/31/2014

Signature HealthCARE of College Park

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/31/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,825,000.00		Total Amount	Per Diem
RS to Start Calcs:	1981/01	Type:	Variable	80% Capital(1):	2,481,422	6.3162
Indexed Asset Value	3,101,777	<60% of Base:	False	20% ROE(2):	620,355	0.2942
FRVS Base Asset:	1,699,287	Interest Rate:	6.5000%	Insurance Cost(3):	38,799	1.4442
Occup Adj Factor	0.9000	Chase Rate:	6.5000%	Taxes Cost(3):	56,368	2.0981
ROE Factor	0.016670	Amortization Rate:	6.5000%	Home Office(3):	19,927	0.7417
		Interest Only:	False	Replacement(3&4):	10,217	0.0000
		Yearly Payment:	222,010	Total FRVS PD:		10.8944

- (1) 80% Capital (\$2,481,422) amortized at 6.5000 % for 20 years Principal & Interest of \$222,010 divided by annual available days (39055) divided by Occup. Adj. (0.900) = \$6.3162
- (2) 20% ROE (\$620,355) times the ROE factor (0.016670) divided by annual available days (39055) divided by Occup. Adj. (0.900) = \$0.2942
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	107	Effective PBS Limitation	3,049,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0511	52.0511	0.9242	51.1269
Direct Care	80.1058	80.1058	1.4223	78.6835
Indirect Care	50.4927	50.4927	0.8965	49.5962
Property	13.6500	10.8944	0.1934	10.7010
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Quality Assess-Medicaid Share				19.8911
Totals	196.2996	193.5440	3.4364	219.9012

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324370-00 - 2014/07

219.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/01	1,609,609	0.00	3.8241	3.0000	0.8241	107	57.32	1,609,609	2,518,780	
1981/07		0.10	3.4129	3.0000	0.4129	107	57.32	1,614,438	2,583,943	
1982/01		0.10	3.0888	3.0000	0.0888	107	57.32	1,619,281	2,653,172	
1982/07	10,230	0.20	2.3865	2.3865		107	57.32	1,637,240	2,714,055	
1983/04		0.20	2.6288	2.6288		107	50.10	1,645,082	2,785,424	
1983/07	3,217	0.30	3.9578	3.0000	0.9578	107	50.10	1,661,786	2,895,634	
1984/01		0.30	2.2530	2.2530		107	72.60	1,673,018	2,933,191	
1984/07	2,250	0.40	1.9179	1.9179		107	72.60	1,688,103	2,989,473	
1985/01		0.40	1.1471	1.1471		107	41.11	1,693,892	3,023,713	
1985/10		0.50	0.8522	0.8522		107	41.11	1,699,287	3,049,500	
1986/01		0.50	0.8299	0.8299		107	41.11	1,704,558	3,074,859	
1986/07		0.60	0.2974	0.2974		107	41.11	1,706,831	3,068,974	
1987/01		0.60	1.0091	1.0091		107	40.19	1,714,383	3,123,865	
1987/07		0.70	0.9007	0.9007		107	50.00	1,724,210	3,148,261	
1988/01		0.70	0.9007	0.9007		107	50.00	1,734,093	3,173,834	
1988/07		0.80	0.5899	0.5899		107	50.00	1,741,532	3,172,122	
1989/01		0.80	0.5899	0.5899		107	50.00	1,741,532	3,190,847	5
1989/07		0.90	0.5899	0.5899		107	47.87	1,749,003	3,212,461	5
1990/01		0.90	0.5899	0.5899		107	47.87	1,765,204	3,228,618	
1990/07		1.00	0.5899	0.5899		107	39.60	1,772,701	3,247,664	
1991/01		1.00	0.5899	0.5899		107	39.60	1,780,230	3,266,710	
1991/07		1.00	1.4932	1.4932		107	39.60	1,799,369	3,315,502	
1992/01		1.00	2.0117	2.0117		107	36.59	1,823,450	3,382,163	
1992/07		1.00	1.8152	1.8152		107	40.16	1,847,618	3,443,581	
1993/01		1.00	1.7710	1.7710		107	40.16	1,871,511	3,504,571	
1993/07		1.00	1.5329	1.5329		107	47.75	1,896,418	3,558,285	
1994/01		1.00	1.6983	1.6983		107	47.75	1,924,379	3,618,740	
1994/07	18,696	1.00	1.5991	1.5991		107	38.87	1,964,823	3,676,627	
1995/01		1.00	1.5812	1.5812		107	38.87	1,986,779	3,734,728	
1995/07		1.00	1.5250	1.5250		107	38.87	2,008,192	3,791,652	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324370-00 - 2014/07

219.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01		1.00	1.7228	1.7228		107	38.87	2,032,643	3,857,029	
1996/07		1.00	1.3294	1.3294		107	38.87	2,051,740	3,908,282	
1997/01		1.00	1.4109	1.4109		107	38.87	2,072,198	3,963,387	
1997/07	22,568	1.00	1.0917	1.0917		107	40.85	2,111,568	4,006,615	
1998/01		1.00	1.1663	1.1663		107	40.85	2,129,859	4,053,374	
1998/07	16,662	1.00	1.0794	1.0794		107	43.39	2,164,658	4,097,137	
1999/01		1.00	1.4499	1.4499		107	43.39	2,189,418	4,156,522	
1999/07	66,883	1.00	1.2299	1.2299		107	55.26	2,283,229	4,207,668	
2000/01		1.00	1.3356	1.3356		107	55.26	2,313,724	4,263,843	
2000/07	38,802	1.00	1.1129	1.1129		107	59.26	2,378,275	4,311,244	
2001/01		1.00	1.2976	1.2976		107	59.26	2,409,135	4,367,205	
2001/07		0.95	0.9615	0.9615		107	69.45	2,431,140	4,409,149	
2002/01		0.95	1.0301	1.0301		107	63.76	2,454,931	4,454,517	
2002/07	71,108	0.90	0.8337	0.8337		107	71.71	2,544,458	4,491,646	
2003/01	9,641	0.90	1.3271	1.3271		107	71.71	2,584,490	4,551,245	
2003/07	27,574	0.85	1.1664	1.1664		107	71.71	2,637,687	4,604,317	
2004/01		0.85	1.1103	1.1103		107	71.71	2,662,581	4,655,463	
2004/07		0.80	0.8378	0.8378		107	71.71	2,680,426	4,694,518	
2005/01		0.80	0.8595	0.8595		107	71.71	2,698,857	4,734,857	
2005/07	68,973	0.75	0.7364	0.7364		107	66.35	2,782,736	4,769,739	
2006/01		0.75	0.9068	0.9068		107	66.35	2,801,661	4,812,967	
2006/07		0.70	0.8133	0.8133		107	62.35	2,817,611	4,852,129	
2007/01		0.70	1.0133	1.0133		107	62.35	2,837,596	4,901,242	
2007/07		0.65	1.1050	1.1050		107	67.48	2,857,978	4,955,384	
2008/01		0.65	0.8556	0.8556		107	67.48	2,873,871	4,997,756	
2008/07		0.60	0.6104	0.6104		107	65.86	2,884,395	5,028,251	
2009/01		0.60	1.3268	1.3268		107	59.62	2,907,358	5,095,019	
2009/07		0.55	0.6841	0.6841		107	59.62	2,918,298	5,129,901	
2010/01		0.55	0.8643	0.8643		107	59.62	2,932,172	5,174,199	
2010/07		0.50	0.7107	0.7107		107	55.05	2,942,593	5,211,007	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324370-00 - 2014/07

219.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		0.50	0.9198	0.9198		107	57.94	2,956,126	5,258,943	
2011/07		0.45	0.9028	0.9028		107	57.94	2,968,137	5,306,451	
2012/01		0.45	0.3865	0.3865		107	57.94	2,973,299	5,326,995	
2012/07	25,083	0.40	0.9417	0.9417		107	57.67	3,009,582	5,377,178	
2013/01		0.40	0.4901	0.4901		107	57.67	3,015,481	5,403,500	
2013/07	59,041	0.35	0.6196	0.6196		107	64.05	3,081,063	5,436,991	
2014/01		0.35	0.8564	0.8564		107	64.05	3,090,297	5,483,536	
2014/07		0.30	1.2383	1.2383		107	59.62	3,101,777	5,551,481	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324370093020131001201204222014150742



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324388-00 - 2014/07

209.36

Signature HealthCARE of Gainesville

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4000 SW 20TH AVE	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
GAINESVILLE, FL 32607	Days in CR 365	Maximum: 43,800	Standard: 184
County: Alachua [1]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 35,529	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,543	Inflation
Current Class North Large	Initial CR? False	Medicaid: 24,278	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	68.33291%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	81.11644%	Cost: 1.02881379
Open Date: 05/01/1980	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/01/1980	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 05/01/1980	Low Occupancy Adjustment Factor:	103.26582%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 266639			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,045,135	1,701,538	1,170,405	682,212		4,599,290	
1a	Audit Adjustments							
2	Cost Per Diem	43.0486	70.0856	48.2085	28.1000		189.4427	
3	Cost Per Diem Inflated	44.2890	71.8500	49.5976				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.2890	71.8500	49.5976	28.1000		193.8366	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.8569		51.2053				
7	Provider Target Rate	45.7915		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.2890	71.8500	49.5976	13.6500		179.3866	
12/13	Medical Adjustment Rate		1.4819	1.0229				
14	Prospective Per Diem 11	44.2890	73.3319	50.6205	13.6500		181.8914	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324388-00 - 2014/07

209.36

Rate Semester 07/01/2014 through 12/31/2014

Signature HealthCARE of Gainesville

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/08/2004	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,349,600.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,640,048 8.0237
RS to Start Calcs:	1980/01	<60% of Base:	False	20% ROE(2):	660,012 0.2791
Indexed Asset Value	3,300,060	Interest Rate:	10.5000%	Insurance Cost(3):	65,873 1.8541
FRVS Base Asset:	1,076,349	Chase Rate:	9.0000%	Taxes Cost(3):	55,583 1.5644
Occup Adj Factor	0.9000	Amortization Rate:	10.5000%	Home Office(3):	25,377 0.7143
ROE Factor	0.016670	Interest Only:	False	Replacement(3&4):	3,544 0.0000
		Yearly Payment:	316,293	Total FRVS PD:	12.4356

- (1) 80% Capital (\$2,640,048) amortized at 10.5000 % for 20 years Principal & Interest of \$316,293 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$8.0237
- (2) 20% ROE (\$660,012) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.2791
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	93	Effective PBS Limitation	2,650,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.2890	44.2890	0.7864	43.5026
Direct Care	73.3319	73.3319	1.3020	72.0299
Indirect Care	50.6205	50.6205	0.8988	49.7217
Property	13.6500	12.4356	0.2208	12.2148
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.9845
Supplemental Rate Add-on				9.9025
Totals	181.8914	180.6770	3.2080	209.3560

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324388-00 - 2014/07

209.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/01	982,526	0.00	6.1657	3.0000	3.1657	93	94.62	982,526	2,031,213	
1980/07		0.10	6.9764	3.0000	3.9764	93	94.62	985,474	2,108,589	
1981/01		0.10	7.8004	3.0000	4.8004	93	96.82	988,430	2,189,220	
1981/07		0.20	7.3892	3.0000	4.3892	93	96.82	994,361	2,245,857	
1982/01		0.20	7.0652	3.0000	4.0652	93	90.34	1,000,327	2,306,028	
1982/07		0.30	6.3629	3.0000	3.3629	93	90.34	1,009,330	2,358,945	
1983/04		0.30	5.9917	3.0000	2.9917	93	94.82	1,018,414	2,420,976	
1983/07		0.40	6.9495	3.0000	3.9495	93	94.82	1,030,635	2,516,766	
1984/01		0.40	5.2447	3.0000	2.2447	93	89.33	1,043,003	2,549,409	
1984/07		0.50	4.1626	3.0000	1.1626	93	89.33	1,058,648	2,598,327	
1985/01		0.50	2.3097	2.3097		93	84.68	1,070,874	2,628,087	
1985/10		0.60	0.8522	0.8522		93	84.68	1,076,349	2,650,500	
1986/01		0.60	0.8299	0.8299		93	84.68	1,081,708	2,672,541	
1986/07		0.70	0.2974	0.2974		93	84.68	1,083,960	2,667,426	
1987/01		0.70	1.0091	1.0091		93	84.69	1,091,617	2,715,135	
1987/07		0.80	0.9007	0.9007		93	81.53	1,099,483	2,736,339	
1988/01		0.80	0.9007	0.9007		93	81.53	1,107,406	2,758,566	
1988/07		0.90	0.5899	0.5899		93	81.53	1,113,285	2,757,078	
1989/01		0.90	0.5899	0.5899		93	81.53	1,119,195	2,773,353	
1989/07		1.00	0.5899	0.5899		93	81.53	1,125,797	2,792,139	
1990/01		1.00	0.5899	0.5899		93	81.28	1,132,438	2,806,182	
1990/07	805,167	1.00	0.5899	0.5899		120	81.28	1,944,285	3,642,240	
1991/01		1.00	0.5899	0.5899		120	75.52	1,955,754	3,663,600	
1991/07		1.00	1.4932	1.4932		120	75.52	1,984,957	3,718,320	
1992/01		1.00	2.0117	2.0117		120	75.52	2,024,888	3,793,080	
1992/07		1.00	1.8152	1.8152		120	75.52	2,061,644	3,861,960	
1993/01		1.00	1.7710	1.7710		120	75.52	2,098,156	3,930,360	
1993/07		1.00	1.5329	1.5329		120	75.52	2,130,319	3,990,600	
1994/01		1.00	1.6983	1.6983		120	78.78	2,166,498	4,058,400	
1994/07		1.00	1.5991	1.5991		120	78.78	2,201,142	4,123,320	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324388-00 - 2014/07

209.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01		1.00	1.5812	1.5812		120	80.83	2,235,946	4,188,480	
1995/07		1.00	1.5250	1.5250		120	80.83	2,270,044	4,252,320	
1996/01		1.00	1.7228	1.7228		120	80.83	2,309,152	4,325,640	
1996/07	19,181	1.00	1.3294	1.3294		120	78.66	2,359,031	4,383,120	
1997/01		1.00	1.4109	1.4109		120	73.04	2,392,315	4,444,920	
1997/07		1.00	1.0917	1.0917		120	64.07	2,418,432	4,493,400	
1998/01		1.00	1.1663	1.1663		120	64.07	2,446,638	4,545,840	
1998/07		1.00	1.0794	1.0794		120	64.03	2,473,047	4,594,920	
1999/01		1.00	1.4499	1.4499		120	64.03	2,508,904	4,661,520	
1999/07		1.00	1.2299	1.2299		120	69.40	2,539,761	4,718,880	
2000/01		1.00	1.3356	1.3356		120	69.40	2,573,682	4,781,880	
2000/07		0.95	1.1129	1.1129		120	70.25	2,600,894	4,835,040	
2001/01		0.95	1.2976	1.2976		120	70.25	2,632,955	4,897,800	
2001/07		0.90	0.9615	0.9615		120	68.88	2,655,741	4,944,840	
2002/01		0.90	1.0301	1.0301		120	68.84	2,680,362	4,995,720	
2002/07		0.85	0.8337	0.8337		120	68.84	2,699,355	5,037,360	
2003/01		0.85	1.3271	1.3271		120	70.08	2,729,804	5,104,200	
2003/07		0.80	1.1664	1.1664		120	70.08	2,755,276	5,163,720	
2004/01	112,196	0.80	1.1103	1.1103		120	72.57	2,891,944	5,221,080	
2004/07	77,120	0.75	0.8378	0.8378		120	72.57	2,987,237	5,264,880	
2005/01		0.75	0.8595	0.8595		120	72.57	3,006,493	5,310,120	
2005/07		0.70	0.7364	0.7364		120	72.57	3,021,991	5,349,240	
2006/01		0.70	0.9068	0.9068		120	72.57	3,041,175	5,397,720	
2006/07		0.65	0.8133	0.8133		120	75.19	3,057,251	5,441,640	
2007/01		0.65	1.0133	1.0133		120	75.19	3,077,386	5,496,720	
2007/07		0.60	1.1050	1.1050		120	75.61	3,097,789	5,557,440	
2008/01		0.60	0.8556	0.8556		120	75.61	3,113,693	5,604,960	
2008/07		0.55	0.6104	0.6104		120	75.30	3,113,693	5,639,160	5
2009/01	23,406	0.55	1.3268	1.3268		120	71.88	3,170,349	5,714,040	
2009/07		0.50	0.6841	0.6841		120	71.88	3,181,195	5,753,160	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324388-00 - 2014/07

209.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		0.50	0.8643	0.8643		120	71.88	3,194,944	5,802,840	
2010/07		0.45	0.7107	0.7107		120	69.79	3,205,161	5,844,120	
2011/01		0.45	0.9198	0.9198		120	69.79	3,218,427	5,897,880	
2011/07		0.40	0.9028	0.9028		120	65.36	3,230,049	5,951,160	
2012/01	23,963	0.40	0.3865	0.3865		120	66.12	3,259,006	5,974,200	
2012/07		0.35	0.9417	0.9417		120	66.12	3,269,748	6,030,480	
2013/01		0.35	0.4901	0.4901		120	66.12	3,275,356	6,060,000	
2013/07		0.30	0.6196	0.6196		120	67.21	3,281,445	6,097,560	
2014/01		0.30	0.8564	0.8564		120	67.21	3,289,875	6,149,760	
2014/07		0.25	1.2383	1.2383		120	68.33	3,300,060	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324388093020131001201204222014151541



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324396-00 - 2014/07

198.12

Signature Healthcare of North Florida

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1083 SANDERS AVENUE	8/1/2012-7/31/2013	Number of Beds: 180	Superior: 0
GRACEVILLE , FL 32440	Days in CR 365	Maximum: 65,700	Standard: 184
County: Jackson [32]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: North Area: 2	Last Used: 2014/07	Total Patient: 56,391	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 8,857	Inflation
Current Class North Large	Initial CR? False	Medicaid: 42,508	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	75.38082%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.83105%	Cost: 1.03437307
Open Date: 12/01/1979	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/01/1979	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 07/01/1980	Low Occupancy Adjustment Factor:	109.26779%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 312304			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,744,925	2,659,279	1,938,810	1,138,364		7,481,378	
1a	Audit Adjustments							
2	Cost Per Diem	41.0493	62.5595	45.6105	26.7800		175.9993	
3	Cost Per Diem Inflated	42.4603	64.2406	47.1783				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.4603	64.2406	47.1783	26.7800		180.6592	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	76.4047		61.9492				
7	Provider Target Rate	77.9967		63.2400				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	42.4603	64.2406	47.1783	13.6500		167.5292	
12/13	Medical Adjustment Rate		1.8343	1.3471				
14	Prospective Per Diem 11	42.4603	66.0749	48.5254	13.6500		170.7106	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324396-00 - 2014/07

198.12

Rate Semester 07/01/2014 through 12/31/2014

Signature Healthcare of North Florida

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 06/28/1991		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,245,000.00		Total Amount	Per Diem
RS to Start Calcs:	1979/07	Type:	Fixed	80% Capital(1):	4,526,959	8.2813
Indexed Asset Value	5,658,699	<60% of Base:	False	20% ROE(2):	1,131,740	0.2871
FRVS Base Asset:	1,657,362	Interest Rate:	9.0260%	Insurance Cost(3):	60,870	1.0794
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	35,177	0.6238
ROE Factor	0.015000	Amortization Rate:	9.0260%	Home Office(3):	31,458	0.5579
		Interest Only:	False	Replacement(3&4):	152,083	0.0000
		Yearly Payment:	489,672	Total FRVS PD:		10.8295

- (1) 80% Capital (\$4,526,959) amortized at 9.0260 % for 20 years Principal & Interest of \$489,672 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$8.2813
 (2) 20% ROE (\$1,131,740) times the ROE factor (0.015000) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.2871
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	07/01/1985	Current RS PBS:	28,500
Comparison Bed	120	Effective PBS Limitation	51,883
			3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.4603	42.4603	0.7539	41.7064
Direct Care	66.0749	66.0749	1.1732	64.9017
Indirect Care	48.5254	48.5254	0.8616	47.6638
Property	13.6500	10.8295	0.1923	10.6372
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.3045
Supplemental Rate Add-on				9.9025
Totals	170.7106	167.8901	2.9810	198.1161

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324396-00 - 2014/07

198.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/07	1,166,706	0.00	4.1982	3.0000	1.1982	120	100.00	1,166,706	2,468,640	
1980/01	15,960	0.10	7.3640	3.0000	4.3640	120	95.23	1,186,166	2,620,920	
1980/07	1,835	0.10	8.1746	3.0000	5.1746	120	95.23	1,191,559	2,720,760	
1981/01	2,987	0.20	8.9986	3.0000	5.9986	120	95.23	1,201,695	2,824,800	
1981/07	17,174	0.20	8.5874	3.0000	5.5874	120	95.23	1,226,079	2,897,880	
1982/01	35,014	0.30	8.2634	3.0000	5.2634	120	95.13	1,272,128	2,975,520	
1982/07	2,464	0.30	7.5611	3.0000	4.5611	120	95.13	1,286,041	3,043,800	
1983/04	197,608	0.40	7.1899	3.0000	4.1899	120	97.04	1,499,081	3,123,840	
1983/07	7,024	0.40	8.1477	3.0000	5.1477	120	97.04	1,524,094	3,247,440	
1984/01	16,075	0.50	6.4429	3.0000	3.4429	120	97.07	1,563,030	3,289,560	
1984/07	13,874	0.50	5.3608	3.0000	2.3608	120	97.07	1,600,349	3,352,680	
1985/01	14,791	0.60	3.5079	3.0000	0.5079	120	96.54	1,643,946	3,391,080	
1985/10		0.60	1.3601	1.3601		120	97.06	1,657,362	3,420,000	
1986/01		0.70	0.8299	0.8299		120	96.54	1,666,990	3,448,440	
1986/07		0.70	0.2974	0.2974		120	96.54	1,670,461	3,441,840	
1987/01		0.80	1.0091	1.0091		120	95.32	1,683,947	3,503,400	
1987/07		0.80	0.9007	0.9007		120	95.32	1,696,082	3,530,760	
1988/01		0.90	0.9007	0.9007		120	96.78	1,709,830	3,559,440	
1988/07		0.90	0.5899	0.5899		120	96.78	1,718,907	3,557,520	
1989/01		1.00	0.5899	0.5899		120	97.35	1,729,047	3,578,520	
1989/07		1.00	0.5899	0.5899		120	97.35	1,739,247	3,602,760	
1990/01		1.00	0.5899	0.5899		120	96.11	1,749,507	3,620,880	
1990/07		1.00	0.5899	0.5899		120	96.11	1,759,827	3,642,240	
1991/01	45,289	1.00	0.5899	0.5899		120	93.67	1,815,497	3,663,600	
1991/07		1.00	1.4932	1.4932		120	93.67	1,842,606	3,718,320	
1992/01		1.00	2.0117	2.0117		120	93.67	1,879,674	3,793,080	
1992/07		1.00	1.8152	1.8152		120	93.67	1,913,794	3,861,960	
1993/01		1.00	1.7710	1.7710		120	93.67	1,947,687	3,930,360	
1993/07		1.00	1.5329	1.5329		120	93.67	1,977,543	3,990,600	
1994/01		1.00	1.6983	1.6983		120	93.67	2,011,128	4,058,400	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324396-00 - 2014/07

198.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07		1.00	1.5991	1.5991		120	88.74	2,043,288	4,123,320	
1995/01		1.00	1.5812	1.5812		120	88.74	2,075,596	4,188,480	
1995/07		1.00	1.5250	1.5250		120	89.58	2,107,249	4,252,320	
1996/01		1.00	1.7228	1.7228		120	89.58	2,143,553	4,325,640	
1996/07		1.00	1.3294	1.3294		120	89.58	2,172,049	4,383,120	
1997/01		1.00	1.4109	1.4109		120	90.39	2,202,694	4,444,920	
1997/07		1.00	1.0917	1.0917		120	91.28	2,226,741	4,493,400	
1998/01		1.00	1.1663	1.1663		120	91.28	2,252,711	4,545,840	
1998/07		1.00	1.0794	1.0794		120	87.18	2,277,027	4,594,920	
1999/01		1.00	1.4499	1.4499		120	87.18	2,310,042	4,661,520	
1999/07		1.00	1.2299	1.2299		120	87.18	2,338,453	4,718,880	
2000/01		0.95	1.3356	1.3356		120	86.11	2,368,123	4,781,880	
2000/07		0.95	1.1129	1.1129		120	84.58	2,393,161	4,835,040	
2001/01		0.90	1.2976	1.2976		120	84.58	2,421,108	4,897,800	
2001/07		0.90	0.9615	0.9615		120	82.66	2,442,060	4,944,840	
2002/01		0.85	1.0301	1.0301		120	82.66	2,442,060	4,995,720	5
2002/07		0.85	0.8337	0.8337		120	82.66	2,480,899	5,037,360	
2003/01		0.80	1.3271	1.3271		120	82.66	2,507,239	5,104,200	
2003/07		0.80	1.1664	1.1664		120	82.66	2,530,634	5,163,720	
2004/01		0.75	1.1103	1.1103		120	82.66	2,551,707	5,221,080	
2004/07		0.75	0.8378	0.8378		120	74.29	2,567,742	5,264,880	
2005/01		0.70	0.8595	0.8595		120	74.29	2,583,192	5,310,120	
2005/07		0.70	0.7364	0.7364		120	75.88	2,596,508	5,349,240	
2006/01		0.65	0.9068	0.9068		120	75.88	2,611,812	5,397,720	
2006/07		0.65	0.8133	0.8133		120	75.88	2,625,618	5,441,640	
2007/01		0.60	1.0133	1.0133		120	75.88	2,641,582	5,496,720	
2007/07		0.60	1.1050	1.1050		120	75.88	2,659,096	5,557,440	
2008/01		0.55	0.8556	0.8556		120	75.88	2,671,610	5,604,960	
2008/07	2,698,860	0.55	0.6104	0.6104		180	76.99	5,379,439	8,458,740	
2009/01		0.50	1.3268	1.3268		180	76.95	5,415,126	8,571,060	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324396-00 - 2014/07

198.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		0.50	0.6841	0.6841		180	76.95	5,433,651	8,629,740	
2010/01		0.45	0.8643	0.8643		180	76.95	5,454,782	8,704,260	
2010/07		0.45	0.7107	0.7107		180	76.69	5,454,782	8,766,180	5
2011/01	30,950	0.40	0.9198	0.9198		180	74.31	5,523,308	8,846,820	
2011/07		0.40	0.9028	0.9028		180	74.31	5,543,253	8,926,740	
2012/01		0.35	0.3865	0.3865		180	74.31	5,550,753	8,961,300	
2012/07		0.35	0.9417	0.9417		180	74.40	5,569,048	9,045,720	
2013/01		0.30	0.4901	0.4901		180	74.40	5,577,235	9,090,000	
2013/07	41,579	0.30	0.6196	0.6196		180	72.84	5,629,182	9,146,340	
2014/01		0.25	0.8564	0.8564		180	72.84	5,641,234	9,224,640	
2014/07		0.25	1.2383	1.2383		180	75.38	5,658,699	9,338,940	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324400-00 - 2014/07

207.50

Signature HealthCARE Center of Waterford

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
8333 W OKEECHOBEE ROAD	8/1/2012-7/31/2013	Number of Beds: 214	Superior: 0
HIALEAH GARDENS , FL	Days in CR 365	Maximum: 78,110	Standard: 184
33016	First Used : 2014/07	Max Annualized: 78,110	Conditional: 0
County: Dade [13]	Last Used: 2014/07	Total Patient: 72,432	Total: 184
Region: South Area: 11	Unaudited	Medicare: 8,958	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 55,479	FY Index: 1.30228922
Current Class South Large	Medical Utilization	76.59460%	Semester Index: 1.34705290
Class at 1/94: South Large	Occupancy:	92.73076%	Cost: 1.03437307
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Open Date: 02/27/1987	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Acquired Date: 02/27/1987	Low Occupancy Adjustment Factor:	118.05151%	DC Sem Index: 1.24200000
Entered Medicaid 02/27/1987	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Med # Active Date: 11/01/2007			PS Target: 1.02083595
Previous Med # 312347			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,440,357	4,440,564	2,563,176	1,653,274		11,097,371	
1a	Audit Adjustments							
2	Cost Per Diem	43.9870	80.0404	46.2008	29.8000		200.0282	
3	Cost Per Diem Inflated	45.4990	82.1912	47.7889				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.4990	82.1912	47.7889	29.8000		205.2791	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.1801		69.3944				
7	Provider Target Rate	68.5799		70.8403				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.4990	82.1912	47.7889	13.6500		189.1291	
12/13	Medical Adjustment Rate		2.4591	1.4298				
14	Prospective Per Diem 11	45.4990	84.6503	49.2187	13.6500		193.0180	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324400-00 - 2014/07

207.50

Rate Semester 07/01/2014 through 12/31/2014

Signature HealthCARE Center of Waterford

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 01/01/2001		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	7,645,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/01	Type:	Fixed	80% Capital(1):	7,430,607	14.5093
Indexed Asset Value	9,288,259	<60% of Base:	False	20% ROE(2):	1,857,652	0.3964
FRVS Base Asset:	4,589,120	Interest Rate:	12.6100%	Insurance Cost(3):	150,450	2.0771
Occup Adj Factor	0.9000	Chase Rate:	11.2500%	Taxes Cost(3):	131,000	1.8086
ROE Factor	0.015000	Amortization Rate:	12.6100%	Home Office(3):	44,759	0.6179
		Interest Only:	False	Replacement(3&4):	107,673	0.0000
		Yearly Payment:	1,019,988	Total FRVS PD:		19.4093

- (1) 80% Capital (\$7,430,607) amortized at 12.6100 % for 20 years Principal & Interest of \$1,019,988 divided by annual available days (78110) divided by Occup. Adj. (0.900) = \$14.5093
- (2) 20% ROE (\$1,857,652) times the ROE factor (0.015000) divided by annual available days (78110) divided by Occup. Adj. (0.900) = \$0.3964
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	07/01/1986	Current RS PBS:	51,883
Comparison Bed	160	Effective PBS Limitation	4,589,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.4990	45.4990	0.8078	44.6912
Direct Care	84.6503	84.6503	1.5030	83.1473
Indirect Care	49.2187	49.2187	0.8739	48.3448
Property	13.6500	19.4093	0.3446	19.0647
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.3453
Supplemental Rate Add-on				9.9025
Totals	193.0180	198.7773	3.5293	207.4958

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324400-00 - 2014/07

207.50

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	4,589,120	0.00	1.0091	1.0091		160	97.12	4,589,120	4,671,200	
1987/07		0.10	0.9007	0.9007		160	97.12	4,593,255	4,707,680	
1988/01		0.10	0.9007	0.9007		160	97.12	4,597,394	4,745,920	
1988/07		0.20	0.5899	0.5899		160	97.12	4,602,819	4,743,360	
1989/01		0.20	0.5899	0.5899		160	97.12	4,608,250	4,771,360	
1989/07		0.30	0.5899	0.5899		160	97.12	4,616,407	4,803,680	
1990/01	593,240	0.30	0.5899	0.5899		180	99.72	5,217,818	5,431,320	
1990/07		0.40	0.5899	0.5899		180	99.51	5,230,132	5,463,360	
1991/01		0.40	0.5899	0.5899		180	99.51	5,242,475	5,495,400	
1991/07		0.50	1.4932	1.4932		180	99.85	5,281,615	5,577,480	
1992/01		0.50	2.0117	2.0117		180	99.85	5,334,743	5,689,620	
1992/07	48,292	0.60	1.8152	1.8152		180	99.86	5,441,136	5,792,940	
1993/01		0.60	1.7710	1.7710		180	99.86	5,498,954	5,895,540	
1993/07		0.70	1.5329	1.5329		180	99.86	5,557,958	5,985,900	
1994/01		0.70	1.6983	1.6983		180	100.00	5,624,031	6,087,600	
1994/07		0.80	1.5991	1.5991		180	99.61	5,695,979	6,184,980	
1995/01		0.80	1.5812	1.5812		180	99.61	5,768,033	6,282,720	
1995/07		0.90	1.5250	1.5250		180	99.36	5,847,199	6,378,480	
1996/01		0.90	1.7228	1.7228		180	99.36	5,937,860	6,488,460	
1996/07		1.00	1.3294	1.3294		180	99.36	6,016,798	6,574,680	
1997/01		1.00	1.4109	1.4109		180	93.87	6,101,689	6,667,380	
1997/07		1.00	1.0917	1.0917		180	91.48	6,168,301	6,740,100	
1998/01		1.00	1.1663	1.1663		180	91.48	6,240,242	6,818,760	
1998/07		1.00	1.0794	1.0794		180	91.48	6,307,599	6,892,380	
1999/01		1.00	1.4499	1.4499		180	87.75	6,399,053	6,992,280	
1999/07		1.00	1.2299	1.2299		180	87.75	6,477,755	7,078,320	
2000/01	659,089	1.00	1.3356	1.3356		214	79.14	7,223,361	8,527,686	
2000/07		1.00	1.1129	1.1129		214	77.65	7,303,750	8,622,488	
2001/01		1.00	1.2976	1.2976		214	77.65	7,398,523	8,734,410	
2001/07		1.00	0.9615	0.9615		214	82.73	7,469,660	8,818,298	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324400-00 - 2014/07

207.50

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		214	82.73	7,546,605	8,909,034	
2002/07		1.00	0.8337	0.8337		214	82.73	7,609,521	8,983,292	
2003/01		1.00	1.3271	1.3271		214	82.73	7,710,507	9,102,490	
2003/07		1.00	1.1664	1.1664		214	82.73	7,800,442	9,208,634	
2004/01		1.00	1.1103	1.1103		214	82.73	7,887,050	9,310,926	
2004/07		1.00	0.8378	0.8378		214	83.20	7,953,128	9,389,036	
2005/01		1.00	0.8595	0.8595		214	83.20	8,021,485	9,469,714	
2005/07		1.00	0.7364	0.7364		214	74.85	8,080,555	9,539,478	
2006/01		1.00	0.9068	0.9068		214	74.85	8,153,829	9,625,934	
2006/07		1.00	0.8133	0.8133		214	74.85	8,220,144	9,704,258	
2007/01		1.00	1.0133	1.0133		214	74.85	8,303,439	9,802,484	
2007/07		0.95	1.1050	1.1050		214	74.85	8,390,609	9,910,768	
2008/01		0.95	0.8556	0.8556		214	74.85	8,458,808	9,995,512	
2008/07		0.90	0.6104	0.6104		214	77.06	8,505,281	10,056,502	
2009/01		0.90	1.3268	1.3268		214	78.20	8,606,843	10,190,038	
2009/07		0.85	0.6841	0.6841		214	78.20	8,656,892	10,259,802	
2010/01		0.85	0.8643	0.8643		214	78.20	8,720,494	10,348,398	
2010/07		0.80	0.7107	0.7107		214	75.82	8,770,079	10,422,014	
2011/01		0.80	0.9198	0.9198		214	77.77	8,834,609	10,517,886	
2011/07		0.75	0.9028	0.9028		214	77.77	8,894,428	10,612,902	
2012/01		0.75	0.3865	0.3865		214	76.64	8,920,213	10,653,990	
2012/07		0.70	0.9417	0.9417		214	76.64	8,979,015	10,754,356	
2013/01		0.70	0.4901	0.4901		214	76.64	8,979,015	10,807,000	5
2013/07	91,536	0.65	0.6196	0.6196		214	78.01	9,137,641	10,873,982	
2014/01		0.65	0.8564	0.8564		214	78.01	9,188,510	10,967,072	
2014/07	31,478	0.60	1.2383	1.2383		214	76.59	9,288,259	11,102,962	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324418-00 - 2014/07

220.51

Signature Healthcare of Brookwood Gardens

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1990 S CANAL DRIVE	8/1/2012-7/31/2013	Number of Beds: 180	Superior: 0
HOMESTEAD, FL 33035	Days in CR 365	Maximum: 65,700	Standard: 184
County: Dade [13]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 48,986	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 5,195	Inflation
Current Class South Large	Initial CR? False	Medicaid: 32,259	FY Index: 1.30228922
Class at 1/94: South Large	Medical Utilization	65.85351%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	74.56012%	Cost: 1.03437307
Open Date: 03/01/1987	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/01/1987	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 03/01/1987	Low Occupancy Adjustment Factor:	94.91926%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 312321			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,471,129	2,424,473	1,417,223	1,253,585		6,566,410	
1a	Audit Adjustments							
2	Cost Per Diem	45.6037	75.1565	43.9326	38.8600		203.5528	
3	Cost Per Diem Inflated	47.1712	77.1761	45.4427				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.1712	77.1761	45.4427	38.8600		208.6500	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	76.3439		67.3633				
7	Provider Target Rate	77.9346		68.7669				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.1712	77.1761	45.4427	13.6500		183.4400	
12/13	Medical Adjustment Rate		1.3765	0.8105				
14	Prospective Per Diem 11	47.1712	78.5526	46.2532	13.6500		185.6270	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324418-00 - 2014/07

220.51

Rate Semester 07/01/2014 through 12/31/2014

Signature Healthcare of Brookwood Gardens

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 11/01/1989		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,075,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/01	Type:	Fixed	80% Capital(1):	6,807,945	16.1376
Indexed Asset Value	8,509,931	<60% of Base:	False	20% ROE(2):	1,701,986	0.4318
FRVS Base Asset:	3,441,840	Interest Rate:	12.9500%	Insurance Cost(3):	63,423	1.2947
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	104,384	2.1309
ROE Factor	0.015000	Amortization Rate:	12.9500%	Home Office(3):	32,843	0.6705
		Interest Only:	False	Replacement(3&4):	21,298	0.0000
		Yearly Payment:	954,214	Total FRVS PD:		20.6655

- (1) 80% Capital (\$6,807,945) amortized at 12.9500 % for 20 years Principal & Interest of \$954,214 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$16.1376
- (2) 20% ROE (\$1,701,986) times the ROE factor (0.015000) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4318
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	07/01/1986	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,441,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.1712	47.1712	0.8375	46.3337
Direct Care	78.5526	78.5526	1.3947	77.1579
Indirect Care	46.2532	46.2532	0.8212	45.4320
Property	13.6500	20.6655	0.3669	20.2986
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.3848
Supplemental Rate Add-on				9.9025
Totals	185.6270	192.6425	3.4203	220.5095

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324418-00 - 2014/07

220.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	4,712,051	0.00	1.0091	1.0091		120	87.08	3,441,840	3,441,840	1
1987/07		0.10	0.9007	0.9007		120	87.08	3,444,941	3,530,760	
1988/01		0.10	0.9007	0.9007		120	87.08	3,448,045	3,559,440	
1988/07		0.20	0.5899	0.5899		120	87.08	3,452,114	3,557,520	
1989/01		0.20	0.5899	0.5899		120	87.08	3,456,187	3,578,520	
1989/07		0.30	0.5899	0.5899		120	87.08	3,462,304	3,602,760	
1990/01		0.30	0.5899	0.5899		120	87.08	3,468,432	3,620,880	
1990/07		0.40	0.5899	0.5899		120	89.96	3,476,617	3,642,240	
1991/01		0.40	0.5899	0.5899		120	92.54	3,484,822	3,663,600	
1991/07		0.50	1.4932	1.4932		120	92.54	3,510,840	3,718,320	
1992/01		0.50	2.0117	2.0117		120	92.54	3,546,156	3,793,080	
1992/07		0.60	1.8152	1.8152		120	97.58	3,584,777	3,861,960	
1993/01		0.60	1.7710	1.7710		120	97.58	3,622,869	3,930,360	
1993/07		0.70	1.5329	1.5329		120	97.58	3,661,742	3,990,600	
1994/01		0.70	1.6983	1.6983		120	95.42	3,705,273	4,058,400	
1994/07		0.80	1.5991	1.5991		120	95.42	3,752,675	4,123,320	
1995/01		0.80	1.5812	1.5812		120	95.42	3,800,146	4,188,480	
1995/07		0.90	1.5250	1.5250		120	95.42	3,852,303	4,252,320	
1996/01		0.90	1.7228	1.7228		120	95.42	3,912,033	4,325,640	
1996/07		1.00	1.3294	1.3294		120	95.42	3,964,040	4,383,120	
1997/01		1.00	1.4109	1.4109		120	95.42	4,019,969	4,444,920	
1997/07		1.00	1.0917	1.0917		120	92.44	4,019,969	4,493,400	5
1998/01		1.00	1.1663	1.1663		120	92.44	4,111,252	4,545,840	
1998/07		1.00	1.0794	1.0794		120	86.70	4,155,629	4,594,920	
1999/01		1.00	1.4499	1.4499		120	86.70	4,215,881	4,661,520	
1999/07		1.00	1.2299	1.2299		120	86.70	4,267,732	4,718,880	
2000/01		1.00	1.3356	1.3356		120	82.91	4,324,732	4,781,880	
2000/07		1.00	1.1129	1.1129		120	83.08	4,372,862	4,835,040	
2001/01		1.00	1.2976	1.2976		120	83.08	4,429,604	4,897,800	
2001/07		1.00	0.9615	0.9615		120	79.42	4,472,195	4,944,840	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324418-00 - 2014/07

220.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		120	79.42	4,518,263	4,995,720	
2002/07		1.00	0.8337	0.8337		120	79.42	4,555,932	5,037,360	
2003/01		1.00	1.3271	1.3271		120	79.42	4,616,394	5,104,200	
2003/07		1.00	1.1664	1.1664		120	79.42	4,670,240	5,163,720	
2004/01		1.00	1.1103	1.1103		120	79.42	4,722,094	5,221,080	
2004/07		1.00	0.8378	0.8378		120	79.06	4,761,656	5,264,880	
2005/01		1.00	0.8595	0.8595		120	79.06	4,802,582	5,310,120	
2005/07		1.00	0.7364	0.7364		120	80.38	4,802,582	5,349,240	5
2006/01		1.00	0.9068	0.9068		120	80.38	4,881,819	5,397,720	
2006/07		1.00	0.8133	0.8133		120	80.38	4,921,523	5,441,640	
2007/01		1.00	1.0133	1.0133		120	80.38	4,971,393	5,496,720	
2007/07		0.95	1.1050	1.1050		120	80.38	5,023,583	5,557,440	
2008/01		0.95	0.8556	0.8556		120	80.38	5,064,415	5,604,960	
2008/07		0.90	0.6104	0.6104		120	79.13	5,092,239	5,639,160	
2009/01		0.90	1.3268	1.3268		120	74.63	5,153,045	5,714,040	
2009/07		0.85	0.6841	0.6841		120	74.63	5,183,010	5,753,160	
2010/01		0.85	0.8643	0.8643		120	74.63	5,221,090	5,802,840	
2010/07	56,228	0.80	0.7107	0.7107		120	68.84	5,307,005	5,844,120	
2011/01		0.80	0.9198	0.9198		120	68.84	5,346,054	5,897,880	
2011/07	2,877,302	0.75	0.9028	0.9028		180	67.18	8,259,554	8,926,740	
2012/01		0.75	0.3865	0.3865		180	67.18	8,283,498	8,961,300	
2012/07		0.70	0.9417	0.9417		180	60.29	8,338,103	9,045,720	
2013/01		0.70	0.4901	0.4901		180	60.29	8,366,711	9,090,000	
2013/07		0.65	0.6196	0.6196		180	63.55	8,400,404	9,146,340	
2014/01		0.65	0.8564	0.8564		180	63.55	8,447,169	9,224,640	
2014/07		0.60	1.2383	1.2383		180	65.85	8,509,931	9,338,940	

Message Code:

1	Per Bed Standard Limitation
5	Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324426-00 - 2014/07

209.36

Signature Healthcare at the Courtyard

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2600 FOREST GLEN TRAIL	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 0
MARIANNA, FL 32446	Days in CR 365	Maximum: 43,800	Standard: 184
County: Jackson [32]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 2	Last Used: 2014/07	Total Patient: 42,070	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 5,997	Inflation
Current Class North Large	Initial CR? False	Medicaid: 30,007	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	71.32636%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	96.05023%	Cost: 1.03437307
Open Date: 08/27/1997	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 08/27/1997	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 08/27/1997	Low Occupancy Adjustment Factor:	122.27738%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 312495			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,300,053	2,044,763	1,330,171	825,493		5,500,480	
1a	Audit Adjustments							
2	Cost Per Diem	43.3250	68.1429	44.3287	27.5100		183.3066	
3	Cost Per Diem Inflated	44.8142	69.9740	45.8524				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.8142	69.9740	45.8524	27.5100		188.1506	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	66.1735		62.2136				
7	Provider Target Rate	67.5523		63.5099				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.8142	69.9740	45.8524	13.6500		174.2906	
12/13	Medical Adjustment Rate		1.6788	1.1001				
14	Prospective Per Diem 11	44.8142	71.6528	46.9525	13.6500		177.0695	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324426-00 - 2014/07

209.36

Rate Semester 07/01/2014 through 12/31/2014

Signature Healthcare at the Courtyard

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/27/1997	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	4,200,000.00	Total Amount	Per Diem
RS to Start Calcs:	1997/07	Type:	Fixed	80% Capital(1):	4,497,693 13.6694
Indexed Asset Value	5,622,116	<60% of Base:	False	20% ROE(2):	1,124,423 0.4279
FRVS Base Asset:	4,444,920	Interest Rate:	10.5000%	Insurance Cost(3):	46,667 1.1093
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	35,544 0.8449
ROE Factor	0.015000	Amortization Rate:	10.5000%	Home Office(3):	24,151 0.5741
		Interest Only:	False	Replacement(3&4):	5,843 0.0000
		Yearly Payment:	538,849	Total FRVS PD:	16.6256

- (1) 80% Capital (\$4,497,693) amortized at 10.5000 % for 20 years Principal & Interest of \$538,849 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$13.6694
- (2) 20% ROE (\$1,124,423) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	37,041
Comparison Date:	01/01/1997	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.8142	44.8142	0.7957	44.0185
Direct Care	71.6528	71.6528	1.2722	70.3806
Indirect Care	46.9525	46.9525	0.8336	46.1189
Property	13.6500	16.6256	0.2952	16.3304
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.6050
Supplemental Rate Add-on				9.9025
Totals	177.0695	180.0451	3.1967	209.3559

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324426-00 - 2014/07

209.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	4,579,460	0.00	1.0917	1.0917		120	68.14	4,444,920	4,444,920	1
1998/01		0.10	1.1663	1.1663		120	68.14	4,450,103	4,545,840	
1998/07		0.10	1.0794	1.0794		120	68.14	4,454,905	4,594,920	
1999/01		0.20	1.4499	1.4499		120	68.14	4,467,824	4,661,520	
1999/07		0.20	1.2299	1.2299		120	68.14	4,478,815	4,718,880	
2000/01		0.30	1.3356	1.3356		120	68.14	4,478,815	4,781,880	5
2000/07		0.30	1.1129	1.1129		120	68.14	4,511,777	4,835,040	
2001/01		0.40	1.2976	1.2976		120	77.69	4,535,193	4,897,800	
2001/07		0.40	0.9615	0.9615		120	81.03	4,552,635	4,944,840	
2002/01		0.50	1.0301	1.0301		120	81.03	4,576,086	4,995,720	
2002/07		0.50	0.8337	0.8337		120	81.03	4,595,164	5,037,360	
2003/01		0.60	1.3271	1.3271		120	81.03	4,631,755	5,104,200	
2003/07		0.60	1.1664	1.1664		120	81.03	4,664,168	5,163,720	
2004/01		0.70	1.1103	1.1103		120	81.03	4,700,418	5,221,080	
2004/07		0.70	0.8378	0.8378		120	77.90	4,727,986	5,264,880	
2005/01		0.80	0.8595	0.8595		120	77.90	4,760,496	5,310,120	
2005/07		0.80	0.7364	0.7364		120	71.84	4,788,540	5,349,240	
2006/01		0.90	0.9068	0.9068		120	71.84	4,827,619	5,397,720	
2006/07		0.90	0.8133	0.8133		120	71.84	4,862,957	5,441,640	
2007/01		1.00	1.0133	1.0133		120	71.84	4,912,233	5,496,720	
2007/07		1.00	1.1050	1.1050		120	71.84	4,966,513	5,557,440	
2008/01		1.00	0.8556	0.8556		120	71.84	5,009,006	5,604,960	
2008/07		1.00	0.6104	0.6104		120	70.38	5,039,581	5,639,160	
2009/01		1.00	1.3268	1.3268		120	70.36	5,106,446	5,714,040	
2009/07		1.00	0.6841	0.6841		120	70.36	5,141,379	5,753,160	
2010/01		1.00	0.8643	0.8643		120	70.36	5,185,816	5,802,840	
2010/07		1.00	0.7107	0.7107		120	67.60	5,222,672	5,844,120	
2011/01		1.00	0.9198	0.9198		120	68.88	5,270,710	5,897,880	
2011/07		1.00	0.9028	0.9028		120	68.88	5,318,294	5,951,160	
2012/01	23,754	1.00	0.3865	0.3865		120	73.05	5,362,603	5,974,200	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 324426-00 - 2014/07

209.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		1.00	0.9417	0.9417		120	73.05	5,413,103	6,030,480	
2013/01		1.00	0.4901	0.4901		120	73.05	5,439,633	6,060,000	
2013/07	32,857	1.00	0.6196	0.6196		120	71.71	5,506,194	6,097,560	
2014/01		1.00	0.8564	0.8564		120	71.71	5,553,349	6,149,760	
2014/07		1.00	1.2383	1.2383		120	71.33	5,622,116	6,225,960	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324426073120130801201204182014085014



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324434-00 - 2014/07

207.79

Signature Healthcare of Orange Park

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2029 PROFESSIONAL CENTER DR	10/1/2012-9/30/2013	Number of Beds: 105	Superior: 0
ORANGE PARK, FL 32073	Days in CR 365	Maximum: 38,325	Standard: 184
County: Clay [10]	First Used : 2014/07	Max Annualized: 38,325	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 35,716	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 5,899	Inflation
Current Class North Large	Initial CR? False	Medicaid: 24,184	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	67.71195%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.19243%	Cost: 1.02881379
Open Date: 10/01/1980	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/01/1980	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 10/01/1980	Low Occupancy Adjustment Factor:	118.63924%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 258211			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,123,573	1,759,937	1,070,825	548,735		4,503,070	
1a	Audit Adjustments							
2	Cost Per Diem	46.4594	72.7728	44.2782	22.6900		186.2004	
3	Cost Per Diem Inflated	47.7981	74.6049	45.5540				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.7981	74.6049	45.5540	22.6900		190.6470	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.2326		51.2053				
7	Provider Target Rate	47.1959		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.1959	74.6049	45.5540	13.6500		181.0048	
12/13	Medical Adjustment Rate		1.4866	0.9077				
14	Prospective Per Diem 11	47.1959	76.0915	46.4617	13.6500		183.3991	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324434-00 - 2014/07

207.79

Rate Semester 07/01/2014 through 12/31/2014

Signature Healthcare of Orange Park

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1994	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,425,000.00	Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable	80% Capital(1):	2,350,285 6.0963
Indexed Asset Value	2,937,856	<60% of Base:	False	20% ROE(2):	587,571 0.2840
FRVS Base Asset:	1,610,843	Interest Rate:	6.5000%	Insurance Cost(3):	45,110 1.2630
Occup Adj Factor	0.9000	Chase Rate:	6.5000%	Taxes Cost(3):	41,808 1.1706
ROE Factor	0.016670	Amortization Rate:	6.5000%	Home Office(3):	22,768 0.6375
		Interest Only:	False	Replacement(3&4):	43,965 0.0000
		Yearly Payment:	210,277	Total FRVS PD:	9.4514

- (1) 80% Capital (\$2,350,285) amortized at 6.5000 % for 20 years Principal & Interest of \$210,277 divided by annual available days (38325) divided by Occup. Adj. (0.900) = \$6.0963
- (2) 20% ROE (\$587,571) times the ROE factor (0.016670) divided by annual available days (38325) divided by Occup. Adj. (0.900) = \$0.2840
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	105	Effective PBS Limitation	2,992,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.1959	47.1959	0.8380	46.3579
Direct Care	76.0915	76.0915	1.3510	74.7405
Indirect Care	46.4617	46.4617	0.8249	45.6368
Property	13.6500	9.4514	0.1678	9.2836
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.8675
Supplemental Rate Add-on				9.9025
Totals	183.3991	179.2005	3.1817	207.7888

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324434-00 - 2014/07

207.79

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	1,497,415	0.00	3.8106	3.0000	0.8106	105	65.61	1,497,415	2,380,665	
1981/01	9,266	0.10	4.6347	3.0000	1.6347	105	65.61	1,511,173	2,471,700	
1981/07		0.10	4.2235	3.0000	1.2235	105	65.61	1,515,707	2,535,645	
1982/01	3,880	0.20	3.8995	3.0000	0.8995	105	56.65	1,528,681	2,603,580	
1982/07		0.20	3.1971	3.0000	0.1971	105	56.65	1,537,853	2,663,325	
1983/04	2,072	0.30	2.8260	2.8260		105	56.77	1,552,963	2,733,360	
1983/07		0.30	3.9578	3.0000	0.9578	105	56.77	1,566,940	2,841,510	
1984/01		0.40	2.2530	2.2530		105	51.85	1,580,253	2,878,365	
1984/07	4,226	0.40	1.9179	1.9179		105	51.85	1,595,908	2,933,595	
1985/01		0.50	1.1471	1.1471		105	51.37	1,604,458	2,967,195	
1985/10		0.50	0.8522	0.8522		105	51.37	1,610,843	2,992,500	
1986/01		0.60	0.8299	0.8299		105	51.37	1,618,334	3,017,385	
1986/07		0.60	0.2974	0.2974		105	51.37	1,621,031	3,011,610	
1987/01		0.70	1.0091	1.0091		105	55.45	1,632,482	3,065,475	
1987/07		0.70	0.9007	0.9007		105	55.45	1,642,775	3,089,415	
1988/01		0.80	0.9007	0.9007		105	55.45	1,654,613	3,114,510	
1988/07		0.80	0.5899	0.5899		105	55.45	1,662,421	3,112,830	
1989/01		0.90	0.5899	0.5899		105	55.45	1,671,247	3,131,205	
1989/07		0.90	0.5899	0.5899		105	55.89	1,680,120	3,152,415	
1990/01		1.00	0.5899	0.5899		105	55.89	1,690,031	3,168,270	
1990/07		1.00	0.5899	0.5899		105	45.73	1,698,320	3,186,960	
1991/01		1.00	0.5899	0.5899		105	45.73	1,706,650	3,205,650	
1991/07		1.00	1.4932	1.4932		105	62.67	1,732,134	3,253,530	
1992/01		1.00	2.0117	2.0117		105	62.67	1,766,979	3,318,945	
1992/07		1.00	1.8152	1.8152		105	74.35	1,799,053	3,379,215	
1993/01		1.00	1.7710	1.7710		105	74.35	1,830,914	3,439,065	
1993/07		1.00	1.5329	1.5329		105	75.22	1,858,980	3,491,775	
1994/01		1.00	1.6983	1.6983		105	75.22	1,890,551	3,551,100	
1994/07		1.00	1.5991	1.5991		105	73.48	1,920,783	3,607,905	
1995/01		1.00	1.5812	1.5812		105	73.48	1,951,154	3,664,920	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324434-00 - 2014/07

207.79

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07		1.00	1.5250	1.5250		105	73.48	1,980,909	3,720,780	
1996/01		1.00	1.7228	1.7228		105	73.48	2,015,036	3,784,935	
1996/07		1.00	1.3294	1.3294		105	73.48	2,041,824	3,835,230	
1997/01		1.00	1.4109	1.4109		105	73.48	2,070,632	3,889,305	
1997/07		1.00	1.0917	1.0917		105	80.20	2,093,237	3,931,725	
1998/01		1.00	1.1663	1.1663		105	80.20	2,117,650	3,977,610	
1998/07		1.00	1.0794	1.0794		105	81.69	2,140,508	4,020,555	
1999/01		1.00	1.4499	1.4499		105	81.69	2,171,543	4,078,830	
1999/07		1.00	1.2299	1.2299		105	85.09	2,198,251	4,129,020	
2000/01		1.00	1.3356	1.3356		105	85.09	2,227,611	4,184,145	
2000/07	21,480	1.00	1.1129	1.1129		105	84.48	2,273,882	4,230,660	
2001/01		0.95	1.2976	1.2976		105	84.48	2,301,912	4,285,575	
2001/07		0.95	0.9615	0.9615		105	81.27	2,322,938	4,326,735	
2002/01		0.90	1.0301	1.0301		105	79.07	2,344,474	4,371,255	
2002/07	24,930	0.90	0.8337	0.8337		105	73.58	2,386,995	4,407,690	
2003/01	81,635	0.85	1.3271	1.3271		105	73.58	2,495,555	4,466,175	
2003/07	51,258	0.85	1.1664	1.1664		105	73.58	2,546,813	4,518,255	5
2004/01		0.80	1.1103	1.1103		105	73.58	2,594,395	4,568,445	
2004/07		0.80	0.8378	0.8378		105	73.58	2,611,783	4,606,770	
2005/01		0.75	0.8595	0.8595		105	73.58	2,628,619	4,646,355	
2005/07	36,447	0.75	0.7364	0.7364		105	75.86	2,679,584	4,680,585	
2006/01		0.70	0.9068	0.9068		105	75.86	2,696,594	4,723,005	
2006/07	21,142	0.70	0.8133	0.8133		105	68.09	2,733,088	4,761,435	
2007/01		0.65	1.0133	1.0133		105	68.09	2,751,088	4,809,630	
2007/07		0.65	1.1050	1.1050		105	67.84	2,770,849	4,862,760	
2008/01		0.60	0.8556	0.8556		105	67.84	2,785,075	4,904,340	
2008/07		0.60	0.6104	0.6104		105	62.26	2,795,274	4,934,265	
2009/01		0.55	1.3268	1.3268		105	66.13	2,815,671	4,999,785	
2009/07		0.55	0.6841	0.6841		105	66.13	2,826,266	5,034,015	
2010/01		0.50	0.8643	0.8643		105	66.13	2,838,481	5,077,485	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324434-00 - 2014/07

207.79

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		0.50	0.7107	0.7107		105	71.92	2,848,569	5,113,605	
2011/01		0.45	0.9198	0.9198		105	72.52	2,860,359	5,160,645	
2011/07		0.45	0.9028	0.9028		105	72.52	2,871,981	5,207,265	
2012/01		0.40	0.3865	0.3865		105	72.68	2,876,421	5,227,425	
2012/07		0.40	0.9417	0.9417		105	72.68	2,887,256	5,276,670	
2013/01		0.35	0.4901	0.4901		105	72.68	2,892,208	5,302,500	
2013/07	21,001	0.35	0.6196	0.6196		105	66.48	2,919,482	5,335,365	
2014/01		0.30	0.8564	0.8564		105	66.48	2,926,982	5,381,040	
2014/07		0.30	1.2383	1.2383		105	67.71	2,937,856	5,447,715	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324434093020131001201204222014153032



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324442-00 - 2014/07

214.96

Signature Healthcare of Ormond

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
103 NORTH CLYDE MORRIS BLVD	10/1/2012-9/30/2013	Number of Beds: 60	Superior: 0
ORMOND BEACH, FL 32174	Days in CR 365	Maximum: 21,900	Standard: 184
County: Volusia [64]	First Used : 2014/07	Max Annualized: 21,900	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 19,334	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 4,244	Inflation
Current Class North Small	Initial CR? False	Medicaid: 8,752	FY Index: 1.30932625
Class at 1/94: North Small	Medical Utilization	45.26740%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	88.28311%	Cost: 1.02881379
Open Date: 02/01/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/20/1988	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 05/20/1988	Low Occupancy Adjustment Factor:	112.38940%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 255475			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	460,605	646,853	453,427	235,691		1,796,576	
1a	Audit Adjustments							
2	Cost Per Diem	52.6285	73.9092	51.8084	26.9300		205.2761	
3	Cost Per Diem Inflated	54.1449	75.7699	53.3012				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.1449	75.7699	53.3012	26.9300		210.1460	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.5452		60.0626				
7	Provider Target Rate	53.6400		61.3141				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	53.3690	93.7426	69.3890	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.6361		65.1932				
10	Target Rate Class Ceiling	54.4184		66.1441				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	53.3690	75.7699	53.3012	13.6500		196.0901	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	53.3690	75.7699	53.3012	13.6500		196.0901	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324442-00 - 2014/07

214.96

Rate Semester 07/01/2014 through 12/31/2014

Signature Healthcare of Ormond

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/20/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	2,071,863 4.9234
RS to Start Calcs:	1988/01	<60% of Base:	True	20% ROE(2):	517,966 0.4381
Indexed Asset Value	2,589,829	Interest Rate:	4.7500%	Insurance Cost(3):	31,346 1.6213
FRVS Base Asset:	1,623,720	Chase Rate:	4.7500%	Taxes Cost(3):	31,343 1.6211
Occup Adj Factor	0.9000	Amortization Rate:	4.7500%	Home Office(3):	14,428 0.7463
ROE Factor	0.016670	Interest Only:	True	Replacement(3&4):	31,839 0.0000
		Yearly Payment:	97,040	Total FRVS PD:	9.3502

- (1) 80% Capital (\$2,071,863) amortized at 4.7500 % for 20 years Interest of \$97,040 divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$4.9234
- (2) 20% ROE (\$517,966) times the ROE factor (0.016670) divided by annual available days (21900) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	27,062
Comparison Date:	07/01/1983	Current RS PBS:	51,883
Comparison Bed	60	Effective PBS Limitation	1,623,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.3690	53.3690	0.9476	52.4214
Direct Care	75.7699	75.7699	1.3453	74.4246
Indirect Care	53.3012	53.3012	0.9464	52.3548
Property	13.6500	9.3502	0.1660	9.1842
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.6689
Supplemental Rate Add-on				9.9025
Totals	196.0901	191.7903	3.4053	214.9564

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324442-00 - 2014/07

214.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	2,317,310	0.00	0.9007	0.9007		60	1.73	1,623,720	1,623,720	1
1988/07		0.10	0.5899	0.5899		60	1.73	1,623,720	1,778,760	
1989/01		0.10	0.5899	0.5899		60	1.73	1,623,720	1,789,260	
1989/07		0.20	0.5899	0.5899		60	1.73	1,623,720	1,801,380	
1990/01		0.20	0.5899	0.5899		60	1.73	1,623,720	1,810,440	
1990/07		0.30	0.5899	0.5899		60	1.73	1,623,720	1,821,120	
1991/01		0.30	0.5899	0.5899		60	1.73	1,623,720	1,831,800	
1991/07		0.40	1.4932	1.4932		60	5.93	1,623,720	1,859,160	
1992/01		0.40	2.0117	2.0117		60	5.93	1,623,720	1,896,540	
1992/07		0.50	1.8152	1.8152		60	17.06	1,623,720	1,930,980	
1993/01		0.50	1.7710	1.7710		60	17.06	1,623,720	1,965,180	
1993/07		0.60	1.5329	1.5329		60	17.41	1,623,720	1,995,300	
1994/01		0.60	1.6983	1.6983		60	17.41	1,623,720	2,029,200	
1994/07		0.70	1.5991	1.5991		60	17.41	1,623,720	2,061,660	
1995/01	18,150	0.70	1.5812	1.5812		60	15.85	1,641,870	2,094,240	
1995/07		0.80	1.5250	1.5250		59	18.17	1,641,870	2,090,724	
1996/01		0.80	1.7228	1.7228		59	18.17	1,641,870	2,126,773	
1996/07		0.90	1.3294	1.3294		59	22.66	1,641,870	2,155,034	
1997/01		0.90	1.4109	1.4109		59	22.66	1,641,870	2,185,419	
1997/07		1.00	1.0917	1.0917		59	32.78	1,652,553	2,209,255	
1998/01		1.00	1.1663	1.1663		59	32.78	1,664,040	2,235,038	
1998/07		1.00	1.0794	1.0794		60	44.59	1,678,602	2,297,460	
1999/01		1.00	1.4499	1.4499		60	44.59	1,698,334	2,330,760	
1999/07		1.00	1.2299	1.2299		60	44.59	1,715,268	2,359,440	
2000/01		1.00	1.3356	1.3356		60	44.59	1,733,841	2,390,940	
2000/07		1.00	1.1129	1.1129		60	44.59	1,749,485	2,417,520	
2001/01		1.00	1.2976	1.2976		60	44.59	1,767,890	2,448,900	
2001/07		1.00	0.9615	0.9615		60	37.60	1,779,511	2,472,420	
2002/01	153,587	1.00	1.0301	1.0301		60	45.02	1,948,103	2,497,860	
2002/07	49,684	1.00	0.8337	0.8337		60	45.02	2,011,081	2,518,680	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324442-00 - 2014/07

214.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01	9,411	1.00	1.3271	1.3271		60	45.02	2,042,338	2,552,100	
2003/07	15,303	1.00	1.1664	1.1664		60	45.02	2,077,140	2,581,860	
2004/01		1.00	1.1103	1.1103		60	45.02	2,096,018	2,610,540	
2004/07		1.00	0.8378	0.8378		60	45.02	2,110,392	2,632,440	
2005/01		1.00	0.8595	0.8595		60	45.02	2,125,239	2,655,060	
2005/07	18,400	1.00	0.7364	0.7364		60	49.12	2,157,616	2,674,620	
2006/01		1.00	0.9068	0.9068		60	49.12	2,175,090	2,698,860	
2006/07	32,125	1.00	0.8133	0.8133		60	50.23	2,223,371	2,720,820	
2007/01		1.00	1.0133	1.0133		60	50.23	2,243,947	2,748,360	
2007/07		1.00	1.1050	1.1050		60	48.76	2,265,929	2,778,720	
2008/01		1.00	0.8556	0.8556		60	48.76	2,283,117	2,802,480	
2008/07	110,559	0.95	0.6104	0.6104		60	44.15	2,404,304	2,819,580	
2009/01		0.95	1.3268	1.3268		60	41.36	2,427,094	2,857,020	
2009/07		0.90	0.6841	0.6841		60	41.36	2,438,332	2,876,580	
2010/01		0.90	0.8643	0.8643		60	41.36	2,452,596	2,901,420	
2010/07		0.85	0.7107	0.7107		60	43.80	2,464,395	2,922,060	
2011/01		0.85	0.9198	0.9198		60	43.80	2,479,738	2,948,940	
2011/07		0.80	0.9028	0.9028		60	44.71	2,494,296	2,975,580	
2012/01		0.80	0.3865	0.3865		60	48.00	2,501,027	2,987,100	
2012/07		0.75	0.9417	0.9417		60	48.00	2,516,444	3,015,240	
2013/01		0.75	0.4901	0.4901		60	48.00	2,524,517	3,030,000	
2013/07	23,859	0.70	0.6196	0.6196		60	51.07	2,558,542	3,048,780	
2014/01		0.70	0.8564	0.8564		60	51.07	2,572,784	3,074,880	
2014/07		0.65	1.2383	1.2383		60	45.27	2,589,829	3,112,980	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324451-00 - 2014/07

200.85

Anchor Care & Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1515 PORT MALABAR BLVD NE	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
PALM BAY, FL 32905-5455	Days in CR 365	Maximum: 43,800	Standard: 184
County: Brevard [5]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 39,313	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,110	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 21,795	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	55.43968%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.75571%	Cost: 1.02881379
Open Date: 01/01/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 02/01/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 02/01/1984	Low Occupancy Adjustment Factor:	114.26410%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 258229			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	998,242	1,564,722	901,889	642,299		4,107,152	
1a	Audit Adjustments							
2	Cost Per Diem	45.8014	71.7927	41.3805	29.4700		188.4446	
3	Cost Per Diem Inflated	47.1211	73.6001	42.5728				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.1211	73.6001	42.5728	29.4700		192.7640	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.9429		53.3361				
7	Provider Target Rate	45.8793		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	45.8793	73.6001	42.5728	13.6500		175.7022	
12/13	Medical Adjustment Rate		0.4504	0.2605				
14	Prospective Per Diem 11	45.8793	74.0505	42.8333	13.6500		176.4131	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324451-00 - 2014/07

200.85

Rate Semester 07/01/2014 through 12/31/2014

Anchor Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/31/1994	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,653,363 6.0221
RS to Start Calcs:	1984/01	<60% of Base:	False	20% ROE(2):	663,341 0.2805
Indexed Asset Value	3,316,704	Interest Rate:	6.5000%	Insurance Cost(3):	47,458 1.2072
FRVS Base Asset:	1,787,493	Chase Rate:	6.5000%	Taxes Cost(3):	44,689 1.1367
Occup Adj Factor	0.9000	Amortization Rate:	6.5000%	Home Office(3):	26,678 0.6786
ROE Factor	0.016670	Interest Only:	False	Replacement(3&4):	16,629 0.0000
		Yearly Payment:	237,393	Total FRVS PD:	9.3251

- (1) 80% Capital (\$2,653,363) amortized at 6.5000 % for 20 years Principal & Interest of \$237,393 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$6.0221
- (2) 20% ROE (\$663,341) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.8793	45.8793	0.8146	45.0647
Direct Care	74.0505	74.0505	1.3148	72.7357
Indirect Care	42.8333	42.8333	0.7605	42.0728
Property	13.6500	9.3251	0.1656	9.1595
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.9145
Supplemental Rate Add-on				9.9025
Totals	176.4131	172.0882	3.0555	200.8497

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324451-00 - 2014/07

200.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	1,781,611	0.00	1.2952	1.2952		120	34.26	1,781,611	3,289,560	
1984/07		0.10	1.9179	1.9179		120	34.26	1,783,740	3,352,680	
1985/01		0.10	1.1471	1.1471		120	40.57	1,785,249	3,391,080	
1985/10		0.20	0.8522	0.8522		120	40.57	1,787,493	3,420,000	
1986/01		0.20	0.8299	0.8299		120	40.57	1,789,682	3,448,440	
1986/07		0.30	0.2974	0.2974		120	44.06	1,790,961	3,441,840	
1987/01		0.30	1.0091	1.0091		120	44.06	1,795,304	3,503,400	
1987/07		0.40	0.9007	0.9007		120	44.06	1,800,486	3,530,760	
1988/01		0.40	0.9007	0.9007		120	44.06	1,805,683	3,559,440	
1988/07		0.50	0.5899	0.5899		120	44.06	1,809,950	3,557,520	
1989/01		0.50	0.5899	0.5899		120	44.06	1,814,227	3,578,520	
1989/07		0.60	0.5899	0.5899		120	45.38	1,819,525	3,602,760	
1990/01		0.60	0.5899	0.5899		120	45.38	1,824,838	3,620,880	
1990/07		0.70	0.5899	0.5899		120	48.76	1,831,518	3,642,240	
1991/01		0.70	0.5899	0.5899		120	48.76	1,838,222	3,663,600	
1991/07		0.80	1.4932	1.4932		120	48.76	1,857,690	3,718,320	
1992/01		0.80	2.0117	2.0117		120	65.75	1,887,588	3,793,080	
1992/07		0.90	1.8152	1.8152		120	71.49	1,887,588	3,861,960	5
1993/01		0.90	1.7710	1.7710		120	71.49	1,918,426	3,930,360	5
1993/07		1.00	1.5329	1.5329		120	71.07	1,978,880	3,990,600	
1994/01		1.00	1.6983	1.6983		120	71.07	2,012,487	4,058,400	
1994/07		1.00	1.5991	1.5991		120	66.49	2,044,669	4,123,320	
1995/01		1.00	1.5812	1.5812		120	66.49	2,076,999	4,188,480	
1995/07		1.00	1.5250	1.5250		120	66.49	2,108,673	4,252,320	
1996/01		1.00	1.7228	1.7228		120	66.49	2,145,001	4,325,640	
1996/07		1.00	1.3294	1.3294		120	66.49	2,173,517	4,383,120	
1997/01		1.00	1.4109	1.4109		120	66.49	2,204,183	4,444,920	
1997/07		1.00	1.0917	1.0917		120	65.03	2,228,246	4,493,400	
1998/01		1.00	1.1663	1.1663		120	65.03	2,254,234	4,545,840	
1998/07	43,363	1.00	1.0794	1.0794		120	69.78	2,297,597	4,594,920	5



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324451-00 - 2014/07

200.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		120	69.78	2,321,929	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	72.26	2,384,566	4,718,880	
2000/01		1.00	1.3356	1.3356		120	72.26	2,416,414	4,781,880	
2000/07	33,440	1.00	1.1129	1.1129		120	71.07	2,476,746	4,835,040	
2001/01		1.00	1.2976	1.2976		120	71.07	2,508,884	4,897,800	
2001/07	38,850	1.00	0.9615	0.9615		120	73.19	2,571,857	4,944,840	
2002/01		1.00	1.0301	1.0301		120	65.85	2,598,350	4,995,720	
2002/07	36,630	1.00	0.8337	0.8337		120	60.72	2,656,642	5,037,360	
2003/01	82,240	1.00	1.3271	1.3271		120	60.72	2,774,138	5,104,200	
2003/07	6,903	1.00	1.1664	1.1664		120	60.72	2,813,399	5,163,720	
2004/01		1.00	1.1103	1.1103		120	60.72	2,844,636	5,221,080	
2004/07		0.95	0.8378	0.8378		120	60.72	2,867,276	5,264,880	
2005/01		0.95	0.8595	0.8595		120	60.72	2,890,687	5,310,120	
2005/07	44,095	0.90	0.7364	0.7364		120	65.92	2,953,941	5,349,240	
2006/01		0.90	0.9068	0.9068		120	65.92	2,978,048	5,397,720	
2006/07	37,011	0.85	0.8133	0.8133		120	63.53	3,035,646	5,441,640	
2007/01		0.85	1.0133	1.0133		120	63.53	3,061,792	5,496,720	
2007/07		0.80	1.1050	1.1050		120	63.38	3,088,858	5,557,440	
2008/01		0.80	0.8556	0.8556		120	63.38	3,110,001	5,604,960	
2008/07		0.75	0.6104	0.6104		120	70.67	3,124,239	5,639,160	
2009/01		0.75	1.3268	1.3268		120	61.86	3,155,328	5,714,040	
2009/07		0.70	0.6841	0.6841		120	61.86	3,170,439	5,753,160	
2010/01		0.70	0.8643	0.8643		120	61.86	3,189,620	5,802,840	
2010/07		0.65	0.7107	0.7107		120	66.65	3,204,356	5,844,120	
2011/01		0.65	0.9198	0.9198		120	66.65	3,223,515	5,897,880	
2011/07		0.60	0.9028	0.9028		120	67.63	3,240,977	5,951,160	
2012/01		0.60	0.3865	0.3865		120	65.48	3,248,493	5,974,200	
2012/07		0.55	0.9417	0.9417		120	65.48	3,265,317	6,030,480	
2013/01		0.55	0.4901	0.4901		120	65.48	3,274,120	6,060,000	
2013/07		0.50	0.6196	0.6196		120	67.54	3,284,263	6,097,560	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324451-00 - 2014/07

200.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		120	67.54	3,298,326	6,149,760	
2014/07		0.45	1.2383	1.2383		120	55.44	3,316,704	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324451093020131001201204222014082502



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324469-00 - 2014/07

205.36

Pinellas Park Care and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
8701 49TH ST N	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
PINELLAS PARK, FL 33782	Days in CR 365	Maximum: 43,800	Standard: 184
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 42,341	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,940	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 27,323	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	64.53083%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	96.66895%	Cost: 1.02881379
Open Date: 09/01/1982	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 09/01/1982	Low Occupancy Adjustment Factor:	123.06505%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 266655			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,191,536	1,987,170	969,894	967,234		5,115,834	
1a	Audit Adjustments							
2	Cost Per Diem	43.6093	72.7288	35.4973	35.4000		187.2354	
3	Cost Per Diem Inflated	44.8658	74.5598	36.5201				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.8658	74.5598	36.5201	35.4000		191.3457	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.6038		53.3361				
7	Provider Target Rate	50.6373		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.8658	74.5598	36.5201	13.6500		169.5957	
12/13	Medical Adjustment Rate		1.2188	0.5970				
14	Prospective Per Diem 11	44.8658	75.7786	37.1171	13.6500		171.4115	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324469-00 - 2014/07

205.36

Rate Semester 07/01/2014 through 12/31/2014

Pinellas Park Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/01/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed	80% Capital(1):	4,252,242	15.6288
Indexed Asset Value	5,315,302	<60% of Base:	False	20% ROE(2):	1,063,060	0.4495
FRVS Base Asset:	3,261,497	Interest Rate:	13.5000%	Insurance Cost(3):	58,789	1.3885
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	59,579	1.4071
ROE Factor	0.016670	Amortization Rate:	13.5000%	Home Office(3):	28,540	0.6741
		Interest Only:	False	Replacement(3&4):	38,631	0.0000
		Yearly Payment:	616,086	Total FRVS PD:		19.5480

- (1) 80% Capital (\$4,252,242) amortized at 13.5000 % for 20 years Principal & Interest of \$616,086 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$15.6288
- (2) 20% ROE (\$1,063,060) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.8658	44.8658	0.7966	44.0692
Direct Care	75.7786	75.7786	1.3455	74.4331
Indirect Care	37.1171	37.1171	0.6590	36.4581
Property	13.6500	19.5480	0.3471	19.2009
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.2976
Supplemental Rate Add-on				9.9025
Totals	171.4115	177.3095	3.1482	205.3614

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324469-00 - 2014/07

205.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	3,240,004	0.00	2.2977	2.2977		120	0.13	3,240,004	3,043,800	
1983/04		0.10	2.6288	2.6288		120	0.13	3,240,004	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	0.13	3,240,004	3,247,440	
1984/01	3,332	0.20	2.2530	2.2530		120	25.96	3,250,227	3,289,560	
1984/07	1,863	0.20	1.9179	1.9179		120	12.71	3,252,090	3,352,680	
1985/01	5,481	0.30	1.1471	1.1471		120	12.71	3,257,571	3,391,080	
1985/10		0.30	0.8522	0.8522		120	25.92	3,261,497	3,420,000	
1986/01		0.40	0.8299	0.8299		120	25.92	3,266,600	3,448,440	
1986/07		0.40	0.2974	0.2974		120	31.22	3,268,807	3,441,840	
1987/01		0.50	1.0091	1.0091		120	31.22	3,278,170	3,503,400	
1987/07		0.50	0.9007	0.9007		120	35.82	3,287,786	3,530,760	
1988/01		0.60	0.9007	0.9007		120	35.82	3,299,357	3,559,440	
1988/07		0.60	0.5899	0.5899		120	37.88	3,307,399	3,557,520	
1989/01		0.70	0.5899	0.5899		120	37.88	3,316,804	3,578,520	
1989/07		0.70	0.5899	0.5899		120	39.73	3,326,697	3,602,760	
1990/01		0.80	0.5899	0.5899		120	39.73	3,338,037	3,620,880	
1990/07		0.80	0.5899	0.5899		120	37.01	3,348,637	3,642,240	
1991/01		0.90	0.5899	0.5899		120	37.01	3,360,600	3,663,600	
1991/07		0.90	1.4932	1.4932		120	35.91	3,390,087	3,718,320	
1992/01		1.00	2.0117	2.0117		120	35.91	3,434,614	3,793,080	
1992/07		1.00	1.8152	1.8152		120	43.67	3,484,116	3,861,960	
1993/01		1.00	1.7710	1.7710		120	43.67	3,533,109	3,930,360	
1993/07		1.00	1.5329	1.5329		120	44.35	3,576,781	3,990,600	
1994/01		1.00	1.6983	1.6983		120	44.35	3,625,763	4,058,400	
1994/07		1.00	1.5991	1.5991		120	46.24	3,674,508	4,123,320	
1995/01		1.00	1.5812	1.5812		120	46.24	3,723,355	4,188,480	
1995/07		1.00	1.5250	1.5250		120	46.95	3,771,825	4,252,320	
1996/01		1.00	1.7228	1.7228		120	46.95	3,827,295	4,325,640	
1996/07		1.00	1.3294	1.3294		120	41.70	3,865,871	4,383,120	
1997/01		1.00	1.4109	1.4109		120	41.70	3,907,225	4,444,920	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324469-00 - 2014/07

205.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		120	42.86	3,940,465	4,493,400	
1998/01		1.00	1.1663	1.1663		120	42.86	3,976,279	4,545,840	
1998/07		1.00	1.0794	1.0794		120	44.74	4,011,192	4,594,920	
1999/01		1.00	1.4499	1.4499		120	44.74	4,058,501	4,661,520	
1999/07	43,869	1.00	1.2299	1.2299		120	49.81	4,147,575	4,718,880	
2000/01		1.00	1.3356	1.3356		120	49.81	4,197,743	4,781,880	
2000/07		1.00	1.1129	1.1129		120	53.13	4,242,871	4,835,040	
2001/01		1.00	1.2976	1.2976		120	53.13	4,296,055	4,897,800	
2001/07		1.00	0.9615	0.9615		120	57.38	4,337,362	4,944,840	
2002/01		1.00	1.0301	1.0301		120	53.80	4,381,066	4,995,720	
2002/07		1.00	0.8337	0.8337		120	53.80	4,416,794	5,037,360	
2003/01		0.95	1.3271	1.3271		120	54.31	4,416,794	5,104,200	5
2003/07		0.95	1.1664	1.1664		120	54.31	4,520,708	5,163,720	
2004/01	110,733	0.90	1.1103	1.1103		120	54.85	4,631,441	5,221,080	5
2004/07	9,102	0.90	0.8378	0.8378		120	54.85	4,720,760	5,264,880	
2005/01		0.85	0.8595	0.8595		120	54.85	4,755,156	5,310,120	
2005/07		0.85	0.7364	0.7364		120	54.85	4,784,837	5,349,240	
2006/01		0.80	0.9068	0.9068		120	54.85	4,819,452	5,397,720	
2006/07	23,857	0.80	0.8133	0.8133		120	62.20	4,874,664	5,441,640	
2007/01		0.75	1.0133	1.0133		120	62.20	4,911,711	5,496,720	
2007/07		0.75	1.1050	1.1050		120	63.31	4,952,419	5,557,440	
2008/01		0.70	0.8556	0.8556		120	63.31	4,982,079	5,604,960	
2008/07		0.70	0.6104	0.6104		120	58.45	5,003,367	5,639,160	
2009/01		0.65	1.3268	1.3268		120	60.82	5,046,516	5,714,040	
2009/07		0.65	0.6841	0.6841		120	60.82	5,068,958	5,753,160	
2010/01		0.60	0.8643	0.8643		120	60.82	5,095,246	5,802,840	
2010/07		0.60	0.7107	0.7107		120	62.26	5,116,972	5,844,120	
2011/01		0.55	0.9198	0.9198		120	64.86	5,142,859	5,897,880	
2011/07		0.55	0.9028	0.9028		120	64.86	5,168,393	5,951,160	
2012/01		0.50	0.3865	0.3865		120	64.86	5,178,384	5,974,200	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324469-00 - 2014/07

205.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		120	66.79	5,202,769	6,030,480	
2013/01		0.45	0.4901	0.4901		120	66.79	5,214,241	6,060,000	
2013/07	42,268	0.45	0.6196	0.6196		120	62.30	5,271,046	6,097,560	
2014/01		0.40	0.8564	0.8564		120	62.30	5,289,105	6,149,760	
2014/07		0.40	1.2383	1.2383		120	64.53	5,315,302	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324469093020131001201204212014154925



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324477-00 - 2014/07

216.99

Signature Healthcare of Port Charlotte

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4033 BEAVER LANE	10/1/2012-9/30/2013	Number of Beds: 164	Superior: 0
PORT CHARLOTTE, FL 33952	Days in CR 365	Maximum: 59,860	Standard: 184
County: Charlotte [8]	First Used : 2014/07	Max Annualized: 59,860	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 51,582	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 10,654	Inflation
Current Class South Large	Initial CR? False	Medicaid: 30,971	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	60.04226%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	86.17107%	Cost: 1.02881379
Open Date: 03/01/1980	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/01/1980	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 03/01/1980	Low Occupancy Adjustment Factor:	109.70065%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 258237			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,448,529	2,379,717	1,536,868	923,555		6,288,669	
1a	Audit Adjustments							
2	Cost Per Diem	46.7705	76.8369	49.6228	29.8200		203.0502	
3	Cost Per Diem Inflated	48.1181	78.7713	51.0526				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.1181	78.7713	51.0526	29.8200		207.7620	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.7161		65.0835				
7	Provider Target Rate	55.8562		66.4396				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	48.1181	78.7713	51.0526	13.6500		191.5920	
12/13	Medical Adjustment Rate		0.8899	0.5768				
14	Prospective Per Diem 11	48.1181	79.6612	51.6294	13.6500		193.0587	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324477-00 - 2014/07

216.99

Rate Semester 07/01/2014 through 12/31/2014

Signature Healthcare of Port Charlotte

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/31/1994	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,435,000.00	Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Variable	80% Capital(1):	3,735,712 6.2039
Indexed Asset Value	4,669,640	<60% of Base:	False	20% ROE(2):	933,928 0.2890
FRVS Base Asset:	2,619,548	Interest Rate:	6.5000%	Insurance Cost(3):	128,470 2.4906
Occup Adj Factor	0.9000	Chase Rate:	6.5000%	Taxes Cost(3):	64,537 1.2512
ROE Factor	0.016670	Amortization Rate:	6.5000%	Home Office(3):	38,543 0.7472
		Interest Only:	False	Replacement(3&4):	54,387 0.0000
		Yearly Payment:	334,230	Total FRVS PD:	10.9819

- (1) 80% Capital (\$3,735,712) amortized at 6.5000 % for 20 years Principal & Interest of \$334,230 divided by annual available days (59860) divided by Occup. Adj. (0.90) = \$6.2039
- (2) 20% ROE (\$933,928) times the ROE factor (0.016670) divided by annual available days (59860) divided by Occup. Adj. (0.90) = \$0.2890
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	164	Effective PBS Limitation	4,674,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.1181	48.1181	0.8543	47.2638
Direct Care	79.6612	79.6612	1.4144	78.2468
Indirect Care	51.6294	51.6294	0.9167	50.7127
Property	13.6500	10.9819	0.1950	10.7869
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.0785
Supplemental Rate Add-on				9.9025
Totals	193.0587	190.3906	3.3804	216.9912

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324477-00 - 2014/07

216.99

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/01	1,296,251	0.00	6.1657	3.0000	3.1657	164	23.95	1,296,251	3,581,924	
1980/07		0.10	6.9764	3.0000	3.9764	164	23.95	1,296,251	3,718,372	
1981/01	17,505	0.10	7.8004	3.0000	4.8004	164	43.69	1,316,845	3,860,560	
1981/07		0.20	7.3892	3.0000	4.3892	164	43.69	1,323,121	3,960,436	
1982/01	6,390	0.20	7.0652	3.0000	4.0652	164	43.59	1,335,803	4,066,544	
1982/07		0.30	6.3629	3.0000	3.3629	164	43.59	1,345,331	4,159,860	
1983/04	304	0.30	5.9917	3.0000	2.9917	164	49.34	1,356,497	4,269,248	
1983/07		0.40	6.9495	3.0000	3.9495	164	49.34	1,371,100	4,438,168	
1984/01	1,161,462	0.40	5.2447	3.0000	2.2447	164	48.01	2,546,924	4,495,732	
1984/07		0.50	4.1626	3.0000	1.1626	164	48.01	2,580,272	4,581,996	
1985/01	3,481	0.50	2.3097	2.3097		164	45.64	2,608,481	4,634,476	
1985/10		0.60	0.8522	0.8522		164	45.64	2,619,548	4,674,000	
1986/01		0.60	0.8299	0.8299		164	48.26	2,630,992	4,712,868	
1986/07		0.70	0.2974	0.2974		164	48.26	2,635,798	4,703,848	
1987/01		0.70	1.0091	1.0091		164	57.61	2,654,417	4,787,980	
1987/07		0.80	0.9007	0.9007		164	57.61	2,673,545	4,825,372	
1988/01		0.80	0.9007	0.9007		164	57.61	2,692,811	4,864,568	
1988/07		0.90	0.5899	0.5899		164	57.61	2,707,107	4,861,944	
1989/01		0.90	0.5899	0.5899		164	66.22	2,721,479	4,890,644	
1989/07		1.00	0.5899	0.5899		164	66.22	2,737,533	4,923,772	
1990/01		1.00	0.5899	0.5899		164	61.00	2,753,682	4,948,536	
1990/07		1.00	0.5899	0.5899		164	61.00	2,769,926	4,977,728	
1991/01		1.00	0.5899	0.5899		164	60.45	2,786,266	5,006,920	
1991/07		1.00	1.4932	1.4932		164	60.45	2,827,871	5,081,704	
1992/01		1.00	2.0117	2.0117		164	62.65	2,884,759	5,183,876	
1992/07		1.00	1.8152	1.8152		164	58.43	2,937,123	5,278,012	
1993/01		1.00	1.7710	1.7710		164	58.43	2,989,139	5,371,492	
1993/07		1.00	1.5329	1.5329		164	58.15	3,034,960	5,453,820	
1994/01		1.00	1.6983	1.6983		164	58.15	3,086,503	5,546,480	
1994/07		1.00	1.5991	1.5991		164	65.72	3,135,859	5,635,204	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324477-00 - 2014/07

216.99

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01		1.00	1.5812	1.5812		164	65.72	3,185,443	5,724,256	
1995/07		1.00	1.5250	1.5250		164	65.72	3,234,021	5,811,504	
1996/01		1.00	1.7228	1.7228		164	65.72	3,289,737	5,911,708	
1996/07		1.00	1.3294	1.3294		164	65.72	3,333,471	5,990,264	
1997/01		1.00	1.4109	1.4109		164	65.72	3,380,503	6,074,724	
1997/07		1.00	1.0917	1.0917		164	65.10	3,417,408	6,140,980	
1998/01		1.00	1.1663	1.1663		164	65.10	3,457,265	6,212,648	
1998/07		1.00	1.0794	1.0794		164	57.45	3,494,583	6,279,724	
1999/01		1.00	1.4499	1.4499		164	57.45	3,545,251	6,370,744	
1999/07		1.00	1.2299	1.2299		164	60.19	3,588,854	6,449,136	
2000/01		1.00	1.3356	1.3356		164	60.19	3,636,787	6,535,236	
2000/07	33,996	0.95	1.1129	1.1129		164	60.37	3,709,235	6,607,888	
2001/01		0.95	1.2976	1.2976		164	60.37	3,709,235	6,693,660	5
2001/07		0.90	0.9615	0.9615		164	67.92	3,787,454	6,757,948	
2002/01	22,210	0.90	1.0301	1.0301		164	61.99	3,844,777	6,827,484	
2002/07	14,492	0.85	0.8337	0.8337		164	54.97	3,886,498	6,884,392	
2003/01	76,109	0.85	1.3271	1.3271		164	54.97	4,006,423	6,975,740	
2003/07	9,474	0.80	1.1664	1.1664		164	54.97	4,053,261	7,057,084	
2004/01		0.80	1.1103	1.1103		164	54.97	4,089,242	7,135,476	
2004/07		0.75	0.8378	0.8378		164	54.97	4,114,925	7,195,336	
2005/01		0.75	0.8595	0.8595		164	54.97	4,141,435	7,257,164	
2005/07	60,783	0.70	0.7364	0.7364		164	59.27	4,202,218	7,310,628	5
2006/01		0.70	0.9068	0.9068		164	59.27	4,250,378	7,376,884	
2006/07	51,966	0.65	0.8133	0.8133		164	55.66	4,324,811	7,436,908	
2007/01		0.65	1.0133	1.0133		164	55.66	4,353,294	7,512,184	
2007/07		0.60	1.1050	1.1050		164	55.03	4,382,156	7,595,168	
2008/01		0.60	0.8556	0.8556		164	55.03	4,404,654	7,660,112	
2008/07		0.55	0.6104	0.6104		164	53.50	4,419,037	7,706,852	
2009/01		0.55	1.3268	1.3268		164	53.69	4,450,515	7,809,188	
2009/07		0.50	0.6841	0.6841		164	53.69	4,465,378	7,862,652	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324477-00 - 2014/07

216.99

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		0.50	0.8643	0.8643		164	53.69	4,484,218	7,930,548	
2010/07		0.45	0.7107	0.7107		164	57.06	4,498,559	7,986,964	
2011/01		0.45	0.9198	0.9198		164	57.06	4,517,179	8,060,436	
2011/07		0.40	0.9028	0.9028		164	58.87	4,533,491	8,133,252	
2012/01		0.40	0.3865	0.3865		164	58.87	4,540,500	8,164,740	
2012/07	27,547	0.35	0.9417	0.9417		164	64.01	4,583,012	8,241,656	
2013/01		0.35	0.4901	0.4901		164	64.01	4,590,872	8,282,000	
2013/07	43,892	0.30	0.6196	0.6196		164	61.40	4,643,298	8,333,332	
2014/01		0.30	0.8564	0.8564		164	61.40	4,655,227	8,404,672	
2014/07		0.25	1.2383	1.2383		164	60.04	4,669,640	8,508,812	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324477093020131001201204222014155110



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324485-00 - 2014/07

196.34

The Bridge at Bay St. Joe

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
220 NINTH STREET	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
PORT SAINT JOE, FL 32456	Days in CR 365	Maximum: 43,800	Standard: 184
County: Gulf [23]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 2	Last Used: 2014/07	Total Patient: 39,229	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,204	Inflation
Current Class North Large	Initial CR? False	Medicaid: 30,891	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	78.74532%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.56393%	Cost: 1.02881379
Open Date: 05/01/1983	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/01/1983	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 05/01/1983	Low Occupancy Adjustment Factor:	114.01996%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 266621			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,474,309	2,148,116	1,279,928	757,756		5,660,109	
1a	Audit Adjustments							
2	Cost Per Diem	47.7262	69.5386	41.4337	24.5300		183.2285	
3	Cost Per Diem Inflated	49.1014	71.2893	42.6276				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.1014	71.2893	42.6276	24.5300		187.5483	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	41.8258		51.2053				
7	Provider Target Rate	42.6973		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	42.6973	71.2893	42.6276	13.6500		170.2642	
12/13	Medical Adjustment Rate		2.3054	1.3785				
14	Prospective Per Diem 11	42.6973	73.5947	44.0061	13.6500		173.9481	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324485-00 - 2014/07

196.34

Rate Semester 07/01/2014 through 12/31/2014

The Bridge at Bay St. Joe

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	2,680,066 2.6783
RS to Start Calcs:	1983/04	<60% of Base:	True	20% ROE(2):	670,016 0.2833
Indexed Asset Value	3,350,082	Interest Rate:	4.0000%	Insurance Cost(3):	61,588 1.5700
FRVS Base Asset:	1,859,117	Chase Rate:	4.0000%	Taxes Cost(3):	61,452 1.5665
Occup Adj Factor	0.9000	Amortization Rate:	4.0000%	Home Office(3):	25,069 0.6390
ROE Factor	0.016670	Interest Only:	True	Replacement(3&4):	22,032 0.0000
		Yearly Payment:	105,577	Total FRVS PD:	6.7371

- (1) 80% Capital (\$2,680,066) amortized at 4.0000 % for 20 years Interest of \$105,577 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$2.6783
- (2) 20% ROE (\$670,016) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.2833
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.6973	42.6973	0.7581	41.9392
Direct Care	73.5947	73.5947	1.3067	72.2880
Indirect Care	44.0061	44.0061	0.7813	43.2248
Property	13.6500	6.7371	0.1196	6.6175
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3722
Supplemental Rate Add-on				9.9025
Totals	173.9481	167.0352	2.9657	196.3442

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324485-00 - 2014/07

196.34

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	1,833,418	0.00	2.6288	2.6288		120	87.15	1,833,418	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	87.15	1,838,918	3,247,440	
1984/01		0.10	2.2530	2.2530		120	86.04	1,843,061	3,289,560	
1984/07		0.20	1.9179	1.9179		120	86.04	1,850,131	3,352,680	
1985/01		0.20	1.1471	1.1471		120	55.00	1,854,375	3,391,080	
1985/10		0.30	0.8522	0.8522		120	55.00	1,859,117	3,420,000	
1986/01		0.30	0.8299	0.8299		120	55.00	1,863,746	3,448,440	
1986/07		0.40	0.2974	0.2974		120	55.00	1,865,964	3,441,840	
1987/01		0.40	1.0091	1.0091		120	94.00	1,873,495	3,503,400	
1987/07		0.50	0.9007	0.9007		120	92.44	1,881,933	3,530,760	
1988/01		0.50	0.9007	0.9007		120	92.44	1,890,409	3,559,440	
1988/07		0.60	0.5899	0.5899		120	93.56	1,897,099	3,557,520	
1989/01		0.60	0.5899	0.5899		120	87.70	1,903,813	3,578,520	
1989/07		0.70	0.5899	0.5899		120	87.70	1,911,674	3,602,760	
1990/01		0.70	0.5899	0.5899		120	87.70	1,911,674	3,620,880	5
1990/07		0.80	0.5899	0.5899		120	87.70	1,919,567	3,642,240	5
1991/01		0.80	0.5899	0.5899		120	87.70	1,937,726	3,663,600	
1991/07		0.90	1.4932	1.4932		120	87.70	1,963,767	3,718,320	
1992/01		0.90	2.0117	2.0117		120	87.70	1,999,321	3,793,080	
1992/07		1.00	1.8152	1.8152		120	87.70	2,035,613	3,861,960	
1993/01		1.00	1.7710	1.7710		120	87.70	2,071,664	3,930,360	
1993/07		1.00	1.5329	1.5329		120	85.72	2,103,421	3,990,600	
1994/01		1.00	1.6983	1.6983		120	87.84	2,139,143	4,058,400	
1994/07		1.00	1.5991	1.5991		120	87.84	2,173,350	4,123,320	
1995/01		1.00	1.5812	1.5812		120	84.49	2,207,715	4,188,480	
1995/07		1.00	1.5250	1.5250		120	84.49	2,241,383	4,252,320	
1996/01		1.00	1.7228	1.7228		120	84.49	2,279,998	4,325,640	
1996/07		1.00	1.3294	1.3294		120	84.49	2,310,308	4,383,120	
1997/01		1.00	1.4109	1.4109		120	84.49	2,342,904	4,444,920	
1997/07		1.00	1.0917	1.0917		120	79.06	2,368,481	4,493,400	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324485-00 - 2014/07

196.34

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	50,232	1.00	1.1663	1.1663		120	79.06	2,446,337	4,545,840	
1998/07	36,281	1.00	1.0794	1.0794		120	79.06	2,509,024	4,594,920	
1999/01		1.00	1.4499	1.4499		120	79.06	2,545,402	4,661,520	
1999/07		1.00	1.2299	1.2299		120	79.06	2,576,708	4,718,880	
2000/01		1.00	1.3356	1.3356		120	79.06	2,611,123	4,781,880	
2000/07	48,953	1.00	1.1129	1.1129		120	78.27	2,660,076	4,835,040	5
2001/01		1.00	1.2976	1.2976		120	78.77	2,724,029	4,897,800	
2001/07		1.00	0.9615	0.9615		120	78.77	2,750,221	4,944,840	
2002/01		1.00	1.0301	1.0301		120	78.77	2,778,551	4,995,720	
2002/07		1.00	0.8337	0.8337		120	78.77	2,801,716	5,037,360	
2003/01		1.00	1.3271	1.3271		120	78.77	2,838,898	5,104,200	
2003/07		0.95	1.1664	1.1664		120	78.77	2,870,356	5,163,720	
2004/01		0.95	1.1103	1.1103		120	72.97	2,900,633	5,221,080	
2004/07		0.90	0.8378	0.8378		120	72.97	2,922,504	5,264,880	
2005/01		0.90	0.8595	0.8595		120	72.97	2,922,504	5,310,120	5
2005/07		0.85	0.7364	0.7364		120	72.97	2,963,545	5,349,240	
2006/01		0.85	0.9068	0.9068		120	72.97	2,986,388	5,397,720	
2006/07		0.80	0.8133	0.8133		120	72.97	3,005,817	5,441,640	
2007/01		0.80	1.0133	1.0133		120	72.97	3,030,182	5,496,720	
2007/07		0.75	1.1050	1.1050		120	79.02	3,055,296	5,557,440	
2008/01		0.75	0.8556	0.8556		120	79.02	3,074,902	5,604,960	
2008/07		0.70	0.6104	0.6104		120	81.10	3,088,041	5,639,160	
2009/01		0.70	1.3268	1.3268		120	78.59	3,116,723	5,714,040	
2009/07		0.65	0.6841	0.6841		120	78.59	3,130,583	5,753,160	
2010/01		0.65	0.8643	0.8643		120	78.59	3,148,171	5,802,840	
2010/07		0.60	0.7107	0.7107		120	77.74	3,161,595	5,844,120	
2011/01		0.60	0.9198	0.9198		120	77.74	3,179,044	5,897,880	
2011/07	48,069	0.55	0.9028	0.9028		120	76.93	3,242,897	5,951,160	
2012/01		0.55	0.3865	0.3865		120	76.93	3,249,791	5,974,200	
2012/07		0.50	0.9417	0.9417		120	74.02	3,265,094	6,030,480	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324485-00 - 2014/07

196.34

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	74.02	3,273,097	6,060,000	
2013/07	38,551	0.45	0.6196	0.6196		120	77.24	3,320,773	6,097,560	
2014/01		0.45	0.8564	0.8564		120	77.24	3,333,571	6,149,760	
2014/07		0.40	1.2383	1.2383		120	78.75	3,350,082	6,225,960	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324485093020131001201204232014081716



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324493-00 - 2014/07

203.42

Kenilworth Care and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3011 KENILWORTH BLVD	10/1/2012-9/30/2013	Number of Beds: 104	Superior: 0
SEBRING, FL 33870	Days in CR 365	Maximum: 37,960	Standard: 114
County: Highlands [28]	First Used : 2014/01	Max Annualized: 37,960	Conditional: 70
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 32,124	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,919	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 18,092	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	56.31926%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	84.62592%	Cost: 1.02881379
Open Date: 07/01/1979	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1979	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 07/01/1979	Low Occupancy Adjustment Factor:	107.73359%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 258261			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	873,708	1,255,680	842,980	681,887		3,654,255
1a	Audit Adjustments						
2	Cost Per Diem	48.2925	69.4053	46.5941	37.6900		201.9819
3	Cost Per Diem Inflated	49.6840	71.1526	47.9367			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.6840	71.1526	47.9367	37.6900		206.4633
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.0646		57.8059			
7	Provider Target Rate	47.0244		59.0103			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500		
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784			
10	Target Rate Class Ceiling	53.7075		61.9692			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.0244	71.1526	47.9367	13.6500		179.7637
12/13	Medical Adjustment Rate		0.3134	0.2111			
14	Prospective Per Diem 11	47.0244	71.4660	48.1478	13.6500		180.2882
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

0 324493-00 - 2014/07

203.42

Rate Semester 07/01/2014 through 12/31/2014

Kenilworth Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1986	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,100,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,917,846 5.7398
RS to Start Calcs:	1979/07	<60% of Base:	False	20% ROE(2):	479,462 0.2339
Indexed Asset Value	2,397,308	Interest Rate:	8.2500%	Insurance Cost(3):	48,673 1.5152
FRVS Base Asset:	1,315,960	Chase Rate:	8.2500%	Taxes Cost(3):	61,488 1.9141
Occup Adj Factor	0.9000	Amortization Rate:	8.2500%	Home Office(3):	25,614 0.7973
ROE Factor	0.016670	Interest Only:	False	Replacement(3&4):	13,539 0.0000
		Yearly Payment:	196,096	Total FRVS PD:	10.2003

- (1) 80% Capital (\$1,917,846) amortized at 8.2500 % for 20 years Principal & Interest of \$196,096 divided by annual available days (37960) divided by Occup. Adj. (0.900) = \$5.7398
- (2) 20% ROE (\$479,462) times the ROE factor (0.016670) divided by annual available days (37960) divided by Occup. Adj. (0.900) = \$0.2339
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.0244	47.0244	0.8349	46.1895
Direct Care	71.4660	71.4660	1.2689	70.1971
Indirect Care	48.1478	48.1478	0.8549	47.2929
Property	13.6500	10.2003	0.1811	10.0192
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.8180
Supplemental Rate Add-on				9.9025
Totals	180.2882	176.8385	3.1398	203.4192

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324493-00 - 2014/07

203.42

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/07	1,146,590	0.00	4.1982	3.0000	1.1982	104	100.00	1,146,590	2,139,488	
1980/01	11,161	0.10	7.3640	3.0000	4.3640	104	58.70	1,161,191	2,271,464	
1980/07		0.10	8.1746	3.0000	5.1746	104	58.70	1,164,675	2,357,992	
1981/01	2,059	0.20	8.9986	3.0000	5.9986	104	64.13	1,173,722	2,448,160	
1981/07		0.20	8.5874	3.0000	5.5874	104	64.13	1,180,764	2,511,496	
1982/01	10,123	0.30	8.2634	3.0000	5.2634	104	57.45	1,201,514	2,578,784	
1982/07		0.30	7.5611	3.0000	4.5611	104	57.45	1,212,328	2,637,960	
1983/04		0.40	7.1899	3.0000	4.1899	104	47.59	1,224,916	2,707,328	
1983/07	11,123	0.40	8.1477	3.0000	5.1477	104	47.59	1,248,758	2,814,448	
1984/01	5,111	0.50	6.4429	3.0000	3.4429	104	43.34	1,268,629	2,850,952	
1984/07		0.50	5.3608	3.0000	2.3608	104	43.34	1,283,624	2,905,656	
1985/01	1,297	0.60	3.5079	3.0000	0.5079	104	50.56	1,306,161	2,938,936	
1985/10		0.60	1.3601	1.3601		104	50.56	1,315,960	2,964,000	
1986/01		0.70	0.8299	0.8299		104	50.56	1,322,987	2,988,648	
1986/07		0.70	0.2974	0.2974		104	50.56	1,325,519	2,982,928	
1987/01		0.80	1.0091	1.0091		104	61.47	1,336,220	3,036,280	
1987/07		0.80	0.9007	0.9007		104	61.47	1,345,849	3,059,992	
1988/01		0.90	0.9007	0.9007		104	61.47	1,356,758	3,084,848	
1988/07		0.90	0.5899	0.5899		104	61.47	1,363,961	3,083,184	
1989/01		1.00	0.5899	0.5899		104	66.06	1,372,007	3,101,384	
1989/07		1.00	0.5899	0.5899		104	66.06	1,380,100	3,122,392	
1990/01		1.00	0.5899	0.5899		104	62.80	1,388,241	3,138,096	
1990/07		1.00	0.5899	0.5899		104	62.80	1,396,430	3,156,608	
1991/01		1.00	0.5899	0.5899		104	55.33	1,396,430	3,175,120	5
1991/07		1.00	1.4932	1.4932		104	64.31	1,404,668	3,222,544	5
1992/01		1.00	2.0117	2.0117		104	64.31	1,425,643	3,287,336	5
1992/07		1.00	1.8152	1.8152		104	65.34	1,454,323	3,347,032	5
1993/01		1.00	1.7710	1.7710		104	65.34	1,506,946	3,406,312	
1993/07		1.00	1.5329	1.5329		104	61.40	1,506,946	3,458,520	5
1994/01		1.00	1.6983	1.6983		104	61.40	1,530,046	3,517,280	5



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324493-00 - 2014/07

203.42

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07		1.00	1.5991	1.5991		104	64.39	1,556,031	3,573,544	5
1995/01		1.00	1.5812	1.5812		104	64.39	1,605,910	3,630,016	
1995/07		1.00	1.5250	1.5250		104	64.39	1,630,400	3,685,344	
1996/01		1.00	1.7228	1.7228		104	64.39	1,630,400	3,748,888	5
1996/07		1.00	1.3294	1.3294		104	64.39	1,658,489	3,798,704	5
1997/01		1.00	1.4109	1.4109		104	64.39	1,704,248	3,852,264	
1997/07		1.00	1.0917	1.0917		104	66.82	1,722,853	3,894,280	
1998/01		1.00	1.1663	1.1663		104	66.82	1,742,947	3,939,728	
1998/07		1.00	1.0794	1.0794		104	59.34	1,761,760	3,982,264	
1999/01		1.00	1.4499	1.4499		104	59.34	1,787,304	4,039,984	
1999/07		1.00	1.2299	1.2299		104	57.80	1,809,286	4,089,696	
2000/01		0.95	1.3356	1.3356		104	57.80	1,832,242	4,144,296	
2000/07		0.95	1.1129	1.1129		104	58.09	1,851,614	4,190,368	
2001/01		0.90	1.2976	1.2976		104	58.09	1,873,237	4,244,760	
2001/07	31,660	0.90	0.9615	0.9615		104	52.91	1,920,492	4,285,528	
2002/01	23,095	0.85	1.0301	1.0301		104	55.16	1,960,403	4,329,624	
2002/07		0.85	0.8337	0.8337		104	64.34	1,974,294	4,365,712	
2003/01	43,301	0.80	1.3271	1.3271		104	64.34	2,038,556	4,423,640	
2003/07	32,087	0.80	1.1664	1.1664		104	64.34	2,089,665	4,475,224	
2004/01		0.75	1.1103	1.1103		104	64.34	2,107,066	4,524,936	
2004/07		0.75	0.8378	0.8378		104	64.34	2,120,307	4,562,896	
2005/01		0.70	0.8595	0.8595		104	64.34	2,133,065	4,602,104	
2005/07	79,126	0.70	0.7364	0.7364		104	50.55	2,222,297	4,636,008	
2006/01		0.65	0.9068	0.9068		104	50.55	2,234,335	4,678,024	
2006/07		0.65	0.8133	0.8133		104	51.68	2,245,433	4,716,088	
2007/01		0.60	1.0133	1.0133		104	51.68	2,258,261	4,763,824	
2007/07		0.60	1.1050	1.1050		104	47.92	2,271,306	4,816,448	
2008/01		0.55	0.8556	0.8556		104	47.92	2,280,619	4,857,632	
2008/07		0.55	0.6104	0.6104		104	48.80	2,287,412	4,887,272	
2009/01		0.50	1.3268	1.3268		104	51.58	2,301,643	4,952,168	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324493-00 - 2014/07

203.42

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		0.50	0.6841	0.6841		104	51.58	2,309,027	4,986,072	
2010/01		0.45	0.8643	0.8643		104	51.58	2,317,448	5,029,128	
2010/07		0.45	0.7107	0.7107		104	54.57	2,324,801	5,064,904	
2011/01		0.40	0.9198	0.9198		104	54.57	2,333,287	5,111,496	
2011/07		0.40	0.9028	0.9028		104	55.18	2,341,712	5,157,672	
2012/01		0.35	0.3865	0.3865		104	55.18	2,344,880	5,177,640	
2012/07		0.35	0.9417	0.9417		104	57.83	2,352,609	5,226,416	
2013/01		0.30	0.4901	0.4901		104	57.83	2,356,067	5,252,000	
2013/07	24,356	0.30	0.6196	0.6196		104	58.44	2,384,803	5,284,552	
2014/01		0.25	0.8564	0.8564		104	56.32	2,384,803	5,329,792	5
2014/07		0.25	1.2383	1.2383		104	56.32	2,397,308	5,395,832	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324493093020131001201210302013150638



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324507-00 - 2014/07

209.62

Peninsula Care and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
900 BECKETT WAY	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
TARPON SPRINGS, FL 34689	Days in CR 365	Maximum: 43,800	Standard: 184
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 39,426	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,856	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 25,890	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	65.66733%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	90.01370%	Cost: 1.02881379
Open Date: 01/01/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 01/01/1984	Low Occupancy Adjustment Factor:	114.59254%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 266647			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,075,841	1,917,125	977,803	972,428		4,943,197	
1a	Audit Adjustments							
2	Cost Per Diem	41.5543	74.0489	37.7676	37.5600		190.9308	
3	Cost Per Diem Inflated	42.7516	75.9131	38.8558				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.7516	75.9131	38.8558	37.5600		195.0805	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.5988		53.3361				
7	Provider Target Rate	48.5906		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	42.7516	75.9131	38.8558	13.6500		171.1705	
12/13	Medical Adjustment Rate		1.3380	0.6849				
14	Prospective Per Diem 11	42.7516	77.2511	39.5407	13.6500		173.1934	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324507-00 - 2014/07

209.62

Rate Semester 07/01/2014 through 12/31/2014

Peninsula Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/01/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,750,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed	80% Capital(1):	4,647,720	17.7996
Indexed Asset Value	5,809,650	<60% of Base:	False	20% ROE(2):	1,161,930	0.4914
FRVS Base Asset:	3,420,000	Interest Rate:	14.2000%	Insurance Cost(3):	62,894	1.5952
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	63,778	1.6177
ROE Factor	0.016670	Amortization Rate:	14.2000%	Home Office(3):	26,398	0.6696
		Interest Only:	False	Replacement(3&4):	16,054	0.0000
		Yearly Payment:	701,660	Total FRVS PD:		22.1735

- (1) 80% Capital (\$4,647,720) amortized at 14.2000 % for 20 years Principal & Interest of \$701,660 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$17.7996
- (2) 20% ROE (\$1,161,930) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.7516	42.7516	0.7591	41.9925
Direct Care	77.2511	77.2511	1.3716	75.8795
Indirect Care	39.5407	39.5407	0.7020	38.8387
Property	13.6500	22.1735	0.3937	21.7798
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.2291
Supplemental Rate Add-on				9.9025
Totals	173.1934	181.7169	3.2264	209.6221

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324507-00 - 2014/07

209.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	3,642,076	0.00	1.2952	1.2952		120	61.20	3,642,076	3,289,560	
1984/07		0.10	1.9179	1.9179		120	61.20	3,649,062	3,352,680	
1985/01		0.10	1.1471	1.1471		120	61.20	3,653,247	3,391,080	
1985/10		0.20	0.8522	0.8522		120	61.20	3,420,000	3,420,000	1
1986/01		0.20	0.8299	0.8299		120	65.69	3,425,677	3,448,440	
1986/07		0.30	0.2974	0.2974		120	65.69	3,428,733	3,441,840	
1987/01	28,731	0.30	1.0091	1.0091		120	65.69	3,467,843	3,503,400	
1987/07		0.40	0.9007	0.9007		120	65.69	3,480,338	3,530,760	
1988/01		0.40	0.9007	0.9007		120	65.69	3,492,878	3,559,440	
1988/07		0.50	0.5899	0.5899		120	65.91	3,503,182	3,557,520	
1989/01	30,828	0.50	0.5899	0.5899		120	65.91	3,544,344	3,578,520	
1989/07		0.60	0.5899	0.5899		120	59.40	3,556,887	3,602,760	
1990/01		0.60	0.5899	0.5899		120	59.40	3,569,475	3,620,880	
1990/07		0.70	0.5899	0.5899		120	47.82	3,582,289	3,642,240	
1991/01		0.70	0.5899	0.5899		120	47.82	3,595,149	3,663,600	
1991/07		0.80	1.4932	1.4932		120	45.12	3,630,382	3,718,320	
1992/01		0.80	2.0117	2.0117		120	45.12	3,678,314	3,793,080	
1992/07		0.90	1.8152	1.8152		120	47.74	3,730,474	3,861,960	
1993/01		0.90	1.7710	1.7710		120	47.74	3,782,085	3,930,360	
1993/07		1.00	1.5329	1.5329		120	43.35	3,827,780	3,990,600	
1994/01		1.00	1.6983	1.6983		120	43.35	3,879,017	4,058,400	
1994/07		1.00	1.5991	1.5991		120	42.65	3,927,118	4,123,320	
1995/01		1.00	1.5812	1.5812		120	42.65	3,975,270	4,188,480	
1995/07		1.00	1.5250	1.5250		120	44.41	4,024,220	4,252,320	
1996/01		1.00	1.7228	1.7228		120	44.41	4,080,200	4,325,640	
1996/07	59,027	1.00	1.3294	1.3294		120	44.62	4,183,232	4,383,120	
1997/01		1.00	1.4109	1.4109		120	44.62	4,231,114	4,444,920	
1997/07		1.00	1.0917	1.0917		120	37.56	4,262,658	4,493,400	
1998/01		1.00	1.1663	1.1663		120	37.56	4,296,609	4,545,840	
1998/07		1.00	1.0794	1.0794		120	40.96	4,331,148	4,594,920	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324507-00 - 2014/07

209.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		120	40.96	4,377,915	4,661,520	
1999/07		1.00	1.2299	1.2299		120	48.48	4,425,376	4,718,880	
2000/01		1.00	1.3356	1.3356		120	48.48	4,477,475	4,781,880	
2000/07	35,706	1.00	1.1129	1.1129		120	50.85	4,559,251	4,835,040	
2001/01		1.00	1.2976	1.2976		120	50.85	4,613,948	4,897,800	
2001/07		1.00	0.9615	0.9615		120	49.95	4,654,238	4,944,840	
2002/01		1.00	1.0301	1.0301		120	57.16	4,702,181	4,995,720	
2002/07		1.00	0.8337	0.8337		120	57.16	4,741,383	5,037,360	
2003/01		1.00	1.3271	1.3271		120	55.69	4,804,306	5,104,200	
2003/07		1.00	1.1664	1.1664		120	55.69	4,860,343	5,163,720	
2004/01	129,217	1.00	1.1103	1.1103		120	59.15	5,043,524	5,221,080	
2004/07	32,288	0.95	0.8378	0.8378		120	59.15	5,115,953	5,264,880	
2005/01		0.95	0.8595	0.8595		120	59.15	5,157,725	5,310,120	
2005/07		0.90	0.7364	0.7364		120	59.15	5,191,910	5,349,240	
2006/01		0.90	0.9068	0.9068		120	59.15	5,234,281	5,397,720	
2006/07	20,522	0.85	0.8133	0.8133		120	59.56	5,290,988	5,441,640	
2007/01		0.85	1.0133	1.0133		120	59.56	5,336,559	5,496,720	
2007/07		0.80	1.1050	1.1050		120	66.08	5,383,734	5,557,440	
2008/01		0.80	0.8556	0.8556		120	66.08	5,420,586	5,604,960	
2008/07		0.75	0.6104	0.6104		120	69.52	5,445,401	5,639,160	
2009/01		0.75	1.3268	1.3268		120	66.42	5,499,588	5,714,040	
2009/07		0.70	0.6841	0.6841		120	66.42	5,499,588	5,753,160	5
2010/01		0.70	0.8643	0.8643		120	66.42	5,559,358	5,802,840	
2010/07		0.65	0.7107	0.7107		120	64.23	5,585,042	5,844,120	
2011/01		0.65	0.9198	0.9198		120	64.23	5,618,435	5,897,880	
2011/07		0.60	0.9028	0.9028		120	65.07	5,648,870	5,951,160	
2012/01		0.60	0.3865	0.3865		120	65.07	5,661,970	5,974,200	
2012/07		0.55	0.9417	0.9417		120	63.54	5,691,293	6,030,480	
2013/01		0.55	0.4901	0.4901		120	63.54	5,706,637	6,060,000	
2013/07	28,508	0.50	0.6196	0.6196		120	67.75	5,752,824	6,097,560	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324507-00 - 2014/07

209.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		120	67.75	5,777,458	6,149,760	
2014/07		0.45	1.2383	1.2383		120	65.67	5,809,650	6,225,960	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 324507093020131001201204212014151821



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324515-00 - 2014/07

212.46

Winter Park Care and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2970 SCARLETT RD	10/1/2012-9/30/2013	Number of Beds: 103	Superior: 0
WINTER PARK, FL 32792	Days in CR 365	Maximum: 37,595	Standard: 184
County: Orange [48]	First Used : 2014/07	Max Annualized: 37,595	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 31,388	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 4,767	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 17,619	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	56.13292%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	83.48983%	Cost: 1.02881379
Open Date: 09/01/1979	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/01/1979	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 09/01/1979	Low Occupancy Adjustment Factor:	106.28728%	DC Sem Index: 1.24200000
Med # Active Date: 11/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 258245			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	897,454	1,282,994	798,286	418,804		3,397,538	
1a	Audit Adjustments							
2	Cost Per Diem	50.9367	72.8188	45.3082	23.7700		192.8337	
3	Cost Per Diem Inflated	52.4044	74.6520	46.6137				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.4044	74.6520	46.6137	23.7700		197.4401	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.6895		58.4828				
7	Provider Target Rate	54.8082		59.7013				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.0915	74.6520	46.6137	13.6500		187.0072	
12/13	Medical Adjustment Rate		0.5151	0.3216				
14	Prospective Per Diem 11	52.0915	75.1671	46.9353	13.6500		187.8439	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324515-00 - 2014/07

212.46

Rate Semester 07/01/2014 through 12/31/2014

Winter Park Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/31/1994	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,750,000.00	Total Amount	Per Diem
RS to Start Calcs:	1979/07	Type:	Fixed	80% Capital(1):	1,732,045 5.2341
Indexed Asset Value	2,165,056	<60% of Base:	False	20% ROE(2):	433,011 0.2133
FRVS Base Asset:	1,171,641	Interest Rate:	8.2500%	Insurance Cost(3):	47,458 1.5120
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	44,689 1.4238
ROE Factor	0.016670	Amortization Rate:	8.2500%	Home Office(3):	26,678 0.8499
		Interest Only:	False	Replacement(3&4):	26,658 0.0000
		Yearly Payment:	177,098	Total FRVS PD:	9.2331

- (1) 80% Capital (\$1,732,045) amortized at 8.2500 % for 20 years Principal & Interest of \$177,098 divided by annual available days (37595) divided by Occup. Adj. (0.900) = \$5.2341
- (2) 20% ROE (\$433,011) times the ROE factor (0.016670) divided by annual available days (37595) divided by Occup. Adj. (0.900) = \$0.2133
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	103	Effective PBS Limitation	2,935,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0915	52.0915	0.9249	51.1666
Direct Care	75.1671	75.1671	1.3346	73.8325
Indirect Care	46.9353	46.9353	0.8333	46.1020
Property	13.6500	9.2331	0.1639	9.0692
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3875
Supplemental Rate Add-on				9.9025
Totals	187.8439	183.4270	3.2567	212.4603

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324515-00 - 2014/07

212.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/07	1,070,229	0.00	4.1982	3.0000	1.1982	103	100.00	1,070,229	2,118,916	
1980/01		0.10	7.3640	3.0000	4.3640	103	41.95	1,072,678	2,249,623	
1980/07		0.10	8.1746	3.0000	5.1746	103	41.95	1,075,132	2,335,319	
1981/01		0.20	8.9986	3.0000	5.9986	103	41.95	1,080,052	2,424,620	
1981/07		0.20	8.5874	3.0000	5.5874	103	41.95	1,084,995	2,487,347	
1982/01		0.30	8.2634	3.0000	5.2634	103	43.27	1,092,677	2,553,988	
1982/07		0.30	7.5611	3.0000	4.5611	103	43.27	1,100,414	2,612,595	
1983/04		0.40	7.1899	3.0000	4.1899	103	43.27	1,110,803	2,681,296	
1983/07		0.40	8.1477	3.0000	5.1477	103	43.27	1,121,290	2,787,386	
1984/01		0.50	6.4429	3.0000	3.4429	103	43.27	1,134,522	2,823,539	
1984/07		0.50	5.3608	3.0000	2.3608	103	43.27	1,147,910	2,877,717	
1985/01		0.60	3.5079	3.0000	0.5079	103	43.27	1,164,166	2,910,677	
1985/10		0.60	1.3601	1.3601		103	43.27	1,171,641	2,935,500	
1986/01		0.70	0.8299	0.8299		103	43.27	1,176,996	2,959,911	
1986/07		0.70	0.2974	0.2974		103	43.27	1,178,924	2,954,246	
1987/01		0.80	1.0091	1.0091		103	8.30	1,178,924	3,007,085	
1987/07		0.80	0.9007	0.9007		103	8.30	1,178,924	3,030,569	
1988/01		0.90	0.9007	0.9007		103	8.30	1,178,924	3,055,186	
1988/07		0.90	0.5899	0.5899		103	8.30	1,178,924	3,053,538	
1989/01		1.00	0.5899	0.5899		103	20.92	1,178,924	3,071,563	
1989/07		1.00	0.5899	0.5899		103	20.92	1,178,924	3,092,369	
1990/01		1.00	0.5899	0.5899		103	20.92	1,178,924	3,107,922	
1990/07		1.00	0.5899	0.5899		103	21.91	1,178,924	3,126,256	
1991/01		1.00	0.5899	0.5899		103	28.76	1,182,561	3,144,590	
1991/07		1.00	1.4932	1.4932		103	28.76	1,191,795	3,191,558	
1992/01		1.00	2.0117	2.0117		103	44.54	1,211,211	3,255,727	
1992/07	17,763	1.00	1.8152	1.8152		103	56.69	1,250,960	3,314,849	
1993/01		1.00	1.7710	1.7710		103	56.69	1,273,115	3,373,559	
1993/07		1.00	1.5329	1.5329		103	64.51	1,292,631	3,425,265	
1994/01		1.00	1.6983	1.6983		103	64.51	1,314,584	3,483,460	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324515-00 - 2014/07

212.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07		1.00	1.5991	1.5991		103	74.56	1,335,606	3,539,183	
1995/01		1.00	1.5812	1.5812		103	74.56	1,356,725	3,595,112	
1995/07		1.00	1.5250	1.5250		103	74.56	1,377,415	3,649,908	
1996/01		1.00	1.7228	1.7228		103	74.56	1,401,145	3,712,841	
1996/07		1.00	1.3294	1.3294		103	74.56	1,419,772	3,762,178	
1997/01		1.00	1.4109	1.4109		103	74.56	1,439,804	3,815,223	
1997/07		1.00	1.0917	1.0917		103	68.65	1,455,522	3,856,835	
1998/01		1.00	1.1663	1.1663		103	68.65	1,472,498	3,901,846	
1998/07	37,946	1.00	1.0794	1.0794		103	74.30	1,526,338	3,943,973	
1999/01		1.00	1.4499	1.4499		103	74.30	1,548,468	4,001,138	
1999/07		1.00	1.2299	1.2299		103	72.63	1,567,513	4,050,372	
2000/01		0.95	1.3356	1.3356		103	72.63	1,587,402	4,104,447	
2000/07	36,535	0.95	1.1129	1.1129		103	71.66	1,640,721	4,150,076	
2001/01		0.90	1.2976	1.2976		103	71.66	1,659,881	4,203,945	
2001/07		0.90	0.9615	0.9615		103	71.23	1,674,246	4,244,321	
2002/01		0.85	1.0301	1.0301		103	61.90	1,688,906	4,287,993	
2002/07	39,084	0.85	0.8337	0.8337		103	64.81	1,739,958	4,323,734	
2003/01	88,680	0.80	1.3271	1.3271		103	64.81	1,847,111	4,381,105	
2003/07	16,111	0.80	1.1664	1.1664		103	64.81	1,880,457	4,432,193	
2004/01		0.75	1.1103	1.1103		103	64.81	1,896,116	4,481,427	
2004/07		0.75	0.8378	0.8378		103	64.81	1,908,031	4,519,022	
2005/01		0.70	0.8595	0.8595		103	64.81	1,919,512	4,557,853	
2005/07	64,776	0.70	0.7364	0.7364		103	62.63	1,994,183	4,591,431	
2006/01		0.65	0.9068	0.9068		103	62.63	2,005,937	4,633,043	
2006/07		0.65	0.8133	0.8133		103	60.16	2,016,540	4,670,741	
2007/01		0.60	1.0133	1.0133		103	60.16	2,028,801	4,718,018	
2007/07		0.60	1.1050	1.1050		103	65.98	2,042,252	4,770,136	
2008/01		0.55	0.8556	0.8556		103	65.98	2,051,863	4,810,924	
2008/07		0.55	0.6104	0.6104		103	65.82	2,058,751	4,840,279	
2009/01		0.50	1.3268	1.3268		103	69.61	2,072,409	4,904,551	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 324515-00 - 2014/07

212.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		0.50	0.6841	0.6841		103	69.61	2,079,499	4,938,129	
2010/01		0.45	0.8643	0.8643		103	69.61	2,087,586	4,980,771	
2010/07		0.45	0.7107	0.7107		103	67.95	2,094,262	5,016,203	
2011/01		0.40	0.9198	0.9198		103	67.95	2,101,967	5,062,347	
2011/07		0.40	0.9028	0.9028		103	64.35	2,109,557	5,108,079	
2012/01		0.35	0.3865	0.3865		103	63.31	2,112,411	5,127,855	
2012/07		0.35	0.9417	0.9417		103	63.31	2,119,374	5,176,162	
2013/01		0.30	0.4901	0.4901		103	63.31	2,122,489	5,201,500	
2013/07	27,328	0.30	0.6196	0.6196		103	65.29	2,153,763	5,233,739	
2014/01		0.25	0.8564	0.8564		103	65.29	2,158,374	5,278,544	
2014/07		0.25	1.2383	1.2383		103	56.13	2,165,056	5,343,949	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014

ID: 324515093020131001201204222014163038



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 324566-00 - 2014/07

218.89

Southern Oaks Rehabilitation and Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
600 WEST GREGORY STREET	1/1/2012-12/31/2012	Number of Beds: 210	Superior: 0
PENSACOLA , FL 32501	Days in CR 366	Maximum: 76,860	Standard: 184
County: Escambia [17]	First Used : 2014/01	Max Annualized: 76,650	Conditional: 0
Region: North Area: 1	Last Used: 2014/07	Total Patient: 66,237	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 5,271	Inflation
Current Class North Large	Initial CR? False	Medicaid: 56,106	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	84.70492%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	86.17877%	Cost: 1.04963363
Open Date: 10/01/1978	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/01/1978	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20250000
Entered Medicaid 10/01/1978	Low Occupancy Adjustment Factor:	109.71046%	DC Sem Index: 1.24200000
Med # Active Date: 12/31/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03284823
Previous Med # 260631			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,604,442	5,101,962	2,802,850	1,386,940		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	48.7240	93.9213	52.4358				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.7240	93.9213	52.4358	24.7200		219.8011	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.6469		66.2069				
7	Provider Target Rate	53.7438		67.5864				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation	55.2264		57.6924				
10b	Base for line 10a	54.0992		56.5149				
11	Lesser of 5,7,8,10, 10a	48.7240	93.9213	52.4358	13.6500		208.7311	
12/13	Medical Adjustment Rate		3.6670	2.0473				
14	Prospective Per Diem 11	48.7240	97.5883	54.4831	13.6500		214.4454	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 324566-00 - 2014/07

218.89

Rate Semester 07/01/2014 through 12/31/2014

Southern Oaks Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,485,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,095,127 4.8001
RS to Start Calcs:	1978/07	<60% of Base:	False	20% ROE(2):	1,023,782 0.2164
Indexed Asset Value	5,118,909	Interest Rate:	5.2500%	Insurance Cost(3):	190,922 2.8824
FRVS Base Asset:	2,938,978	Chase Rate:	4.2500%	Taxes Cost(3):	56,297 0.8499
Occup Adj Factor	0.9000	Amortization Rate:	5.2500%	Home Office(3):	21,038 0.3176
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	56,007 0.0000
		Yearly Payment:	331,137	Total FRVS PD:	9.0664

- (1) 80% Capital (\$4,095,127) amortized at 5.2500 % for 20 years Principal & Interest of \$331,137 divided by annual available days (76650) divided by Occup. Adj. (0.900) = \$4.8001
- (2) 20% ROE (\$1,023,782) times the ROE factor (0.014580) divided by annual available days (76650) divided by Occup. Adj. (0.900) = \$0.2164
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 210	Effective PBS Limitation	5,985,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.7240	48.7240	0.8651	47.8589
Direct Care	97.5883	97.5883	1.7327	95.8556
Indirect Care	54.4831	54.4831	0.9674	53.5157
Property	13.6500	9.0664	0.1610	8.9054
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.8483
Supplemental Rate Add-on				9.9025
Totals	214.4454	209.8618	3.7262	218.8864

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 324566-00 - 2014/07

218.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/07	2,401,774	0.00	5.5395	3.0000	2.5395	210	100.00	2,401,774	3,943,800	
1979/01	26,817	0.10	7.6667	3.0000	4.6667	210	100.00	2,435,796	4,146,030	
1979/07		0.10	8.8649	3.0000	5.8649	210	100.00	2,443,103	4,320,120	
1980/01		0.20	12.0306	3.0000	9.0306	210	85.10	2,457,762	4,586,610	
1980/07	13,848	0.20	12.8413	3.0000	9.8413	210	85.69	2,486,357	4,761,330	
1981/01	10,343	0.30	13.6653	3.0000	10.6653	210	87.96	2,519,077	4,943,400	
1981/07	954	0.30	13.2541	3.0000	10.2541	210	87.96	2,542,703	5,071,290	
1982/01	1,594	0.40	12.9301	3.0000	9.9301	210	89.78	2,574,809	5,207,160	
1982/07	6,141	0.40	12.2278	3.0000	9.2278	210	87.87	2,611,848	5,326,650	
1983/04	5,347	0.50	11.8566	3.0000	8.8566	210	87.46	2,656,373	5,466,720	
1983/07	4,013	0.50	12.8144	3.0000	9.8144	210	87.46	2,700,232	5,683,020	
1984/01	3,764	0.60	11.1096	3.0000	8.1096	210	88.88	2,752,600	5,756,730	
1984/07	9,694	0.60	10.0275	3.0000	7.0275	210	88.88	2,811,841	5,867,190	
1985/01	1,154	0.70	8.1746	3.0000	5.1746	210	88.93	2,872,044	5,934,390	
1985/10	6,621	0.70	6.0268	3.0000	3.0268	210	88.93	2,938,978	5,985,000	
1986/01		0.80	3.8567	3.0000	0.8567	210	88.93	3,009,513	6,034,770	
1986/07		0.80	1.1541	1.1541		210	88.93	3,037,300	6,023,220	
1987/01		0.90	1.0091	1.0091		210	88.93	3,064,885	6,130,950	
1987/07		0.90	0.9007	0.9007		210	85.65	3,089,729	6,178,830	
1988/01		1.00	0.9007	0.9007		210	85.65	3,117,558	6,229,020	
1988/07		1.00	0.5899	0.5899		210	85.75	3,135,948	6,225,660	
1989/01		1.00	0.5899	0.5899		210	85.75	3,154,447	6,262,410	
1989/07		1.00	0.5899	0.5899		210	88.00	3,173,055	6,304,830	
1990/01		1.00	0.5899	0.5899		210	88.00	3,191,773	6,336,540	
1990/07		1.00	0.5899	0.5899		210	91.16	3,210,601	6,373,920	
1991/01		1.00	0.5899	0.5899		210	91.16	3,229,540	6,411,300	
1991/07		1.00	1.4932	1.4932		210	91.16	3,229,540	6,507,060	5
1992/01		1.00	2.0117	2.0117		210	91.16	3,277,763	6,637,890	5
1992/07		1.00	1.8152	1.8152		210	91.16	3,404,397	6,758,430	
1993/01		1.00	1.7710	1.7710		210	91.16	3,464,689	6,878,130	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 324566-00 - 2014/07

218.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07		1.00	1.5329	1.5329		210	91.16	3,517,799	6,983,550	
1994/01	54,611	1.00	1.6983	1.6983		210	89.93	3,632,153	7,102,200	
1994/07		1.00	1.5991	1.5991		210	89.93	3,690,235	7,215,810	
1995/01		1.00	1.5812	1.5812		210	87.05	3,748,585	7,329,840	
1995/07		1.00	1.5250	1.5250		210	87.05	3,805,751	7,441,560	
1996/01		1.00	1.7228	1.7228		210	87.45	3,871,316	7,569,870	
1996/07	60,616	1.00	1.3294	1.3294		210	84.20	3,983,397	7,670,460	
1997/01	22,122	1.00	1.4109	1.4109		210	84.20	4,061,721	7,778,610	
1997/07		1.00	1.0917	1.0917		210	84.20	4,106,063	7,863,450	
1998/01		1.00	1.1663	1.1663		210	84.20	4,153,952	7,955,220	
1998/07		1.00	1.0794	1.0794		210	84.20	4,198,790	8,041,110	
1999/01		0.95	1.4499	1.4499		210	84.20	4,256,624	8,157,660	
1999/07		0.95	1.2299	1.2299		210	84.25	4,306,358	8,258,040	
2000/01		0.90	1.3356	1.3356		210	84.25	4,358,120	8,368,290	
2000/07		0.90	1.1129	1.1129		210	88.41	4,401,771	8,461,320	11
2001/01		0.90	1.1129	1.1129		210	87.24	4,401,771	8,571,150	11
2001/07		0.90	1.1129	1.1129		210		4,401,771	8,653,470	11
2002/01		0.90	1.1129	1.1129		210		4,401,771	8,742,510	11
2002/07		0.90	1.1129	1.1129		210		4,401,771	8,815,380	11
2003/01	25,280	0.90	1.3271	1.3271		210	68.64	4,427,051	8,932,350	12
2003/07	10,809	0.85	1.1664	1.1664		210	68.64	4,437,860	9,036,510	5
2004/01		0.85	1.1103	1.1103		210	68.64	4,481,750	9,136,890	5
2004/07		0.80	0.8378	0.8378		210	68.64	4,524,049	9,213,540	5
2005/01		0.80	0.8595	0.8595		210	68.64	4,585,685	9,292,710	
2005/07		0.75	0.7364	0.7364		210	68.64	4,611,012	9,361,170	
2006/01		0.75	0.9068	0.9068		210	68.64	4,642,371	9,446,010	
2006/07	43,700	0.70	0.8133	0.8133		210	75.63	4,712,500	9,522,870	
2007/01		0.70	1.0133	1.0133		210	79.50	4,745,926	9,619,260	
2007/07		0.65	1.1050	1.1050		210	83.56	4,780,016	9,725,520	
2008/01		0.65	0.8556	0.8556		210	83.56	4,806,598	9,808,680	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 12/31/2012

0 324566-00 - 2014/07

218.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		0.60	0.6104	0.6104		210	83.56	4,824,200	9,868,530	
2009/01		0.60	1.3268	1.3268		210	83.56	4,862,605	9,999,570	
2009/07		0.55	0.6841	0.6841		210	83.56	4,880,903	10,068,030	
2010/01		0.55	0.8643	0.8643		210	83.56	4,904,107	10,154,970	
2010/07		0.50	0.7107	0.7107		210	83.56	4,921,536	10,227,210	
2011/01	38,078	0.50	0.9198	0.9198		210	75.87	4,982,248	10,321,290	
2011/07		0.45	0.9028	0.9028		210	75.87	5,002,491	10,414,530	
2012/01		0.45	0.3865	0.3865		210	79.67	5,002,491	10,454,850	5
2012/07		0.40	0.9417	0.9417		210	81.40	5,030,067	10,553,340	
2013/01		0.40	0.4901	0.4901		210	81.40	5,039,926	10,605,000	
2013/07		0.35	0.6196	0.6196		210	81.40	5,050,858	10,670,730	
2014/01	33,968	0.35	0.8564	0.8564		210	84.70	5,099,963	10,762,080	
2014/07		0.30	1.2383	1.2383		210	84.70	5,118,909	10,895,430	

Message Code:

- 5 Uncorrected Licensure Deficiency
- 11 Not in Medicaid
- 12 Re-Entry to Medicaid



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325031-00 - 2014/07

265.28

Terraces of Lake Worth Rehab and Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1711 6TH AVENUE SOUTH	3/1/2012-2/28/2013	Number of Beds: 99	Superior: 0
LAKE WORTH, FL 33460	Days in CR 365	Maximum: 36,135	Standard: 184
County: Palm Beach [50]	First Used : 2014/01	Max Annualized: 36,135	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 33,432	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 3,137	Inflation
Current Class South Small	Initial CR? False	Medicaid: 28,729	FY Index: 1.28758294
Class at 1/94: South Small	Medical Utilization	85.93264%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.51972%	Cost: 1.04618728
Open Date: 07/01/1977	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1977	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20449917
Entered Medicaid 01/01/1979	Low Occupancy Adjustment Factor:	117.78284%	DC Sem Index: 1.24200000
Med # Active Date: 08/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03113396
Previous Med # 309303			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,358,366	2,557,146	1,836,689	1,277,866		7,030,066	
1a	Audit Adjustments							
2	Cost Per Diem	47.2820	89.0092	63.9315	44.4800		244.7027	
3	Cost Per Diem Inflated	49.4658	91.7804	66.8843				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.4658	91.7804	66.8843	44.4800		252.6105	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	74.1168		85.6472				
7	Provider Target Rate	75.6611		87.4317				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500			
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810				
10	Target Rate Class Ceiling	68.3236		80.3359				
10a	New Provider Target Limitation	62.4082		79.3995				
10b	Base for line 10a	61.1344		77.7789				
11	Lesser of 5,7,8,10, 10a	49.4658	91.7804	66.8843	13.6500		221.7805	
12/13	Medical Adjustment Rate		3.7102	2.7037				
14	Prospective Per Diem 11	49.4658	95.4906	69.5880	13.6500		228.1944	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325031-00 - 2014/07

265.28

Rate Semester 07/01/2014 through 12/31/2014

Terraces of Lake Worth Rehab and Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/1986	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,768,698.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,054,765	14.7368
RS to Start Calcs:	1977/07	<60% of Base:	False	20% ROE(2):	1,013,691	0.4579
Indexed Asset Value	5,068,456	Interest Rate:	10.3000%	Insurance Cost(3):	97,932	2.9293
FRVS Base Asset:	1,103,813	Chase Rate:	8.5000%	Taxes Cost(3):	69,569	2.0809
Occup Adj Factor	0.9000	Amortization Rate:	10.3000%	Home Office(3):	10,618	0.3176
ROE Factor	0.014690	Interest Only:	False	Replacement(3&4):	13,794	0.0000
		Yearly Payment:	479,264	Total FRVS PD:		20.5225

- (1) 80% Capital (\$4,054,765) amortized at 10.3000 % for 20 years Principal & Interest of \$479,264 divided by annual available days (36135) divided by Occup. Adj. (0.900) = \$14.7368
- (2) 20% ROE (\$1,013,691) times the ROE factor (0.014690) divided by annual available days (36135) divided by Occup. Adj. (0.900) = \$0.4579
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.4658	49.4658	0.8783	48.5875
Direct Care	95.4906	95.4906	1.6954	93.7952
Indirect Care	69.5880	69.5880	1.2355	68.3525
Property	13.6500	20.5225	0.3644	20.1581
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.4845
Supplemental Rate Add-on				9.9025
Totals	228.1944	235.0669	4.1736	265.2803

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2013

0 325031-00 - 2014/07

265.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1977/07	929,446	0.00	5.0576	3.0000	2.0576	99	100.00	929,446	1,681,911	
1978/01		0.10	6.7973	3.0000	3.7973	99	100.00	932,234	1,761,705	
1978/07		0.10	9.3367	3.0000	6.3367	99	100.00	935,031	1,859,220	
1979/01		0.20	11.4640	3.0000	8.4640	99	100.00	940,641	1,954,557	
1979/07		0.20	12.6622	3.0000	9.6622	99	100.00	946,285	2,036,628	
1980/01		0.30	15.8279	3.0000	12.8279	99	50.57	954,116	2,162,259	
1980/07		0.30	16.6385	3.0000	13.6385	99	50.57	962,011	2,244,627	
1981/01		0.40	17.4626	3.0000	14.4626	99	51.40	972,800	2,330,460	
1981/07		0.40	17.0514	3.0000	14.0514	99	51.40	983,710	2,390,751	
1982/01		0.50	16.7274	3.0000	13.7274	99	45.16	995,826	2,454,804	
1982/07		0.50	16.0251	3.0000	13.0251	99	45.16	1,008,091	2,511,135	
1983/04		0.60	15.6539	3.0000	12.6539	99	37.69	1,020,526	2,577,168	
1983/07		0.60	16.6117	3.0000	13.6117	99	37.69	1,033,114	2,679,138	
1984/01		0.70	14.9069	3.0000	11.9069	99	38.34	1,048,238	2,713,887	
1984/07		0.70	13.8248	3.0000	10.8248	99	38.34	1,063,583	2,765,961	
1985/01		0.80	11.9719	3.0000	8.9719	99	37.69	1,081,075	2,797,641	
1985/10		0.80	9.8241	3.0000	6.8241	99	48.20	1,103,813	2,821,500	
1986/01		0.90	7.6540	3.0000	4.6540	99	48.20	1,129,931	2,844,963	
1986/07		0.90	4.9514	3.0000	1.9514	99	45.29	1,155,053	2,839,518	
1987/01		1.00	2.9605	2.9605		99	48.20	1,185,021	2,890,305	
1987/07		1.00	0.9007	0.9007		99	44.60	1,193,676	2,912,877	
1988/01		1.00	0.9007	0.9007		99	44.60	1,202,394	2,936,538	
1988/07		1.00	0.5899	0.5899		99	43.53	1,208,008	2,934,954	
1989/01		1.00	0.5899	0.5899		99	43.53	1,213,648	2,952,279	
1989/07		1.00	0.5899	0.5899		99	43.67	1,219,332	2,972,277	
1990/01		1.00	0.5899	0.5899		99	43.67	1,225,043	2,987,226	
1990/07		1.00	0.5899	0.5899		99	49.05	1,231,488	3,004,848	
1991/01		1.00	0.5899	0.5899		99	49.05	1,237,967	3,022,470	
1991/07		1.00	1.4932	1.4932		99	51.85	1,237,967	3,067,614	5
1992/01		1.00	2.0117	2.0117		99	51.85	1,255,394	3,129,291	5



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2013

0 325031-00 - 2014/07

265.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07		1.00	1.8152	1.8152		99	60.66	1,279,202	3,186,117	5
1993/01		1.00	1.7710	1.7710		99	60.66	1,302,422	3,242,547	5
1993/07		1.00	1.5329	1.5329		99	62.87	1,345,806	3,292,245	
1994/01		1.00	1.6983	1.6983		99	62.87	1,368,662	3,348,180	
1994/07		1.00	1.5991	1.5991		99	64.03	1,390,548	3,401,739	
1995/01		1.00	1.5812	1.5812		99	64.03	1,412,535	3,455,496	
1995/07		1.00	1.5250	1.5250		99	63.25	1,434,076	3,508,164	
1996/01		1.00	1.7228	1.7228		99	63.25	1,458,782	3,568,653	
1996/07		1.00	1.3294	1.3294		99	67.35	1,478,175	3,616,074	
1997/01		1.00	1.4109	1.4109		99	67.35	1,499,031	3,667,059	
1997/07		1.00	1.0917	1.0917		99	65.55	1,515,396	3,707,055	
1998/01		0.95	1.1663	1.1663		99	65.55	1,532,187	3,750,318	
1998/07		0.95	1.0794	1.0794		99	67.10	1,532,187	3,790,809	5
1999/01		0.90	1.4499	1.4499		99	67.10	1,568,097	3,845,754	
1999/07		0.90	1.2299	1.2299		99	67.10	1,568,097	3,893,076	5
2000/01	1,605,551	0.85	1.3356	1.3356		99	65.61	3,209,005	3,945,051	
2000/07	12,380	0.85	1.1129	1.1129		99	65.61	3,251,742	3,988,908	
2001/01		0.80	1.2976	1.2976		99	65.61	3,285,498	4,040,685	
2001/07		0.80	0.9615	0.9615		99	65.61	3,285,498	4,079,493	5
2002/01	683,852	0.75	1.0301	1.0301		99	68.84	4,020,201	4,121,469	
2002/07		0.75	0.8337	0.8337		99	68.84	4,045,339	4,155,822	
2003/01		0.70	1.3271	1.3271		99	68.09	4,082,920	4,210,965	
2003/07		0.70	1.1664	1.1664		99	68.09	4,116,257	4,260,069	
2004/01		0.65	1.1103	1.1103		99	73.83	4,145,964	4,307,391	
2004/07		0.65	0.8378	0.8378		99	73.83	4,168,543	4,343,526	
2005/01		0.60	0.8595	0.8595		99	76.01	4,168,543	4,380,849	5
2005/07		0.60	0.7364	0.7364		99	76.01	4,208,552	4,413,123	
2006/01		0.55	0.9068	0.9068		99	76.01	4,229,540	4,453,119	
2006/07		0.55	0.8133	0.8133		99	80.47	4,248,459	4,489,353	
2007/01		0.50	1.0133	1.0133		99	80.47	4,269,986	4,534,794	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2013

0 325031-00 - 2014/07
265.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07	12,790	0.50	1.1050	1.1050		99	77.71	4,306,368	4,584,888	
2008/01	4,009	0.45	0.8556	0.8556		99	77.71	4,326,957	4,624,092	
2008/07		0.45	0.6104	0.6104		99	77.71	4,338,843	4,652,307	
2009/01		0.40	1.3268	1.3268		99	77.71	4,361,869	4,714,083	
2009/07		0.40	0.6841	0.6841		99	77.71	4,373,803	4,746,357	
2010/01	253,474	0.35	0.8643	0.8643		99	77.23	4,640,508	4,787,343	
2010/07	18,100	0.35	0.7107	0.7107		99	80.22	4,670,149	4,821,399	
2011/01		0.30	0.9198	0.9198		99	80.22	4,683,034	4,865,751	
2011/07		0.30	0.9028	0.9028		99	80.22	4,695,716	4,909,707	
2012/01	30,675	0.25	0.3865	0.3865		99	77.85	4,730,927	4,928,715	
2012/07		0.25	0.9417	0.9417		99	77.85	4,742,064	4,975,146	
2013/01	24,976	0.20	0.4901	0.4901		99	80.75	4,771,687	4,999,500	
2013/07		0.20	0.6196	0.6196		99	80.75	4,777,599	5,030,487	
2014/01	275,323	0.15	0.8564	0.8564		99	85.93	5,059,061	5,073,552	
2014/07		0.15	1.2383	1.2383		99	85.93	5,068,456	5,136,417	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325040-00 - 2014/07

237.28

Arbor Village Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
490 S OLD WIRE RD	3/1/2013-2/28/2014	Number of Beds: 180	Superior: 0
WILDWOOD, FL 34785	Days in CR 365	Maximum: 67,470	Standard: 184
County: Sumter [60]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 62,817	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 13,590	Inflation
Current Class North Large	Initial CR? False	Medicaid: 41,428	FY Index: 1.31433985
Class at 1/94: North Large	Medical Utilization	65.95030%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.10360%	Cost: 1.02488934
Open Date: 05/01/1982	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/01/1982	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21766521
Entered Medicaid 05/01/1982	Low Occupancy Adjustment Factor:	118.52616%	DC Sem Index: 1.24200000
Med # Active Date: 08/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.01998480
Previous Med # 283142			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,745,542	3,754,578	2,242,641	2,438,866		10,181,627	
1a	Audit Adjustments							
2	Cost Per Diem	42.1344	90.6290	54.1335	58.8700		245.7669	
3	Cost Per Diem Inflated	43.1831	92.4402	55.4808				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.1831	92.4402	55.4808	58.8700		249.9741	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.5258		64.7257				
7	Provider Target Rate	55.6619		66.0743				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation	48.4406		62.7217				
10b	Base for line 10a	47.4519		61.4415				
11	Lesser of 5,7,8,10, 10a	43.1831	92.4402	55.4808	13.6500		204.7541	
12/13	Medical Adjustment Rate		1.6588	0.9956				
14	Prospective Per Diem 11	43.1831	94.0990	56.4764	13.6500		207.4085	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325040-00 - 2014/07

237.28

Rate Semester 07/01/2014 through 12/31/2014

Arbor Village Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 10/01/1985		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,300,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed	80% Capital(1):	6,854,949	11.8536
Indexed Asset Value	8,568,686	<60% of Base:	False	20% ROE(2):	1,713,737	0.5825
FRVS Base Asset:	2,419,632	Interest Rate:	9.0000%	Insurance Cost(3):	177,817	2.8307
Occup Adj Factor	0.9000	Chase Rate:	5.2500%	Taxes Cost(3):	69,852	1.1120
ROE Factor	0.020100	Amortization Rate:	8.2500%	Home Office(3):	18,233	0.2903
		Interest Only:	False	Replacement(3&4):	45,701	0.0000
		Yearly Payment:	700,904	Total FRVS PD:		16.6691

- (1) 80% Capital (\$6,854,949) amortized at 8.2500 % for 20 years Principal & Interest of \$700,904 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$11.8536
 (2) 20% ROE (\$1,713,737) times the ROE factor (0.020100) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.5825
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	07/01/1985	Current RS PBS:	28,500
Comparison Bed	180	Effective PBS Limitation	51,883
			5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.1831	43.1831	0.7667	42.4164
Direct Care	94.0990	94.0990	1.6707	92.4283
Indirect Care	56.4764	56.4764	1.0027	55.4737
Property	13.6500	16.6691	0.2960	16.3731
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.6868
Supplemental Rate Add-on				9.9025
Totals	207.4085	210.4276	3.7361	237.2808

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 325040-00 - 2014/07

237.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	1,345,208	0.00	2.6760	2.6760		180	66.29	1,345,208	4,463,280	
1982/07		0.10	2.2977	2.2977		180	66.29	1,348,299	4,565,700	
1983/04	995,681	0.10	2.6288	2.6288		120	66.29	2,347,525	3,123,840	
1983/07		0.20	3.9578	3.0000	0.9578	120	66.29	2,361,610	3,247,440	
1984/01	17,142	0.20	2.2530	2.2530		120	67.54	2,389,393	3,289,560	
1984/07		0.30	1.9179	1.9179		120	67.54	2,403,142	3,352,680	
1985/01		0.30	1.1471	1.1471		120	70.79	2,411,411	3,391,080	
1985/10		0.40	0.8522	0.8522		120	70.79	2,419,632	3,420,000	
1986/01		0.40	0.8299	0.8299		120	73.17	2,427,665	3,448,440	
1986/07		0.50	0.2974	0.2974		120	73.17	2,431,275	3,441,840	
1987/01		0.50	1.0091	1.0091		120	71.73	2,443,543	3,503,400	
1987/07		0.60	0.9007	0.9007		120	71.73	2,456,748	3,530,760	
1988/01		0.60	0.9007	0.9007		120	71.73	2,470,024	3,559,440	
1988/07	1,765,380	0.70	0.5899	0.5899		180	71.73	4,245,603	5,336,280	
1989/01		0.70	0.5899	0.5899		180	71.73	4,263,133	5,367,780	
1989/07		0.80	0.5899	0.5899		180	71.73	4,283,251	5,404,140	
1990/01		0.80	0.5899	0.5899		180	68.82	4,303,464	5,431,320	
1990/07	68,522	0.90	0.5899	0.5899		180	68.82	4,394,833	5,463,360	
1991/01		0.90	0.5899	0.5899		180	68.82	4,418,165	5,495,400	
1991/07		1.00	1.4932	1.4932		180	72.71	4,484,137	5,577,480	
1992/01		1.00	2.0117	2.0117		180	72.71	4,574,344	5,689,620	
1992/07		1.00	1.8152	1.8152		180	70.12	4,657,377	5,792,940	
1993/01		1.00	1.7710	1.7710		180	70.12	4,739,859	5,895,540	
1993/07		1.00	1.5329	1.5329		180	70.83	4,812,516	5,985,900	
1994/01		1.00	1.6983	1.6983		180	70.83	4,894,247	6,087,600	
1994/07		1.00	1.5991	1.5991		180	75.54	4,972,511	6,184,980	
1995/01		1.00	1.5812	1.5812		180	75.54	5,051,136	6,282,720	
1995/07	31,628	1.00	1.5250	1.5250		180	78.60	5,159,794	6,378,480	
1996/01		1.00	1.7228	1.7228		180	78.60	5,248,687	6,488,460	
1996/07		1.00	1.3294	1.3294		180	82.46	5,318,463	6,574,680	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 325040-00 - 2014/07

237.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		180	82.46	5,393,501	6,667,380	
1997/07		1.00	1.0917	1.0917		180	85.37	5,452,382	6,740,100	
1998/01		1.00	1.1663	1.1663		180	85.37	5,515,973	6,818,760	
1998/07	1,138,447	1.00	1.0794	1.0794		210	83.48	6,713,959	8,041,110	
1999/01	29,777	1.00	1.4499	1.4499		210	79.08	6,841,082	8,157,660	
1999/07		1.00	1.2299	1.2299		210	79.08	6,925,220	8,258,040	
2000/01	25,788	1.00	1.3356	1.3356		210	79.08	7,043,501	8,368,290	
2000/07		1.00	1.1129	1.1129		210	79.08	7,121,888	8,461,320	
2001/01		1.00	1.2976	1.2976		210	79.08	7,214,302	8,571,150	
2001/07		1.00	0.9615	0.9615		210	75.28	7,283,668	8,653,470	
2002/01		1.00	1.0301	1.0301		210	75.28	7,358,697	8,742,510	
2002/07		0.95	0.8337	0.8337		210	75.28	7,358,697	8,815,380	5
2003/01		0.95	1.3271	1.3271		210	75.28	7,416,978	8,932,350	5
2003/07		0.90	1.1664	1.1664		210	75.28	7,589,329	9,036,510	
2004/01		0.90	1.1103	1.1103		210	75.28	7,665,169	9,136,890	
2004/07		0.85	0.8378	0.8378		210	64.31	7,719,753	9,213,540	
2005/01		0.85	0.8595	0.8595		210	64.31	7,776,154	9,292,710	
2005/07		0.80	0.7364	0.7364		210	64.31	7,821,963	9,361,170	
2006/01		0.80	0.9068	0.9068		210	64.31	7,878,704	9,446,010	
2006/07		0.75	0.8133	0.8133		210	64.31	7,926,764	9,522,870	
2007/01		0.75	1.0133	1.0133		210	64.31	7,987,007	9,619,260	
2007/07	21,441	0.70	1.1050	1.1050		210	55.70	8,070,227	9,725,520	
2008/01	906	0.70	0.8556	0.8556		210	55.70	8,119,466	9,808,680	
2008/07		0.65	0.6104	0.6104		210	55.70	8,151,684	9,868,530	
2009/01		0.65	1.3268	1.3268		210	55.70	8,221,984	9,999,570	
2009/07		0.60	0.6841	0.6841		210	55.70	8,255,735	10,068,030	
2010/01		0.60	0.8643	0.8643		210	55.70	8,298,549	10,154,970	
2010/07		0.55	0.7107	0.7107		210	59.21	8,330,988	10,227,210	
2011/01		0.55	0.9198	0.9198		210	58.97	8,373,134	10,321,290	
2011/07		0.50	0.9028	0.9028		210	58.97	8,410,930	10,414,530	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 325040-00 - 2014/07

237.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		210	58.87	8,427,188	10,454,850	
2012/07		0.45	0.9417	0.9417		210	58.87	8,462,902	10,553,340	
2013/01		0.45	0.4901	0.4901		210	56.87	8,481,563	10,605,000	
2013/07		0.40	0.6196	0.6196		210	56.87	8,502,580	10,670,730	
2014/01		0.40	0.8564	0.8564		210	56.96	8,531,710	10,762,080	
2014/07		0.35	1.2383	1.2383		180	65.95	8,568,686	9,338,940	

Message Code:

5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 325040022820140301201304252014134116



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325163-00 - 2014/07

270.59

North Lake Rehabilitation and Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
750 BAYBERRY DRIVE	3/1/2013-2/28/2014	Number of Beds: 85	Superior: 0
LAKE PARK, FL 33403	Days in CR 365	Maximum: 31,025	Standard: 184
County: Palm Beach [50]	First Used : 2014/07	Max Annualized: 31,025	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 27,173	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 1,191	Inflation
Current Class South Small	Initial CR? False	Medicaid: 25,130	FY Index: 1.31433985
Class at 1/94: South Small	Medical Utilization	92.48151%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	87.58421%	Cost: 1.02488934
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1970	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21766521
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	111.49966%	DC Sem Index: 1.24200000
Med # Active Date: 09/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.01998480
Previous Med # 309281			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,265,640	2,364,180	1,792,178	935,841		6,357,839
1a	Audit Adjustments						
2	Cost Per Diem	50.3637	94.0780	71.3163	37.2400		252.9980
3	Cost Per Diem Inflated	51.6172	95.9581	73.0913			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.6172	95.9581	73.0913	37.2400		257.9066
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	76.3244		89.1656			
7	Provider Target Rate	77.9147		91.0234			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500		
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810			
10	Target Rate Class Ceiling	68.3236		80.3359			
10a	New Provider Target Limitation	66.1746		80.7184			
10b	Base for line 10a	64.8239		79.0709			
11	Lesser of 5,7,8,10, 10a	51.6172	95.9581	73.0913	13.6500		234.3166
12/13	Medical Adjustment Rate		4.3181	3.2891			
14	Prospective Per Diem 11	51.6172	100.2762	76.3804	13.6500		241.9238
15	Inflated Usual & Customary Charge						0.00

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



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325163-00 - 2014/07

270.59

Rate Semester 07/01/2014 through 12/31/2014

North Lake Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 02/01/2000		Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	500,000.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	1,159,099 4.6433
Indexed Asset Value	1,448,874	<60% of Base:	False	20% ROE(2):	289,775 0.2086
FRVS Base Asset:	480,912	Interest Rate:	9.5000%	Insurance Cost(3):	80,509 2.9628
Occup Adj Factor	0.9000	Chase Rate:	8.7500%	Taxes Cost(3):	58,753 2.1622
ROE Factor	0.020100	Amortization Rate:	9.5000%	Home Office(3):	7,887 0.2903
		Interest Only:	False	Replacement(3&4):	23,284 0.0000
		Yearly Payment:	129,652	Total FRVS PD:	10.2672

- (1) 80% Capital (\$1,159,099) amortized at 9.5000 % for 20 years Principal & Interest of \$129,652 divided by annual available days (31025) divided by Occup. Adj. (0.900) = \$4.6433
- (2) 20% ROE (\$289,775) times the ROE factor (0.020100) divided by annual available days (31025) divided by Occup. Adj. (0.900) = \$0.2086
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 85	Effective PBS Limitation	2,422,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.6172	51.6172	0.9165	50.7007
Direct Care	100.2762	100.2762	1.7804	98.4958
Indirect Care	76.3804	76.3804	1.3561	75.0243
Property	13.6500	10.2672	0.1823	10.0849
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				26.3839
Supplemental Rate Add-on				9.9025
Totals	241.9238	238.5410	4.2353	270.5921

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 325163-00 - 2014/07

270.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	388,193	0.00				85	100.00	388,193	872,185	
1972/01		0.10	3.9787	3.0000	0.9787	85	100.00	389,358	906,865	
1972/07		0.10	5.9113	3.0000	2.9113	85	100.00	390,526	951,575	
1973/01		0.20	8.0622	3.0000	5.0622	85	100.00	392,869	1,000,620	
1973/07		0.20	10.7186	3.0000	7.7186	85	100.00	395,226	1,057,230	
1974/01		0.30	12.9457	3.0000	9.9457	85	100.00	398,783	1,112,480	
1974/07		0.30	13.0494	3.0000	10.0494	85	100.00	402,372	1,146,990	
1975/01		0.40	13.1399	3.0000	10.1399	85	100.00	407,200	1,182,435	
1975/07		0.40	14.2033	3.0000	11.2033	85	100.00	412,086	1,230,545	
1976/01		0.50	15.2478	3.0000	12.2478	85	100.00	418,267	1,280,270	
1976/07		0.50	15.7330	3.0000	12.7330	85	100.00	424,541	1,324,895	
1977/01		0.60	16.4836	3.0000	13.4836	85	100.00	432,183	1,374,620	
1977/07		0.60	18.5412	3.0000	15.5412	85	100.00	439,962	1,444,065	
1978/01		0.70	20.2809	3.0000	17.2809	85	100.00	449,201	1,512,575	
1978/07		0.70	22.8203	3.0000	19.8203	85	100.00	458,634	1,596,300	
1979/01		0.80	24.9476	3.0000	21.9476	85	100.00	469,641	1,678,155	
1979/07		0.80	26.1458	3.0000	23.1458	85	100.00	480,912	1,748,620	
1980/01		0.90	29.3115	3.0000	26.3115	85	4.99	480,912	1,856,485	
1980/07		0.90	30.1222	3.0000	27.1222	85	4.99	480,912	1,927,205	
1981/01		1.00	30.9462	3.0000	27.9462	85	3.41	480,912	2,000,900	
1981/07		1.00	30.5350	3.0000	27.5350	85	3.41	480,912	2,052,665	
1982/01		1.00	30.2110	3.0000	27.2110	85	2.62	480,912	2,107,660	
1982/07		1.00	29.5087	3.0000	26.5087	85	2.62	480,912	2,156,025	
1983/04		1.00	29.1375	3.0000	26.1375	85	5.09	480,912	2,212,720	
1983/07		1.00	30.0953	3.0000	27.0953	85	5.09	480,912	2,300,270	
1984/01		1.00	28.3905	3.0000	25.3905	85	6.07	480,912	2,330,105	
1984/07		1.00	27.3084	3.0000	24.3084	85	6.07	480,912	2,374,815	
1985/01		1.00	25.4555	3.0000	22.4555	85	6.06	480,912	2,402,015	
1985/10		1.00	23.3077	3.0000	20.3077	85	6.06	480,912	2,422,500	
1986/01		1.00	21.1376	3.0000	18.1376	85	6.06	480,912	2,442,645	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 325163-00 - 2014/07

270.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	85	6.06	480,912	2,437,970	
1987/01		1.00	16.4441	3.0000	13.4441	85	9.00	480,912	2,481,575	
1987/07		1.00	14.3448	3.0000	11.3448	85	9.00	480,912	2,500,955	
1988/01		1.00	12.2455	3.0000	9.2455	85	9.86	480,912	2,521,270	
1988/07		1.00	9.8354	3.0000	6.8354	85	9.86	480,912	2,519,910	
1989/01		1.00	7.4253	3.0000	4.4253	85	9.86	480,912	2,534,785	
1989/07	15,530	1.00	5.0152	3.0000	2.0152	85	9.86	496,442	2,551,955	
1990/01		1.00	2.6051	2.6051		85	9.86	496,442	2,564,790	
1990/07		1.00	0.5899	0.5899		85	12.83	496,442	2,579,920	5
1991/01		1.00	0.5899	0.5899		85	16.19	496,442	2,595,050	5
1991/07		1.00	1.4932	1.4932		85	16.19	496,442	2,633,810	5
1992/01	108,633	0.95	2.0117	2.0117		85	46.49	605,075	2,686,765	5
1992/07	6,846	0.95	1.8152	1.8152		85	55.47	630,513	2,735,555	
1993/01		0.90	1.7710	1.7710		85	55.47	640,563	2,784,005	
1993/07	21,569	0.90	1.5329	1.5329		85	52.23	670,524	2,826,675	
1994/01		0.85	1.6983	1.6983		85	52.23	670,524	2,874,700	5
1994/07	18,957	0.85	1.5991	1.5991		85	50.59	707,171	2,920,685	
1995/01		0.80	1.5812	1.5812		85	50.59	715,399	2,966,840	
1995/07	353,228	0.80	1.5250	1.5250		85	55.06	1,068,627	3,012,060	5
1996/01		0.75	1.7228	1.7228		85	55.06	1,077,355	3,063,995	5
1996/07	19,795	0.75	1.3294	1.3294		85	63.82	1,121,952	3,104,710	
1997/01		0.70	1.4109	1.4109		85	63.82	1,133,032	3,148,485	
1997/07	42,463	0.70	1.0917	1.0917		85	68.58	1,184,154	3,182,825	
1998/01		0.65	1.1663	1.1663		85	68.58	1,193,131	3,219,970	
1998/07		0.65	1.0794	1.0794		85	65.69	1,201,502	3,254,735	
1999/01		0.60	1.4499	1.4499		85	65.69	1,211,954	3,301,910	
1999/07		0.60	1.2299	1.2299		85	72.66	1,220,897	3,342,540	
2000/01		0.55	1.3356	1.3356		85	64.88	1,229,866	3,387,165	
2000/07		0.55	1.1129	1.1129		85	64.88	1,237,394	3,424,820	
2001/01		0.50	1.2976	1.2976		85	64.88	1,245,422	3,469,275	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 2/28/2014

0 325163-00 - 2014/07

270.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		85	64.88	1,251,410	3,502,595	
2002/01		0.45	1.0301	1.0301		85	64.88	1,257,210	3,538,635	
2002/07		0.45	0.8337	0.8337		85	73.24	1,257,210	3,568,130	5
2003/01		0.40	1.3271	1.3271		85	70.50	1,268,625	3,615,475	
2003/07		0.40	1.1664	1.1664		85	70.50	1,274,544	3,657,635	
2004/01		0.35	1.1103	1.1103		85	70.75	1,279,497	3,698,265	
2004/07		0.35	0.8378	0.8378		85	70.75	1,283,248	3,729,290	
2005/01		0.30	0.8595	0.8595		85	70.75	1,286,557	3,761,335	
2005/07		0.30	0.7364	0.7364		85	78.05	1,289,399	3,789,045	
2006/01		0.25	0.9068	0.9068		85	78.05	1,292,322	3,823,385	
2006/07		0.25	0.8133	0.8133		85	77.62	1,294,949	3,854,495	
2007/01	23,623	0.20	1.0133	1.0133		85	83.29	1,321,197	3,893,510	
2007/07	9,435	0.20	1.1050	1.1050		85	78.50	1,333,552	3,936,520	
2008/01	3,613	0.15	0.8556	0.8556		85	78.50	1,338,876	3,970,180	
2008/07		0.15	0.6104	0.6104		85	78.50	1,340,102	3,994,405	
2009/01		0.10	1.3268	1.3268		85	78.50	1,341,880	4,047,445	
2009/07		0.10	0.6841	0.6841		85	78.50	1,342,798	4,075,155	
2010/01	42,110	0.05	0.8643	0.8643		85	84.32	1,385,488	4,110,345	
2010/07		0.05	0.7107	0.7107		85	84.60	1,385,980	4,139,585	
2011/01		0.00	0.9198	0.9198		85	84.60	1,385,980	4,177,665	
2011/07		0.00	0.9028	0.9028		85	84.60	1,385,980	4,215,405	
2012/01		0.00	0.3865	0.3865		85	87.48	1,385,980	4,231,725	
2012/07		0.00	0.9417	0.9417		85	87.48	1,385,980	4,271,590	
2013/01		0.00	0.4901	0.4901		85	88.24	1,385,980	4,292,500	
2013/07		0.00	0.6196	0.6196		85	88.24	1,385,980	4,319,105	
2014/01	62,894	0.00	0.8564	0.8564		85	86.50	1,448,874	4,356,080	
2014/07		0.00	1.2383	1.2383		85	92.48	1,448,874	4,410,055	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325236-00 - 2014/07

215.13

Heartland Health Care Center-Jacksonville

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
8495 NORMANDY BLVD	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
JACKSONVILLE, FL 32221	Days in CR 365	Maximum: 43,800	Standard: 184
County: Duval [16]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 41,255	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 21,081	Inflation
Current Class North Large	Initial CR? False	Medicaid: 15,617	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	37.85481%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	94.18950%	Cost: 1.03716397
Open Date: 01/12/1990	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/12/1990	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 01/12/1990	Low Occupancy Adjustment Factor:	119.90857%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med # 201511			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,905,520	1,196,958	794,509	184,905	10,321	4,092,212	
1a	Audit Adjustments							
2	Cost Per Diem	122.0158	76.6446	50.8746	11.8400	0.6609	262.0359	
3	Cost Per Diem Inflated	126.5504	78.7692	52.7653				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	126.5504	78.7692	52.7653	11.8400	0.6609	270.5858	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	69.4246		52.8955				
7	Provider Target Rate	70.8711		53.9976				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	49.7653	78.7692	52.7653	11.8400	0.6609	193.8007	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	49.7653	78.7692	52.7653	11.8400	0.6609	193.8007	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325236-00 - 2014/07

215.13

Rate Semester 07/01/2014 through 12/31/2014

Heartland Health Care Center-Jacksonville

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/12/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Variable	80% Capital(1):	4,766,543	10.4080
Indexed Asset Value	5,958,179	<60% of Base:	False	20% ROE(2):	1,191,636	0.4347
FRVS Base Asset:	3,602,760	Interest Rate:	6.0150%	Insurance Cost(3):	23,962	0.5808
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	61,046	1.4797
ROE Factor	0.014380	Amortization Rate:	6.0150%	Home Office(3):	27,137	0.6578
		Interest Only:	False	Replacement(3&4):	154,447	0.0000
		Yearly Payment:	410,283	Total FRVS PD:		13.5610

- (1) 80% Capital (\$4,766,543) amortized at 6.0150 % for 20 years Principal & Interest of \$410,283 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.4080
- (2) 20% ROE (\$1,191,636) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4347
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,023
Comparison Date:	07/01/1989	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7653	49.7653	0.8836	48.8817
Direct Care	78.7692	78.7692	1.3986	77.3706
Indirect Care	52.7653	52.7653	0.9369	51.8284
Property	11.8400	13.5610	0.2408	13.3202
ROE	0.6609	0.0340	0.0006	0.0334
ROE Adjustment	-0.0340	-0.0340	-0.0006	-0.0334
Quality Assess-Medicaid Share				13.8307
Supplemental Rate Add-on				9.9025
Totals	193.7667	194.8608	3.4599	215.1341

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 325236-00 - 2014/07

215.13

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	4,695,169	0.00	0.5899	0.5899		120	25.87	3,602,760	3,602,760	1
1990/07		0.10	0.5899	0.5899		120	25.87	3,603,760	3,642,240	
1991/01		0.10	0.5899	0.5899		120	25.87	3,604,760	3,663,600	
1991/07		0.20	1.4932	1.4932		120	25.87	3,609,823	3,718,320	
1992/01		0.20	2.0117	2.0117		120	25.87	3,616,654	3,793,080	
1992/07		0.30	1.8152	1.8152		120	25.87	3,625,918	3,861,960	
1993/01		0.30	1.7710	1.7710		120	41.73	3,640,535	3,930,360	
1993/07		0.40	1.5329	1.5329		120	41.73	3,657,473	3,990,600	
1994/01		0.40	1.6983	1.6983		120	37.23	3,674,291	4,058,400	
1994/07		0.50	1.5991	1.5991		120	37.23	3,694,178	4,123,320	
1995/01		0.50	1.5812	1.5812		120	39.67	3,715,244	4,188,480	
1995/07		0.60	1.5250	1.5250		120	39.67	3,739,763	4,252,320	
1996/01		0.60	1.7228	1.7228		120	44.00	3,770,689	4,325,640	
1996/07		0.70	1.3294	1.3294		120	44.00	3,798,761	4,383,120	
1997/01	176,965	0.70	1.4109	1.4109		120	43.11	4,005,132	4,444,920	
1997/07		0.80	1.0917	1.0917		120	43.11	4,032,551	4,493,400	
1998/01	1,001,229	0.80	1.1663	1.1663		120	40.27	4,545,840	4,545,840	8
1998/07		0.90	1.0794	1.0794		120	40.27	4,578,175	4,594,920	
1999/01	28,627	0.90	1.4499	1.4499		120	40.70	4,651,010	4,661,520	
1999/07		1.00	1.2299	1.2299		120	40.70	4,693,340	4,718,880	
2000/01		1.00	1.3356	1.3356		120	57.81	4,756,024	4,781,880	
2000/07		1.00	1.1129	1.1129		120	57.81	4,808,954	4,835,040	
2001/01		1.00	1.2976	1.2976		120	59.29	4,871,355	4,897,800	
2001/07		1.00	0.9615	0.9615		120	59.29	4,918,193	4,944,840	
2002/01		1.00	1.0301	1.0301		120	55.26	4,968,855	4,995,720	
2002/07		1.00	0.8337	0.8337		120	55.26	5,010,280	5,037,360	
2003/01		1.00	1.3271	1.3271		120	55.26	5,076,771	5,104,200	
2003/07		1.00	1.1664	1.1664		120	60.60	5,135,986	5,163,720	
2004/01		1.00	1.1103	1.1103		120	60.60	5,193,011	5,221,080	
2004/07		1.00	0.8378	0.8378		120	60.60	5,236,518	5,264,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 325236-00 - 2014/07

215.13

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		1.00	0.8595	0.8595		120	54.09	5,280,781	5,310,120	
2005/07		1.00	0.7364	0.7364		120	54.09	5,319,025	5,349,240	
2006/01		1.00	0.9068	0.9068		120	44.41	5,357,971	5,397,720	
2006/07		1.00	0.8133	0.8133		120	44.41	5,393,157	5,441,640	
2007/01		1.00	1.0133	1.0133		120	41.12	5,434,014	5,496,720	
2007/07		1.00	1.1050	1.1050		120	41.12	5,478,906	5,557,440	
2008/01		1.00	0.8556	0.8556		120	51.72	5,522,988	5,604,960	
2008/07		1.00	0.6104	0.6104		120	51.72	5,554,690	5,639,160	
2009/01		1.00	1.3268	1.3268		120	49.59	5,621,140	5,714,040	
2009/07		1.00	0.6841	0.6841		120	49.59	5,655,812	5,753,160	
2010/01		1.00	0.8643	0.8643		120	49.59	5,699,887	5,802,840	
2010/07		0.95	0.7107	0.7107		120	44.07	5,730,724	5,844,120	
2011/01		0.95	0.9198	0.9198		120	42.10	5,769,054	5,897,880	
2011/07		0.90	0.9028	0.9028		120	42.10	5,804,934	5,951,160	
2012/01		0.90	0.3865	0.3865		120	42.10	5,820,393	5,974,200	
2012/07		0.85	0.9417	0.9417		120	39.70	5,854,020	6,030,480	
2013/01		0.85	0.4901	0.4901		120	39.70	5,871,624	6,060,000	
2013/07		0.80	0.6196	0.6196		120	39.56	5,892,559	6,097,560	
2014/01		0.80	0.8564	0.8564		120	37.85	5,920,341	6,149,760	
2014/07		0.75	1.2383	1.2383		120	37.85	5,958,179	6,225,960	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation |
| 8 Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325244-00 - 2014/07

212.58

Heartland Health Care Center-Kendall

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
9400 SW 137TH AVENUE	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
KENDALL, FL 33186	Days in CR 365	Maximum: 43,800	Standard: 184
County: Dade [13]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 41,140	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 26,620	Inflation
Current Class South Large	Initial CR? False	Medicaid: 10,224	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	24.85173%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.92694%	Cost: 1.03716397
Open Date: 08/31/1989	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 08/31/1989	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20850000
Entered Medicaid 08/31/1989	Low Occupancy Adjustment Factor:	119.57432%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02772031
Previous Med # 211591			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	539,323	838,924	447,786	133,832	15,803	1,975,668	
1a	Audit Adjustments							
2	Cost Per Diem	52.7507	82.0544	43.7975	13.0900	1.5457	193.2383	
3	Cost Per Diem Inflated	54.7111	84.3290	45.4252				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.7111	84.3290	45.4252	13.0900	1.5457	199.1010	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	66.9903		55.9876				
7	Provider Target Rate	68.3861		57.1542				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	84.3290	45.4252	13.0900	1.5457	198.8075	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.4176	84.3290	45.4252	13.0900	1.5457	198.8075	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325244-00 - 2014/07

212.58

Rate Semester 07/01/2014 through 12/31/2014

Heartland Health Care Center-Kendall

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/31/1989	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,215,000.00	Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Variable	80% Capital(1):	4,011,454 9.2779
Indexed Asset Value	5,014,317	<60% of Base:	False	20% ROE(2):	1,002,863 0.3658
FRVS Base Asset:	3,578,520	Interest Rate:	6.7400%	Insurance Cost(3):	22,409 0.5447
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	49,934 1.2138
ROE Factor	0.014380	Amortization Rate:	6.7400%	Home Office(3):	18,022 0.4381
		Interest Only:	False	Replacement(3&4):	194,778 0.0000
		Yearly Payment:	365,734	Total FRVS PD:	11.8403

- (1) 80% Capital (\$4,011,454) amortized at 6.7400 % for 20 years Principal & Interest of \$365,734 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.2779
- (2) 20% ROE (\$1,002,863) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3658
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,821
Comparison Date:	01/01/1989	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	84.3290	84.3290	1.4973	82.8317
Indirect Care	45.4252	45.4252	0.8065	44.6187
Property	13.0900	11.8403	0.2102	11.6301
ROE	1.5457	0.8576	0.0152	0.8424
ROE Adjustment	-0.8576	-0.8576	-0.0152	-0.8424
Quality Assess-Medicaid Share				10.1475
Supplemental Rate Add-on				9.9025
Totals	197.9499	196.0121	3.4802	212.5819

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 325244-00 - 2014/07

212.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	4,289,932	0.00	0.5899	0.5899		120	21.28	3,578,520	3,578,520	1
1990/01		0.10	0.5899	0.5899		120	21.28	3,578,520	3,620,880	
1990/07		0.10	0.5899	0.5899		120	21.28	3,578,520	3,642,240	
1991/01		0.20	0.5899	0.5899		120	21.28	3,578,520	3,663,600	5
1991/07	47,021	0.20	1.4932	1.4932		120	21.28	3,625,541	3,718,320	5
1992/01		0.30	2.0117	2.0117		120	21.28	3,625,541	3,793,080	
1992/07		0.30	1.8152	1.8152		120	21.28	3,625,541	3,861,960	
1993/01	21,040	0.40	1.7710	1.7710		120	41.54	3,665,979	3,930,360	
1993/07		0.40	1.5329	1.5329		120	41.54	3,682,957	3,990,600	
1994/01	25,277	0.50	1.6983	1.6983		120	36.43	3,728,950	4,058,400	
1994/07		0.50	1.5991	1.5991		120	36.43	3,748,699	4,123,320	
1995/01		0.60	1.5812	1.5812		120	35.14	3,771,421	4,188,480	
1995/07		0.60	1.5250	1.5250		120	35.14	3,793,469	4,252,320	
1996/01	28,374	0.70	1.7228	1.7228		120	42.20	3,856,945	4,325,640	
1996/07		0.70	1.3294	1.3294		120	42.20	3,884,485	4,383,120	
1997/01	21,803	0.80	1.4109	1.4109		120	42.38	3,940,072	4,444,920	
1997/07		0.80	1.0917	1.0917		120	42.38	3,966,588	4,493,400	
1998/01		0.90	1.1663	1.1663		120	42.38	3,998,671	4,545,840	
1998/07		0.90	1.0794	1.0794		120	41.47	4,027,962	4,594,920	
1999/01	43,297	1.00	1.4499	1.4499		120	40.45	4,114,211	4,661,520	
1999/07		1.00	1.2299	1.2299		120	40.45	4,151,426	4,718,880	
2000/01		1.00	1.3356	1.3356		120	40.45	4,192,204	4,781,880	
2000/07		1.00	1.1129	1.1129		120	40.45	4,226,517	4,835,040	
2001/01		1.00	1.2976	1.2976		120	47.76	4,274,141	4,897,800	
2001/07		1.00	0.9615	0.9615		120	47.76	4,309,827	4,944,840	
2002/01		1.00	1.0301	1.0301		120	42.85	4,344,415	4,995,720	
2002/07		1.00	0.8337	0.8337		120	42.85	4,372,633	5,037,360	
2003/01		1.00	1.3271	1.3271		120	42.85	4,417,843	5,104,200	
2003/07		1.00	1.1664	1.1664		120	45.75	4,460,706	5,163,720	
2004/01		1.00	1.1103	1.1103		120	54.98	4,510,215	5,221,080	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 325244-00 - 2014/07

212.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		1.00	0.8378	0.8378		120	54.98	4,547,988	5,264,880	
2005/01		1.00	0.8595	0.8595		120	42.09	4,577,902	5,310,120	
2005/07		1.00	0.7364	0.7364		120	42.09	4,603,701	5,349,240	
2006/01		1.00	0.9068	0.9068		120	42.09	4,635,648	5,397,720	
2006/07		1.00	0.8133	0.8133		120	42.60	4,664,850	5,441,640	
2007/01		1.00	1.0133	1.0133		120	37.41	4,697,001	5,496,720	
2007/07		1.00	1.1050	1.1050		120	37.41	4,732,304	5,557,440	
2008/01		1.00	0.8556	0.8556		120	37.41	4,759,844	5,604,960	
2008/07		1.00	0.6104	0.6104		120	34.45	4,778,042	5,639,160	
2009/01		1.00	1.3268	1.3268		120	34.45	4,817,750	5,714,040	
2009/07		1.00	0.6841	0.6841		120	33.60	4,837,884	5,753,160	
2010/01		0.95	0.8643	0.8643		120	33.60	4,862,152	5,802,840	
2010/07		0.95	0.7107	0.7107		120	40.82	4,886,517	5,844,120	
2011/01		0.90	0.9198	0.9198		120	37.88	4,914,376	5,897,880	
2011/07		0.90	0.9028	0.9028		120	37.88	4,941,876	5,951,160	
2012/01		0.85	0.3865	0.3865		120	35.10	4,952,236	5,974,200	
2012/07		0.85	0.9417	0.9417		120	35.10	4,977,532	6,030,480	
2013/01		0.80	0.4901	0.4901		120	26.50	4,986,936	6,060,000	
2013/07		0.80	0.6196	0.6196		120	26.50	4,998,847	6,097,560	
2014/01		0.75	0.8564	0.8564		120	26.50	5,014,317	6,149,760	
2014/07		0.75	1.2383	1.2383		120	24.85	5,014,317	6,225,960	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325252-00 - 2014/07

219.76

Heartland Health Care Center- Miami Lakes

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5725 NW 186 STREET	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
HIALEAH, FL 33015	Days in CR 365	Maximum: 43,800	Standard: 184
County: Dade [13]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 11	Last Used: 2014/07	Total Patient: 42,051	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 30,421	Inflation
Current Class South Large	Initial CR? False	Medicaid: 8,930	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	21.23612%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	96.00685%	Cost: 1.02881379
Open Date: 09/14/1990	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/14/1990	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 09/14/1990	Low Occupancy Adjustment Factor:	122.22216%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 202932			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	540,751	709,342	471,618	137,343	10,683	1,869,737	
1a	Audit Adjustments							
2	Cost Per Diem	60.5544	79.4336	52.8128	15.3800	1.1963	209.3771	
3	Cost Per Diem Inflated	62.2992	81.4334	54.3345				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	62.2992	81.4334	54.3345	15.3800	1.1963	214.6434	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	65.2927		55.4702				
7	Provider Target Rate	66.6531		56.6260				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	81.4334	54.3345	13.6500	1.1963	205.0318	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.4176	81.4334	54.3345	13.6500	1.1963	205.0318	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325252-00 - 2014/07

219.76

Rate Semester 07/01/2014 through 12/31/2014

Heartland Health Care Center- Miami Lakes

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/14/1990	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,600,000.00	Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Fixed	80% Capital(1):	4,101,553 12.4655
Indexed Asset Value	5,126,941	<60% of Base:	False	20% ROE(2):	1,025,388 0.4336
FRVS Base Asset:	3,620,880	Interest Rate:	10.5000%	Insurance Cost(3):	30,182 0.7177
Occup Adj Factor	0.9000	Chase Rate:	10.0000%	Taxes Cost(3):	53,038 1.2613
ROE Factor	0.016670	Amortization Rate:	10.5000%	Home Office(3):	30,612 0.7280
		Interest Only:	False	Replacement(3&4):	78,300 0.0000
		Yearly Payment:	491,389	Total FRVS PD:	15.6061

- (1) 80% Capital (\$4,101,553) amortized at 10.5000 % for 20 years Principal & Interest of \$491,389 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$12.4655
- (2) 20% ROE (\$1,025,388) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4336
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	01/01/1990	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,620,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	81.4334	81.4334	1.4459	79.9875
Indirect Care	54.3345	54.3345	0.9647	53.3698
Property	13.6500	15.6061	0.2771	15.3290
ROE	1.1963	0.1628	0.0029	0.1599
ROE Adjustment	-0.1628	-0.1628	-0.0029	-0.1599
Quality Assess-Medicaid Share				7.7197
Supplemental Rate Add-on				9.9025
Totals	204.8690	205.7916	3.6539	219.7599

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325252-00 - 2014/07

219.76

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	5,568,039	0.00	0.5899	0.5899		120	24.96	3,620,880	3,620,880	1
1991/01		0.10	0.5899	0.5899		120	24.96	3,620,880	3,663,600	
1991/07		0.10	1.4932	1.4932		120	24.96	3,620,880	3,718,320	
1992/01	57,663	0.20	2.0117	2.0117		120	24.96	3,678,543	3,793,080	
1992/07		0.20	1.8152	1.8152		120	24.96	3,678,543	3,861,960	
1993/01		0.30	1.7710	1.7710		120	24.96	3,678,543	3,930,360	
1993/07		0.30	1.5329	1.5329		120	24.96	3,678,543	3,990,600	
1994/01		0.40	1.6983	1.6983		120	33.09	3,693,577	4,058,400	
1994/07		0.40	1.5991	1.5991		120	33.09	3,707,790	4,123,320	
1995/01	45,477	0.50	1.5812	1.5812		120	38.00	3,773,520	4,188,480	
1995/07		0.50	1.5250	1.5250		120	38.00	3,793,400	4,252,320	
1996/01		0.60	1.7228	1.7228		120	41.16	3,822,745	4,325,640	
1996/07		0.60	1.3294	1.3294		120	41.16	3,845,563	4,383,120	
1997/01		0.70	1.4109	1.4109		120	40.76	3,873,709	4,444,920	
1997/07		0.70	1.0917	1.0917		120	40.76	3,873,709	4,493,400	5
1998/01	189,829	0.80	1.1663	1.1663		120	42.28	4,085,476	4,545,840	5
1998/07		0.80	1.0794	1.0794		120	42.28	4,113,416	4,594,920	5
1999/01	64,013	0.90	1.4499	1.4499		120	43.50	4,247,469	4,661,520	
1999/07		0.90	1.2299	1.2299		120	43.50	4,284,654	4,718,880	
2000/01	22,820	1.00	1.3356	1.3356		120	46.45	4,355,804	4,781,880	
2000/07		1.00	1.1129	1.1129		120	46.45	4,396,744	4,835,040	
2001/01		1.00	1.2976	1.2976		120	45.08	4,443,506	4,897,800	
2001/07		1.00	0.9615	0.9615		120	45.08	4,478,524	4,944,840	
2002/01	16,146	1.00	1.0301	1.0301		120	48.25	4,535,141	4,995,720	
2002/07		1.00	0.8337	0.8337		120	48.25	4,568,310	5,037,360	
2003/01		1.00	1.3271	1.3271		120	48.25	4,621,496	5,104,200	
2003/07		1.00	1.1664	1.1664		120	42.31	4,662,964	5,163,720	
2004/01		1.00	1.1103	1.1103		120	42.31	4,702,791	5,221,080	
2004/07		1.00	0.8378	0.8378		120	40.94	4,732,119	5,264,880	
2005/01		1.00	0.8595	0.8595		120	40.30	4,761,921	5,310,120	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325252-00 - 2014/07

219.76

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		120	40.30	4,787,615	5,349,240	
2006/01		1.00	0.9068	0.9068		120	40.30	4,819,426	5,397,720	
2006/07	38,197	1.00	0.8133	0.8133		120	36.62	4,883,721	5,441,640	
2007/01		1.00	1.0133	1.0133		120	35.88	4,916,004	5,496,720	
2007/07		1.00	1.1050	1.1050		120	35.88	4,951,442	5,557,440	
2008/01		1.00	0.8556	0.8556		120	35.88	4,979,079	5,604,960	
2008/07		1.00	0.6104	0.6104		120	36.32	4,999,149	5,639,160	
2009/01		1.00	1.3268	1.3268		120	32.34	5,038,150	5,714,040	
2009/07		1.00	0.6841	0.6841		120	32.34	5,058,416	5,753,160	
2010/01		1.00	0.8643	0.8643		120	30.29	5,082,494	5,802,840	
2010/07		1.00	0.7107	0.7107		120	30.29	5,102,387	5,844,120	
2011/01		0.95	0.9198	0.9198		120	30.29	5,126,941	5,897,880	
2011/07		0.95	0.9028	0.9028		120	24.99	5,126,941	5,951,160	
2012/01		0.90	0.3865	0.3865		120	22.99	5,126,941	5,974,200	
2012/07		0.90	0.9417	0.9417		120	22.99	5,126,941	6,030,480	
2013/01		0.85	0.4901	0.4901		120	23.07	5,126,941	6,060,000	
2013/07		0.85	0.6196	0.6196		120	23.07	5,126,941	6,097,560	
2014/01		0.80	0.8564	0.8564		120	23.07	5,126,941	6,149,760	
2014/07		0.80	1.2383	1.2383		120	21.24	5,126,941	6,225,960	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325261-00 - 2014/07

206.12

Heartland Health Care Center-Orange Park

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
570 WELLS RD	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
ORANGE PARK, FL 32073	Days in CR 365	Maximum: 43,800	Standard: 184
County: Clay [10]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 39,239	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 15,582	Inflation
Current Class North Large	Initial CR? False	Medicaid: 17,673	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	45.03937%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.58676%	Cost: 1.02881379
Open Date: 03/22/1990	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/22/1990	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 04/26/1990	Low Occupancy Adjustment Factor:	114.04902%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 202169			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	882,878	1,226,813	829,514	159,941	9,540	3,108,686	
1a	Audit Adjustments							
2	Cost Per Diem	49.9563	69.4174	46.9368	9.0500	0.5398	175.9003	
3	Cost Per Diem Inflated	51.3957	71.1650	48.2892				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.3957	71.1650	48.2892	9.0500	0.5398	180.4397	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	69.9003		54.4178				
7	Provider Target Rate	71.3567		55.5516				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	49.7653	71.1650	48.2892	9.0500	0.5398	178.8093	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	49.7653	71.1650	48.2892	9.0500	0.5398	178.8093	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325261-00 - 2014/07

206.12

Rate Semester 07/01/2014 through 12/31/2014

Heartland Health Care Center-Orange Park

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/26/1990	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,600,000.00	Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Variable	80% Capital(1):	4,087,641 9.8425
Indexed Asset Value	5,109,551	<60% of Base:	False	20% ROE(2):	1,021,910 0.4321
FRVS Base Asset:	3,602,760	Interest Rate:	7.2600%	Insurance Cost(3):	19,808 0.5048
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	69,008 1.7587
ROE Factor	0.016670	Amortization Rate:	7.2600%	Home Office(3):	24,721 0.6300
		Interest Only:	False	Replacement(3&4):	369,614 0.0000
		Yearly Payment:	387,990	Total FRVS PD:	13.1681

- (1) 80% Capital (\$4,087,641) amortized at 7.2600 % for 20 years Principal & Interest of \$387,990 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.8425
- (2) 20% ROE (\$1,021,910) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	30,023
Comparison Date:	07/01/1989	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7653	49.7653	0.8836	48.8817
Direct Care	71.1650	71.1650	1.2635	69.9015
Indirect Care	48.2892	48.2892	0.8574	47.4318
Property	9.0500	13.1681	0.2338	12.9343
ROE	0.5398	0.0209	0.0004	0.0205
ROE Adjustment	-0.0209	-0.0209	-0.0004	-0.0205
Quality Assess-Medicaid Share				17.0654
Supplemental Rate Add-on				9.9025
Totals	178.7884	182.3876	3.2383	206.1172

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325261-00 - 2014/07

206.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	4,802,657	0.00	0.5899	0.5899		120	21.73	3,602,760	3,602,760	1
1990/07		0.10	0.5899	0.5899		120	21.73	3,602,760	3,642,240	
1991/01		0.10	0.5899	0.5899		120	21.73	3,602,760	3,663,600	
1991/07		0.20	1.4932	1.4932		120	21.73	3,602,760	3,718,320	
1992/01		0.20	2.0117	2.0117		120	21.73	3,602,760	3,793,080	
1992/07		0.30	1.8152	1.8152		120	21.73	3,602,760	3,861,960	
1993/01		0.30	1.7710	1.7710		120	21.73	3,602,760	3,930,360	
1993/07		0.40	1.5329	1.5329		120	28.37	3,614,156	3,990,600	
1994/01	27,861	0.40	1.6983	1.6983		120	23.14	3,642,017	4,058,400	
1994/07		0.50	1.5991	1.5991		120	23.14	3,642,017	4,123,320	
1995/01		0.50	1.5812	1.5812		120	23.14	3,642,017	4,188,480	
1995/07	53,608	0.60	1.5250	1.5250		120	25.45	3,711,045	4,252,320	
1996/01		0.60	1.7228	1.7228		120	25.45	3,728,796	4,325,640	
1996/07	24,628	0.70	1.3294	1.3294		120	30.89	3,772,913	4,383,120	
1997/01		0.70	1.4109	1.4109		120	30.89	3,793,840	4,444,920	
1997/07		0.80	1.0917	1.0917		120	35.40	3,815,167	4,493,400	
1998/01		0.80	1.1663	1.1663		120	35.40	3,838,078	4,545,840	
1998/07		0.90	1.0794	1.0794		120	42.39	3,866,816	4,594,920	
1999/01		0.90	1.4499	1.4499		120	42.39	3,905,705	4,661,520	
1999/07	81,354	1.00	1.2299	1.2299		120	42.93	4,024,553	4,718,880	
2000/01		1.00	1.3356	1.3356		120	42.93	4,066,509	4,781,880	
2000/07		1.00	1.1129	1.1129		120	55.03	4,111,765	4,835,040	
2001/01		1.00	1.2976	1.2976		120	55.03	4,165,119	4,897,800	
2001/07		1.00	0.9615	0.9615		120	48.28	4,200,274	4,944,840	
2002/01		1.00	1.0301	1.0301		120	45.16	4,235,800	4,995,720	
2002/07		1.00	0.8337	0.8337		120	45.16	4,264,796	5,037,360	
2003/01		1.00	1.3271	1.3271		120	45.16	4,311,268	5,104,200	
2003/07		1.00	1.1664	1.1664		120	37.04	4,345,134	5,163,720	
2004/01		1.00	1.1103	1.1103		120	37.04	4,377,624	5,221,080	
2004/07		1.00	0.8378	0.8378		120	37.04	4,402,323	5,264,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325261-00 - 2014/07

206.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01	31,595	1.00	0.8595	0.8595		120	26.87	4,452,404	5,310,120	
2005/07		1.00	0.7364	0.7364		120	26.87	4,468,422	5,349,240	
2006/01	101,416	1.00	0.9068	0.9068		120	28.84	4,591,085	5,397,720	
2006/07		1.00	0.8133	0.8133		120	28.84	4,610,664	5,441,640	
2007/01		1.00	1.0133	1.0133		120	40.69	4,645,228	5,496,720	
2007/07		1.00	1.1050	1.1050		120	40.69	4,683,203	5,557,440	
2008/01		1.00	0.8556	0.8556		120	44.55	4,715,659	5,604,960	
2008/07		1.00	0.6104	0.6104		120	44.55	4,738,974	5,639,160	
2009/01		1.00	1.3268	1.3268		120	49.50	4,795,563	5,714,040	
2009/07		1.00	0.6841	0.6841		120	49.50	4,825,089	5,753,160	
2010/01		1.00	0.8643	0.8643		120	49.50	4,862,622	5,802,840	
2010/07		0.95	0.7107	0.7107		120	47.38	4,890,906	5,844,120	
2011/01		0.95	0.9198	0.9198		120	43.19	4,924,466	5,897,880	
2011/07		0.90	0.9028	0.9028		120	43.19	4,955,886	5,951,160	
2012/01		0.90	0.3865	0.3865		120	43.19	4,969,425	5,974,200	
2012/07		0.85	0.9417	0.9417		120	46.53	5,003,075	6,030,480	
2013/01		0.85	0.4901	0.4901		120	46.53	5,020,708	6,060,000	
2013/07		0.80	0.6196	0.6196		120	46.53	5,041,763	6,097,560	
2014/01		0.80	0.8564	0.8564		120	46.53	5,070,985	6,149,760	
2014/07		0.75	1.2383	1.2383		120	45.04	5,109,551	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325279-00 - 2014/07

205.26

ManorCare Nursing and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2075 LOCH LOMOND DRIVE	10/1/2012-9/30/2013	Number of Beds: 138	Superior: 0
WINTER PARK, FL 32792	Days in CR 365	Maximum: 50,370	Standard: 184
County: Orange [48]	First Used: 2014/01	Max Annualized: 50,370	Conditional: 0
Region: Central Area: 7	Last Used: 2014/07	Total Patient: 35,934	Total: 184
Control: Proprietary : Partnership	Unaudited	Medicare: 13,291	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 17,210	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	47.89336%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	71.34008%	Cost: 1.02881379
Open Date: 07/01/1977	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1977	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 07/01/1977	Low Occupancy Adjustment Factor:	90.81996%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 204854			PS Target: 1.02083595

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	52.0056	75.1869	42.8276				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.0056	75.1869	42.8276	10.8300	0.6119	181.4620	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	71.4333		53.3361				
7	Provider Target Rate	72.9217		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.0056	75.1869	42.8276	10.8300	0.6119	181.4620	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	52.0056	75.1869	42.8276	10.8300	0.6119	181.4620	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325279-00 - 2014/07

205.26

Rate Semester 07/01/2014 through 12/31/2014

ManorCare Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS:		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,068,000.00		Total Amount	Per Diem
RS to Start Calcs:	1977/07	Type:	Fixed	80% Capital(1):	2,948,130	6.2868
Indexed Asset Value	3,685,162	<60% of Base:	False	20% ROE(2):	737,032	0.2710
FRVS Base Asset:	2,386,545	Interest Rate:	7.5000%	Insurance Cost(3):	23,215	0.6460
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	47,109	1.3110
ROE Factor	0.016670	Amortization Rate:	7.5000%	Home Office(3):	23,511	0.6543
		Interest Only:	False	Replacement(3&4):	72,012	0.0000
		Yearly Payment:	284,999	Total FRVS PD:		9.1691

- (1) 80% Capital (\$2,948,130) amortized at 7.5000 % for 20 years Principal & Interest of \$284,999 divided by annual available days (50370) divided by Occup. Adj. (0.900) = \$6.2868
- (2) 20% ROE (\$737,032) times the ROE factor (0.016670) divided by annual available days (50370) divided by Occup. Adj. (0.900) = \$0.2710
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	138	Effective PBS Limitation	3,933,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0056	52.0056	0.9234	51.0822
Direct Care	75.1869	75.1869	1.3350	73.8519
Indirect Care	42.8276	42.8276	0.7604	42.0672
Property	10.8300	9.1691	0.1923	10.6377
ROE	0.6119	0.2666	0.0109	0.6010
ROE Adjustment	-0.2666	-0.2666	-0.0047	-0.2619
Quality Assess-Medicaid Share				17.3789
Supplemental Rate Add-on				9.9025
Totals	181.1954	179.1892	3.2173	205.2595

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325279-00 - 2014/07

205.26

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1977/07	2,318,921	0.00	5.0576	3.0000	2.0576	138	100.00	2,318,921	2,344,482	
1978/01	25,231	0.10	6.7973	3.0000	3.7973	138	100.00	2,351,109	2,455,710	
1978/07		0.10	9.3367	3.0000	6.3367	138	100.00	2,358,162	2,591,640	
1979/01		0.20	11.4640	3.0000	8.4640	138	100.00	2,372,311	2,724,534	
1979/07		0.20	12.6622	3.0000	9.6622	138	100.00	2,386,545	2,838,936	
1980/01		0.30	15.8279	3.0000	12.8279	138	15.09	2,386,545	3,014,058	
1980/07		0.30	16.6385	3.0000	13.6385	138	15.09	2,386,545	3,128,874	
1981/01		0.40	17.4626	3.0000	14.4626	138	16.97	2,386,545	3,248,520	
1981/07		0.40	17.0514	3.0000	14.0514	138	16.97	2,386,545	3,332,562	
1982/01		0.50	16.7274	3.0000	13.7274	138	21.73	2,386,545	3,421,848	
1982/07		0.50	16.0251	3.0000	13.0251	138	21.73	2,386,545	3,500,370	
1983/04		0.60	15.6539	3.0000	12.6539	138	21.73	2,386,545	3,592,416	
1983/07		0.60	16.6117	3.0000	13.6117	138	21.73	2,386,545	3,734,556	
1984/01		0.70	14.9069	3.0000	11.9069	138	21.73	2,386,545	3,782,994	
1984/07		0.70	13.8248	3.0000	10.8248	138	20.20	2,386,545	3,855,582	
1985/01		0.80	11.9719	3.0000	8.9719	138	20.20	2,386,545	3,899,742	
1985/10		0.80	9.8241	3.0000	6.8241	138	21.75	2,386,545	3,933,000	
1986/01		0.90	7.6540	3.0000	4.6540	138	21.75	2,386,545	3,965,706	
1986/07		0.90	4.9514	3.0000	1.9514	138	37.42	2,430,385	3,958,116	
1987/01		1.00	2.9605	2.9605		138	37.42	2,479,338	4,028,910	
1987/07		1.00	0.9007	0.9007		138	52.79	2,500,772	4,060,374	
1988/01		1.00	0.9007	0.9007		138	52.79	2,522,391	4,093,356	
1988/07		1.00	0.5899	0.5899		138	53.41	2,536,840	4,091,148	
1989/01		1.00	0.5899	0.5899		138	53.41	2,551,372	4,115,298	
1989/07		1.00	0.5899	0.5899		138	51.79	2,565,544	4,143,174	
1990/01		1.00	0.5899	0.5899		138	51.79	2,579,795	4,164,012	
1990/07		1.00	0.5899	0.5899		138	48.85	2,593,312	4,188,576	
1991/01		1.00	0.5899	0.5899		138	48.85	2,606,899	4,213,140	
1991/07		1.00	1.4932	1.4932		138	50.05	2,642,322	4,276,068	
1992/01		1.00	2.0117	2.0117		138	50.05	2,690,694	4,362,042	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325279-00 - 2014/07

205.26

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07		1.00	1.8152	1.8152		138	50.05	2,735,140	4,441,254	
1993/01		1.00	1.7710	1.7710		138	44.53	2,774,358	4,519,914	
1993/07		1.00	1.5329	1.5329		138	44.74	2,808,953	4,589,190	
1994/01		1.00	1.6983	1.6983		138	44.74	2,847,758	4,667,160	
1994/07		1.00	1.5991	1.5991		138	40.61	2,881,382	4,741,818	
1995/01		1.00	1.5812	1.5812		138	40.61	2,915,022	4,816,752	
1995/07		1.00	1.5250	1.5250		138	41.02	2,948,177	4,890,168	
1996/01		1.00	1.7228	1.7228		138	41.02	2,986,058	4,974,486	
1996/07		1.00	1.3294	1.3294		138	42.16	3,016,487	5,040,588	
1997/01		1.00	1.4109	1.4109		138	42.16	3,049,111	5,111,658	
1997/07		1.00	1.0917	1.0917		138	39.06	3,072,751	5,167,410	
1998/01		0.95	1.1663	1.1663		138	39.06	3,096,930	5,227,716	
1998/07		0.95	1.0794	1.0794		138	41.46	3,120,868	5,284,158	
1999/01		0.90	1.4499	1.4499		138	41.46	3,151,567	5,360,748	
1999/07		0.90	1.2299	1.2299		138	42.31	3,151,567	5,426,712	5
2000/01		0.85	1.3356	1.3356		138	42.31	3,206,162	5,499,162	
2000/07		0.85	1.1129	1.1129		138	42.31	3,229,494	5,560,296	
2001/01		0.80	1.2976	1.2976		138	46.39	3,257,771	5,632,470	
2001/07		0.80	0.9615	0.9615		138	46.39	3,278,907	5,686,566	
2002/01	29,709	0.75	1.0301	1.0301		138	50.88	3,332,051	5,745,078	
2002/07		0.75	0.8337	0.8337		138	50.88	3,351,326	5,792,964	
2003/01		0.70	1.3271	1.3271		138	50.88	3,380,128	5,869,830	
2003/07		0.70	1.1664	1.1664		138	51.39	3,405,915	5,938,278	
2004/01		0.65	1.1103	1.1103		138	51.39	3,428,882	6,004,242	
2004/07		0.65	0.8378	0.8378		138	51.39	3,446,330	6,054,612	
2005/01	21,853	0.60	0.8595	0.8595		138	55.16	3,485,956	6,106,638	
2005/07		0.60	0.7364	0.7364		138	55.16	3,501,357	6,151,626	
2006/01		0.55	0.9068	0.9068		138	55.55	3,518,818	6,207,378	
2006/07		0.55	0.8133	0.8133		138	55.55	3,534,558	6,257,886	
2007/01		0.50	1.0133	1.0133		138	54.99	3,552,464	6,321,228	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325279-00 - 2014/07

205.26

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07		0.50	1.1050	1.1050		138	54.99	3,572,088	6,391,056	
2008/01		0.45	0.8556	0.8556		138	53.13	3,585,373	6,445,704	
2008/07		0.45	0.6104	0.6104		138	53.13	3,594,887	6,485,034	
2009/01		0.40	1.3268	1.3268		138	50.49	3,612,401	6,571,146	
2009/07		0.40	0.6841	0.6841		138	50.49	3,621,474	6,616,134	
2010/01		0.35	0.8643	0.8643		138	49.24	3,631,282	6,673,266	
2010/07		0.35	0.7107	0.7107		138	49.24	3,639,367	6,720,738	
2011/01		0.30	0.9198	0.9198		138	50.56	3,648,597	6,782,562	
2011/07		0.30	0.9028	0.9028		138	50.56	3,657,680	6,843,834	
2012/01		0.25	0.3865	0.3865		138	50.56	3,660,928	6,870,330	
2012/07		0.25	0.9417	0.9417		138	46.33	3,668,187	6,935,052	
2013/01		0.20	0.4901	0.4901		138	46.33	3,671,215	6,969,000	
2013/07		0.20	0.6196	0.6196		138	46.99	3,675,101	7,012,194	
2014/01		0.15	0.8564	0.8564		138	47.89	3,679,213	7,072,224	
2014/07		0.15	1.2383	1.2383		138	47.89	3,685,162	7,159,854	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325287-00 - 2014/07

207.64

Heartland Health Care Center of South Jacksonville

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3648 UNIVERSITY BLVD S	6/1/2012-5/31/2013	Number of Beds: 117	Superior: 0
JACKSONVILLE, FL 32216	Days in CR 365	Maximum: 42,705	Standard: 184
County: Duval [16]	First Used : 2014/01	Max Annualized: 42,705	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 40,710	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 20,502	Inflation
Current Class North Large	Initial CR? False	Medicaid: 12,136	FY Index: 1.29575017
Class at 1/94: North Large	Medical Utilization	29.81086%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	95.32842%	Cost: 1.03959307
Open Date: 11/01/1981	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 11/01/1981	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 07/01/1980	Low Occupancy Adjustment Factor:	121.35848%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 205630			PS Target: 1.02083595

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	46.8072	77.7212	48.8195				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.8072	77.7212	48.8195	13.3200	0.6014	187.2693	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.7619		51.2053				
7	Provider Target Rate	65.0904		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	46.8072	77.7212	48.8195	13.3200	0.6014	187.2693	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	46.8072	77.7212	48.8195	13.3200	0.6014	187.2693	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325287-00 - 2014/07

207.64

Rate Semester 07/01/2014 through 12/31/2014

Heartland Health Care Center of South Jacksonville

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
	1,521,100.00	Type: Fixed	80% Capital(1): 3,964,133	11.5368	
		<60% of Base: False	20% ROE(2): 991,033	0.3625	
		Interest Rate: 9.5000%	Insurance Cost(3): 21,168	0.5200	
		Chase Rate: 13.0000%	Taxes Cost(3): 76,534	1.8800	
		Amortization Rate: 9.5000%	Home Office(3): 25,885	0.6358	
		Interest Only: False	Replacement(3&4): 118,013	0.0000	
		Yearly Payment: 443,411	Total FRVS PD:	14.9351	

- (1) 80% Capital (\$3,964,133) amortized at 9.5000 % for 20 years Principal & Interest of \$443,411 divided by annual available days (42705) divided by Occup. Adj. (0.900) = \$11.5368
- (2) 20% ROE (\$991,033) times the ROE factor (0.014060) divided by annual available days (42705) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	89	Effective PBS Limitation	2,536,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.8072	46.8072	0.8311	45.9761
Direct Care	77.7212	77.7212	1.3799	76.3413
Indirect Care	48.8195	48.8195	0.8668	47.9527
Property	13.3200	14.9351	0.2365	13.0835
ROE	0.6014		0.0107	0.5907
ROE Adjustment				
Quality Assess-Medicaid Share				13.7893
Supplemental Rate Add-on				9.9025
Totals	187.2693	188.2830	3.3250	207.6361

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325287-00 - 2014/07

207.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	2,101,841	0.00	2.5888	2.5888		89	43.39	2,101,841	2,149,261	
1982/01		0.10	2.6760	2.6760		89	43.39	2,106,278	2,206,844	
1982/07		0.10	2.2977	2.2977		89	36.91	2,109,526	2,257,485	
1983/04		0.20	2.6288	2.6288		89	36.91	2,116,970	2,316,848	
1983/07		0.20	3.9578	3.0000	0.9578	89	36.91	2,125,494	2,408,518	
1984/01		0.30	2.2530	2.2530		89	36.91	2,135,135	2,439,757	
1984/07		0.30	1.9179	1.9179		89	37.84	2,143,587	2,486,571	
1985/01		0.40	1.1471	1.1471		89	37.84	2,150,353	2,515,051	
1985/10		0.40	0.8522	0.8522		89	38.03	2,155,422	2,536,500	
1986/01		0.50	0.8299	0.8299		89	38.03	2,161,607	2,557,593	
1986/07		0.50	0.2974	0.2974		89	31.92	2,163,472	2,552,698	
1987/01		0.60	1.0091	1.0091		89	31.92	2,171,075	2,598,355	
1987/07		0.60	0.9007	0.9007		89	30.34	2,177,547	2,618,647	
1988/01		0.70	0.9007	0.9007		89	39.49	2,187,405	2,639,918	
1988/07		0.70	0.5899	0.5899		89	39.49	2,193,890	2,638,494	
1989/01		0.80	0.5899	0.5899		89	37.73	2,200,992	2,654,069	
1989/07		0.80	0.5899	0.5899		89	37.73	2,208,117	2,672,047	
1990/01		0.90	0.5899	0.5899		89	39.21	2,216,474	2,685,486	
1990/07		0.90	0.5899	0.5899		89	39.21	2,224,863	2,701,328	
1991/01		1.00	0.5899	0.5899		89	48.66	2,236,475	2,717,170	
1991/07		1.00	1.4932	1.4932		89	48.66	2,266,021	2,757,754	
1992/01	935,394	1.00	2.0117	2.0117		120	54.48	3,246,570	3,793,080	
1992/07		1.00	1.8152	1.8152		120	54.48	3,304,945	3,861,960	
1993/01		1.00	1.7710	1.7710		120	49.28	3,357,388	3,930,360	
1993/07		1.00	1.5329	1.5329		120	49.28	3,403,501	3,990,600	
1994/01		1.00	1.6983	1.6983		120	40.83	3,446,411	4,058,400	
1994/07		1.00	1.5991	1.5991		120	40.83	3,487,324	4,123,320	
1995/01		1.00	1.5812	1.5812		120	35.37	3,522,785	4,188,480	
1995/07		1.00	1.5250	1.5250		120	35.37	3,557,333	4,252,320	
1996/01		1.00	1.7228	1.7228		120	35.37	3,596,745	4,325,640	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325287-00 - 2014/07

207.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		120	42.56	3,633,745	4,383,120	
1997/01		1.00	1.4109	1.4109		120	42.56	3,673,418	4,444,920	
1997/07		1.00	1.0917	1.0917		120	50.15	3,709,984	4,493,400	
1998/01		1.00	1.1663	1.1663		120	50.15	3,749,438	4,545,840	
1998/07		1.00	1.0794	1.0794		120	57.11	3,789,909	4,594,920	
1999/01		1.00	1.4499	1.4499		120	68.90	3,844,859	4,661,520	
1999/07		1.00	1.2299	1.2299		120	68.90	3,892,147	4,718,880	
2000/01		1.00	1.3356	1.3356		120	73.35	3,944,131	4,781,880	
2000/07		1.00	1.1129	1.1129		120	73.35	3,988,025	4,835,040	
2001/01		1.00	1.2976	1.2976		120	65.97	4,039,774	4,897,800	
2001/07		1.00	0.9615	0.9615		120	65.97	4,078,616	4,944,840	
2002/01		0.95	1.0301	1.0301		117	60.80	4,118,529	4,870,827	
2002/07		0.95	0.8337	0.8337		117	60.80	4,151,148	4,911,426	
2003/01		0.90	1.3271	1.3271		117	61.48	4,200,729	4,976,595	
2003/07		0.90	1.1664	1.1664		117	61.48	4,244,828	5,034,627	
2004/01		0.85	1.1103	1.1103		117	61.48	4,284,891	5,090,553	
2004/07		0.85	0.8378	0.8378		117	61.48	4,315,404	5,133,258	
2005/01		0.80	0.8595	0.8595		117	48.93	4,341,802	5,177,367	
2005/07		0.80	0.7364	0.7364		117	48.93	4,364,557	5,215,509	
2006/01		0.75	0.9068	0.9068		117	38.57	4,385,373	5,262,777	
2006/07		0.75	0.8133	0.8133		117	38.57	4,404,133	5,305,599	
2007/01	50,931	0.70	1.0133	1.0133		117	40.43	4,478,027	5,359,302	
2007/07		0.70	1.1050	1.1050		117	40.43	4,503,489	5,418,504	
2008/01		0.65	0.8556	0.8556		117	42.31	4,522,755	5,464,836	
2008/07		0.65	0.6104	0.6104		117	42.31	4,536,561	5,498,181	
2009/01	266,135	0.60	1.3268	1.3268		117	42.28	4,830,459	5,571,189	
2009/07		0.60	0.6841	0.6841		117	42.28	4,845,702	5,609,331	
2010/01		0.55	0.8643	0.8643		117	37.44	4,861,384	5,657,769	
2010/07		0.55	0.7107	0.7107		117	37.44	4,874,320	5,698,017	
2011/01		0.50	0.9198	0.9198		117	35.21	4,888,671	5,750,433	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325287-00 - 2014/07

207.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		117	35.21	4,902,798	5,802,381	
2012/01		0.45	0.3865	0.3865		117	36.25	4,908,417	5,824,845	
2012/07		0.45	0.9417	0.9417		117	36.25	4,922,127	5,879,718	
2013/01		0.40	0.4901	0.4901		117	33.74	4,928,045	5,908,500	
2013/07		0.40	0.6196	0.6196		117	33.74	4,935,536	5,945,121	
2014/01		0.35	0.8564	0.8564		117	29.81	4,943,553	5,996,016	
2014/07		0.35	1.2383	1.2383		117	29.81	4,955,166	6,070,311	

Message Code:

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014

ID: 325287053120130601201209162013092135



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325295-00 - 2014/07

209.48

Heartland of Brooksville

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
575 LAMAR AVE	9/1/2012-8/31/2013	Number of Beds: 120	Superior: 0
BROOKSVILLE, FL 34601	Days in CR 365	Maximum: 43,800	Standard: 184
County: Hernando [27]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2014/07	Total Patient: 31,946	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,320	Inflation
Current Class North Large	Initial CR? False	Medicaid: 22,932	FY Index: 1.30580299
Class at 1/94: North Large	Medical Utilization	71.78363%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	72.93607%	Cost: 1.03158969
Open Date: 01/01/1988	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1988	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21049917
Entered Medicaid 01/01/1988	Low Occupancy Adjustment Factor:	92.85175%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02602301
Previous Med # 211575			PS Target: 1.02083595

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	46.7305	71.0728	45.7473				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.7305	71.0728	45.7473	12.5100	0.6876	176.7482	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.1164		51.2053				
7	Provider Target Rate	68.5148		52.2722				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	49.7653	95.0998	62.5446	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.1156		59.2527				
10	Target Rate Class Ceiling	50.8465		60.1169				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	46.7305	71.0728	45.7473	12.5100	0.6876	176.7482	
12/13	Medical Adjustment Rate		1.7418	1.1211				
14	Prospective Per Diem 11	46.7305	72.8146	46.8684	12.5100	0.6876	179.6111	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325295-00 - 2014/07

209.48

Rate Semester 07/01/2014 through 12/31/2014

Heartland of Brooksville

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,698,481 10.2594
RS to Start Calcs:	1988/01	<60% of Base:	False	20% ROE(2):	1,174,620 0.4687
Indexed Asset Value	5,873,101	Interest Rate:	6.0150%	Insurance Cost(3):	18,591 0.5820
FRVS Base Asset:	3,530,760	Chase Rate:	8.5000%	Taxes Cost(3):	75,935 2.3770
Occup Adj Factor	0.9000	Amortization Rate:	6.0150%	Home Office(3):	18,016 0.5640
ROE Factor	0.015730	Interest Only:	False	Replacement(3&4):	95,283 0.0000
		Yearly Payment:	404,425	Total FRVS PD:	14.2511

- (1) 80% Capital (\$4,698,481) amortized at 6.0150 % for 20 years Principal & Interest of \$404,425 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.2594
- (2) 20% ROE (\$1,174,620) times the ROE factor (0.015730) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4687
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.7305	46.7305	0.8297	45.9008
Direct Care	72.8146	72.8146	1.2928	71.5218
Indirect Care	46.8684	46.8684	0.8322	46.0362
Property	12.5100	14.2511	0.2530	13.9981
ROE	0.6876	0.3401	0.0060	0.3341
ROE Adjustment	-0.3401	-0.3401	-0.0060	-0.3341
Quality Assess-Medicaid Share				22.1175
Supplemental Rate Add-on				9.9025
Totals	179.2710	180.6646	3.2077	209.4769

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 325295-00 - 2014/07

209.48

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	3,559,822	0.00	0.9007	0.9007		120	48.24	3,530,760	3,530,760	1
1988/07		0.10	0.5899	0.5899		120	48.24	3,532,587	3,557,520	
1989/01		0.10	0.5899	0.5899		120	48.24	3,534,415	3,578,520	
1989/07		0.20	0.5899	0.5899		120	48.24	3,538,073	3,602,760	
1990/01		0.20	0.5899	0.5899		120	48.24	3,541,735	3,620,880	
1990/07		0.30	0.5899	0.5899		120	48.24	3,547,233	3,642,240	
1991/01		0.30	0.5899	0.5899		120	48.24	3,552,740	3,663,600	
1991/07		0.40	1.4932	1.4932		120	51.55	3,572,629	3,718,320	
1992/01		0.40	2.0117	2.0117		120	61.27	3,601,378	3,793,080	
1992/07		0.50	1.8152	1.8152		120	61.27	3,634,064	3,861,960	
1993/01		0.50	1.7710	1.7710		120	61.27	3,666,244	3,930,360	
1993/07		0.60	1.5329	1.5329		120	59.61	3,699,962	3,990,600	
1994/01		0.60	1.6983	1.6983		120	59.61	3,737,665	4,058,400	
1994/07	22,085	0.70	1.5991	1.5991		120	61.76	3,801,589	4,123,320	
1995/01		0.70	1.5812	1.5812		120	61.76	3,843,665	4,188,480	
1995/07	107,419	0.80	1.5250	1.5250		120	72.65	3,997,977	4,252,320	
1996/01		0.80	1.7228	1.7228		120	72.65	4,053,077	4,325,640	
1996/07	27,065	0.90	1.3294	1.3294		120	68.56	4,128,637	4,383,120	
1997/01		0.90	1.4109	1.4109		120	68.56	4,181,062	4,444,920	
1997/07		1.00	1.0917	1.0917		120	71.84	4,226,707	4,493,400	
1998/01		1.00	1.1663	1.1663		120	71.84	4,276,003	4,545,840	
1998/07	18,011	1.00	1.0794	1.0794		120	74.57	4,340,169	4,594,920	
1999/01		1.00	1.4499	1.4499		120	74.57	4,403,097	4,661,520	
1999/07	42,323	1.00	1.2299	1.2299		120	75.75	4,499,574	4,718,880	
2000/01		1.00	1.3356	1.3356		120	75.75	4,559,670	4,781,880	
2000/07		1.00	1.1129	1.1129		120	72.05	4,610,415	4,835,040	
2001/01		1.00	1.2976	1.2976		120	64.57	4,670,240	4,897,800	
2001/07		1.00	0.9615	0.9615		120	64.57	4,715,144	4,944,840	
2002/01		1.00	1.0301	1.0301		120	61.81	4,763,715	4,995,720	
2002/07		1.00	0.8337	0.8337		120	61.81	4,803,430	5,037,360	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 325295-00 - 2014/07

209.48

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		120	61.81	4,867,176	5,104,200	
2003/07	19,864	1.00	1.1664	1.1664		120	58.63	4,943,811	5,163,720	
2004/01		1.00	1.1103	1.1103		120	58.63	4,998,702	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.63	5,040,581	5,264,880	
2005/01		1.00	0.8595	0.8595		120	61.06	5,083,905	5,310,120	
2005/07		1.00	0.7364	0.7364		120	61.06	5,121,343	5,349,240	
2006/01	25,540	1.00	0.9068	0.9068		120	60.78	5,193,323	5,397,720	
2006/07		1.00	0.8133	0.8133		120	60.78	5,235,560	5,441,640	
2007/01		1.00	1.0133	1.0133		120	64.53	5,288,612	5,496,720	
2007/07		1.00	1.1050	1.1050		120	64.53	5,347,051	5,557,440	
2008/01		1.00	0.8556	0.8556		120	60.41	5,392,800	5,604,960	
2008/07		0.95	0.6104	0.6104		120	60.41	5,424,073	5,639,160	
2009/01		0.95	1.3268	1.3268		120	60.41	5,492,443	5,714,040	
2009/07		0.90	0.6841	0.6841		120	65.53	5,526,260	5,753,160	
2010/01		0.90	0.8643	0.8643		120	63.43	5,569,249	5,802,840	
2010/07		0.85	0.7107	0.7107		120	63.43	5,602,893	5,844,120	
2011/01		0.85	0.9198	0.9198		120	64.49	5,646,696	5,897,880	
2011/07		0.80	0.9028	0.9028		120	64.49	5,687,476	5,951,160	
2012/01		0.80	0.3865	0.3865		120	64.49	5,705,062	5,974,200	
2012/07		0.75	0.9417	0.9417		120	69.72	5,745,357	6,030,480	
2013/01		0.75	0.4901	0.4901		120	69.72	5,766,477	6,060,000	
2013/07		0.70	0.6196	0.6196		120	71.45	5,791,486	6,097,560	
2014/01		0.70	0.8564	0.8564		120	71.78	5,826,206	6,149,760	
2014/07		0.65	1.2383	1.2383		120	71.78	5,873,101	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325309-00 - 2014/07

195.51

Heartlanf Health Care Center- Boynton Beach

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3600 OLD BOYNTON ROAD	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
BOYNTON BEACH , FL	Days in CR 365	Maximum: 43,800	Standard: 184
33436	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
County: Palm Beach [50]	Last Used: 2014/07	Total Patient: 41,755	Total: 184
Region: South Area: 9	Unaudited	Medicare: 7,628	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 24,566	FY Index: 1.29878490
Current Class South Large	Medical Utilization		Semester Index: 1.34705290
Class at 1/94: South Large	Occupancy:	58.83367%	Cost: 1.03716397
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	95.33105%	Target: 1.01458517
Open Date: 05/03/1991	Medicaid Low Occupancy Threshold:	78.55110%	DC FY Index: 1.20850000
Acquired Date: 05/03/1991	Low Occupancy Adjustment Factor:	41.17760%	DC Sem Index: 1.24200000
Entered Medicaid 01/16/1992	Weighted Low Occ Adjustment Factor:	121.36183%	DC Inflation: 1.02772031
Med # Active Date: 12/20/2007		100.00000%	PS Target: 1.02083595
Previous Med # 204200			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,118,048	1,654,336	838,404	327,465	24,135	3,962,388	
1a	Audit Adjustments							
2	Cost Per Diem	45.5120	67.3425	34.1286	13.3300	0.9825	161.2956	
3	Cost Per Diem Inflated	47.2034	69.2093	35.3970				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.2034	69.2093	35.3970	13.3300	0.9825	166.1222	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	66.2606		55.4668				
7	Provider Target Rate	67.6412		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.2034	69.2093	35.3970	13.3300	0.9825	166.1222	
12/13	Medical Adjustment Rate		0.6878	0.3518				
14	Prospective Per Diem 11	47.2034	69.8971	35.7488	13.3300	0.9825	167.1618	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325309-00 - 2014/07

195.51

Rate Semester 07/01/2014 through 12/31/2014

Heartlanf Health Care Center- Boynton Beach

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/16/1992	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,137,354 8.8411
RS to Start Calcs:	1991/01	<60% of Base:	True	20% ROE(2):	1,034,339 0.3773
Indexed Asset Value	5,171,693	Interest Rate:	8.5000%	Insurance Cost(3):	22,915 0.5488
FRVS Base Asset:	3,642,240	Chase Rate:	8.5000%	Taxes Cost(3):	107,255 2.5687
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	20,447 0.4897
ROE Factor	0.014380	Interest Only:	True	Replacement(3&4):	128,522 0.0000
		Yearly Payment:	348,516	Total FRVS PD:	12.8256

- (1) 80% Capital (\$4,137,354) amortized at 8.5000 % for 20 years Interest of \$348,516 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$8.8411
- (2) 20% ROE (\$1,034,339) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3773
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	07/01/1990	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.2034	47.2034	0.8381	46.3653
Direct Care	69.8971	69.8971	1.2410	68.6561
Indirect Care	35.7488	35.7488	0.6347	35.1141
Property	13.3300	12.8256	0.2277	12.5979
ROE	0.9825			
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Quality Assess-Medicaid Share				22.8785
Totals	167.1618	165.6749	2.9415	195.5144

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 325309-00 - 2014/07

195.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	7,142,762	0.00	0.5899	0.5899		120		3,642,240	3,642,240	1
1991/07		0.10	1.4932	1.4932		120		3,642,240	3,718,320	
1992/01		0.10	2.0117	2.0117		120	17.84	3,642,240	3,793,080	
1992/07		0.20	1.8152	1.8152		120	17.84	3,642,240	3,861,960	
1993/01		0.20	1.7710	1.7710		120	17.84	3,642,240	3,930,360	
1993/07		0.30	1.5329	1.5329		120	17.84	3,642,240	3,990,600	
1994/01		0.30	1.6983	1.6983		120	17.84	3,642,240	4,058,400	
1994/07		0.40	1.5991	1.5991		120	17.84	3,642,240	4,123,320	
1995/01	26,665	0.40	1.5812	1.5812		120	34.87	3,683,511	4,188,480	
1995/07		0.50	1.5250	1.5250		120	34.87	3,701,318	4,252,320	
1996/01		0.50	1.7228	1.7228		120	39.36	3,724,135	4,325,640	
1996/07		0.60	1.3294	1.3294		120	39.36	3,745,392	4,383,120	
1997/01		0.60	1.4109	1.4109		120	36.27	3,766,300	4,444,920	
1997/07		0.70	1.0917	1.0917		120	36.27	3,785,280	4,493,400	
1998/01		0.70	1.1663	1.1663		120	37.36	3,806,272	4,545,840	
1998/07		0.80	1.0794	1.0794		120	37.36	3,828,598	4,594,920	
1999/01	37,804	0.80	1.4499	1.4499		120	43.94	3,901,880	4,661,520	
1999/07		0.90	1.2299	1.2299		120	43.94	3,936,385	4,718,880	
2000/01		0.90	1.3356	1.3356		120	51.54	3,980,724	4,781,880	
2000/07		1.00	1.1129	1.1129		120	51.54	4,022,239	4,835,040	
2001/01		1.00	1.2976	1.2976		120	52.08	4,071,661	4,897,800	
2001/07		1.00	0.9615	0.9615		120	52.08	4,071,661	4,944,840	5
2002/01		1.00	1.0301	1.0301		120	59.98	4,151,056	4,995,720	
2002/07		1.00	0.8337	0.8337		120	59.98	4,151,056	5,037,360	5
2003/01		1.00	1.3271	1.3271		120	59.98	4,241,211	5,104,200	
2003/07		1.00	1.1664	1.1664		120	58.73	4,290,680	5,163,720	
2004/01		1.00	1.1103	1.1103		120	58.73	4,338,319	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.73	4,374,665	5,264,880	
2005/01		1.00	0.8595	0.8595		120	62.58	4,412,265	5,310,120	
2005/07		1.00	0.7364	0.7364		120	62.58	4,444,757	5,349,240	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 6/30/2013

0 325309-00 - 2014/07

195.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01	28,886	1.00	0.9068	0.9068		120	61.43	4,513,948	5,397,720	
2006/07		1.00	0.8133	0.8133		120	61.43	4,550,660	5,441,640	
2007/01		1.00	1.0133	1.0133		120	58.86	4,596,772	5,496,720	
2007/07		1.00	1.1050	1.1050		120	58.86	4,647,566	5,557,440	
2008/01		1.00	0.8556	0.8556		120	58.86	4,687,331	5,604,960	
2008/07		1.00	0.6104	0.6104		120	60.56	4,715,942	5,639,160	
2009/01		1.00	1.3268	1.3268		120	59.61	4,778,513	5,714,040	
2009/07		1.00	0.6841	0.6841		120	59.61	4,811,203	5,753,160	
2010/01		1.00	0.8643	0.8643		120	59.61	4,811,203	5,802,840	5
2010/07		1.00	0.7107	0.7107		120	58.10	4,887,275	5,844,120	
2011/01		1.00	0.9198	0.9198		120	64.04	4,932,228	5,897,880	
2011/07		0.95	0.9028	0.9028		120	64.04	4,974,532	5,951,160	
2012/01		0.95	0.3865	0.3865		120	64.04	4,992,798	5,974,200	
2012/07		0.90	0.9417	0.9417		120	62.05	5,035,112	6,030,480	
2013/01		0.90	0.4901	0.4901		120	58.18	5,057,322	6,060,000	
2013/07		0.85	0.6196	0.6196		120	58.18	5,083,959	6,097,560	
2014/01		0.85	0.8564	0.8564		120	58.18	5,120,965	6,149,760	
2014/07		0.80	1.2383	1.2383		120	58.83	5,171,693	6,225,960	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325325-00 - 2014/07

213.36

Heartland Health Care Center-Ft. Myers

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1600 MATTHEW DRIVE	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
FORT MYERS, FL 33907	Days in CR 365	Maximum: 43,800	Standard: 184
County: Lee [36]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 40,048	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 17,573	Inflation
Current Class South Large	Initial CR? False	Medicaid: 14,411	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	35.98432%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.43379%	Cost: 1.02881379
Open Date: 10/29/1990	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/29/1990	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 04/25/1991	Low Occupancy Adjustment Factor:	116.40039%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 203491			PS Target: 1.02083595

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	3.7237	223.6818	
3	Cost Per Diem Inflated	83.9124	83.9360	42.1104				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	83.9124	83.9360	42.1104	15.5900	3.7237	229.2725	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.5430		55.4668				
7	Provider Target Rate	69.9712		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	83.9360	42.1104	13.6500	3.7237	197.8377	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.4176	83.9360	42.1104	13.6500	3.7237	197.8377	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325325-00 - 2014/07

213.36

Rate Semester 07/01/2014 through 12/31/2014

Heartland Health Care Center-Ft. Myers

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/25/1991	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,500,000.00	Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Variable	80% Capital(1):	3,643,746 7.9563
Indexed Asset Value	4,554,683	<60% of Base:	False	20% ROE(2):	910,937 0.3852
FRVS Base Asset:	2,715,660	Interest Rate:	6.0150%	Insurance Cost(3):	24,590 0.6140
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	95,350 2.3809
ROE Factor	0.016670	Amortization Rate:	6.0150%	Home Office(3):	26,112 0.6520
		Interest Only:	False	Replacement(3&4):	280,276 0.0000
		Yearly Payment:	313,638	Total FRVS PD:	11.9884

- (1) 80% Capital (\$3,643,746) amortized at 6.0150 % for 20 years Principal & Interest of \$313,638 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$7.9563
 (2) 20% ROE (\$910,937) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3852
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	01/01/1990	Current RS PBS:	51,883
Comparison Bed	90	Effective PBS Limitation	2,715,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	83.9360	83.9360	1.4903	82.4457
Indirect Care	42.1104	42.1104	0.7477	41.3627
Property	13.6500	11.9884	0.2129	11.7755
ROE	3.7237	0.0679	0.0012	0.0667
ROE Adjustment	-0.0679	-0.0679	-0.0012	-0.0667
Quality Assess-Medicaid Share				14.4259
Supplemental Rate Add-on				9.9025
Totals	197.7698	192.4524	3.4171	213.3637

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325325-00 - 2014/07

213.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	5,427,242	0.00	0.5899	0.5899		90	31.84	2,715,660	2,715,660	1
1991/01		0.10	0.5899	0.5899		108	20.23	2,715,660	3,297,240	
1991/07	549,540	0.10	1.4932	1.4932		108	20.23	3,265,200	3,346,488	
1992/01		0.20	2.0117	2.0117		108	20.23	3,265,200	3,413,772	
1992/07		0.20	1.8152	1.8152		108	20.23	3,265,200	3,475,764	
1993/01		0.30	1.7710	1.7710		108	20.23	3,265,200	3,537,324	
1993/07		0.30	1.5329	1.5329		108	20.23	3,265,200	3,591,540	
1994/01	69,312	0.40	1.6983	1.6983		120	28.63	3,346,058	4,058,400	
1994/07		0.40	1.5991	1.5991		120	28.63	3,357,198	4,123,320	
1995/01		0.50	1.5812	1.5812		116	34.41	3,373,804	4,048,864	
1995/07		0.50	1.5250	1.5250		116	34.41	3,389,899	4,110,576	
1996/01		0.60	1.7228	1.7228		120	35.72	3,389,899	4,325,640	5
1996/07		0.60	1.3294	1.3294		120	35.72	3,430,335	4,383,120	
1997/01	50,690	0.70	1.4109	1.4109		120	37.80	3,504,308	4,444,920	
1997/07		0.70	1.0917	1.0917		120	37.80	3,522,713	4,493,400	
1998/01		0.80	1.1663	1.1663		120	39.45	3,546,288	4,545,840	
1998/07		0.80	1.0794	1.0794		120	39.45	3,568,252	4,594,920	
1999/01		0.90	1.4499	1.4499		120	38.59	3,600,922	4,661,520	
1999/07		0.90	1.2299	1.2299		120	38.59	3,628,888	4,718,880	
2000/01	22,921	1.00	1.3356	1.3356		120	37.89	3,685,199	4,781,880	
2000/07		1.00	1.1129	1.1129		120	37.89	3,713,453	4,835,040	
2001/01	22,925	1.00	1.2976	1.2976		120	37.27	3,769,030	4,897,800	
2001/07		1.00	0.9615	0.9615		120	37.27	3,793,587	4,944,840	
2002/01	45,881	1.00	1.0301	1.0301		120	41.66	3,869,068	4,995,720	
2002/07		1.00	0.8337	0.8337		120	41.66	3,893,501	5,037,360	
2003/01		1.00	1.3271	1.3271		120	41.66	3,932,639	5,104,200	
2003/07		1.00	1.1664	1.1664		120	40.45	3,966,375	5,163,720	
2004/01		1.00	1.1103	1.1103		120	40.45	3,998,763	5,221,080	
2004/07		1.00	0.8378	0.8378		120	40.45	4,023,402	5,264,880	
2005/01		1.00	0.8595	0.8595		120	43.15	4,050,532	5,310,120	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325325-00 - 2014/07

213.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		120	43.15	4,073,934	5,349,240	
2006/01	72,323	1.00	0.9068	0.9068		120	40.95	4,173,762	5,397,720	
2006/07		1.00	0.8133	0.8133		120	40.95	4,199,036	5,441,640	
2007/01		1.00	1.0133	1.0133		120	31.98	4,223,776	5,496,720	
2007/07		1.00	1.1050	1.1050		120	31.98	4,250,914	5,557,440	
2008/01		1.00	0.8556	0.8556		120	31.69	4,271,870	5,604,960	
2008/07		1.00	0.6104	0.6104		120	31.69	4,286,894	5,639,160	
2009/01		1.00	1.3268	1.3268		120	31.69	4,319,666	5,714,040	
2009/07		1.00	0.6841	0.6841		120	36.41	4,339,229	5,753,160	
2010/01		1.00	0.8643	0.8643		120	39.59	4,366,225	5,802,840	
2010/07		1.00	0.7107	0.7107		120	39.59	4,388,562	5,844,120	
2011/01		0.95	0.9198	0.9198		120	39.57	4,416,151	5,897,880	
2011/07		0.95	0.9028	0.9028		120	39.57	4,443,402	5,951,160	
2012/01		0.90	0.3865	0.3865		120	39.57	4,454,524	5,974,200	
2012/07		0.90	0.9417	0.9417		120	35.20	4,478,685	6,030,480	
2013/01		0.85	0.4901	0.4901		120	35.20	4,490,626	6,060,000	
2013/07		0.85	0.6196	0.6196		120	33.81	4,505,166	6,097,560	
2014/01		0.80	0.8564	0.8564		120	35.98	4,525,357	6,149,760	
2014/07		0.80	1.2383	1.2383		120	35.98	4,554,683	6,225,960	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325333-00 - 2014/07

196.45

Heartland Health Care Center- Lauderhill

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2599 NW 55TH AVE	8/1/2012-7/31/2013	Number of Beds: 109	Superior: 0
LAUDERHILL, FL 33313	Days in CR 365	Maximum: 39,785	Standard: 184
County: Broward [6]	First Used : 2014/07	Max Annualized: 39,785	Conditional: 0
Region: South Area: 10	Last Used: 2014/07	Total Patient: 37,272	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 6,885	Inflation
Current Class South Large	Initial CR? False	Medicaid: 26,549	FY Index: 1.30228922
Class at 1/94: South Large	Medical Utilization	71.23041%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	93.68355%	Cost: 1.03437307
Open Date: 04/13/1989	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/13/1989	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20949917
Entered Medicaid 12/27/1989	Low Occupancy Adjustment Factor:	119.26447%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687131
Previous Med # 201570			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,111,641	1,773,312	970,091	393,722	20,815	4,269,581	
1a	Audit Adjustments							
2	Cost Per Diem	41.8713	66.7939	36.5396	14.8300	0.7840	160.8188	
3	Cost Per Diem Inflated	43.3105	68.5887	37.7956				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.3105	68.5887	37.7956	14.8300	0.7840	165.3088	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	69.4100		55.4668				
7	Provider Target Rate	70.8562		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.3105	68.5887	37.7956	13.6500	0.7840	164.1288	
12/13	Medical Adjustment Rate		1.6382	0.9027				
14	Prospective Per Diem 11	43.3105	70.2269	38.6983	13.6500	0.7840	166.6697	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325333-00 - 2014/07

196.45

Rate Semester 07/01/2014 through 12/31/2014

Heartland Health Care Center- Lauderdale

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/27/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,050,000.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	Variable	80% Capital(1):	3,818,734	9.1799
Indexed Asset Value	4,773,418	<60% of Base:	False	20% ROE(2):	954,684	0.3999
FRVS Base Asset:	2,519,910	Interest Rate:	6.0150%	Insurance Cost(3):	19,616	0.5263
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	150,022	4.0251
ROE Factor	0.015000	Amortization Rate:	6.0150%	Home Office(3):	19,419	0.5210
		Interest Only:	False	Replacement(3&4):	171,840	0.0000
		Yearly Payment:	328,700	Total FRVS PD:		14.6522

- (1) 80% Capital (\$3,818,734) amortized at 6.0150 % for 20 years Principal & Interest of \$328,700 divided by annual available days (39785) divided by Occup. Adj. (0.900) = \$9.1799
 (2) 20% ROE (\$954,684) times the ROE factor (0.015000) divided by annual available days (39785) divided by Occup. Adj. (0.900) = \$0.3999
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,646
Comparison Date:	07/01/1988	Current RS PBS:	51,883
Comparison Bed	85	Effective PBS Limitation	2,519,910

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.3105	43.3105	0.7690	42.5415
Direct Care	70.2269	70.2269	1.2469	68.9800
Indirect Care	38.6983	38.6983	0.6871	38.0112
Property	13.6500	14.6522	0.2602	14.3920
ROE	0.7840			
ROE Adjustment				
Quality Assess-Medicaid Share				22.6178
Supplemental Rate Add-on				9.9025
Totals	166.6697	166.8879	2.9632	196.4450

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 325333-00 - 2014/07

196.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	4,826,484	0.00	0.5899	0.5899		85		2,519,910	2,519,910	1
1989/07		0.10	0.5899	0.5899		85	8.52	2,519,910	2,551,955	
1990/01		0.10	0.5899	0.5899		85	8.52	2,519,910	2,564,790	
1990/07		0.20	0.5899	0.5899		85	8.52	2,519,910	2,579,920	
1991/01		0.20	0.5899	0.5899		85	8.52	2,519,910	2,595,050	5
1991/07		0.30	1.4932	1.4932		85	8.52	2,519,910	2,633,810	5
1992/01		0.30	2.0117	2.0117		85	8.52	2,519,910	2,686,765	5
1992/07		0.40	1.8152	1.8152		85	30.15	2,529,940	2,735,555	
1993/01		0.40	1.7710	1.7710		85	30.15	2,539,765	2,784,005	
1993/07	18,842	0.50	1.5329	1.5329		85	38.19	2,572,124	2,826,675	
1994/01		0.50	1.6983	1.6983		85	38.19	2,587,291	2,874,700	
1994/07	13,110	0.60	1.5991	1.5991		85	37.93	2,617,521	2,920,685	
1995/01	47,437	0.60	1.5812	1.5812		85	34.43	2,680,503	2,966,840	
1995/07		0.70	1.5250	1.5250		85	34.43	2,698,416	3,012,060	
1996/01	545,012	0.70	1.7228	1.7228		109	32.18	3,262,469	3,929,123	
1996/07		0.80	1.3294	1.3294		109	32.18	3,282,770	3,981,334	
1997/01		0.80	1.4109	1.4109		109	39.94	3,309,677	4,037,469	
1997/07		0.90	1.0917	1.0917		109	39.94	3,333,291	4,081,505	
1998/01		0.90	1.1663	1.1663		109	39.94	3,358,700	4,129,138	
1998/07	28,676	1.00	1.0794	1.0794		109	48.45	3,419,312	4,173,719	
1999/01	31,774	1.00	1.4499	1.4499		109	44.84	3,491,504	4,234,214	
1999/07		1.00	1.2299	1.2299		109	44.84	3,526,513	4,286,316	
2000/01		1.00	1.3356	1.3356		109	44.84	3,564,912	4,343,541	
2000/07		1.00	1.1129	1.1129		109	55.43	3,604,586	4,391,828	
2001/01	24,795	1.00	1.2976	1.2976		109	57.79	3,676,154	4,448,835	
2001/07		1.00	0.9615	0.9615		109	57.79	3,711,500	4,491,563	
2002/01	15,999	1.00	1.0301	1.0301		109	52.45	3,763,959	4,537,779	
2002/07		1.00	0.8337	0.8337		109	52.45	3,793,884	4,575,602	
2003/01		1.00	1.3271	1.3271		109	52.45	3,841,898	4,636,315	
2003/07		1.00	1.1664	1.1664		109	59.79	3,886,710	4,690,379	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 7/31/2013

0 325333-00 - 2014/07

196.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		109	59.79	3,929,864	4,742,481	
2004/07		1.00	0.8378	0.8378		109	59.79	3,962,788	4,782,266	
2005/01	19,575	1.00	0.8595	0.8595		109	70.67	4,016,423	4,823,359	
2005/07		1.00	0.7364	0.7364		109	70.67	4,046,000	4,858,893	
2006/01	116,191	1.00	0.9068	0.9068		109	64.79	4,198,880	4,902,929	
2006/07		1.00	0.8133	0.8133		109	64.79	4,233,029	4,942,823	
2007/01		1.00	1.0133	1.0133		109	62.89	4,275,922	4,992,854	
2007/07		1.00	1.1050	1.1050		109	62.89	4,323,171	5,048,008	
2008/01		1.00	0.8556	0.8556		109	67.87	4,360,160	5,091,172	
2008/07		1.00	0.6104	0.6104		109	67.87	4,386,774	5,122,237	
2009/01		1.00	1.3268	1.3268		109	71.86	4,444,978	5,190,253	
2009/07		0.95	0.6841	0.6841		109	71.86	4,473,866	5,225,787	
2010/01		0.95	0.8643	0.8643		109	71.04	4,510,601	5,270,913	
2010/07		0.90	0.7107	0.7107		109	71.04	4,539,451	5,308,409	
2011/01		0.90	0.9198	0.9198		109	72.11	4,577,029	5,357,241	
2011/07		0.85	0.9028	0.9028		109	72.11	4,612,153	5,405,637	
2012/01		0.85	0.3865	0.3865		109	72.11	4,627,304	5,426,565	
2012/07		0.80	0.9417	0.9417		109	70.82	4,662,166	5,477,686	
2013/01		0.80	0.4901	0.4901		109	72.88	4,680,446	5,504,500	
2013/07		0.75	0.6196	0.6196		109	72.88	4,702,196	5,538,617	
2014/01		0.75	0.8564	0.8564		109	72.88	4,732,398	5,586,032	
2014/07		0.70	1.2383	1.2383		109	71.23	4,773,418	5,655,247	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325341-00 - 2014/07

212.78

Heartland Health Care Center-Prosperity Oaks

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
11375 PROSPERITY FARMS ROAD	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
PALM BEACH GARDENS , FL 33410	Days in CR 365	Maximum: 43,800	Standard: 184
County: Palm Beach [50]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 37,195	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 14,289	Inflation
Current Class South Large	Initial CR? False	Medicaid: 18,024	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	48.45813%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	84.92009%	Cost: 1.02881379
Open Date: 09/09/1991	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/09/1991	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 07/07/1992	Low Occupancy Adjustment Factor:	108.10809%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 205061			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	871,557	1,351,588	858,722	276,849	23,036	3,381,751	
1a	Audit Adjustments							
2	Cost Per Diem	48.3554	74.9882	47.6433	15.3600	1.2781	187.6250	
3	Cost Per Diem Inflated	49.7487	76.8761	49.0161				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.7487	76.8761	49.0161	15.3600	1.2781	192.2790	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	70.9227		55.4668				
7	Provider Target Rate	72.4004		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	49.7487	76.8761	49.0161	13.6500	1.2781	190.5690	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	49.7487	76.8761	49.0161	13.6500	1.2781	190.5690	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325341-00 - 2014/07

212.78

Rate Semester 07/01/2014 through 12/31/2014

Heartland Health Care Center-Prosperity Oaks

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 07/07/1992		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Variable	80% Capital(1):	3,962,678	8.6527
Indexed Asset Value	4,953,347	<60% of Base:	False	20% ROE(2):	990,669	0.4189
FRVS Base Asset:	3,663,600	Interest Rate:	6.0150%	Insurance Cost(3):	23,934	0.6435
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	106,032	2.8507
ROE Factor	0.016670	Amortization Rate:	6.0150%	Home Office(3):	23,221	0.6243
		Interest Only:	False	Replacement(3&4):	354,782	0.0000
		Yearly Payment:	341,090	Total FRVS PD:		13.1901

- (1) 80% Capital (\$3,962,678) amortized at 6.0150 % for 20 years Principal & Interest of \$341,090 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$8.6527
- (2) 20% ROE (\$990,669) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	
Comparison Date:	01/01/1991	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,663,600

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7487	49.7487	0.8833	48.8654
Direct Care	76.8761	76.8761	1.3649	75.5112
Indirect Care	49.0161	49.0161	0.8703	48.1458
Property	13.6500	13.1901	0.2342	12.9559
ROE	1.2781			
ROE Adjustment				
Quality Assess-Medicaid Share				17.3952
Supplemental Rate Add-on				9.9025
Totals	190.5690	188.8310	3.3527	212.7760

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325341-00 - 2014/07

212.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07	6,945,744	0.00	1.4932	1.4932		120		3,663,600	3,663,600	1
1992/01		0.10	2.0117	2.0117		120	4.15	3,663,600	3,793,080	
1992/07		0.10	1.8152	1.8152		120	4.15	3,663,600	3,861,960	
1993/01		0.20	1.7710	1.7710		120	4.15	3,663,600	3,930,360	
1993/07		0.20	1.5329	1.5329		120	4.15	3,663,600	3,990,600	
1994/01		0.30	1.6983	1.6983		120	4.15	3,663,600	4,058,400	
1994/07		0.30	1.5991	1.5991		120	4.15	3,663,600	4,123,320	
1995/01		0.40	1.5812	1.5812		120	11.44	3,663,600	4,188,480	
1995/07		0.40	1.5250	1.5250		120	11.44	3,663,600	4,252,320	
1996/01		0.50	1.7228	1.7228		120	33.77	3,682,977	4,325,640	
1996/07		0.50	1.3294	1.3294		120	32.16	3,697,292	4,383,120	
1997/01		0.60	1.4109	1.4109		120	32.16	3,715,593	4,444,920	
1997/07		0.60	1.0917	1.0917		120	32.16	3,729,824	4,493,400	
1998/01		0.70	1.1663	1.1663		120	32.44	3,747,784	4,545,840	
1998/07		0.70	1.0794	1.0794		120	34.82	3,765,712	4,594,920	
1999/01		0.80	1.4499	1.4499		120	34.82	3,793,364	4,661,520	
1999/07		0.80	1.2299	1.2299		120	34.82	3,816,993	4,718,880	
2000/01	59,259	0.90	1.3356	1.3356		120	34.30	3,904,865	4,781,880	
2000/07		0.90	1.1129	1.1129		120	34.30	3,929,256	4,835,040	
2001/01		1.00	1.2976	1.2976		120	31.68	3,958,624	4,897,800	
2001/07		1.00	0.9615	0.9615		120	31.68	3,980,548	4,944,840	
2002/01		1.00	1.0301	1.0301		120	44.11	4,013,433	4,995,720	
2002/07		1.00	0.8337	0.8337		120	44.11	4,040,268	5,037,360	
2003/01		1.00	1.3271	1.3271		120	44.11	4,083,270	5,104,200	
2003/07		1.00	1.1664	1.1664		120	43.39	4,120,844	5,163,720	
2004/01		1.00	1.1103	1.1103		120	43.39	4,156,940	5,221,080	
2004/07		1.00	0.8378	0.8378		120	42.64	4,183,940	5,264,880	
2005/01	69,134	1.00	0.8595	0.8595		120	40.81	4,279,757	5,310,120	
2005/07		1.00	0.7364	0.7364		120	40.81	4,303,142	5,349,240	
2006/01		1.00	0.9068	0.9068		120	40.81	4,332,096	5,397,720	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325341-00 - 2014/07

212.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07	67,334	1.00	0.8133	0.8133		120	42.76	4,426,822	5,441,640	
2007/01		1.00	1.0133	1.0133		120	44.50	4,463,115	5,496,720	
2007/07		1.00	1.1050	1.1050		120	44.50	4,503,017	5,557,440	
2008/01		1.00	0.8556	0.8556		120	51.68	4,539,219	5,604,960	
2008/07		1.00	0.6104	0.6104		120	51.68	4,565,254	5,639,160	
2009/01		1.00	1.3268	1.3268		120	43.67	4,613,348	5,714,040	
2009/07		1.00	0.6841	0.6841		120	43.67	4,638,407	5,753,160	
2010/01		1.00	0.8643	0.8643		120	43.67	4,670,238	5,802,840	
2010/07		1.00	0.7107	0.7107		120	48.84	4,699,712	5,844,120	
2011/01		1.00	0.9198	0.9198		120	48.84	4,738,098	5,897,880	
2011/07		1.00	0.9028	0.9028		120	50.56	4,777,420	5,951,160	
2012/01		0.95	0.3865	0.3865		120	50.56	4,793,547	5,974,200	
2012/07		0.95	0.9417	0.9417		120	49.31	4,831,994	6,030,480	
2013/01		0.90	0.4901	0.4901		120	49.31	4,851,103	6,060,000	
2013/07		0.90	0.6196	0.6196		120	51.75	4,876,554	6,097,560	
2014/01		0.85	0.8564	0.8564		120	48.46	4,907,830	6,149,760	
2014/07		0.85	1.2383	1.2383		120	48.46	4,953,347	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325350-00 - 2014/07

217.58

Heartland of Tamarac

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5901 NW 79TH AVENUE	10/1/2012-9/30/2013	Number of Beds: 151	Superior: 0
TAMARAC, FL 33321	Days in CR 365	Maximum: 55,115	Standard: 184
County: Broward [6]	First Used : 2014/07	Max Annualized: 55,115	Conditional: 0
Region: South Area: 10	Last Used: 2014/07	Total Patient: 50,527	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 18,924	Inflation
Current Class South Large	Initial CR? False	Medicaid: 23,604	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	46.71562%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.67559%	Cost: 1.02881379
Open Date: 05/01/1988	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 07/01/1988	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 07/07/1988	Low Occupancy Adjustment Factor:	116.70822%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 212857			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,339,207	1,815,662	1,048,369	345,563	25,428	4,574,229	
1a	Audit Adjustments							
2	Cost Per Diem	56.7364	76.9218	44.4149	14.6400	1.0773	193.7904	
3	Cost Per Diem Inflated	58.3712	78.8583	45.6947				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.3712	78.8583	45.6947	14.6400	1.0773	198.6415	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	72.4826		55.4668				
7	Provider Target Rate	73.9928		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	78.8583	45.6947	13.6500	1.0773	193.6979	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.4176	78.8583	45.6947	13.6500	1.0773	193.6979	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

0 325350-00 - 2014/07

217.58

Rate Semester 07/01/2014 through 12/31/2014

Heartland of Tamarac

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/07/1988	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	1,952,000.00	Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable	80% Capital(1):	5,315,403 9.3092
Indexed Asset Value	6,644,254	<60% of Base:	False	20% ROE(2):	1,328,851 0.4466
FRVS Base Asset:	2,971,723	Interest Rate:	6.1300%	Insurance Cost(3):	34,958 0.6919
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	169,563 3.3559
ROE Factor	0.016670	Amortization Rate:	6.1300%	Home Office(3):	30,082 0.5954
		Interest Only:	False	Replacement(3&4):	426,873 0.0000
		Yearly Payment:	461,771	Total FRVS PD:	14.3990

- (1) 80% Capital (\$5,315,403) amortized at 6.1300 % for 20 years Principal & Interest of \$461,771 divided by annual available days (55115) divided by Occup. Adj. (0.900) = \$9.3092
 (2) 20% ROE (\$1,328,851) times the ROE factor (0.016670) divided by annual available days (55115) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	51,883
Comparison Bed	101	Effective PBS Limitation	2,971,723

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	78.8583	78.8583	1.4001	77.4582
Indirect Care	45.6947	45.6947	0.8113	44.8834
Property	13.6500	14.3990	0.2557	14.1433
ROE	1.0773			
ROE Adjustment				
Quality Assess-Medicaid Share				17.7399
Supplemental Rate Add-on				9.9025
Totals	193.6979	193.3696	3.4333	217.5787

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325350-00 - 2014/07

217.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	3,938,651	0.00	0.9007	0.9007		101	40.86	2,971,723	2,971,723	1
1988/07		0.10	0.5899	0.5899		101	17.24	2,971,723	2,994,246	
1989/01		0.10	0.5899	0.5899		101	17.24	2,971,723	3,011,921	
1989/07		0.20	0.5899	0.5899		101	17.24	2,971,723	3,032,323	
1990/01		0.20	0.5899	0.5899		101	17.24	2,971,723	3,047,574	5
1990/07		0.30	0.5899	0.5899		101	17.24	2,971,723	3,065,552	5
1991/01		0.30	0.5899	0.5899		101	17.24	2,971,723	3,083,530	5
1991/07	17,946	0.40	1.4932	1.4932		101	42.17	3,003,278	3,129,586	
1992/01		0.40	2.0117	2.0117		101	42.17	3,021,808	3,192,509	
1992/07		0.50	1.8152	1.8152		101	42.17	3,042,836	3,250,483	
1993/01	31,100	0.50	1.7710	1.7710		101	39.30	3,093,189	3,308,053	
1993/07		0.60	1.5329	1.5329		101	39.30	3,113,516	3,358,755	
1994/01	16,733	0.60	1.6983	1.6983		101	36.76	3,151,454	3,415,820	
1994/07		0.70	1.5991	1.5991		101	36.76	3,175,032	3,470,461	
1995/01	46,428	0.70	1.5812	1.5812		101	31.62	3,241,663	3,525,304	
1995/07		0.80	1.5250	1.5250		101	31.62	3,264,400	3,579,036	
1996/01		0.80	1.7228	1.7228		101	31.62	3,290,265	3,640,747	
1996/07		0.90	1.3294	1.3294		101	31.62	3,312,898	3,689,126	
1997/01	1,745,200	0.90	1.4109	1.4109		151	29.43	5,080,608	5,593,191	
1997/07		1.00	1.0917	1.0917		151	29.43	5,110,287	5,654,195	
1998/01		1.00	1.1663	1.1663		151	35.08	5,148,302	5,720,182	
1998/07		1.00	1.0794	1.0794		151	35.08	5,183,746	5,781,941	
1999/01	25,680	1.00	1.4499	1.4499		151	34.98	5,257,227	5,865,746	
1999/07		1.00	1.2299	1.2299		151	34.98	5,298,350	5,937,924	
2000/01		1.00	1.3356	1.3356		151	49.46	5,361,987	6,017,199	
2000/07		1.00	1.1129	1.1129		151	49.46	5,415,650	6,084,092	
2001/01		1.00	1.2976	1.2976		151	49.87	5,479,369	6,163,065	
2001/07		1.00	0.9615	0.9615		151	49.87	5,527,139	6,222,257	
2002/01		1.00	1.0301	1.0301		151	48.44	5,577,283	6,286,281	
2002/07		1.00	0.8337	0.8337		151	48.44	5,618,235	6,338,678	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325350-00 - 2014/07

217.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		151	48.44	5,683,902	6,422,785	
2003/07		1.00	1.1664	1.1664		151	52.91	5,747,680	6,497,681	
2004/01		1.00	1.1103	1.1103		151	52.91	5,809,071	6,569,859	
2004/07		1.00	0.8378	0.8378		151	51.49	5,854,633	6,624,974	
2005/01		1.00	0.8595	0.8595		151	48.35	5,898,869	6,681,901	
2005/07		1.00	0.7364	0.7364		151	48.35	5,937,056	6,731,127	
2006/01		1.00	0.9068	0.9068		151	46.26	5,982,338	6,792,131	
2006/07		1.00	0.8133	0.8133		151	46.26	6,023,261	6,847,397	
2007/01		1.00	1.0133	1.0133		151	43.79	6,071,855	6,916,706	
2007/07		1.00	1.1050	1.1050		151	43.79	6,125,274	6,993,112	
2008/01		1.00	0.8556	0.8556		151	47.51	6,170,545	7,052,908	
2008/07		0.95	0.6104	0.6104		151	47.51	6,201,455	7,095,943	
2009/01		0.95	1.3268	1.3268		151	47.51	6,268,979	7,190,167	
2009/07		0.90	0.6841	0.6841		151	49.36	6,303,619	7,239,393	
2010/01		0.90	0.8643	0.8643		151	49.36	6,347,626	7,301,907	
2010/07		0.85	0.7107	0.7107		151	45.28	6,379,195	7,353,851	
2011/01		0.85	0.9198	0.9198		151	49.02	6,423,645	7,421,499	
2011/07		0.80	0.9028	0.9028		151	49.02	6,464,993	7,488,543	
2012/01		0.80	0.3865	0.3865		151	49.02	6,482,809	7,517,535	
2012/07		0.75	0.9417	0.9417		151	47.11	6,522,029	7,588,354	
2013/01		0.75	0.4901	0.4901		151	47.11	6,542,565	7,625,500	
2013/07		0.70	0.6196	0.6196		151	45.93	6,566,261	7,672,763	
2014/01		0.70	0.8564	0.8564		151	45.93	6,599,134	7,738,448	
2014/07		0.65	1.2383	1.2383		151	46.72	6,644,254	7,834,333	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325368-00 - 2014/07

202.19

ManorCare Health Services (Boca Raton)

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
375 NW 51ST STREET	6/1/2012-5/31/2013	Number of Beds: 180	Superior: 0
BOCA RATON, FL 33431	Days in CR 365	Maximum: 65,700	Standard: 184
County: Palm Beach [50]	First Used : 2014/01	Max Annualized: 65,700	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 59,874	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 9,917	Inflation
Current Class South Large	Initial CR? False	Medicaid: 40,137	FY Index: 1.29575017
Class at 1/94: South Large	Medical Utilization	67.03578%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	91.13242%	Cost: 1.03959307
Open Date: 09/01/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/01/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 09/01/1984	Low Occupancy Adjustment Factor:	116.01673%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 309770			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,533,928	2,857,426	1,655,260	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	39.7304	73.2259	42.8731				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	39.7304	73.2259	42.8731	21.0600	1.1544	178.0438	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	72.9827		55.4668				
7	Provider Target Rate	74.5034		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	39.7304	73.2259	42.8731	13.6500	1.1544	170.6338	
12/13	Medical Adjustment Rate		1.4034	0.8217				
14	Prospective Per Diem 11	39.7304	74.6293	43.6948	13.6500	1.1544	172.8589	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325368-00 - 2014/07

202.19

Rate Semester 07/01/2014 through 12/31/2014

ManorCare Health Services (Boca Raton)

FRVS

FRVS Status as of this Semester

Not on FRVS

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information Amount: Type: <60% of Base: Interest Rate: Chase Rate: Amortization Rate: Interest Only: Yearly Payment:	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
1984/07	3,600,000.00	80% Capital(1): 6,068,040	9.6959
7,585,050	Variable	20% ROE(2): 1,517,010	0.3607
0.9000	False	Insurance Cost(3): 35,456	0.5922
3,420,000	7.2000%	Taxes Cost(3): 164,200	2.7424
0.9000	8.0000%	Home Office(3): 33,633	0.5617
0.014060	7.2000%	Replacement(3&4): 532,754	0.0000
	False	Total FRVS PD:	13.9529
	573,320		

- (1) 80% Capital (\$6,068,040) amortized at 7.2000 % for 20 years Principal & Interest of \$573,320 divided by annual available days (65700) divided by Occup. Adj. (0.900) = \$9.6959
- (2) 20% ROE (\$1,517,010) times the ROE factor (0.014060) divided by annual available days (65700) divided by Occup. Adj. (0.900) = \$0.3607
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	39.7304	39.7304	0.7054	39.0250
Direct Care	74.6293	74.6293	1.3251	73.3042
Indirect Care	43.6948	43.6948	0.7758	42.9190
Property	13.6500	13.9529	0.2424	13.4076
ROE	1.1544		0.0205	1.1339
ROE Adjustment				
Quality Assess-Medicaid Share				22.4933
Supplemental Rate Add-on				9.9025
Totals	172.8589	172.0074	3.0692	202.1855

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325368-00 - 2014/07

202.19

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	4,505,133	0.00	1.9179	1.9179		120	9.60	4,505,133	3,352,680	
1985/01	174,136	0.10	1.1471	1.1471		120	9.60	4,679,269	3,391,080	
1985/10		0.10	0.8522	0.8522		120	9.60	3,420,000	3,420,000	1
1986/01		0.20	0.8299	0.8299		120	9.60	3,420,000	3,448,440	
1986/07		0.20	0.2974	0.2974		120	9.60	3,420,000	3,441,840	
1987/01		0.30	1.0091	1.0091		120	9.60	3,420,000	3,503,400	
1987/07		0.30	0.9007	0.9007		120	22.11	3,420,000	3,530,760	
1988/01	37,054	0.40	0.9007	0.9007		120	24.15	3,457,054	3,559,440	
1988/07		0.40	0.5899	0.5899		120	24.15	3,457,054	3,557,520	
1989/01		0.50	0.5899	0.5899		120	22.61	3,457,054	3,578,520	
1989/07		0.50	0.5899	0.5899		120	22.61	3,457,054	3,602,760	
1990/01		0.60	0.5899	0.5899		120	22.61	3,457,054	3,620,880	
1990/07		0.60	0.5899	0.5899		120	28.17	3,463,320	3,642,240	
1991/01		0.70	0.5899	0.5899		120	31.66	3,471,552	3,663,600	
1991/07		0.70	1.4932	1.4932		120	31.66	3,492,439	3,718,320	
1992/01	900,690	0.80	2.0117	2.0117		150	35.28	4,429,183	4,741,350	
1992/07		0.80	1.8152	1.8152		150	35.28	4,470,442	4,827,450	
1993/01	929,580	0.90	1.7710	1.7710		180	32.16	5,441,686	5,895,540	
1993/07		0.90	1.5329	1.5329		180	32.16	5,485,584	5,985,900	
1994/01		1.00	1.6983	1.6983		180	32.16	5,540,058	6,087,600	
1994/07		1.00	1.5991	1.5991		180	24.61	5,540,058	6,184,980	
1995/01		1.00	1.5812	1.5812		180	28.94	5,586,151	6,282,720	
1995/07		1.00	1.5250	1.5250		180	28.94	5,630,976	6,378,480	
1996/01		1.00	1.7228	1.7228		180	28.94	5,630,976	6,488,460	5
1996/07		1.00	1.3294	1.3294		180	33.76	5,728,387	6,574,680	
1997/01		1.00	1.4109	1.4109		180	33.76	5,777,997	6,667,380	
1997/07		1.00	1.0917	1.0917		180	35.14	5,818,298	6,740,100	
1998/01		1.00	1.1663	1.1663		180	43.59	5,872,079	6,818,760	
1998/07		1.00	1.0794	1.0794		180	43.59	5,922,313	6,892,380	
1999/01		1.00	1.4499	1.4499		180	38.64	5,982,639	6,992,280	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325368-00 - 2014/07

202.19

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		180	38.64	6,034,333	7,078,320	
2000/01		1.00	1.3356	1.3356		180	38.64	6,090,954	7,172,820	
2000/07		1.00	1.1129	1.1129		180	44.06	6,145,257	7,252,560	
2001/01		1.00	1.2976	1.2976		180	52.14	6,220,851	7,346,700	
2001/07		1.00	0.9615	0.9615		180	52.14	6,277,554	7,417,260	
2002/01		1.00	1.0301	1.0301		180	61.40	6,342,219	7,493,580	
2002/07		1.00	0.8337	0.8337		180	61.40	6,395,094	7,556,040	
2003/01		1.00	1.3271	1.3271		180	61.40	6,479,963	7,656,300	
2003/07		1.00	1.1664	1.1664		180	65.81	6,555,545	7,745,580	
2004/01		1.00	1.1103	1.1103		180	65.81	6,628,331	7,831,620	
2004/07		1.00	0.8378	0.8378		180	65.81	6,683,863	7,897,320	
2005/01	27,165	0.95	0.8595	0.8595		180	61.70	6,765,602	7,965,180	
2005/07		0.95	0.7364	0.7364		180	61.70	6,812,934	8,023,860	
2006/01		0.90	0.9068	0.9068		180	61.03	6,868,534	8,096,580	
2006/07		0.90	0.8133	0.8133		180	61.03	6,918,812	8,162,460	
2007/01		0.85	1.0133	1.0133		180	61.11	6,978,404	8,245,080	
2007/07		0.85	1.1050	1.1050		180	61.11	7,043,952	8,336,160	
2008/01		0.80	0.8556	0.8556		180	61.19	7,092,168	8,407,440	
2008/07		0.80	0.6104	0.6104		180	61.19	7,126,799	8,458,740	
2009/01		0.75	1.3268	1.3268		180	62.49	7,197,718	8,571,060	
2009/07		0.75	0.6841	0.6841		180	62.49	7,234,649	8,629,740	
2010/01		0.70	0.8643	0.8643		180	62.03	7,278,419	8,704,260	
2010/07		0.70	0.7107	0.7107		180	62.03	7,314,629	8,766,180	
2011/01		0.65	0.9198	0.9198		180	61.78	7,358,363	8,846,820	
2011/07		0.65	0.9028	0.9028		180	61.78	7,401,542	8,926,740	
2012/01		0.60	0.3865	0.3865		180	68.55	7,418,706	8,961,300	
2012/07		0.60	0.9417	0.9417		180	68.55	7,460,622	9,045,720	
2013/01		0.55	0.4901	0.4901		180	69.48	7,480,736	9,090,000	
2013/07		0.55	0.6196	0.6196		180	69.48	7,506,230	9,146,340	
2014/01		0.50	0.8564	0.8564		180	67.04	7,538,372	9,224,640	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325368-00 - 2014/07

202.19

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		180	67.04	7,585,050	9,338,940	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 325368053120130601201210092013143235



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325376-00 - 2014/07

219.65

ManorCare Health Services-Boynton Beach

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3001 SOUTH CONGRESS AVENUE	6/1/2012-5/31/2013	Number of Beds: 180	Superior: 0
BOYNTON BEACH, FL 33426	Days in CR 365	Maximum: 65,700	Standard: 184
County: Palm Beach [50]	First Used : 2014/01	Max Annualized: 65,700	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 53,845	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 17,766	Inflation
Current Class South Large	Initial CR? False	Medicaid: 29,235	FY Index: 1.29575017
Class at 1/94: South Large	Medical Utilization	54.29473%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	81.95586%	Cost: 1.03959307
Open Date: 03/01/1985	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 03/01/1985	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 03/01/1985	Low Occupancy Adjustment Factor:	104.33445%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 310182			PS Target: 1.02083595

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	6,044,093	
1a	Audit Adjustments							
2	Cost Per Diem	63.8172	76.0756	44.2127	21.6100	1.0262	206.7417	
3	Cost Per Diem Inflated	66.3439	78.2492	45.9632				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	66.3439	78.2492	45.9632	21.6100	1.0262	213.1925	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	70.1936		55.4668				
7	Provider Target Rate	71.6562		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	78.2492	45.9632	13.6500	1.0262	193.3062	
12/13	Medical Adjustment Rate		0.3781	0.2221				
14	Prospective Per Diem 11	54.4176	78.6273	46.1853	13.6500	1.0262	193.9064	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325376-00 - 2014/07

219.65

Rate Semester 07/01/2014 through 12/31/2014

ManorCare Health Services-Boynton Beach

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
	4,116,079.00	Type: Variable	80% Capital(1): 6,438,382	10.0676	
		<60% of Base: False	20% ROE(2): 1,609,595	0.3827	
		Interest Rate: 6.9200%	Insurance Cost(3): 26,406	0.4904	
		Chase Rate: 13.0000%	Taxes Cost(3): 181,461	3.3701	
		Amortization Rate: 6.9200%	Home Office(3): 33,011	0.6131	
		Interest Only: False	Replacement(3&4): 252,146	0.0000	
		Yearly Payment: 595,296	Total FRVS PD:	14.9239	

- (1) 80% Capital (\$6,438,382) amortized at 6.9200 % for 20 years Principal & Interest of \$595,296 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$10.0676
- (2) 20% ROE (\$1,609,595) times the ROE factor (0.014060) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	78.6273	78.6273	1.3960	77.2313
Indirect Care	46.1853	46.1853	0.8200	45.3653
Property	13.6500	14.9239	0.2424	13.4076
ROE	1.0262		0.0182	1.0080
ROE Adjustment				
Quality Assess-Medicaid Share				19.2839
Supplemental Rate Add-on				9.9025
Totals	193.9064	194.1541	3.4428	219.6500

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325376-00 - 2014/07

219.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	4,758,588	0.00	1.1471	1.1471		120	26.10	4,758,588	3,391,080	
1985/10		0.10	0.8522	0.8522		120	26.10	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	9.84	3,420,000	3,448,440	
1986/07		0.20	0.2974	0.2974		120	26.10	3,420,966	3,441,840	
1987/01	23,156	0.20	1.0091	1.0091		120	26.10	3,447,398	3,503,400	
1987/07		0.30	0.9007	0.9007		120	26.10	3,451,818	3,530,760	
1988/01		0.30	0.9007	0.9007		120	22.61	3,451,818	3,559,440	
1988/07		0.40	0.5899	0.5899		120	22.61	3,451,818	3,557,520	
1989/01		0.40	0.5899	0.5899		120	25.06	3,455,530	3,578,520	
1989/07		0.50	0.5899	0.5899		120	25.06	3,460,175	3,602,760	
1990/01		0.50	0.5899	0.5899		120	25.06	3,464,826	3,620,880	
1990/07	1,778,760	0.60	0.5899	0.5899		180	29.06	5,250,065	5,463,360	
1991/01		0.60	0.5899	0.5899		180	32.29	5,260,973	5,495,400	
1991/07		0.70	1.4932	1.4932		180	32.29	5,293,256	5,577,480	
1992/01		0.70	2.0117	2.0117		180	31.03	5,335,310	5,689,620	
1992/07		0.80	1.8152	1.8152		180	31.03	5,379,022	5,792,940	
1993/01		0.80	1.7710	1.7710		180	31.03	5,422,018	5,895,540	
1993/07		0.90	1.5329	1.5329		180	35.63	5,470,476	5,985,900	
1994/01		0.90	1.6983	1.6983		180	31.48	5,518,335	6,087,600	
1994/07		1.00	1.5991	1.5991		180	31.48	5,568,842	6,184,980	
1995/01		1.00	1.5812	1.5812		180	31.31	5,618,969	6,282,720	
1995/07		1.00	1.5250	1.5250		180	31.31	5,667,750	6,378,480	
1996/01		1.00	1.7228	1.7228		180	31.31	5,723,336	6,488,460	
1996/07		1.00	1.3294	1.3294		180	31.52	5,766,940	6,574,680	
1997/01		1.00	1.4109	1.4109		180	31.52	5,813,570	6,667,380	
1997/07		1.00	1.0917	1.0917		180	33.19	5,851,869	6,740,100	
1998/01		1.00	1.1663	1.1663		180	33.19	5,893,055	6,818,760	
1998/07		1.00	1.0794	1.0794		180	35.95	5,934,633	6,892,380	
1999/01		1.00	1.4499	1.4499		180	40.50	5,997,994	6,992,280	
1999/07		1.00	1.2299	1.2299		180	40.50	6,052,315	7,078,320	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325376-00 - 2014/07

219.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		180	46.77	6,121,054	7,172,820	
2000/07		1.00	1.1129	1.1129		180	46.77	6,178,982	7,252,560	
2001/01		1.00	1.2976	1.2976		180	51.22	6,253,650	7,346,700	
2001/07		1.00	0.9615	0.9615		180	51.22	6,309,646	7,417,260	
2002/01	54,031	1.00	1.0301	1.0301		180	54.71	6,428,330	7,493,580	
2002/07		1.00	0.8337	0.8337		180	54.71	6,481,640	7,556,040	
2003/01		1.00	1.3271	1.3271		180	54.71	6,567,204	7,656,300	
2003/07	31,262	1.00	1.1664	1.1664		180	54.33	6,674,133	7,745,580	
2004/01		1.00	1.1103	1.1103		180	54.33	6,747,333	7,831,620	
2004/07		1.00	0.8378	0.8378		180	54.33	6,803,174	7,897,320	
2005/01		1.00	0.8595	0.8595		180	55.34	6,861,647	7,965,180	
2005/07		0.95	0.7364	0.7364		180	55.34	6,909,651	8,023,860	
2006/01		0.95	0.9068	0.9068		180	52.44	6,966,407	8,096,580	
2006/07		0.90	0.8133	0.8133		180	52.44	7,015,028	8,162,460	
2007/01		0.90	1.0133	1.0133		180	55.03	7,079,005	8,245,080	
2007/07		0.85	1.1050	1.1050		180	55.03	7,145,498	8,336,160	
2008/01		0.85	0.8556	0.8556		180	53.07	7,195,644	8,407,440	
2008/07		0.80	0.6104	0.6104		180	53.07	7,229,547	8,458,740	
2009/01		0.80	1.3268	1.3268		180	52.45	7,302,724	8,571,060	
2009/07		0.75	0.6841	0.6841		180	52.45	7,338,457	8,629,740	
2010/01	350,820	0.75	0.8643	0.8643		180	49.86	7,732,399	8,704,260	
2010/07		0.70	0.7107	0.7107		180	49.86	7,767,273	8,766,180	
2011/01		0.70	0.9198	0.9198		180	52.91	7,815,386	8,846,820	
2011/07		0.65	0.9028	0.9028		180	52.91	7,859,504	8,926,740	
2012/01		0.65	0.3865	0.3865		180	50.29	7,877,556	8,961,300	
2012/07		0.60	0.9417	0.9417		180	50.29	7,918,253	9,045,720	
2013/01		0.60	0.4901	0.4901		180	47.87	7,938,522	9,090,000	
2013/07		0.55	0.6196	0.6196		180	47.87	7,962,069	9,146,340	
2014/01		0.55	0.8564	0.8564		180	54.29	7,999,086	9,224,640	
2014/07		0.50	1.2383	1.2383		180	54.29	8,047,977	9,338,940	

Message Code:

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 325376053120130601201210092013140223



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325384-00 - 2014/07

223.29

ManorCare Health Services

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
13881 EAGLE RIDGE DRIVE	6/1/2012-5/31/2013	Number of Beds: 120	Superior: 0
FORT MYERS, FL 33912	Days in CR 365	Maximum: 43,800	Standard: 184
County: Lee [36]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 40,721	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 18,799	Inflation
Current Class South Large	Initial CR? False	Medicaid: 15,002	FY Index: 1.29575017
Class at 1/94: South Large	Medical Utilization	36.84094%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.97032%	Cost: 1.03959307
Open Date: 12/16/1999	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/16/1999	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 05/01/2000	Low Occupancy Adjustment Factor:	118.35648%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 310174			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	875,425	1,174,089	775,755	172,373	24,289	3,021,931	
1a	Audit Adjustments							
2	Cost Per Diem	58.3539	78.2622	51.7101	11.4900	1.6191	201.4353	
3	Cost Per Diem Inflated	60.6643	80.4983	53.7575				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.6643	80.4983	53.7575	11.4900	1.6191	208.0292	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	71.3307		55.7016				
7	Provider Target Rate	72.8169		56.8622				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	80.4983	53.7575	11.4900	1.6191	201.7825	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.4176	80.4983	53.7575	11.4900	1.6191	201.7825	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325384-00 - 2014/07

223.29

Rate Semester 07/01/2014 through 12/31/2014

ManorCare Health Services

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/01/2000	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	None	80% Capital(1):	4,278,856 9.6866
Indexed Asset Value	5,348,570	<60% of Base:	True	20% ROE(2):	1,069,714 0.3815
FRVS Base Asset:	0	Interest Rate:	9.0000%	Insurance Cost(3):	26,003 0.6386
Occup Adj Factor	0.9000	Chase Rate:	9.0000%	Taxes Cost(3):	82,336 2.0220
ROE Factor	0.014060	Amortization Rate:	9.0000%	Home Office(3):	27,173 0.6673
		Interest Only:	True	Replacement(3&4):	160,375 0.0000
		Yearly Payment:	381,845	Total FRVS PD:	13.3960

- (1) 80% Capital (\$4,278,856) amortized at 9.0000 % for 20 years Interest of \$381,845 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.6866
- (2) 20% ROE (\$1,069,714) times the ROE factor (0.014060) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3815
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	01/01/1999	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,661,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	80.4983	80.4983	1.4293	79.0690
Indirect Care	53.7575	53.7575	0.9545	52.8030
Property	11.4900	13.3960	0.2378	13.1582
ROE	1.6191	0.0002		0.0002
ROE Adjustment	-0.0002	-0.0002		-0.0002
Quality Assess-Medicaid Share				14.9094
Supplemental Rate Add-on				9.9025
Totals	201.7823	202.0694	3.5878	223.2935

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325384-00 - 2014/07

223.29

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01	8,496,197	0.00	1.3356	1.3356		120	48.01	4,661,520	4,661,520	1
2000/07		0.10	1.1129	1.1129		120	48.01	4,666,049	4,835,040	
2001/01		0.10	1.2976	1.2976		120	48.01	4,671,336	4,897,800	
2001/07		0.20	0.9615	0.9615		120	48.01	4,679,177	4,944,840	
2002/01		0.20	1.0301	1.0301		120	48.01	4,687,591	4,995,720	
2002/07		0.30	0.8337	0.8337		120	48.01	4,697,825	5,037,360	
2003/01	41,181	0.30	1.3271	1.3271		120	46.16	4,754,702	5,104,200	
2003/07		0.40	1.1664	1.1664		120	46.16	4,773,322	5,163,720	
2004/01		0.40	1.1103	1.1103		120	48.81	4,792,135	5,221,080	
2004/07		0.50	0.8378	0.8378		120	48.81	4,809,950	5,264,880	
2005/01		0.50	0.8595	0.8595		120	51.82	4,829,428	5,310,120	
2005/07		0.60	0.7364	0.7364		120	51.82	4,849,531	5,349,240	
2006/01		0.60	0.9068	0.9068		120	50.92	4,873,960	5,397,720	
2006/07		0.70	0.8133	0.8133		120	50.92	4,899,649	5,441,640	
2007/01	22,548	0.70	1.0133	1.0133		120	43.81	4,949,880	5,496,720	
2007/07		0.80	1.1050	1.1050		120	43.81	4,984,734	5,557,440	
2008/01		0.80	0.8556	0.8556		120	40.58	5,009,909	5,604,960	
2008/07		0.90	0.6104	0.6104		120	40.58	5,030,217	5,639,160	
2009/01		0.90	1.3268	1.3268		120	35.76	5,069,271	5,714,040	
2009/07		1.00	0.6841	0.6841		120	35.76	5,091,819	5,753,160	
2010/01		1.00	0.8643	0.8643		120	33.97	5,119,000	5,802,840	
2010/07		1.00	0.7107	0.7107		120	33.97	5,141,470	5,844,120	
2011/01		1.00	0.9198	0.9198		120	33.87	5,170,593	5,897,880	
2011/07		1.00	0.9028	0.9028		120	33.87	5,199,339	5,951,160	
2012/01		1.00	0.3865	0.3865		120	28.75	5,209,843	5,974,200	
2012/07		1.00	0.9417	0.9417		120	28.75	5,235,489	6,030,480	
2013/01		1.00	0.4901	0.4901		120	36.69	5,252,606	6,060,000	
2013/07		1.00	0.6196	0.6196		120	36.69	5,274,317	6,097,560	
2014/01		1.00	0.8564	0.8564		120	36.84	5,304,572	6,149,760	
2014/07		1.00	1.2383	1.2383		120	36.84	5,348,570	6,225,960	

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 325384053120130601201209192013145740



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325422-00 - 2014/07

238.04

Manor Care @ Lely Palms

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6135 RATTLESNAKE HAMMOCK ROAD	10/1/2012-9/30/2013	Number of Beds: 117	Superior: 0
NAPLES, FL 34113	Days in CR 365	Maximum: 42,705	Standard: 184
County: Collier [11]	First Used : 2014/01	Max Annualized: 42,705	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 39,624	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 19,768	Inflation
Current Class South Large	Initial CR? False	Medicaid: 16,344	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	41.24773%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.78539%	Cost: 1.02881379
Open Date: 05/26/1984	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/26/1984	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 05/26/1984	Low Occupancy Adjustment Factor:	118.12106%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 319368			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	947,785	1,470,554	918,338	336,523	24,685	3,697,885	
1a	Audit Adjustments							
2	Cost Per Diem	57.9898	89.9752	56.1881	20.5900	1.5103	226.2534	
3	Cost Per Diem Inflated	59.6607	92.2404	57.8071				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.6607	92.2404	57.8071	20.5900	1.5103	231.8085	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	80.6201		55.4668				
7	Provider Target Rate	82.2999		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	92.2404	56.6225	13.6500	1.5103	218.4408	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.4176	92.2404	56.6225	13.6500	1.5103	218.4408	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325422-00 - 2014/07

238.04

Rate Semester 07/01/2014 through 12/31/2014

Manor Care @ Lely Palms

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
	0.00	None	80% Capital(1):	4,353,302	9.8244
	1984/01	None	20% ROE(2):	1,088,326	0.4720
	5,441,628	True	Insurance Cost(3):	26,488	0.6685
	2,764,500	8.7500%	Taxes Cost(3):	38,434	0.9700
	0.9000	8.7500%	Home Office(3):	25,046	0.6321
	0.016670	8.7500%	Replacement(3&4):	180,020	0.0000
		True	Total FRVS PD:		12.5670
		377,596			

- (1) 80% Capital (\$4,353,302) amortized at 8.7500 % for 20 years Interest of \$377,596 divided by annual available days (42705) divided by Occup. Adj. (0.900) = \$9.8244
- (2) 20% ROE (\$1,088,326) times the ROE factor (0.016670) divided by annual available days (42705) divided by Occup. Adj. (0.900) = \$0.4720
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	51,883
Comparison Bed 97	Effective PBS Limitation	2,764,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	92.2404	92.2404	1.6377	90.6027
Indirect Care	56.6225	56.6225	1.0053	55.6172
Property	13.6500	12.5670	0.2424	13.4076
ROE	1.5103		0.0268	1.4835
ROE Adjustment				
Quality Assess-Medicaid Share				13.5725
Supplemental Rate Add-on				9.9025
Totals	218.4408	215.8475	3.8784	238.0374

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325422-00 - 2014/07

238.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	3,726,807	0.00	1.2952	1.2952		97	47.41	3,726,807	2,659,061	
1984/07	62,736	0.10	1.9179	1.9179		97	47.41	3,795,705	2,710,083	
1985/01	9,176	0.10	1.1471	1.1471		97	47.41	3,808,634	2,741,123	
1985/10		0.20	0.8522	0.8522		97	47.41	2,764,500	2,764,500	1
1986/01		0.20	0.8299	0.8299		97	50.99	2,768,754	2,787,489	
1986/07		0.30	0.2974	0.2974		97	50.99	2,771,044	2,782,154	
1987/01		0.30	1.0091	1.0091		97	50.99	2,778,820	2,831,915	
1987/07		0.40	0.9007	0.9007		97	41.44	2,786,364	2,854,031	
1988/01	13,874	0.40	0.9007	0.9007		97	41.44	2,807,802	2,877,214	
1988/07		0.50	0.5899	0.5899		97	41.44	2,814,043	2,875,662	
1989/01		0.50	0.5899	0.5899		97	41.44	2,814,043	2,892,637	5
1989/07		0.60	0.5899	0.5899		97	41.44	2,820,298	2,912,231	5
1990/01		0.60	0.5899	0.5899		97	41.44	2,835,358	2,926,878	
1990/07		0.70	0.5899	0.5899		97	41.44	2,844,179	2,944,144	
1991/01		0.70	0.5899	0.5899		97	45.08	2,844,179	2,961,410	5
1991/07		0.80	1.4932	1.4932		97	45.08	2,881,747	3,005,642	
1992/01	34,595	0.80	2.0117	2.0117		97	48.84	2,957,526	3,066,073	
1992/07		0.90	1.8152	1.8152		97	48.84	3,000,432	3,121,751	
1993/01		0.90	1.7710	1.7710		97	42.03	3,036,978	3,177,041	
1993/07		1.00	1.5329	1.5329		97	42.03	3,072,554	3,225,735	
1994/01	41,410	1.00	1.6983	1.6983		97	43.84	3,155,557	3,280,540	
1994/07		1.00	1.5991	1.5991		97	43.84	3,195,779	3,333,017	
1995/01	26,531	1.00	1.5812	1.5812		97	37.60	3,256,855	3,385,688	
1995/07		1.00	1.5250	1.5250		97	46.64	3,298,973	3,437,292	
1996/01	51,196	1.00	1.7228	1.7228		97	46.64	3,398,365	3,496,559	
1996/07		1.00	1.3294	1.3294		97	46.64	3,436,676	3,543,022	
1997/01		1.00	1.4109	1.4109		97	46.64	3,477,794	3,592,977	
1997/07		1.00	1.0917	1.0917		97	46.64	3,509,990	3,632,165	
1998/01		1.00	1.1663	1.1663		97	46.64	3,544,705	3,674,554	
1998/07	740,820	1.00	1.0794	1.0794		117	44.95	4,316,795	4,480,047	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325422-00 - 2014/07

238.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		117	44.95	4,367,947	4,544,982	
1999/07		1.00	1.2299	1.2299		117	50.93	4,417,693	4,600,908	
2000/01		1.00	1.3356	1.3356		117	50.93	4,472,330	4,662,333	
2000/07	42,360	1.00	1.1129	1.1129		117	45.76	4,556,101	4,714,164	
2001/01		1.00	1.2976	1.2976		117	45.76	4,605,289	4,775,355	
2001/07		1.00	0.9615	0.9615		117	45.76	4,642,130	4,821,219	
2002/01	13,033	1.00	1.0301	1.0301		117	47.29	4,696,278	4,870,827	
2002/07		1.00	0.8337	0.8337		117	47.29	4,729,942	4,911,426	
2003/01		1.00	1.3271	1.3271		117	47.29	4,783,914	4,976,595	
2003/07	21,655	1.00	1.1664	1.1664		117	46.44	4,852,684	5,034,627	
2004/01		1.00	1.1103	1.1103		117	46.44	4,898,178	5,090,553	
2004/07		0.95	0.8378	0.8378		117	49.30	4,933,122	5,133,258	
2005/01		0.95	0.8595	0.8595		117	45.89	4,966,729	5,177,367	
2005/07		0.90	0.7364	0.7364		117	45.89	4,994,196	5,215,509	
2006/01		0.90	0.9068	0.9068		117	44.60	5,027,247	5,262,777	
2006/07		0.85	0.8133	0.8133		117	44.60	5,055,429	5,305,599	
2007/01		0.85	1.0133	1.0133		117	48.34	5,093,699	5,359,302	
2007/07		0.80	1.1050	1.1050		117	48.34	5,133,275	5,418,504	
2008/01		0.80	0.8556	0.8556		117	46.26	5,162,829	5,464,836	
2008/07		0.75	0.6104	0.6104		117	46.26	5,182,709	5,498,181	
2009/01		0.75	1.3268	1.3268		117	46.26	5,226,087	5,571,189	
2009/07		0.70	0.6841	0.6841		117	42.57	5,245,458	5,609,331	
2010/01		0.70	0.8643	0.8643		117	42.57	5,270,021	5,657,769	
2010/07		0.65	0.7107	0.7107		117	44.86	5,289,880	5,698,017	
2011/01		0.65	0.9198	0.9198		117	46.02	5,316,344	5,750,433	
2011/07		0.60	0.9028	0.9028		117	46.02	5,340,441	5,802,381	
2012/01		0.60	0.3865	0.3865		117	46.02	5,350,803	5,824,845	
2012/07		0.55	0.9417	0.9417		117	47.62	5,374,796	5,879,718	
2013/01		0.55	0.4901	0.4901		117	47.62	5,387,342	5,908,500	
2013/07		0.50	0.6196	0.6196		117	47.10	5,401,635	5,945,121	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325422-00 - 2014/07

238.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		117	41.25	5,418,982	5,996,016	
2014/07		0.45	1.2383	1.2383		117	41.25	5,441,628	6,070,311	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325449-00 - 2014/07

218.83

Manor Care Nursing and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3601 LAKEWOOD BLVD	6/1/2012-5/31/2013	Number of Beds: 120	Superior: 0
NAPLES, FL 34112	Days in CR 365	Maximum: 43,800	Standard: 184
County: Collier [11]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 37,350	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 12,304	Inflation
Current Class South Large	Initial CR? False	Medicaid: 21,064	FY Index: 1.29575017
Class at 1/94: South Large	Medical Utilization	56.39625%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	85.27397%	Cost: 1.03959307
Open Date: 04/01/1983	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 04/01/1983	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 04/01/1983	Low Occupancy Adjustment Factor:	108.55859%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 309958			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	882,610	1,872,734	967,655	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	43.5603	91.4472	47.7577				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.5603	91.4472	47.7577	9.6600	0.2244	192.6496	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	71.3660		55.4668				
7	Provider Target Rate	72.8530		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.5603	91.4472	47.7577	9.6600	0.2244	192.6496	
12/13	Medical Adjustment Rate		0.6580	0.3437				
14	Prospective Per Diem 11	43.5603	92.1052	48.1014	9.6600	0.2244	193.6513	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325449-00 - 2014/07

218.83

Rate Semester 07/01/2014 through 12/31/2014

Manor Care Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
	3,000,000.00	Type: Variable	80% Capital(1): 4,799,658	9.2830	
		<60% of Base: False	20% ROE(2): 1,199,914	0.4280	
		Interest Rate: 4.5500%	Insurance Cost(3): 20,874	0.5589	
		Chase Rate: 8.0000%	Taxes Cost(3): 26,105	0.6989	
		Amortization Rate: 4.5500%	Home Office(3): 25,049	0.6707	
		Interest Only: False	Replacement(3&4): 96,821	0.0000	
		Yearly Payment: 365,936	Total FRVS PD:	11.6395	

- (1) 80% Capital (\$4,799,658) amortized at 4.5500 % for 20 years Principal & Interest of \$365,936 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.2830
- (2) 20% ROE (\$1,199,914) times the ROE factor (0.014060) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4280
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.5603	43.5603	0.7734	42.7869
Direct Care	92.1052	92.1052	1.6353	90.4699
Indirect Care	48.1014	48.1014	0.8540	47.2474
Property	9.6600	11.6395	0.1715	9.4885
ROE	0.2244		0.0040	0.2204
ROE Adjustment				
Quality Assess-Medicaid Share				18.7099
Supplemental Rate Add-on				9.9025
Totals	193.6513	195.4064	3.4382	218.8255

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325449-00 - 2014/07

218.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	3,423,859	0.00	2.6288	2.6288		120	0.80	3,423,859	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	0.80	3,423,859	3,247,440	
1984/01	34,788	0.10	2.2530	2.2530		120	15.76	3,458,647	3,289,560	
1984/07		0.20	1.9179	1.9179		120	15.76	3,458,647	3,352,680	
1985/01		0.20	1.1471	1.1471		120	15.76	3,458,647	3,391,080	
1985/10		0.30	0.8522	0.8522		120	15.76	3,420,000	3,420,000	1
1986/01		0.30	0.8299	0.8299		120	15.76	3,420,000	3,448,440	
1986/07		0.40	0.2974	0.2974		120	27.27	3,422,018	3,441,840	
1987/01		0.40	1.0091	1.0091		120	27.27	3,428,866	3,503,400	
1987/07		0.50	0.9007	0.9007		120	37.83	3,439,488	3,530,760	
1988/01	13,026	0.50	0.9007	0.9007		120	41.84	3,464,299	3,559,440	
1988/07		0.60	0.5899	0.5899		120	41.84	3,473,626	3,557,520	
1989/01		0.60	0.5899	0.5899		120	51.13	3,485,054	3,578,520	
1989/07		0.70	0.5899	0.5899		120	51.13	3,498,431	3,602,760	
1990/01		0.70	0.5899	0.5899		120	49.52	3,511,437	3,620,880	
1990/07		0.80	0.5899	0.5899		120	49.52	3,511,437	3,642,240	5
1991/01		0.80	0.5899	0.5899		120	43.65	3,539,563	3,663,600	
1991/07		0.90	1.4932	1.4932		120	43.65	3,577,315	3,718,320	
1992/01		0.90	2.0117	2.0117		120	49.32	3,635,394	3,793,080	
1992/07		1.00	1.8152	1.8152		120	49.32	3,694,569	3,861,960	
1993/01		1.00	1.7710	1.7710		120	49.32	3,753,243	3,930,360	
1993/07	1,622,927	1.00	1.5329	1.5329		120	47.92	5,426,297	3,990,600	
1994/01		1.00	1.6983	1.6983		120	47.92	5,506,589	4,058,400	
1994/07		1.00	1.5991	1.5991		120	41.64	5,573,255	4,123,320	
1995/01		1.00	1.5812	1.5812		120	37.28	5,632,987	4,188,480	
1995/07		1.00	1.5250	1.5250		120	37.28	5,691,214	4,252,320	
1996/01		1.00	1.7228	1.7228		120	37.28	5,757,673	4,325,640	
1996/07		1.00	1.3294	1.3294		120	42.23	5,757,673	4,383,120	3
1997/01		1.00	1.4109	1.4109		120	42.23	5,757,673	4,444,920	3
1997/07		1.00	1.0917	1.0917		120	39.27	5,757,673	4,493,400	3



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325449-00 - 2014/07

218.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	39.27	5,757,673	4,545,840	3
1998/07		1.00	1.0794	1.0794		120	39.12	5,757,673	4,594,920	3
1999/01		1.00	1.4499	1.4499		120	46.41	5,757,673	4,661,520	3
1999/07		1.00	1.2299	1.2299		120	46.41	5,757,673	4,718,880	3
2000/01		1.00	1.3356	1.3356		120	46.41	5,757,673	4,781,880	3
2000/07		1.00	1.1129	1.1129		120	58.20	5,757,673	4,835,040	3
2001/01		1.00	1.2976	1.2976		120	59.76	5,757,673	4,897,800	3
2001/07		1.00	0.9615	0.9615		120	59.76	5,757,673	4,944,840	3
2002/01		1.00	1.0301	1.0301		120	65.60	5,757,673	4,995,720	3
2002/07		1.00	0.8337	0.8337		120	65.60	5,757,673	5,037,360	3
2003/01		1.00	1.3271	1.3271		120	65.60	5,757,673	5,104,200	3
2003/07		0.95	1.1664	1.1664		120	64.98	5,757,673	5,163,720	3
2004/01		0.95	1.1103	1.1103		120	64.98	5,757,673	5,221,080	3
2004/07		0.90	0.8378	0.8378		120	64.98	5,757,673	5,264,880	3
2005/01		0.90	0.8595	0.8595		120	59.55	5,757,673	5,310,120	3
2005/07		0.85	0.7364	0.7364		120	59.55	5,757,673	5,349,240	3
2006/01		0.85	0.9068	0.9068		120	56.49	5,757,673	5,397,720	3
2006/07		0.80	0.8133	0.8133		120	56.49	5,757,673	5,441,640	3
2007/01		0.80	1.0133	1.0133		120	50.99	5,757,673	5,496,720	3
2007/07		0.75	1.1050	1.1050		120	50.99	5,757,673	5,557,440	3
2008/01		0.75	0.8556	0.8556		120	57.60	5,757,673	5,604,960	3
2008/07		0.70	0.6104	0.6104		120	57.60	5,757,673	5,639,160	3
2009/01		0.70	1.3268	1.3268		120	51.39	5,757,673	5,714,040	3
2009/07		0.65	0.6841	0.6841		120	51.39	5,757,673	5,753,160	3
2010/01		0.65	0.8643	0.8643		120	56.11	5,790,020	5,802,840	
2010/07		0.60	0.7107	0.7107		120	56.11	5,814,709	5,844,120	
2011/01		0.60	0.9198	0.9198		120	59.84	5,846,800	5,897,880	
2011/07		0.55	0.9028	0.9028		120	59.84	5,875,829	5,951,160	
2012/01		0.55	0.3865	0.3865		120	60.71	5,888,321	5,974,200	
2012/07		0.50	0.9417	0.9417		120	60.71	5,916,049	6,030,480	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325449-00 - 2014/07

218.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	55.67	5,930,549	6,060,000	
2013/07		0.45	0.6196	0.6196		120	55.67	5,947,083	6,097,560	
2014/01		0.45	0.8564	0.8564		120	56.40	5,970,003	6,149,760	
2014/07		0.40	1.2383	1.2383		120	56.40	5,999,572	6,225,960	

Message Code:

- 1 Per Bed Standard Limitation
- 3 Index Cost Limitation - January 1996
- 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 325449053120130601201209192013155147



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325457-00 - 2014/07

219.99

ManorCare Health Services (Plantation)

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6931 W SUNRISE BLVD	6/1/2012-5/31/2013	Number of Beds: 120	Superior: 0
PLANTATION, FL 33313	Days in CR 365	Maximum: 43,800	Standard: 143
County: Broward [6]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 41
Region: South Area: 10	Last Used: 2014/07	Total Patient: 40,558	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 17,180	Inflation
Current Class South Large	Initial CR? False	Medicaid: 17,513	FY Index: 1.29575017
Class at 1/94: South Large	Medical Utilization	43.18014%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.59817%	Cost: 1.03959307
Open Date: 09/01/1985	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/01/1985	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 09/01/1985	Low Occupancy Adjustment Factor:	117.88272%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 309940			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,049,643	1,363,761	825,034	317,686	16,298	3,572,422	
1a	Audit Adjustments							
2	Cost Per Diem	59.9351	77.8714	47.1098	18.1400	0.9306	203.9869	
3	Cost Per Diem Inflated	62.3081	80.0964	48.9750				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	62.3081	80.0964	48.9750	18.1400	0.9306	210.4501	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	83.4975		55.4668				
7	Provider Target Rate	85.2372		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	80.0964	48.9750	13.6500	0.9306	198.0696	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.4176	80.0964	48.9750	13.6500	0.9306	198.0696	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325457-00 - 2014/07

219.99

Rate Semester 07/01/2014 through 12/31/2014

ManorCare Health Services (Plantation)

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
	4,000,000.00	Type: Variable	80% Capital(1): 3,856,530	9.9663	
		<60% of Base: False	20% ROE(2): 964,132	0.3439	
		Interest Rate: 8.2000%	Insurance Cost(3): 28,076	0.6922	
		Chase Rate: 13.0000%	Taxes Cost(3): 80,120	1.9754	
		Amortization Rate: 8.2000%	Home Office(3): 27,577	0.6799	
		Interest Only: False	Replacement(3&4): 345,827	0.0000	
		Yearly Payment: 392,871	Total FRVS PD:	13.6577	

- (1) 80% Capital (\$3,856,530) amortized at 8.2000 % for 20 years Principal & Interest of \$392,871 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.9663
- (2) 20% ROE (\$964,132) times the ROE factor (0.014060) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3439
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	80.0964	80.0964	1.4221	78.6743
Indirect Care	48.9750	48.9750	0.8696	48.1054
Property	13.6500	13.6577	0.2424	13.4076
ROE	0.9306		0.0165	0.9141
ROE Adjustment				
Quality Assess-Medicaid Share				15.5336
Supplemental Rate Add-on				9.9025
Totals	198.0696	197.1467	3.5168	219.9889

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325457-00 - 2014/07

219.99

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	5,507,037	0.00	0.8522	0.8522		120	19.02	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	27.50	3,421,419	3,448,440	
1986/07		0.10	0.2974	0.2974		120	27.50	3,421,927	3,441,840	
1987/01		0.20	1.0091	1.0091		120	27.50	3,425,380	3,503,400	
1987/07		0.20	0.9007	0.9007		120	27.50	3,428,465	3,530,760	
1988/01		0.30	0.9007	0.9007		120	32.18	3,433,885	3,559,440	
1988/07		0.30	0.5899	0.5899		120	32.18	3,437,441	3,557,520	
1989/01		0.40	0.5899	0.5899		120	39.32	3,443,241	3,578,520	
1989/07		0.40	0.5899	0.5899		120	39.32	3,449,050	3,602,760	
1990/01	13,241	0.50	0.5899	0.5899		120	42.45	3,470,144	3,620,880	
1990/07		0.50	0.5899	0.5899		120	42.45	3,478,045	3,642,240	
1991/01		0.60	0.5899	0.5899		120	41.45	3,478,045	3,663,600	5
1991/07		0.60	1.4932	1.4932		120	41.45	3,487,321	3,718,320	5
1992/01		0.70	2.0117	2.0117		120	47.50	3,510,867	3,793,080	5
1992/07		0.70	1.8152	1.8152		120	47.50	3,553,565	3,861,960	5
1993/01		0.80	1.7710	1.7710		120	47.50	3,636,519	3,930,360	
1993/07		0.80	1.5329	1.5329		120	47.52	3,636,519	3,990,600	5
1994/01		0.90	1.6983	1.6983		120	36.37	3,675,049	4,058,400	5
1994/07		0.90	1.5991	1.5991		120	36.37	3,712,195	4,123,320	5
1995/01		1.00	1.5812	1.5812		120	32.67	3,782,722	4,188,480	
1995/07		1.00	1.5250	1.5250		120	32.67	3,816,988	4,252,320	
1996/01		1.00	1.7228	1.7228		120	32.67	3,856,049	4,325,640	
1996/07	21,756	1.00	1.3294	1.3294		120	31.47	3,907,136	4,383,120	
1997/01		1.00	1.4109	1.4109		120	31.47	3,938,678	4,444,920	
1997/07		1.00	1.0917	1.0917		120	24.13	3,938,678	4,493,400	
1998/01		1.00	1.1663	1.1663		120	24.13	3,938,678	4,545,840	
1998/07		1.00	1.0794	1.0794		120	25.84	3,958,652	4,594,920	
1999/01		1.00	1.4499	1.4499		120	28.00	3,987,872	4,661,520	
1999/07		1.00	1.2299	1.2299		120	28.00	4,012,841	4,718,880	
2000/01		1.00	1.3356	1.3356		120	28.00	4,040,126	4,781,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325457-00 - 2014/07

219.99

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		120	40.11	4,072,916	4,835,040	
2001/01		1.00	1.2976	1.2976		120	39.58	4,110,949	4,897,800	
2001/07		1.00	0.9615	0.9615		120	39.58	4,139,394	4,944,840	
2002/01		1.00	1.0301	1.0301		120	41.95	4,171,917	4,995,720	
2002/07		1.00	0.8337	0.8337		120	41.95	4,171,917	5,037,360	5
2003/01		1.00	1.3271	1.3271		120	41.95	4,240,943	5,104,200	
2003/07		1.00	1.1664	1.1664		120	44.32	4,280,804	5,163,720	
2004/01		1.00	1.1103	1.1103		120	44.32	4,319,104	5,221,080	
2004/07		1.00	0.8378	0.8378		120	44.32	4,348,263	5,264,880	
2005/01		1.00	0.8595	0.8595		120	45.78	4,379,371	5,310,120	
2005/07		1.00	0.7364	0.7364		120	45.78	4,406,214	5,349,240	
2006/01		0.95	0.9068	0.9068		120	43.35	4,436,133	5,397,720	
2006/07		0.95	0.8133	0.8133		120	43.35	4,463,147	5,441,640	
2007/01		0.90	1.0133	1.0133		120	40.28	4,492,957	5,496,720	
2007/07		0.90	1.1050	1.1050		120	40.28	4,525,681	5,557,440	
2008/01		0.85	0.8556	0.8556		120	39.85	4,549,530	5,604,960	
2008/07		0.85	0.6104	0.6104		120	39.85	4,566,631	5,639,160	
2009/01		0.80	1.3268	1.3268		120	43.87	4,605,293	5,714,040	
2009/07		0.80	0.6841	0.6841		120	43.87	4,625,397	5,753,160	
2010/01		0.75	0.8643	0.8643		120	46.05	4,650,500	5,802,840	
2010/07		0.75	0.7107	0.7107		120	46.05	4,671,254	5,844,120	
2011/01		0.70	0.9198	0.9198		120	43.38	4,694,978	5,897,880	
2011/07		0.70	0.9028	0.9028		120	43.38	4,718,381	5,951,160	
2012/01		0.65	0.3865	0.3865		120	47.03	4,728,516	5,974,200	
2012/07		0.65	0.9417	0.9417		120	47.03	4,753,265	6,030,480	
2013/01		0.60	0.4901	0.4901		120	41.81	4,763,892	6,060,000	
2013/07		0.60	0.6196	0.6196		120	41.81	4,777,356	6,097,560	
2014/01		0.55	0.8564	0.8564		120	43.18	4,795,022	6,149,760	
2014/07		0.55	1.2383	1.2383		120	43.18	4,820,662	6,225,960	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325465-00 - 2014/07

217.18

ManorCare Health Services-Sarasota

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5511 SWIFT ROAD	6/1/2012-5/31/2013	Number of Beds: 178	Superior: 0
SARASOTA , FL 34231	Days in CR 365	Maximum: 64,970	Standard: 184
County: Sarasota [58]	First Used : 2014/01	Max Annualized: 64,970	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 58,877	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 13,303	Inflation
Current Class South Large	Initial CR? False	Medicaid: 33,781	FY Index: 1.29575017
Class at 1/94: South Large	Medical Utilization	57.37555%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	90.62183%	Cost: 1.03959307
Open Date: 12/01/1983	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 12/01/1983	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 09/01/1985	Low Occupancy Adjustment Factor:	115.36672%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 310832			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,564,132	2,848,543	1,257,676	521,916	33,892	6,226,158	
1a	Audit Adjustments							
2	Cost Per Diem	46.3021	84.3238	37.2303	15.4500	1.0033	184.3095	
3	Cost Per Diem Inflated	48.1353	86.7331	38.7044				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.1353	86.7331	38.7044	15.4500	1.0033	190.0261	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	62.9431		55.4668				
7	Provider Target Rate	64.2546		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	48.1353	86.7331	38.7044	13.6500	1.0033	188.2261	
12/13	Medical Adjustment Rate		0.7197	0.3211				
14	Prospective Per Diem 11	48.1353	87.4528	39.0255	13.6500	1.0033	189.2669	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325465-00 - 2014/07

217.18

Rate Semester 07/01/2014 through 12/31/2014

ManorCare Health Services-Sarasota

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/1996	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,390,000.00	Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed	80% Capital(1):	5,662,398 12.3925
Indexed Asset Value	7,077,997	<60% of Base:	False	20% ROE(2):	1,415,599 0.3404
FRVS Base Asset:	3,420,000	Interest Rate:	11.5000%	Insurance Cost(3):	26,827 0.4556
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	51,345 0.8721
ROE Factor	0.014060	Amortization Rate:	11.5000%	Home Office(3):	34,965 0.5939
		Interest Only:	False	Replacement(3&4):	190,621 0.0000
		Yearly Payment:	724,626	Total FRVS PD:	14.6545

- (1) 80% Capital (\$5,662,398) amortized at 11.5000 % for 20 years Principal & Interest of \$724,626 divided by annual available days (64970) divided by Occup. Adj. (0.900) = \$12.3925
- (2) 20% ROE (\$1,415,599) times the ROE factor (0.014060) divided by annual available days (64970) divided by Occup. Adj. (0.900) = \$0.3404
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.1353	48.1353	0.8546	47.2807
Direct Care	87.4528	87.4528	1.5527	85.9001
Indirect Care	39.0255	39.0255	0.6929	38.3326
Property	13.6500	14.6545	0.2602	14.3943
ROE	1.0033	0.5083	0.0090	0.4993
ROE Adjustment	-0.5083	-0.5083	-0.0090	-0.4993
Quality Assess-Medicaid Share				21.3701
Supplemental Rate Add-on				9.9025
Totals	188.7586	189.2681	3.3604	217.1803

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325465-00 - 2014/07

217.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	3,994,239	0.00	3.9578	3.0000	0.9578	120	8.12	3,994,239	3,247,440	
1984/01		0.10	2.2530	2.2530		120	8.12	3,994,239	3,289,560	
1984/07	177,174	0.10	1.9179	1.9179		120	8.12	4,171,413	3,352,680	
1985/01	9,842	0.20	1.1471	1.1471		120	8.12	4,181,255	3,391,080	
1985/10		0.20	0.8522	0.8522		120	8.12	3,420,000	3,420,000	1
1986/01		0.30	0.8299	0.8299		120	6.94	3,420,000	3,448,440	
1986/07		0.30	0.2974	0.2974		120	6.94	3,420,000	3,441,840	
1987/01		0.40	1.0091	1.0091		120	6.94	3,420,000	3,503,400	
1987/07		0.40	0.9007	0.9007		120	6.94	3,420,000	3,530,760	
1988/01		0.50	0.9007	0.9007		120	15.32	3,420,000	3,559,440	
1988/07		0.50	0.5899	0.5899		120	15.32	3,420,000	3,557,520	
1989/01		0.60	0.5899	0.5899		120	24.84	3,420,000	3,578,520	
1989/07		0.60	0.5899	0.5899		120	24.84	3,420,000	3,602,760	
1990/01		0.70	0.5899	0.5899		120	24.84	3,420,000	3,620,880	
1990/07		0.70	0.5899	0.5899		120	22.00	3,420,000	3,642,240	
1991/01		0.80	0.5899	0.5899		120	21.34	3,420,000	3,663,600	
1991/07		0.80	1.4932	1.4932		120	21.34	3,420,000	3,718,320	
1992/01		0.90	2.0117	2.0117		120	25.88	3,449,136	3,793,080	
1992/07		0.90	1.8152	1.8152		120	25.88	3,449,136	3,861,960	5
1993/01		1.00	1.7710	1.7710		120	25.88	3,475,651	3,930,360	5
1993/07		1.00	1.5329	1.5329		120	23.73	3,504,615	3,990,600	5
1994/01		1.00	1.6983	1.6983		120	20.36	3,504,615	4,058,400	
1994/07		1.00	1.5991	1.5991		120	20.36	3,504,615	4,123,320	
1995/01	1,230,435	1.00	1.5812	1.5812		157	24.71	4,735,050	5,479,928	
1995/07		1.00	1.5250	1.5250		157	24.71	4,735,050	5,563,452	5
1996/01	29,590	1.00	1.7228	1.7228		157	24.27	4,764,640	5,659,379	5
1996/07		1.00	1.3294	1.3294		157	24.27	4,764,640	5,734,582	
1997/01		1.00	1.4109	1.4109		157	24.27	4,764,640	5,815,437	
1997/07	732,984	1.00	1.0917	1.0917		178	32.74	5,528,587	6,665,210	
1998/01		1.00	1.1663	1.1663		178	32.74	5,566,970	6,742,996	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325465-00 - 2014/07

217.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		178	41.36	5,612,158	6,815,798	
1999/01		1.00	1.4499	1.4499		178	44.56	5,678,083	6,914,588	
1999/07		1.00	1.2299	1.2299		178	44.56	5,734,662	6,999,672	
2000/01		1.00	1.3356	1.3356		178	49.97	5,804,249	7,093,122	
2000/07		1.00	1.1129	1.1129		178	49.97	5,862,937	7,171,976	
2001/01		1.00	1.2976	1.2976		178	51.19	5,933,744	7,265,070	
2001/07		1.00	0.9615	0.9615		178	51.19	5,986,845	7,334,846	
2002/01		1.00	1.0301	1.0301		178	54.64	6,048,112	7,410,318	
2002/07		1.00	0.8337	0.8337		178	54.64	6,098,205	7,472,084	
2003/01		1.00	1.3271	1.3271		178	59.84	6,179,134	7,571,230	
2003/07		1.00	1.1664	1.1664		178	59.84	6,251,207	7,659,518	
2004/01		0.95	1.1103	1.1103		178	59.84	6,317,145	7,744,602	
2004/07		0.95	0.8378	0.8378		178	59.84	6,367,423	7,809,572	
2005/01		0.90	0.8595	0.8595		178	56.13	6,416,681	7,876,678	
2005/07		0.90	0.7364	0.7364		178	56.13	6,459,211	7,934,706	
2006/01		0.85	0.9068	0.9068		178	52.14	6,506,410	8,006,618	
2006/07		0.85	0.8133	0.8133		178	52.14	6,549,050	8,071,766	
2007/01		0.80	1.0133	1.0133		178	52.97	6,600,177	8,153,468	
2007/07		0.80	1.1050	1.1050		178	52.97	6,656,369	8,243,536	
2008/01		0.75	0.8556	0.8556		178	45.32	6,691,565	8,314,024	
2008/07		0.75	0.6104	0.6104		178	45.32	6,716,807	8,364,754	
2009/01		0.70	1.3268	1.3268		178	50.12	6,773,657	8,475,826	
2009/07		0.70	0.6841	0.6841		178	50.12	6,803,218	8,533,854	
2010/01		0.65	0.8643	0.8643		178	47.18	6,836,004	8,607,546	
2010/07		0.65	0.7107	0.7107		178	47.18	6,863,096	8,668,778	
2011/01		0.60	0.9198	0.9198		178	48.46	6,896,469	8,748,522	
2011/07		0.60	0.9028	0.9028		178	48.46	6,929,385	8,827,554	
2012/01		0.55	0.3865	0.3865		178	48.94	6,942,494	8,861,730	
2012/07		0.55	0.9417	0.9417		178	48.94	6,974,488	8,945,212	
2013/01		0.50	0.4901	0.4901		178	52.89	6,990,927	8,989,000	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325465-00 - 2014/07

217.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		178	52.89	7,011,754	9,044,714	
2014/01		0.45	0.8564	0.8564		178	57.38	7,038,777	9,122,144	
2014/07		0.45	1.2383	1.2383		178	57.38	7,077,997	9,235,174	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 325465053120130601201209102013113807



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325473-00 - 2014/07

222.72

Manor Care Health Services

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1450 EAST VENICE AVENUE	6/1/2012-5/31/2013	Number of Beds: 129	Superior: 0
VENICE, FL 34292	Days in CR 365	Maximum: 47,085	Standard: 184
County: Sarasota [58]	First Used : 2014/01	Max Annualized: 47,085	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 38,900	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 15,736	Inflation
Current Class South Large	Initial CR? False	Medicaid: 13,896	FY Index: 1.29575017
Class at 1/94: South Large	Medical Utilization	35.72237%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	82.61654%	Cost: 1.03959307
Open Date: 06/05/1997	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 06/05/1997	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 06/05/1997	Low Occupancy Adjustment Factor:	105.17554%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 309788			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	598,124	1,222,739	678,848	232,202	6,658	2,738,571	
1a	Audit Adjustments							
2	Cost Per Diem	43.0429	87.9922	48.8520	16.7100	0.4791	197.0762	
3	Cost Per Diem Inflated	44.7471	90.5063	50.7862				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.7471	90.5063	50.7862	16.7100	0.4791	203.2287	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	66.2171		55.4668				
7	Provider Target Rate	67.5968		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.7471	90.5063	50.7862	13.6500	0.4791	200.1687	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	44.7471	90.5063	50.7862	13.6500	0.4791	200.1687	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325473-00 - 2014/07

222.72

Rate Semester 07/01/2014 through 12/31/2014

Manor Care Health Services

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/05/1997	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,535,958 9.0166
RS to Start Calcs:	1997/01	<60% of Base:	True	20% ROE(2):	1,133,990 0.3762
Indexed Asset Value	5,669,948	Interest Rate:	8.5000%	Insurance Cost(3):	27,246 0.7004
FRVS Base Asset:	4,711,854	Chase Rate:	8.5000%	Taxes Cost(3):	90,870 2.3360
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	26,515 0.6816
ROE Factor	0.014060	Interest Only:	True	Replacement(3&4):	141,933 0.0000
		Yearly Payment:	382,093	Total FRVS PD:	13.1108

- (1) 80% Capital (\$4,535,958) amortized at 8.5000 % for 20 years Interest of \$382,093 divided by annual available days (47085) divided by Occup. Adj. (0.900) = \$9.0166
- (2) 20% ROE (\$1,133,990) times the ROE factor (0.014060) divided by annual available days (47085) divided by Occup. Adj. (0.900) = \$0.3762
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 07/01/1996	Current RS PBS:	51,883
Comparison Bed 129	Effective PBS Limitation	4,711,854

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.7471	44.7471	0.7945	43.9526
Direct Care	90.5063	90.5063	1.6069	88.8994
Indirect Care	50.7862	50.7862	0.9017	49.8845
Property	13.6500	13.1108	0.2328	12.8780
ROE	0.4791	0.2646	0.0047	0.2599
ROE Adjustment	-0.2646	-0.2646	-0.0047	-0.2599
Quality Assess-Medicaid Share				17.2001
Supplemental Rate Add-on				9.9025
Totals	199.9041	199.1504	3.5359	222.7171

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325473-00 - 2014/07

222.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	7,486,400	0.00	1.4109	1.4109		129	25.95	4,711,854	4,711,854	1
1997/07		0.10	1.0917	1.0917		129	25.95	4,714,282	4,830,405	
1998/01		0.10	1.1663	1.1663		129	25.95	4,716,876	4,886,778	
1998/07		0.20	1.0794	1.0794		129	25.95	4,721,681	4,939,539	
1999/01		0.20	1.4499	1.4499		129	25.95	4,728,142	5,011,134	
1999/07		0.30	1.2299	1.2299		129	25.95	4,736,374	5,072,796	
2000/01		0.30	1.3356	1.3356		129	40.74	4,750,432	5,140,521	
2000/07		0.40	1.1129	1.1129		129	40.74	4,766,098	5,197,668	
2001/01		0.40	1.2976	1.2976		129	47.20	4,787,326	5,265,135	
2001/07		0.50	0.9615	0.9615		129	47.20	4,807,079	5,315,703	
2002/01		0.50	1.0301	1.0301		129	46.39	4,827,964	5,370,399	
2002/07		0.60	0.8337	0.8337		129	46.39	4,848,333	5,415,162	
2003/01		0.60	1.3271	1.3271		129	44.70	4,879,710	5,487,015	
2003/07		0.70	1.1664	1.1664		129	44.70	4,912,091	5,550,999	
2004/01		0.70	1.1103	1.1103		129	44.70	4,943,118	5,612,661	
2004/07		0.80	0.8378	0.8378		129	44.70	4,970,043	5,659,746	
2005/01		0.80	0.8595	0.8595		129	41.75	4,995,984	5,708,379	
2005/07		0.90	0.7364	0.7364		129	41.75	5,021,120	5,750,433	
2006/01	21,809	0.90	0.9068	0.9068		129	40.09	5,072,798	5,802,549	
2006/07		1.00	0.8133	0.8133		129	40.09	5,102,871	5,849,763	
2007/01		1.00	1.0133	1.0133		129	38.35	5,138,925	5,908,974	
2007/07		1.00	1.1050	1.1050		129	38.35	5,178,520	5,974,248	
2008/01		1.00	0.8556	0.8556		129	37.32	5,208,585	6,025,332	
2008/07		1.00	0.6104	0.6104		129	37.32	5,230,158	6,062,097	
2009/01		1.00	1.3268	1.3268		129	37.88	5,277,951	6,142,593	
2009/07		1.00	0.6841	0.6841		129	37.88	5,302,819	6,184,647	
2010/01		1.00	0.8643	0.8643		129	37.90	5,334,402	6,238,053	
2010/07		1.00	0.7107	0.7107		129	37.90	5,360,527	6,282,429	
2011/01		1.00	0.9198	0.9198		129	36.81	5,393,526	6,340,221	
2011/07		1.00	0.9028	0.9028		129	36.81	5,426,115	6,397,497	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325473-00 - 2014/07

222.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01	72,440	1.00	0.3865	0.3865		129	37.98	5,513,037	6,422,265	
2012/07		1.00	0.9417	0.9417		129	37.98	5,548,888	6,482,766	
2013/01		1.00	0.4901	0.4901		129	39.86	5,568,597	6,514,500	
2013/07		1.00	0.6196	0.6196		129	39.86	5,593,602	6,554,877	
2014/01		1.00	0.8564	0.8564		129	35.72	5,624,713	6,610,992	
2014/07		1.00	1.2383	1.2383		129	35.72	5,669,948	6,692,907	

Message Code:

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 325473053120130601201209172013082207



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325481-00 - 2014/07

208.91

ManorCare Health Services-West Palm Beach

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2300 VILLAGE BLVD	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
WEST PALM BEACH , FL	Days in CR 365	Maximum: 43,800	Standard: 184
33409	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
County: Palm Beach [50]	Last Used: 2014/07	Total Patient: 39,246	Total: 184
Region: South Area: 9	Unaudited	Medicare: 15,034	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 19,240	FY Index: 1.30932625
Current Class South Large	Medical Utilization		Semester Index: 1.34705290
Class at 1/94: South Large	Occupancy:	49.02410%	Cost: 1.02881379
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	89.60274%	Target: 1.01458517
Open Date: 06/01/1996	Medicaid Low Occupancy Threshold:	78.55110%	DC FY Index: 1.21150000
Acquired Date: 06/01/1996	Low Occupancy Adjustment Factor:	41.17760%	DC Sem Index: 1.24200000
Entered Medicaid 06/01/1996	Weighted Low Occ Adjustment Factor:	114.06936%	DC Inflation: 1.02517540
Med # Active Date: 12/20/2007		100.00000%	PS Target: 1.02083595
Previous Med # 309931			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	927,781	1,389,640	882,645	281,096	29,040	3,510,202	
1a	Audit Adjustments							
2	Cost Per Diem	48.2215	72.2266	45.8755	14.6100	1.5094	182.4430	
3	Cost Per Diem Inflated	49.6109	74.0449	47.1973				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.6109	74.0449	47.1973	14.6100	1.5094	186.9725	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	74.0234		57.8760				
7	Provider Target Rate	75.5657		59.0819				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	49.6109	74.0449	47.1973	13.6500	1.5094	186.0125	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	49.6109	74.0449	47.1973	13.6500	1.5094	186.0125	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325481-00 - 2014/07

208.91

Rate Semester 07/01/2014 through 12/31/2014

ManorCare Health Services-West Palm Beach

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/01/1996	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1996/01	Type:	None	80% Capital(1):	4,189,531 8.6868
Indexed Asset Value	5,236,914	<60% of Base:	True	20% ROE(2):	1,047,383 0.4429
FRVS Base Asset:	4,252,320	Interest Rate:	8.2500%	Insurance Cost(3):	28,064 0.7151
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	136,488 3.4778
ROE Factor	0.016670	Amortization Rate:	8.2500%	Home Office(3):	24,602 0.6269
		Interest Only:	True	Replacement(3&4):	65,619 0.0000
		Yearly Payment:	342,435	Total FRVS PD:	13.9495

- (1) 80% Capital (\$4,189,531) amortized at 8.2500 % for 20 years Interest of \$342,435 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$8.6868
- (2) 20% ROE (\$1,047,383) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	35,436
Comparison Date:	07/01/1995	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,252,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.6109	49.6109	0.8808	48.7301
Direct Care	74.0449	74.0449	1.3147	72.7302
Indirect Care	47.1973	47.1973	0.8380	46.3593
Property	13.6500	13.9495	0.2477	13.7018
ROE	1.5094	0.8095	0.0144	0.7951
ROE Adjustment	-0.8095	-0.8095	-0.0144	-0.7951
Supplemental Rate Add-on				9.9025
Quality Assess-Medicaid Share				17.4870
Totals	185.2030	184.8026	3.2812	208.9109

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325481-00 - 2014/07

208.91

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01	7,653,784	0.00	1.7228	1.7228		120	12.06	4,252,320	4,252,320	1
1996/07		0.10	1.3294	1.3294		120	12.06	4,252,320	4,383,120	
1997/01		0.10	1.4109	1.4109		120	12.06	4,252,320	4,444,920	
1997/07		0.20	1.0917	1.0917		120	12.06	4,252,320	4,493,400	
1998/01		0.20	1.1663	1.1663		120	12.06	4,252,320	4,545,840	
1998/07	57,137	0.30	1.0794	1.0794		120	30.81	4,309,457	4,594,920	5
1999/01		0.30	1.4499	1.4499		120	30.81	4,327,690	4,661,520	
1999/07		0.40	1.2299	1.2299		120	39.45	4,342,962	4,718,880	
2000/01		0.40	1.3356	1.3356		120	39.45	4,359,603	4,781,880	
2000/07		0.50	1.1129	1.1129		120	47.98	4,380,768	4,835,040	
2001/01		0.50	1.2976	1.2976		120	47.98	4,405,563	4,897,800	
2001/07		0.60	0.9615	0.9615		120	45.94	4,426,792	4,944,840	
2002/01		0.60	1.0301	1.0301		120	40.59	4,446,985	4,995,720	
2002/07		0.70	0.8337	0.8337		120	40.59	4,466,138	5,037,360	
2003/01		0.70	1.3271	1.3271		120	40.59	4,496,758	5,104,200	
2003/07		0.80	1.1664	1.1664		120	42.03	4,528,822	5,163,720	
2004/01		0.80	1.1103	1.1103		120	42.03	4,559,561	5,221,080	
2004/07		0.90	0.8378	0.8378		120	42.03	4,585,833	5,264,880	
2005/01		0.90	0.8595	0.8595		120	43.05	4,613,601	5,310,120	
2005/07		1.00	0.7364	0.7364		120	43.05	4,640,194	5,349,240	
2006/01		1.00	0.9068	0.9068		120	37.14	4,668,608	5,397,720	
2006/07		1.00	0.8133	0.8133		120	37.14	4,694,248	5,441,640	
2007/01		1.00	1.0133	1.0133		120	37.77	4,726,913	5,496,720	
2007/07		1.00	1.1050	1.1050		120	37.77	4,762,782	5,557,440	
2008/01		1.00	0.8556	0.8556		120	41.87	4,793,804	5,604,960	
2008/07		1.00	0.6104	0.6104		120	41.87	4,816,080	5,639,160	
2009/01		1.00	1.3268	1.3268		120	41.87	4,864,725	5,714,040	
2009/07		1.00	0.6841	0.6841		120	42.16	4,890,235	5,753,160	
2010/01		1.00	0.8643	0.8643		120	41.97	4,922,488	5,802,840	
2010/07		1.00	0.7107	0.7107		120	41.97	4,949,184	5,844,120	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325481-00 - 2014/07

208.91

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		1.00	0.9198	0.9198		120	41.97	4,983,922	5,897,880	
2011/07		1.00	0.9028	0.9028		120	47.48	5,022,765	5,951,160	
2012/01		1.00	0.3865	0.3865		120	47.48	5,039,524	5,974,200	
2012/07		1.00	0.9417	0.9417		120	52.11	5,084,488	6,030,480	
2013/01		1.00	0.4901	0.4901		120	52.11	5,108,098	6,060,000	
2013/07		1.00	0.6196	0.6196		120	52.09	5,138,073	6,097,560	
2014/01		1.00	0.8564	0.8564		120	52.09	5,179,747	6,149,760	
2014/07		1.00	1.2383	1.2383		120	49.02	5,236,914	6,225,960	

Message Code:

1 Per Bed Standard Limitation 5 Uncorrected Licensure Deficiency

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 325481093020131001201210252013161953



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325490-00 - 2014/07

222.91

Heartland Health Care Center-North Sarasota

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3250 12TH ST	9/1/2012-8/31/2013	Number of Beds: 87	Superior: 0
SARASOTA, FL 34237	Days in CR 365	Maximum: 31,755	Standard: 184
County: Sarasota [58]	First Used : 2014/01	Max Annualized: 31,755	Conditional: 0
Region: South Area: 8	Last Used: 2014/07	Total Patient: 27,816	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 7,118	Inflation
Current Class South Small	Initial CR? False	Medicaid: 16,962	FY Index: 1.30580299
Class at 1/94: South Small	Medical Utilization	60.97929%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	87.59565%	Cost: 1.03158969
Open Date: 10/01/1969	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 10/01/1969	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21049917
Entered Medicaid 05/01/1970	Low Occupancy Adjustment Factor:	111.51422%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02602301
Previous Med # 309923			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	830,431	1,410,000	785,695	220,676	5,693	3,252,494	
1a	Audit Adjustments							
2	Cost Per Diem	48.9583	83.1270	46.3209	13.0100	0.3356	191.7518	
3	Cost Per Diem Inflated	50.5049	85.2902	47.7842				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.5049	85.2902	47.7842	13.0100	0.3356	196.9249	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	72.2195		67.7484				
7	Provider Target Rate	73.7243		69.1600				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.8974	105.8360	81.6951	13.6500			
9	Prior Semester: Class Ceiling Target Base	67.3414		79.1810				
10	Target Rate Class Ceiling	68.3236		80.3359				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	50.5049	85.2902	47.7842	13.0100	0.3356	196.9249	
12/13	Medical Adjustment Rate		1.0535	0.5902				
14	Prospective Per Diem 11	50.5049	86.3437	48.3744	13.0100	0.3356	198.5686	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325490-00 - 2014/07

222.91

Rate Semester 07/01/2014 through 12/31/2014

Heartland Health Care Center-North Sarasota

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	825,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,774,792 7.7207
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	443,698 0.2442
Indexed Asset Value	2,218,490	Interest Rate:	8.5000%	Insurance Cost(3):	15,414 0.5541
FRVS Base Asset:	1,731,265	Chase Rate:	12.5000%	Taxes Cost(3):	46,104 1.6575
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	16,250 0.5842
ROE Factor	0.015730	Interest Only:	True	Replacement(3&4):	57,954 0.0000
		Yearly Payment:	220,655	Total FRVS PD:	10.7607

- (1) 80% Capital (\$1,774,792) amortized at 12.5000 % for 20 years Interest of \$220,655 divided by annual available days (31755) divided by Occup. Adj. (0.900) = \$7.7207
- (2) 20% ROE (\$443,698) times the ROE factor (0.015730) divided by annual available days (31755) divided by Occup. Adj. (0.900) = \$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		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	51,883
Comparison Bed	147	Effective PBS Limitation	4,189,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.5049	50.5049	0.8967	49.6082
Direct Care	86.3437	86.3437	1.5330	84.8107
Indirect Care	48.3744	48.3744	0.8589	47.5155
Property	13.0100	10.7607	0.1911	10.5696
ROE	0.3356	0.1870	0.0033	0.1837
ROE Adjustment	-0.1870	-0.1870	-0.0033	-0.1837
Quality Assess-Medicaid Share				20.4999
Supplemental Rate Add-on				9.9025
Totals	198.3816	195.9837	3.4797	222.9064

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 325490-00 - 2014/07

222.91

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	984,249	0.00				147	100.00	984,249	1,508,367	
1972/01		0.10	3.9787	3.0000	0.9787	147	100.00	987,202	1,568,343	
1972/07		0.10	5.9113	3.0000	2.9113	147	100.00	990,164	1,645,665	
1973/01		0.20	8.0622	3.0000	5.0622	147	100.00	996,105	1,730,484	
1973/07		0.20	10.7186	3.0000	7.7186	147	100.00	1,002,082	1,828,386	
1974/01		0.30	12.9457	3.0000	9.9457	147	100.00	1,011,101	1,923,936	
1974/07		0.30	13.0494	3.0000	10.0494	147	100.00	1,020,201	1,983,618	
1975/01		0.40	13.1399	3.0000	10.1399	147	100.00	1,032,443	2,044,917	
1975/07		0.40	14.2033	3.0000	11.2033	147	100.00	1,044,832	2,128,119	
1976/01		0.50	15.2478	3.0000	12.2478	147	100.00	1,060,504	2,214,114	
1976/07		0.50	15.7330	3.0000	12.7330	147	100.00	1,076,412	2,291,289	
1977/01		0.60	16.4836	3.0000	13.4836	147	100.00	1,095,787	2,377,284	
1977/07		0.60	18.5412	3.0000	15.5412	147	100.00	1,115,511	2,497,383	
1978/01		0.70	20.2809	3.0000	17.2809	147	100.00	1,138,937	2,615,865	
1978/07		0.70	22.8203	3.0000	19.8203	147	100.00	1,162,855	2,760,660	
1979/01		0.80	24.9476	3.0000	21.9476	147	100.00	1,190,764	2,902,221	
1979/07		0.80	26.1458	3.0000	23.1458	147	100.00	1,219,342	3,024,084	
1980/01		0.90	29.3115	3.0000	26.3115	147	80.37	1,252,264	3,210,627	
1980/07		0.90	30.1222	3.0000	27.1222	147	80.37	1,286,075	3,332,931	
1981/01		1.00	30.9462	3.0000	27.9462	147	83.26	1,324,657	3,460,380	
1981/07		1.00	30.5350	3.0000	27.5350	147	83.26	1,364,397	3,549,903	
1982/01		1.00	30.2110	3.0000	27.2110	147	77.68	1,405,329	3,645,012	
1982/07		1.00	29.5087	3.0000	26.5087	147	77.68	1,447,489	3,728,655	
1983/04		1.00	29.1375	3.0000	26.1375	147	74.24	1,490,914	3,826,704	
1983/07		1.00	30.0953	3.0000	27.0953	147	74.24	1,535,641	3,978,114	
1984/01	788	1.00	28.3905	3.0000	25.3905	147	80.22	1,582,498	4,029,711	
1984/07		1.00	27.3084	3.0000	24.3084	147	80.22	1,629,973	4,107,033	
1985/01	1,968	1.00	25.4555	3.0000	22.4555	147	74.24	1,680,840	4,154,073	
1985/10		1.00	23.3077	3.0000	20.3077	147	79.85	1,731,265	4,189,500	
1986/01		1.00	21.1376	3.0000	18.1376	147	79.85	1,783,203	4,224,339	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 325490-00 - 2014/07

222.91

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	147	76.40	1,836,699	4,216,254	
1987/01		1.00	16.4441	3.0000	13.4441	147	76.40	1,891,800	4,291,665	
1987/07		1.00	14.3448	3.0000	11.3448	147	78.21	1,948,554	4,325,181	
1988/01		1.00	12.2455	3.0000	9.2455	147	80.33	2,007,011	4,360,314	
1988/07		1.00	9.8354	3.0000	6.8354	147	80.33	2,067,221	4,357,962	
1989/01	178,617	1.00	7.4253	3.0000	4.4253	147	83.01	2,307,855	4,383,687	
1989/07		1.00	5.0152	3.0000	2.0152	147	83.01	2,377,091	4,413,381	
1990/01		1.00	2.6051	2.6051		147	76.34	2,439,017	4,435,578	
1990/07		1.00	0.5899	0.5899		147	76.34	2,453,405	4,461,744	
1991/01		1.00	0.5899	0.5899		147	70.21	2,467,878	4,487,910	
1991/07		1.00	1.4932	1.4932		147	70.21	2,504,728	4,554,942	
1992/01	150,329	0.95	2.0117	2.0117		147	70.21	2,702,925	4,646,523	
1992/07		0.95	1.8152	1.8152		147	64.36	2,749,534	4,730,901	
1993/01		0.90	1.7710	1.7710		147	64.36	2,793,359	4,814,691	
1993/07	207,593	0.90	1.5329	1.5329		147	59.22	3,039,489	4,888,485	
1994/01	49,424	0.85	1.6983	1.6983		147	58.41	3,132,791	4,971,540	
1994/07		0.85	1.5991	1.5991		147	58.41	3,175,372	5,051,067	
1995/01	(1,292,623)	0.80	1.5812	1.5812		87	53.48	1,921,807	3,036,648	
1995/07		0.80	1.5250	1.5250		87	53.48	1,944,605	3,082,932	
1996/01		0.75	1.7228	1.7228		87	47.91	1,966,492	3,136,089	
1996/07		0.75	1.3294	1.3294		87	47.91	1,983,572	3,177,762	
1997/01		0.70	1.4109	1.4109		87	47.91	2,000,636	3,222,567	
1997/07		0.70	1.0917	1.0917		87	47.91	2,013,954	3,257,715	
1998/01		0.65	1.1663	1.1663		87	40.98	2,025,330	3,295,734	
1998/07		0.65	1.0794	1.0794		87	41.09	2,035,946	3,331,317	
1999/01		0.60	1.4499	1.4499		87	41.09	2,049,177	3,379,602	
1999/07	45,391	0.60	1.2299	1.2299		87	40.03	2,105,573	3,421,188	
2000/01		0.55	1.3356	1.3356		87	40.03	2,116,831	3,466,863	
2000/07		0.55	1.1129	1.1129		87	37.30	2,125,618	3,505,404	
2001/01		0.50	1.2976	1.2976		87	36.74	2,134,830	3,550,905	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 8/31/2013

0 325490-00 - 2014/07

222.91

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		87	36.74	2,141,687	3,585,009	
2002/01		0.45	1.0301	1.0301		87	36.08	2,148,199	3,621,897	
2002/07		0.45	0.8337	0.8337		87	36.08	2,153,486	3,652,086	
2003/01		0.40	1.3271	1.3271		87	36.08	2,160,985	3,700,545	
2003/07		0.40	1.1664	1.1664		87	38.14	2,167,977	3,743,697	
2004/01		0.35	1.1103	1.1103		87	38.14	2,173,819	3,785,283	
2004/07		0.35	0.8378	0.8378		87	45.03	2,179,037	3,817,038	
2005/01		0.30	0.8595	0.8595		87	57.18	2,184,657	3,849,837	
2005/07		0.30	0.7364	0.7364		87	57.18	2,189,483	3,878,199	
2006/01		0.25	0.9068	0.9068		87	57.18	2,194,447	3,913,347	
2006/07		0.25	0.8133	0.8133		87	56.46	2,198,908	3,945,189	
2007/01		0.20	1.0133	1.0133		87	52.64	2,203,174	3,985,122	
2007/07		0.20	1.1050	1.1050		87	52.64	2,207,834	4,029,144	
2008/01		0.15	0.8556	0.8556		87	52.64	2,210,545	4,063,596	
2008/07		0.15	0.6104	0.6104		87	51.64	2,212,446	4,088,391	
2009/01		0.10	1.3268	1.3268		87	53.45	2,215,299	4,142,679	
2009/07		0.10	0.6841	0.6841		87	53.45	2,216,772	4,171,041	
2010/01		0.05	0.8643	0.8643		87	53.45	2,217,703	4,207,059	
2010/07		0.05	0.7107	0.7107		87	59.25	2,218,490	4,236,987	
2011/01		0.00	0.9198	0.9198		87	56.92	2,218,490	4,275,963	
2011/07		0.00	0.9028	0.9028		87	56.92	2,218,490	4,314,591	
2012/01		0.00	0.3865	0.3865		87	56.92	2,218,490	4,331,295	
2012/07		0.00	0.9417	0.9417		87	61.88	2,218,490	4,372,098	
2013/01		0.00	0.4901	0.4901		87	61.88	2,218,490	4,393,500	
2013/07		0.00	0.6196	0.6196		87	60.28	2,218,490	4,420,731	
2014/01		0.00	0.8564	0.8564		87	60.98	2,218,490	4,458,576	
2014/07		0.00	1.2383	1.2383		87	60.98	2,218,490	4,513,821	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325520-00 - 2014/07

205.04

ManorCare Health Services (Delray Beach)

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
16200 JOG ROAD	5/1/2012-4/30/2013	Number of Beds: 120	Superior: 0
DELRAY BEACH, FL 33446	Days in CR 365	Maximum: 43,800	Standard: 184
County: Palm Beach [50]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2014/07	Total Patient: 41,480	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 19,809	Inflation
Current Class South Large	Initial CR? False	Medicaid: 16,730	FY Index: 1.29272253
Class at 1/94: South Large	Medical Utilization		Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	40.33269%	Cost: 1.04202787
Open Date: 02/17/1999	Statewide Low Occupancy Threshold:	94.70320%	Target: 1.01458517
Acquired Date: 02/17/1999	Medicaid Low Occupancy Threshold:	78.55110%	DC FY Index: 1.20649917
Entered Medicaid 02/17/1999	Low Occupancy Adjustment Factor:	41.17760%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	120.56254%	DC Inflation: 1.02942466
Previous Med # 309761		100.00000%	PS Target: 1.02083595

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	56.6443	69.4046	48.1691				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.6443	69.4046	48.1691	23.0500	0.1945	197.4625	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.5366		55.4668				
7	Provider Target Rate	68.9438		56.6225				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.4176	98.4475	67.4576	13.6500			
9	Prior Semester: Class Ceiling Target Base	55.7551		63.0224				
10	Target Rate Class Ceiling	56.5683		63.9416				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.4176	69.4046	48.1691	13.6500	0.1945	185.8358	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.4176	69.4046	48.1691	13.6500	0.1945	185.8358	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325520-00 - 2014/07

205.04

Rate Semester 07/01/2014 through 12/31/2014

ManorCare Health Services (Delray Beach)

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/17/1999	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	None	80% Capital(1):	4,320,580 8.4107
Indexed Asset Value	5,400,725	<60% of Base:	True	20% ROE(2):	1,080,145 0.3910
FRVS Base Asset:	4,594,920	Interest Rate:	7.7500%	Insurance Cost(3):	28,104 0.6775
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	121,916 2.9392
ROE Factor	0.014270	Amortization Rate:	7.7500%	Home Office(3):	29,561 0.7127
		Interest Only:	True	Replacement(3&4):	186,582 0.0000
		Yearly Payment:	331,550	Total FRVS PD:	13.1311

- (1) 80% Capital (\$4,320,580) amortized at 7.7500 % for 20 years Interest of \$331,550 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$8.4107
- (2) 20% ROE (\$1,080,145) times the ROE factor (0.014270) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3910
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,291
Comparison Date:	07/01/1998	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	4,594,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4176	54.4176	0.9662	53.4514
Direct Care	69.4046	69.4046	1.2323	68.1723
Indirect Care	48.1691	48.1691	0.8552	47.3139
Property	13.6500	13.1311	0.2331	12.8980
ROE	0.1945			
ROE Adjustment				
Quality Assess-Medicaid Share				13.2980
Supplemental Rate Add-on				9.9025
Totals	185.8358	185.1224	3.2868	205.0361

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 4/30/2013

0 325520-00 - 2014/07

205.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01	8,028,490	0.00	1.4499	1.4499		120	30.13	4,594,920	4,594,920	1
1999/07	11,449	0.10	1.2299	1.2299		120	30.13	4,609,465	4,718,880	
2000/01	22,728	0.10	1.3356	1.3356		120	30.13	4,635,567	4,781,880	
2000/07		0.20	1.1129	1.1129		120	30.13	4,641,220	4,835,040	
2001/01		0.20	1.2976	1.2976		120	30.13	4,647,818	4,897,800	
2001/07		0.30	0.9615	0.9615		120	30.13	4,655,164	4,944,840	
2002/01		0.30	1.0301	1.0301		120	41.05	4,665,900	4,995,720	
2002/07		0.40	0.8337	0.8337		120	41.05	4,677,514	5,037,360	
2003/01	30,567	0.40	1.3271	1.3271		120	38.55	4,725,483	5,104,200	
2003/07		0.50	1.1664	1.1664		120	38.55	4,744,799	5,163,720	
2004/01		0.50	1.1103	1.1103		120	38.55	4,763,263	5,221,080	
2004/07		0.60	0.8378	0.8378		120	38.55	4,780,046	5,264,880	
2005/01	79,152	0.60	0.8595	0.8595		120	41.65	4,877,865	5,310,120	
2005/07		0.70	0.7364	0.7364		120	41.65	4,896,907	5,349,240	
2006/01		0.70	0.9068	0.9068		120	38.91	4,918,899	5,397,720	
2006/07		0.80	0.8133	0.8133		120	38.91	4,941,539	5,441,640	
2007/01		0.80	1.0133	1.0133		120	35.73	4,967,561	5,496,720	
2007/07		0.90	1.1050	1.1050		120	35.73	4,999,655	5,557,440	
2008/01		0.90	0.8556	0.8556		120	34.47	5,023,782	5,604,960	
2008/07		1.00	0.6104	0.6104		120	34.47	5,043,001	5,639,160	
2009/01		1.00	1.3268	1.3268		120	33.28	5,083,488	5,714,040	
2009/07		1.00	0.6841	0.6841		120	33.28	5,104,531	5,753,160	
2010/01		1.00	0.8643	0.8643		120	39.83	5,136,481	5,802,840	
2010/07		1.00	0.7107	0.7107		120	39.83	5,162,917	5,844,120	
2011/01		1.00	0.9198	0.9198		120	38.21	5,195,909	5,897,880	
2011/07		1.00	0.9028	0.9028		120	38.21	5,228,498	5,951,160	
2012/01		1.00	0.3865	0.3865		120	40.11	5,243,235	5,974,200	
2012/07		1.00	0.9417	0.9417		120	40.11	5,279,243	6,030,480	
2013/01		1.00	0.4901	0.4901		120	37.00	5,296,649	6,060,000	
2013/07		1.00	0.6196	0.6196		120	37.00	5,318,727	6,097,560	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 4/30/2013

0 325520-00 - 2014/07

205.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		1.00	0.8564	0.8564		120	40.33	5,352,127	6,149,760	
2014/07		1.00	1.2383	1.2383		120	40.33	5,400,725	6,225,960	

Message Code:

1 Per Bed Standard Limitation

NC68L Report Calculated: 6/27/2014 4:14:19 PM

Report Printed: 6/27/2014 ID: 325520043020130501201209202013094109



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325678-00 - 2014/07
225.81

ManorCare Health Services-Carrollwood
--

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3030 BEARSS AVE	6/1/2012-5/31/2013	Number of Beds: 120	Superior: 0
TAMPA, FL 33618	Days in CR 365	Maximum: 43,800	Standard: 184
County: Hillsborough [29]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2014/07	Total Patient: 39,348	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 18,714	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 13,315	FY Index: 1.29575017
Class at 1/94: North Large	Medical Utilization	33.83908%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	89.83562%	Cost: 1.03959307
Open Date: 05/18/1990	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/18/1990	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 07/20/1990	Low Occupancy Adjustment Factor:	114.36583%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 319350			PS Target: 1.02083595

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	108.9691	82.4522	57.9475				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	108.9691	82.4522	57.9475	16.2400	1.1036	266.7124	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.2097		60.6564				
7	Provider Target Rate	68.6101		61.9202				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.0915	82.4522	57.9475	13.6500	1.1036	207.2448	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	52.0915	82.4522	57.9475	13.6500	1.1036	207.2448	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325678-00 - 2014/07

225.81

Rate Semester 07/01/2014 through 12/31/2014

ManorCare Health Services-Carrollwood

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/20/1990	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,121,643 10.3779
RS to Start Calcs:	1990/01	<60% of Base:	True	20% ROE(2):	1,030,411 0.3675
Indexed Asset Value	5,152,054	Interest Rate:	10.0000%	Insurance Cost(3):	16,868 0.4287
FRVS Base Asset:	3,602,760	Chase Rate:	10.0000%	Taxes Cost(3):	76,195 1.9364
Occup Adj Factor	0.9000	Amortization Rate:	10.0000%	Home Office(3):	29,496 0.7496
ROE Factor	0.014060	Interest Only:	True	Replacement(3&4):	1,355,808 0.0000
		Yearly Payment:	409,095	Total FRVS PD:	13.8601

- (1) 80% Capital (\$4,121,643) amortized at 10.0000 % for 20 years Interest of \$409,095 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$10.3779
- (2) 20% ROE (\$1,030,411) times the ROE factor (0.014060) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3675
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,023
Comparison Date:	07/01/1989	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0915	52.0915	0.9249	51.1666
Direct Care	82.4522	82.4522	1.4639	80.9883
Indirect Care	57.9475	57.9475	1.0289	56.9186
Property	13.6500	13.8601	0.2461	13.6140
ROE	1.1036	0.4970	0.0088	0.4882
ROE Adjustment	-0.4970	-0.4970	-0.0088	-0.4882
Quality Assess-Medicaid Share				13.2190
Supplemental Rate Add-on				9.9025
Totals	206.7478	206.3513	3.6638	225.8090

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325678-00 - 2014/07

225.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	6,532,236	0.00	0.5899	0.5899		120		3,602,760	3,602,760	1
1990/07		0.10	0.5899	0.5899		120	13.82	3,602,760	3,642,240	
1991/01		0.10	0.5899	0.5899		120	13.82	3,602,760	3,663,600	
1991/07		0.20	1.4932	1.4932		120	13.82	3,602,760	3,718,320	
1992/01		0.20	2.0117	2.0117		120	13.82	3,602,760	3,793,080	
1992/07		0.30	1.8152	1.8152		120	13.82	3,602,760	3,861,960	
1993/01		0.30	1.7710	1.7710		120	17.87	3,602,760	3,930,360	
1993/07		0.40	1.5329	1.5329		120	17.87	3,602,760	3,990,600	
1994/01		0.40	1.6983	1.6983		120	17.87	3,602,760	4,058,400	
1994/07	442,609	0.50	1.5991	1.5991		120	18.22	4,045,369	4,123,320	
1995/01		0.50	1.5812	1.5812		120	26.00	4,060,488	4,188,480	
1995/07		0.60	1.5250	1.5250		120	26.00	4,078,051	4,252,320	
1996/01		0.60	1.7228	1.7228		120	26.00	4,097,979	4,325,640	
1996/07	19,994	0.70	1.3294	1.3294		120	27.85	4,137,284	4,383,120	
1997/01		0.70	1.4109	1.4109		120	30.47	4,159,920	4,444,920	
1997/07		0.80	1.0917	1.0917		120	30.47	4,180,048	4,493,400	
1998/01		0.80	1.1663	1.1663		120	31.81	4,202,604	4,545,840	
1998/07		0.90	1.0794	1.0794		120	31.81	4,226,218	4,594,920	
1999/01		0.90	1.4499	1.4499		120	32.48	4,226,218	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	32.48	4,289,717	4,718,880	
2000/01		1.00	1.3356	1.3356		120	32.48	4,323,551	4,781,880	
2000/07		1.00	1.1129	1.1129		120	39.72	4,358,300	4,835,040	
2001/01		1.00	1.2976	1.2976		120	44.44	4,403,995	4,897,800	
2001/07		1.00	0.9615	0.9615		120	44.44	4,438,209	4,944,840	
2002/01		1.00	1.0301	1.0301		120	50.73	4,480,378	4,995,720	
2002/07		1.00	0.8337	0.8337		120	50.73	4,514,831	5,037,360	
2003/01		1.00	1.3271	1.3271		120	51.80	4,571,261	5,104,200	
2003/07		1.00	1.1664	1.1664		120	51.80	4,621,478	5,163,720	
2004/01		1.00	1.1103	1.1103		120	51.80	4,669,805	5,221,080	
2004/07		1.00	0.8378	0.8378		120	51.80	4,706,652	5,264,880	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325678-00 - 2014/07

225.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		1.00	0.8595	0.8595		120	41.91	4,706,652	5,310,120	5
2005/07		1.00	0.7364	0.7364		120	41.91	4,764,062	5,349,240	
2006/01		1.00	0.9068	0.9068		120	31.02	4,788,427	5,397,720	
2006/07		1.00	0.8133	0.8133		120	31.02	4,810,392	5,441,640	
2007/01		1.00	1.0133	1.0133		120	28.53	4,835,677	5,496,720	
2007/07		1.00	1.1050	1.1050		120	28.53	4,863,395	5,557,440	
2008/01		1.00	0.8556	0.8556		120	26.78	4,883,656	5,604,960	
2008/07		1.00	0.6104	0.6104		120	26.78	4,898,171	5,639,160	
2009/01		1.00	1.3268	1.3268		120	28.06	4,931,327	5,714,040	
2009/07		1.00	0.6841	0.6841		120	28.06	4,948,538	5,753,160	
2010/01		1.00	0.8643	0.8643		120	33.66	4,974,713	5,802,840	
2010/07		0.95	0.7107	0.7107		120	33.66	4,995,270	5,844,120	
2011/01		0.95	0.9198	0.9198		120	30.08	5,019,142	5,897,880	
2011/07		0.90	0.9028	0.9028		120	30.08	5,041,445	5,951,160	
2012/01		0.90	0.3865	0.3865		120	30.72	5,051,241	5,974,200	
2012/07		0.85	0.9417	0.9417		120	30.72	5,073,823	6,030,480	
2013/01		0.85	0.4901	0.4901		120	32.58	5,086,344	6,060,000	
2013/07		0.80	0.6196	0.6196		120	32.58	5,101,279	6,097,560	
2014/01		0.80	0.8564	0.8564		120	33.84	5,122,782	6,149,760	
2014/07		0.75	1.2383	1.2383		120	33.84	5,152,054	6,225,960	

Message Code:

1 Per Bed Standard Limitation 5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325686-00 - 2014/07

199.06

Manor-Care Health Services-Dunedin

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
870 PATRICIA AVE	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 184
DUNEDIN, FL 34698	Days in CR 365	Maximum: 43,800	Standard: 0
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 39,786	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 14,536	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 18,684	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	46.96124%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	90.83562%	Cost: 1.02881379
Open Date: 04/18/1983	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 05/01/1996	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 05/01/1996	Low Occupancy Adjustment Factor:	115.63889%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 310191			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	816,588	1,380,837	815,178	342,665	21,573	3,376,841	
1a	Audit Adjustments							
2	Cost Per Diem	43.7052	73.9048	43.6297	18.3400	1.1546	180.7343	
3	Cost Per Diem Inflated	44.9645	75.7654	44.8868				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.9645	75.7654	44.8868	18.3400	1.1546	185.1113	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.9199		55.1485				
7	Provider Target Rate	70.3559		56.2976				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.9645	75.7654	44.8868	13.6500	1.1546	180.4213	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	44.9645	75.7654	44.8868	13.6500	1.1546	180.4213	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

0 325686-00 - 2014/07

199.06

Rate Semester 07/01/2014 through 12/31/2014

Manor-Care Health Services-Dunedin

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/01/1996	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	3,065,808 6.3568
RS to Start Calcs:	1996/01	<60% of Base:	True	20% ROE(2):	766,452 0.3241
Indexed Asset Value	3,832,260	Interest Rate:	8.2500%	Insurance Cost(3):	27,281 0.6857
FRVS Base Asset:	3,043,800	Chase Rate:	8.2500%	Taxes Cost(3):	62,206 1.5635
Occup Adj Factor	0.9000	Amortization Rate:	8.2500%	Home Office(3):	0 0.0000
ROE Factor	0.016670	Interest Only:	True	Replacement(3&4):	756,513 0.0000
		Yearly Payment:	250,587	Total FRVS PD:	8.9301

- (1) 80% Capital (\$3,065,808) amortized at 8.2500 % for 20 years Interest of \$250,587 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$6.3568
 (2) 20% ROE (\$766,452) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.3241
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	25,365
Comparison Date: 07/01/1982	Current RS PBS:	51,883
Comparison Bed 120	Effective PBS Limitation	3,043,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.9645	44.9645	0.7983	44.1662
Direct Care	75.7654	75.7654	1.3452	74.4202
Indirect Care	44.8868	44.8868	0.7970	44.0898
Property	13.6500	8.9301	0.1586	8.7715
ROE	1.1546	0.5506	0.0098	0.5408
ROE Adjustment	-0.5506	-0.5506	-0.0098	-0.5408
Quality Assess-Medicaid Share				17.7049
Supplemental Rate Add-on				9.9025
Totals	179.8707	174.5468	3.0991	199.0551

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325686-00 - 2014/07

199.06

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01	4,435,156	0.00	1.7228	1.7228		120	2.71	3,043,800	3,043,800	1
1996/07		0.10	1.3294	1.3294		120	2.71	3,043,800	4,383,120	
1997/01		0.10	1.4109	1.4109		120	2.71	3,043,800	4,444,920	
1997/07		0.20	1.0917	1.0917		120	2.71	3,043,800	4,493,400	
1998/01		0.20	1.1663	1.1663		120	2.71	3,043,800	4,545,840	
1998/07		0.30	1.0794	1.0794		120	22.47	3,043,800	4,594,920	
1999/01		0.30	1.4499	1.4499		120	22.47	3,043,800	4,661,520	
1999/07		0.40	1.2299	1.2299		120	22.47	3,043,800	4,718,880	
2000/01		0.40	1.3356	1.3356		120	22.47	3,043,800	4,781,880	
2000/07	48,413	0.50	1.1129	1.1129		120	32.37	3,102,182	4,835,040	
2001/01		0.50	1.2976	1.2976		120	32.37	3,114,028	4,897,800	
2001/07		0.60	0.9615	0.9615		120	32.09	3,124,510	4,944,840	
2002/01		0.60	1.0301	1.0301		120	38.71	3,138,103	4,995,720	
2002/07		0.70	0.8337	0.8337		120	38.71	3,150,993	5,037,360	
2003/01		0.70	1.3271	1.3271		120	38.71	3,171,596	5,104,200	
2003/07	33,739	0.80	1.1664	1.1664		120	39.14	3,226,395	5,163,720	
2004/01		0.80	1.1103	1.1103		120	39.14	3,246,788	5,221,080	
2004/07		0.90	0.8378	0.8378		120	39.14	3,264,209	5,264,880	
2005/01		0.90	0.8595	0.8595		120	41.87	3,283,433	5,310,120	
2005/07		1.00	0.7364	0.7364		120	41.87	3,301,840	5,349,240	
2006/01		1.00	0.9068	0.9068		120	45.72	3,326,729	5,397,720	
2006/07		1.00	0.8133	0.8133		120	45.72	3,349,220	5,441,640	
2007/01		1.00	1.0133	1.0133		120	45.37	3,377,215	5,496,720	
2007/07		1.00	1.1050	1.1050		120	45.37	3,407,999	5,557,440	
2008/01		1.00	0.8556	0.8556		120	39.21	3,428,787	5,604,960	
2008/07		1.00	0.6104	0.6104		120	39.21	3,443,708	5,639,160	
2009/01		1.00	1.3268	1.3268		120	39.21	3,476,282	5,714,040	
2009/07		1.00	0.6841	0.6841		120	37.45	3,492,475	5,753,160	
2010/01		1.00	0.8643	0.8643		120	43.80	3,516,514	5,802,840	
2010/07		1.00	0.7107	0.7107		120	43.80	3,536,417	5,844,120	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325686-00 - 2014/07

199.06

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		1.00	0.9198	0.9198		120	43.80	3,562,321	5,897,880	
2011/07		1.00	0.9028	0.9028		120	46.95	3,589,774	5,951,160	
2012/01		1.00	0.3865	0.3865		120	46.95	3,601,618	5,974,200	
2012/07		1.00	0.9417	0.9417		120	48.02	3,631,230	6,030,480	
2013/01	94,637	1.00	0.4901	0.4901		120	49.81	3,741,984	6,060,000	
2013/07		1.00	0.6196	0.6196		120	49.81	3,762,981	6,097,560	
2014/01		1.00	0.8564	0.8564		120	49.81	3,792,166	6,149,760	
2014/07		1.00	1.2383	1.2383		120	46.96	3,832,260	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325694-00 - 2014/07

199.89

ManorCare Health Services-Palm Harbor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2851 TAMPA RD	6/1/2012-5/31/2013	Number of Beds: 180	Superior: 184
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 Area: 5	Last Used: 2014/07	Total Patient: 60,761	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 22,350	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 28,276	FY Index: 1.29575017
Class at 1/94: North Large	Medical Utilization	46.53643%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	92.48250%	Cost: 1.03959307
Open Date: 09/28/1990	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 09/28/1990	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20749917
Entered Medicaid 09/28/1990	Low Occupancy Adjustment Factor:	117.73546%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02857214
Previous Med # 310395			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,285,025	2,009,275	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	47.2451	73.0897	42.3598				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.2451	73.0897	42.3598	14.0300	0.9432	177.6678	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.6669		53.3361				
7	Provider Target Rate	62.9518		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	47.2451	73.0897	42.3598	13.6500	0.9432	177.2878	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	47.2451	73.0897	42.3598	13.6500	0.9432	177.2878	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325694-00 - 2014/07

199.89

Rate Semester 07/01/2014 through 12/31/2014

ManorCare Health Services-Palm Harbor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/28/1990	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	None	80% Capital(1):	5,704,762 9.5760
Indexed Asset Value	7,130,953	<60% of Base:	True	20% ROE(2):	1,426,191 0.3391
FRVS Base Asset:	5,431,320	Interest Rate:	10.0000%	Insurance Cost(3):	36,336 0.5980
Occup Adj Factor	0.9000	Chase Rate:	10.0000%	Taxes Cost(3):	103,247 1.6992
ROE Factor	0.014060	Amortization Rate:	10.0000%	Home Office(3):	36,744 0.6047
		Interest Only:	True	Replacement(3&4):	194,756 0.0000
		Yearly Payment:	566,227	Total FRVS PD:	12.8170

- (1) 80% Capital (\$5,704,762) amortized at 10.0000 % for 20 years Interest of \$566,227 divided by annual available days (65700) divided by Occup. Adj. (0.900) = \$9.5760
- (2) 20% ROE (\$1,426,191) times the ROE factor (0.014060) divided by annual available days (65700) divided by Occup. Adj. (0.900) = \$0.3391
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	01/01/1990	Current RS PBS:	51,883
Comparison Bed	180	Effective PBS Limitation	5,431,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.2451	47.2451	0.8388	46.4063
Direct Care	73.0897	73.0897	1.2977	71.7920
Indirect Care	42.3598	42.3598	0.7521	41.6077
Property	13.6500	12.8170	0.2276	12.5894
ROE	0.9432	0.4808	0.0085	0.4723
ROE Adjustment	-0.4808	-0.4808	-0.0085	-0.4723
Quality Assess-Medicaid Share				17.5914
Supplemental Rate Add-on				9.9025
Totals	176.8070	175.5116	3.1162	199.8893

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325694-00 - 2014/07

199.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	8,213,026	0.00	0.5899	0.5899		180	4.22	5,431,320	5,431,320	1
1991/01		0.10	0.5899	0.5899		180	4.22	5,431,320	5,495,400	
1991/07		0.10	1.4932	1.4932		180	4.22	5,431,320	5,577,480	
1992/01		0.20	2.0117	2.0117		180	4.22	5,431,320	5,689,620	
1992/07		0.20	1.8152	1.8152		180	4.22	5,431,320	5,792,940	
1993/01		0.30	1.7710	1.7710		180	18.06	5,431,320	5,895,540	
1993/07		0.30	1.5329	1.5329		180	18.06	5,431,320	5,985,900	
1994/01		0.40	1.6983	1.6983		180	27.42	5,449,714	6,087,600	
1994/07		0.40	1.5991	1.5991		180	27.42	5,467,091	6,184,980	
1995/01		0.50	1.5812	1.5812		180	35.55	5,495,029	6,282,720	
1995/07		0.50	1.5250	1.5250		180	35.55	5,522,111	6,378,480	
1996/01		0.60	1.7228	1.7228		180	35.55	5,559,007	6,488,460	
1996/07		0.60	1.3294	1.3294		180	41.55	5,592,503	6,574,680	
1997/01		0.70	1.4109	1.4109		180	41.55	5,634,228	6,667,380	
1997/07		0.70	1.0917	1.0917		180	40.16	5,665,667	6,740,100	
1998/01		0.80	1.1663	1.1663		180	39.82	5,703,938	6,818,760	
1998/07		0.80	1.0794	1.0794		180	39.82	5,739,598	6,892,380	
1999/01		0.90	1.4499	1.4499		180	41.90	5,796,655	6,992,280	
1999/07		0.90	1.2299	1.2299		180	41.90	5,845,536	7,078,320	
2000/01		1.00	1.3356	1.3356		180	46.73	5,911,870	7,172,820	
2000/07		1.00	1.1129	1.1129		180	46.73	5,967,770	7,252,560	
2001/01		1.00	1.2976	1.2976		180	49.76	6,037,830	7,346,700	
2001/07		1.00	0.9615	0.9615		180	49.76	6,090,353	7,417,260	
2002/01		1.00	1.0301	1.0301		180	41.10	6,137,234	7,493,580	
2002/07		1.00	0.8337	0.8337		180	41.10	6,175,469	7,556,040	
2003/01		1.00	1.3271	1.3271		180	41.10	6,236,711	7,656,300	
2003/07		1.00	1.1664	1.1664		180	39.16	6,288,505	7,745,580	
2004/01		1.00	1.1103	1.1103		180	39.16	6,338,218	7,831,620	
2004/07		1.00	0.8378	0.8378		180	39.16	6,376,026	7,897,320	
2005/01		1.00	0.8595	0.8595		180	40.90	6,416,779	7,965,180	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 5/31/2013

0 325694-00 - 2014/07

199.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		180	40.90	6,451,918	8,023,860	
2006/01		1.00	0.9068	0.9068		180	33.76	6,487,830	8,096,580	
2006/07		1.00	0.8133	0.8133		180	33.76	6,520,218	8,162,460	
2007/01		1.00	1.0133	1.0133		180	31.35	6,557,878	8,245,080	
2007/07		1.00	1.1050	1.1050		180	31.35	6,599,183	8,336,160	
2008/01		1.00	0.8556	0.8556		180	36.85	6,637,013	8,407,440	
2008/07		1.00	0.6104	0.6104		180	36.85	6,664,156	8,458,740	
2009/01		1.00	1.3268	1.3268		180	38.37	6,725,841	8,571,060	
2009/07		1.00	0.6841	0.6841		180	38.37	6,757,940	8,629,740	
2010/01		1.00	0.8643	0.8643		180	36.71	6,796,925	8,704,260	
2010/07		1.00	0.7107	0.7107		180	36.71	6,829,167	8,766,180	
2011/01		0.95	0.9198	0.9198		180	38.11	6,870,515	8,846,820	
2011/07		0.95	0.9028	0.9028		180	38.11	6,911,347	8,926,740	
2012/01		0.90	0.3865	0.3865		180	43.14	6,930,207	8,961,300	
2012/07		0.90	0.9417	0.9417		180	43.14	6,976,275	9,045,720	
2013/01		0.85	0.4901	0.4901		180	45.58	7,000,360	9,090,000	
2013/07		0.85	0.6196	0.6196		180	45.58	7,030,916	9,146,340	
2014/01		0.80	0.8564	0.8564		180	46.54	7,071,676	9,224,640	
2014/07		0.80	1.2383	1.2383		180	46.54	7,130,953	9,338,940	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 325708-00 - 2014/07

210.62

Heartland of Zephyrhills

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
38220 HENRY DR	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
ZEPHYRHILLS, FL 33540	Days in CR 365	Maximum: 43,800	Standard: 184
County: Pasco [51]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2014/07	Total Patient: 38,474	Total: 184
Control: Proprietary : Corporation	Unaudited	Medicare: 12,372	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 22,856	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	59.40635%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	87.84018%	Cost: 1.02881379
Open Date: 01/25/1988	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/25/1988	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.21150000
Entered Medicaid 02/04/1988	Low Occupancy Adjustment Factor:	111.82553%	DC Sem Index: 1.24200000
Med # Active Date: 12/20/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02517540
Previous Med # 211834			PS Target: 1.02083595

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	59.9450	74.1322	44.7311				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.9450	74.1322	44.7311	11.1600	0.7961	190.7644	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	62.3982		53.3361				
7	Provider Target Rate	63.6983		54.4474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	52.0915	96.7737	65.0011	13.6500			
9	Prior Semester: Class Ceiling Target Base	52.9354		61.0784				
10	Target Rate Class Ceiling	53.7075		61.9692				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.0915	74.1322	44.7311	11.1600	0.7961	182.9109	
12/13	Medical Adjustment Rate		0.7845	0.4734				
14	Prospective Per Diem 11	52.0915	74.9167	45.2045	11.1600	0.7961	184.1688	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 325708-00 - 2014/07

210.62

Rate Semester 07/01/2014 through 12/31/2014

Heartland of Zephyrhills

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/04/1988	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,000,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,568,702	9.9760
RS to Start Calcs:	1988/01	<60% of Base:	False	20% ROE(2):	1,142,175	0.4830
Indexed Asset Value	5,710,877	Interest Rate:	6.0150%	Insurance Cost(3):	23,192	0.6028
FRVS Base Asset:	3,530,760	Chase Rate:	8.5000%	Taxes Cost(3):	53,486	1.3902
Occup Adj Factor	0.9000	Amortization Rate:	6.0150%	Home Office(3):	22,786	0.5922
ROE Factor	0.016670	Interest Only:	False	Replacement(3&4):	224,585	0.0000
		Yearly Payment:	393,254	Total FRVS PD:		13.0442

- (1) 80% Capital (\$4,568,702) amortized at 6.0150 % for 20 years Principal & Interest of \$393,254 divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$9.9760
 (2) 20% ROE (\$1,142,175) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.900) = \$0.4830
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	51,883
Comparison Bed	120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0915	52.0915	0.9249	51.1666
Direct Care	74.9167	74.9167	1.3302	73.5865
Indirect Care	45.2045	45.2045	0.8026	44.4019
Property	11.1600	13.0442	0.2316	12.8126
ROE	0.7961	0.3706	0.0066	0.3640
ROE Adjustment	-0.3706	-0.3706	-0.0066	-0.3640
Quality Assess-Medicaid Share				18.7524
Supplemental Rate Add-on				9.9025
Totals	183.7982	185.2569	3.2893	210.6225

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325708-00 - 2014/07

210.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	3,591,318	0.00	0.9007	0.9007		120	48.89	3,530,760	3,530,760	1
1988/07		0.10	0.5899	0.5899		120	48.89	3,532,612	3,557,520	
1989/01		0.10	0.5899	0.5899		120	48.89	3,534,465	3,578,520	
1989/07		0.20	0.5899	0.5899		120	48.89	3,538,172	3,602,760	
1990/01		0.20	0.5899	0.5899		120	48.89	3,541,883	3,620,880	
1990/07		0.30	0.5899	0.5899		120	48.89	3,547,456	3,642,240	
1991/01		0.30	0.5899	0.5899		120	48.89	3,553,037	3,663,600	
1991/07		0.40	1.4932	1.4932		120	48.89	3,571,902	3,718,320	
1992/01		0.40	2.0117	2.0117		120	47.61	3,596,783	3,793,080	
1992/07		0.50	1.8152	1.8152		120	53.08	3,628,288	3,861,960	
1993/01		0.50	1.7710	1.7710		120	53.08	3,659,295	3,930,360	
1993/07	25,632	0.60	1.5329	1.5329		120	53.54	3,717,688	3,990,600	
1994/01		0.60	1.6983	1.6983		120	53.54	3,754,566	4,058,400	
1994/07		0.70	1.5991	1.5991		120	52.51	3,794,692	4,123,320	
1995/01		0.70	1.5812	1.5812		120	52.51	3,834,790	4,188,480	
1995/07		0.80	1.5250	1.5250		120	55.48	3,881,574	4,252,320	
1996/01		0.80	1.7228	1.7228		120	55.48	3,935,070	4,325,640	
1996/07	23,897	0.90	1.3294	1.3294		120	55.73	4,006,050	4,383,120	
1997/01		0.90	1.4109	1.4109		120	55.73	4,056,919	4,444,920	
1997/07		1.00	1.0917	1.0917		120	57.07	4,101,208	4,493,400	
1998/01		1.00	1.1663	1.1663		120	57.07	4,149,040	4,545,840	
1998/07	31,147	1.00	1.0794	1.0794		120	64.69	4,224,972	4,594,920	
1999/01		1.00	1.4499	1.4499		120	64.69	4,286,230	4,661,520	
1999/07		1.00	1.2299	1.2299		120	64.69	4,338,946	4,718,880	
2000/01	35,077	1.00	1.3356	1.3356		120	66.19	4,431,974	4,781,880	
2000/07	20,130	1.00	1.1129	1.1129		120	68.91	4,501,427	4,835,040	
2001/01		1.00	1.2976	1.2976		120	68.91	4,559,838	4,897,800	
2001/07	23,231	1.00	0.9615	0.9615		120	65.09	4,626,912	4,944,840	
2002/01		1.00	1.0301	1.0301		120	59.90	4,674,574	4,995,720	
2002/07		1.00	0.8337	0.8337		120	59.90	4,713,546	5,037,360	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 9/30/2013

0 325708-00 - 2014/07

210.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		120	59.90	4,776,099	5,104,200	
2003/07		1.00	1.1664	1.1664		120	60.69	4,831,807	5,163,720	
2004/01		1.00	1.1103	1.1103		120	60.69	4,885,455	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.22	4,926,385	5,264,880	
2005/01		1.00	0.8595	0.8595		120	64.79	4,968,727	5,310,120	
2005/07		1.00	0.7364	0.7364		120	64.79	5,005,317	5,349,240	
2006/01		1.00	0.9068	0.9068		120	64.79	5,050,705	5,397,720	
2006/07		1.00	0.8133	0.8133		120	62.37	5,091,782	5,441,640	
2007/01		1.00	1.0133	1.0133		120	56.91	5,143,377	5,496,720	
2007/07		1.00	1.1050	1.1050		120	56.91	5,200,211	5,557,440	
2008/01		1.00	0.8556	0.8556		120	54.76	5,244,510	5,604,960	
2008/07		0.95	0.6104	0.6104		120	54.76	5,274,790	5,639,160	
2009/01		0.95	1.3268	1.3268		120	54.76	5,340,989	5,714,040	
2009/07		0.90	0.6841	0.6841		120	54.72	5,373,706	5,753,160	
2010/01		0.90	0.8643	0.8643		120	57.17	5,415,508	5,802,840	
2010/07		0.85	0.7107	0.7107		120	57.17	5,448,223	5,844,120	
2011/01		0.85	0.9198	0.9198		120	57.17	5,490,817	5,897,880	
2011/07		0.80	0.9028	0.9028		120	54.91	5,530,407	5,951,160	
2012/01		0.80	0.3865	0.3865		120	54.91	5,547,479	5,974,200	
2012/07		0.75	0.9417	0.9417		120	58.30	5,586,661	6,030,480	
2013/01		0.75	0.4901	0.4901		120	60.04	5,607,198	6,060,000	
2013/07		0.70	0.6196	0.6196		120	60.04	5,631,516	6,097,560	
2014/01		0.70	0.8564	0.8564		120	59.41	5,665,277	6,149,760	
2014/07		0.65	1.2383	1.2383		120	59.41	5,710,877	6,225,960	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2014 through 12/31/2014

0 326011-00 - 2014/07

224.69

Moosehaven, Inc.

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : Other CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1701 Park Avenue	5/1/2012-4/30/2013	Number of Beds: 36	Superior: 0
ORANGE PARK, FL 32073	Days in CR 365	Maximum: 13,140	Standard: 184
County: Clay [10]	First Used : 2014/01	Max Annualized: 13,140	Conditional: 0
Region: North Area: 4	Last Used: 2014/07	Total Patient: 10,906	Total: 184
Control: Nonprofit : Other	Unaudited	Medicare: 1,295	Inflation
Current Class North Small	Initial CR? False	Medicaid: 5,210	FY Index: 1.29272253
Class at 1/94: North Small	Medical Utilization	47.77187%	Semester Index: 1.34705290
Operating Ex > 18 months	Occupancy:	82.99848%	Cost: 1.04202787
Open Date: 01/01/1922	Statewide Low Occupancy Threshold:	78.55110%	Target: 1.01458517
Acquired Date: 01/01/1922	Medicaid Low Occupancy Threshold:	41.17760%	DC FY Index: 1.20649917
Entered Medicaid 04/17/2008	Low Occupancy Adjustment Factor:	105.66177%	DC Sem Index: 1.24200000
Med # Active Date: 04/17/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02942466
Previous Med #			PS Target: 1.02083595

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	303,118	599,089	582,029	70,439		1,554,674	
1a	Audit Adjustments							
2	Cost Per Diem	58.1800	114.9883	111.7138	13.5200		298.4021	
3	Cost Per Diem Inflated	60.6252	118.3718	116.4089				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.6252	118.3718	116.4089	13.5200		308.9259	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	69.6960		98.6758				
7	Provider Target Rate	71.1482		100.7318				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	53.3690	93.7426	69.3890	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.6361		65.1932				
10	Target Rate Class Ceiling	54.4184		66.1441				
10a	New Provider Target Limitation	56.1208		66.3479				
10b	Base for line 10a	54.9753		64.9937				
11	Lesser of 5,7,8,10, 10a	53.3690	93.7426	66.1441	13.5200		226.7757	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	53.3690	93.7426	66.1441	13.5200		226.7757	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 326011-00 - 2014/07

224.69

Rate Semester 07/01/2014 through 12/31/2014

Moosehaven, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/17/2008	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	512,806 3.3275
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	128,201 0.1547
Indexed Asset Value	641,007	Interest Rate:	0.0000%	Insurance Cost(3):	19,943 1.8286
FRVS Base Asset:	0	Chase Rate:	7.7500%	Taxes Cost(3):	1,153 0.1057
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	0 0.0000
ROE Factor	0.014270	Interest Only:	True	Replacement(3&4):	49,481 0.0000
		Yearly Payment:	39,351	Total FRVS PD:	5.4165

- (1) 80% Capital (\$512,806) amortized at 7.7500 % for 20 years Interest of \$39,351 divided by annual available days (13140) divided by Occup. Adj. (0.900) = \$3.3275
- (2) 20% ROE (\$128,201) times the ROE factor (0.014270) divided by annual available days (13140) divided by Occup. Adj. (0.900) = \$0.1547
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	10,669
Comparison Date:	01/01/1972	Current RS PBS:	51,883
Comparison Bed	36	Effective PBS Limitation	384,084

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.3690	53.3690	0.9476	52.4214
Direct Care	93.7426	93.7426	1.6644	92.0782
Indirect Care	66.1441	66.1441	1.1744	64.9697
Property	13.5200	5.4165	0.0962	5.3203
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	226.7757	218.6722	3.8826	224.6921

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 7/1/2014 through 12/31/2014 Based on Cost Report: 4/30/2013

0 326011-00 - 2014/07

224.69

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01	5,088,730	0.00	0.8556	0.8556		36	76.02	384,084	384,084	1
2008/07		0.10	0.6104	0.6104		36	76.02	384,318	1,691,748	
2009/01		0.10	1.3268	1.3268		36	76.02	384,828	1,714,212	
2009/07		0.20	0.6841	0.6841		36	76.02	385,354	1,725,948	
2010/01		0.20	0.8643	0.8643		36	76.02	386,020	1,740,852	
2010/07		0.30	0.7107	0.7107		36	76.02	386,843	1,753,236	
2011/01	31,362	0.30	0.9198	0.9198		36	62.83	419,272	1,769,364	
2011/07		0.40	0.9028	0.9028		36	62.83	420,786	1,785,348	
2012/01	14,231	0.40	0.3865	0.3865		36	53.81	435,653	1,792,260	
2012/07		0.50	0.9417	0.9417		36	53.81	437,660	1,809,144	
2013/01	9,110	0.50	0.4901	0.4901		36	58.90	447,843	1,818,000	
2013/07		0.60	0.6196	0.6196		36	58.90	449,508	1,829,268	
2014/01	184,703	0.60	0.8564	0.8564		36	47.77	636,217	1,844,928	
2014/07		0.70	1.2383	1.2383		36	47.77	641,007	1,867,788	

Message Code:

1 Per Bed Standard Limitation