



Florida Agency For Health Care Administration

000169300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **St. Augustine Center for Living**

Cost Report Entered By : Samuel, Rydell

Provider Number: 00169300

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 12/1/2019 - 11/30/2020

Date: 11/2/2022

Days In Reporting Period: 366

Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	21,459	0	21,459
2. Operating Expenses component			
A. Administration			728,714
B. Plant Operation			304,568
C. Laundry			36,732
D. Housekeeping			22,478
E. Operating Expense Component & Per Diem	50.9107		1,092,492
3. Resident Care			
A. Dietary			361,983
B. Other			0
C. Nursing			479,143
D. Resident Care & Per Diem	39.1969		841,126
4. Prop Exp & Per Diem	19.3684		415,626
5. ROE/Use Per Diem	0.7480		16,052
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,729.50	0.00	10,729.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	1,825,899.00	0.00	1,825,899.00
5. Direct Care Expense Per Diem	85.0878	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	21,459	0	21,459
2. Additional Services	322,287	0	322,287
3. Additional Services Exp & Per Diem	15.0187	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	50.9107	0.0000	1,092,492
2. Resident Care Component	139.3034	0.0000	2,989,312
3. Property Cost Component	19.3684	0.0000	415,626
4. ROE/Use Allow Component	0.7480	0.0000	16,052
5. Total Cost Per Diem	210.3305	0.0000	4,513,482

Resident Care Component Per-Diem Calculation

Facility Name: St. Augustine Center for Living

Provider Number: 00169300

FYE: 11/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	39.1969	0.0000	A3D Allowable Resident Care Exp	841,126
B5 Allocation of D/C Expenses	85.0878	0.0000	B4 Allocation of D/C Expenses	1,825,899
C3 Additional Services per Diem	15.0187	0.0000	C2 Additional Services per Diem	322,287
Total Resident Care Component	139.3034	0.0000	Total Resident Care Component	2,989,312

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Florida Agency For Health Care Administration

001069500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Miner North**

Cost Report Entered By : Samuel, Rydell

Provider Number: 01069500

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 6/1/2020 - 5/31/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	329	8,075	8,404
2. Operating Expenses component			
A. Administration			644,090
B. Plant Operation			342,180
C. Laundry			2,036
D. Housekeeping			57,138
E. Operating Expense Component & Per Diem	124.3984	124.3984	1,045,444
3. Resident Care			
A. Dietary			324,051
B. Other			0
C. Nursing			404,429
D. Resident Care & Per Diem	86.6825	86.6825	728,480
4. Prop Exp & Per Diem	54.0295	54.0295	454,064
5. ROE/Use Per Diem	1.1360	1.1360	9,547
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	164.50	8,075.00	8,239.50
3. Staffing Percent	0.0200	0.9800	1.0000
4. Allocation of Direct Care	24,667.53	1,210,883.47	1,235,551.00
5. Direct Care Expense Per Diem	74.9773	149.9546	
C. Additional Services Expense			
1. Medicaid Inpatient Days	329	8,075	8,404
2. Additional Services	11,116	272,838	283,954
3. Additional Services Exp & Per Diem	33.7872	33.7880	
D. Medicaid Per Diem Cost			
1.Operating Component	124.3984	124.3984	1,045,444
2. Resident Care Component	195.4470	270.4251	2,247,985
3. Property Cost Component	54.0295	54.0295	454,064
4. ROE/Use Allow Component	1.1360	1.1360	9,547
5. Total Cost Per Diem	375.0109	449.9890	3,757,040

Resident Care Component Per-Diem Calculation

Facility Name: Miner North

Provider Number: 01069500

FYE: 05/31/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	86.6825	86.6825	A3D Allowable Resident Care Exp	728,480
B5 Allocation of D/C Expenses	74.9773	149.9546	B4 Allocation of D/C Expenses	1,235,551
C3 Additional Services per Diem	33.7872	33.7880	C2 Additional Services per Diem	283,954
Total Resident Care Component	195.4470	270.4251	Total Resident Care Component	2,247,985

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Florida Agency For Health Care Administration

001071000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Miner South**

Cost Report Entered By : Samuel, Rydell

Provider Number: 01071000

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 6/1/2020 - 5/31/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	6,304	8,494
2. Operating Expenses component			
A. Administration			639,908
B. Plant Operation			342,304
C. Laundry			2,441
D. Housekeeping			43,207
E. Operating Expense Component & Per Diem	121.0101	121.0101	1,027,860
3. Resident Care			
A. Dietary			325,863
B. Other			0
C. Nursing			398,283
D. Resident Care & Per Diem	85.2538	85.2538	724,146
4. Prop Exp & Per Diem	53.0126	53.0126	450,289
5. ROE/Use Per Diem	1.1367	1.1367	9,655
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,095.00	6,304.00	7,399.00
3. Staffing Percent	0.1480	0.8520	1.0000
4. Allocation of Direct Care	199,261.88	1,147,166.12	1,346,428.00
5. Direct Care Expense Per Diem	90.9872	181.9743	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	6,304	8,494
2. Additional Services	63,785	183,607	247,392
3. Additional Services Exp & Per Diem	29.1256	29.1255	
D. Medicaid Per Diem Cost			
1.Operating Component	121.0101	121.0101	1,027,860
2. Resident Care Component	205.3666	296.3536	2,317,966
3. Property Cost Component	53.0126	53.0126	450,289
4. ROE/Use Allow Component	1.1367	1.1367	9,655
5. Total Cost Per Diem	380.5260	471.5130	3,805,770

Resident Care Component Per-Diem Calculation

Facility Name: Miner South

Provider Number: 01071000

FYE: 05/31/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	85.2538	85.2538	A3D Allowable Resident Care Exp	724,146
B5 Allocation of D/C Expenses	90.9872	181.9743	B4 Allocation of D/C Expenses	1,346,428
C3 Additional Services per Diem	29.1256	29.1255	C2 Additional Services per Diem	247,392
Total Resident Care Component	205.3666	296.3536	Total Resident Care Component	2,317,966

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **New Horizons (Mentor)**

Cost Report Entered By : Samuel, Rydell

Provider Number: 101963600

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 2/1/2020 - 1/31/2021

Date: 11/2/2022

Days In Reporting Period: 366

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	10,347	7,088	17,435
2. Operating Expenses component			
A. Administration			1,553,188
B. Plant Operation			289,082
C. Laundry			0
D. Housekeeping			59,677
E. Operating Expense Component & Per Diem	109.0879	109.0879	1,901,947
3. Resident Care			
A. Dietary			498,362
B. Other			0
C. Nursing			979,066
D. Resident Care & Per Diem	84.7392	84.7392	1,477,428
4. Prop Exp & Per Diem	27.1203	27.1203	472,843
5. ROE/Use Per Diem	0.3081	0.3081	5,371
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,173.50	7,088.00	12,261.50
3. Staffing Percent	0.4219	0.5781	1.0000
4. Allocation of Direct Care	1,546,207.94	2,118,396.06	3,664,604.00
5. Direct Care Expense Per Diem	149.4354	298.8708	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,347	7,088	17,435
2. Additional Services	95,004	65,081	160,085
3. Additional Services Exp & Per Diem	9.1818	9.1819	
D. Medicaid Per Diem Cost			
1. Operating Component	109.0879	109.0879	1,901,947
2. Resident Care Component	243.3564	392.7919	5,302,117
3. Property Cost Component	27.1203	27.1203	472,843
4. ROE/Use Allow Component	0.3081	0.3081	5,371
5. Total Cost Per Diem	379.8727	529.3082	7,682,278

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons (Mentor)

Provider Number: 101963600

FYE: 01/31/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	84.7392	84.7392	A3D Allowable Resident Care Exp	1,477,428
B5 Allocation of D/C Expenses	149.4354	298.8708	B4 Allocation of D/C Expenses	3,664,604
C3 Additional Services per Diem	9.1818	9.1819	C2 Additional Services per Diem	160,085
Total Resident Care Component	243.3564	392.7919	Total Resident Care Component	5,302,117

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name:	Sunrise Community, Inc. - Log Cabin	Cost Report Entered By :	Samuel, Rydell
Provider Number:	107650900	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	120

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	24,261	19,488	43,749
2. Operating Expenses component			
A. Administration			2,717,800
B. Plant Operation			1,394,322
C. Laundry			12,713
D. Housekeeping			202,243
E. Operating Expense Component & Per Diem	98.9069	98.9069	4,327,078
3. Resident Care			
A. Dietary			1,507,532
B. Other			620,972
C. Nursing			3,368,927
D. Resident Care & Per Diem	125.6584	125.6584	5,497,431
4. Prop Exp & Per Diem	12.5691	12.5691	549,884
5. ROE/Use Per Diem	1.3158	1.3158	57,567
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	12,130.50	19,488.00	31,618.50
3. Staffing Percent	0.3837	0.6163	1.0000
4. Allocation of Direct Care	2,568,203.95	4,125,894.05	6,694,098.00
5. Direct Care Expense Per Diem	105.8573	211.7146	
C. Additional Services Expense			
1. Medicaid Inpatient Days	24,261	19,488	43,749
2. Additional Services	399,630	321,008	720,638
3. Additional Services Exp & Per Diem	16.4721	16.4721	
D. Medicaid Per Diem Cost			
1. Operating Component	98.9069	98.9069	4,327,078
2. Resident Care Component	247.9878	353.8451	12,912,167
3. Property Cost Component	12.5691	12.5691	549,884
4. ROE/Use Allow Component	1.3158	1.3158	57,567
5. Total Cost Per Diem	360.7796	466.6369	17,846,696

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Community, Inc. - Log Cabin

Provider Number: 107650900

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	125.6584	125.6584	A3D Allowable Resident Care Exp	5,497,431
B5 Allocation of D/C Expenses	105.8573	211.7146	B4 Allocation of D/C Expenses	6,694,098
C3 Additional Services per Diem	16.4721	16.4721	C2 Additional Services per Diem	720,638
Total Resident Care Component	247.9878	353.8451	Total Resident Care Component	12,912,167

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0108357500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2022

Provider Name: **Pensacola Developmental Center**

Cost Report Entered By : Cox, Lauren

Provider Number: 108357500

Rate Semester : July, 2022

Audit Status: Budget

Cost Report : 12/1/2020 - 11/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	9,940	10,895	20,835
2. Operating Expenses component			
A. Administration			1,533,151
B. Plant Operation			318,861
C. Laundry			3,673
D. Housekeeping			272,069
E. Operating Expense Component & Per Diem	102.1240	102.1240	2,127,754
3. Resident Care			
A. Dietary			450,122
B. Other			0
C. Nursing			1,711,731
D. Resident Care & Per Diem	103.7606	103.7606	2,161,853
4. Prop Exp & Per Diem	18.1508	18.1508	378,171
5. ROE/Use Per Diem	1.4657	1.4657	30,538
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	4,970.00	10,895.00	15,865.00
3. Staffing Percent	0.3133	0.6867	1.0000
4. Allocation of Direct Care	978,469.41	2,144,954.59	3,123,424.00
5. Direct Care Expense Per Diem	98.4376	196.8751	
C. Additional Services Expense			
1. Medicaid Inpatient Days	9,940	10,895	20,835
2. Additional Services	948,837	1,039,997	1,988,834
3. Additional Services Exp & Per Diem	95.4564	95.4564	
D. Medicaid Per Diem Cost			
1. Operating Component	102.1240	102.1240	2,127,754
2. Resident Care Component	297.6546	396.0921	7,274,111
3. Property Cost Component	18.1508	18.1508	378,171
4. ROE/Use Allow Component	1.4657	1.4657	30,538
5. Total Cost Per Diem	419.3951	517.8326	9,810,574

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Developmental Center

Provider Number: 108357500

FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	103.7606	103.7606	A3D Allowable Resident Care Exp	2,161,853
B5 Allocation of D/C Expenses	98.4376	196.8751	B4 Allocation of D/C Expenses	3,123,424
C3 Additional Services per Diem	95.4564	95.4564	C2 Additional Services per Diem	1,988,834
Total Resident Care Component	297.6546	396.0921	Total Resident Care Component	7,274,111

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Florida Agency For Health Care Administration

0108358400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2022

Provider Name:	Panama City Developmental Center	Cost Report Entered By :	Cox, Lauren
Provider Number:	108358400	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	12/1/2020 - 11/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	5,722	14,143	19,865
2. Operating Expenses component			
A. Administration			1,541,792
B. Plant Operation			467,336
C. Laundry			4,732
D. Housekeeping			159,267
E. Operating Expense Component & Per Diem	109.3948	109.3948	2,173,127
3. Resident Care			
A. Dietary			478,075
B. Other			0
C. Nursing			1,728,349
D. Resident Care & Per Diem	111.0709	111.0709	2,206,424
4. Prop Exp & Per Diem	18.1478	18.1478	360,506
5. ROE/Use Per Diem	1.4896	1.4896	29,590
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	2,861.00	14,143.00	17,004.00
3. Staffing Percent	0.1683	0.8317	1.0000
4. Allocation of Direct Care	543,107.45	2,684,784.55	3,227,892.00
5. Direct Care Expense Per Diem	94.9157	189.8313	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,722	14,143	19,865
2. Additional Services	479,041	1,184,039	1,663,080
3. Additional Services Exp & Per Diem	83.7192	83.7191	
D. Medicaid Per Diem Cost			
1.Operating Component	109.3948	109.3948	2,173,127
2. Resident Care Component	289.7058	384.6213	7,097,396
3. Property Cost Component	18.1478	18.1478	360,506
4. ROE/Use Allow Component	1.4896	1.4896	29,590
5. Total Cost Per Diem	418.7380	513.6535	9,660,619

Resident Care Component Per-Diem Calculation

Facility Name: Panama City Developmental Center

Provider Number: 108358400

FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	111.0709	111.0709	A3D Allowable Resident Care Exp	2,206,424
B5 Allocation of D/C Expenses	94.9157	189.8313	B4 Allocation of D/C Expenses	3,227,892
C3 Additional Services per Diem	83.7192	83.7191	C2 Additional Services per Diem	1,663,080
Total Resident Care Component	289.7058	384.6213	Total Resident Care Component	7,097,396

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Florida Agency For Health Care Administration

0108358800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2022

Provider Name: **Tallahassee Developmental Center**
 Provider Number: 108358800
 Audit Status: Budget
 Date: 11/2/2022

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2022
 Cost Report : 12/1/2020 - 11/30/2021
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	8,638	12,015	20,653
2. Operating Expenses component			
A. Administration			1,684,154
B. Plant Operation			486,783
C. Laundry			5,324
D. Housekeeping			431,770
E. Operating Expense Component & Per Diem	126.2786	126.2786	2,608,031
3. Resident Care			
A. Dietary			395,612
B. Other			0
C. Nursing			1,733,681
D. Resident Care & Per Diem	103.0985	103.0985	2,129,293
4. Prop Exp & Per Diem	18.6312	18.6312	384,791
5. ROE/Use Per Diem	1.4701	1.4701	30,363
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	4,319.00	12,015.00	16,334.00
3. Staffing Percent	0.2644	0.7356	1.0000
4. Allocation of Direct Care	784,702.07	2,182,957.93	2,967,660.00
5. Direct Care Expense Per Diem	90.8430	181.6861	
C. Additional Services Expense			
1. Medicaid Inpatient Days	8,638	12,015	20,653
2. Additional Services	859,369	1,195,336	2,054,705
3. Additional Services Exp & Per Diem	99.4870	99.4870	
D. Medicaid Per Diem Cost			
1.Operating Component	126.2786	126.2786	2,608,031
2. Resident Care Component	293.4285	384.2716	7,151,658
3. Property Cost Component	18.6312	18.6312	384,791
4. ROE/Use Allow Component	1.4701	1.4701	30,363
5. Total Cost Per Diem	439.8084	530.6515	10,174,843

Resident Care Component Per-Diem Calculation

Facility Name: Tallahassee Developmental Center

Provider Number: 108358800

FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	103.0985	103.0985	A3D Allowable Resident Care Exp	2,129,293
B5 Allocation of D/C Expenses	90.8430	181.6861	B4 Allocation of D/C Expenses	2,967,660
C3 Additional Services per Diem	99.4870	99.4870	C2 Additional Services per Diem	2,054,705
Total Resident Care Component	293.4285	384.2716	Total Resident Care Component	7,151,658

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Florida Agency For Health Care Administration

0108358900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2022

Provider Name:	Ft. Walton Beach Developmental Ctr.	Cost Report Entered By :	Cox, Lauren
Provider Number:	108358900	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	12/1/2020 - 11/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4,621	15,849	20,470
2. Operating Expenses component			
A. Administration			1,548,481
B. Plant Operation			503,499
C. Laundry			5,313
D. Housekeeping			209,646
E. Operating Expense Component & Per Diem	110.7445	110.7445	2,266,939
3. Resident Care			
A. Dietary			498,475
B. Other			0
C. Nursing			1,723,127
D. Resident Care & Per Diem	108.5297	108.5297	2,221,602
4. Prop Exp & Per Diem	19.2109	19.2109	393,248
5. ROE/Use Per Diem	1.4833	1.4833	30,363
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,310.50	15,849.00	18,159.50
3. Staffing Percent	0.1272	0.8728	1.0000
4. Allocation of Direct Care	375,234.13	2,573,938.87	2,949,173.00
5. Direct Care Expense Per Diem	81.2019	162.4039	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4,621	15,849	20,470
2. Additional Services	436,880	1,498,399	1,935,279
3. Additional Services Exp & Per Diem	94.5423	94.5422	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	110.7445	110.7445	2,266,939
2. Resident Care Component	284.2739	365.4758	7,106,054
3. Property Cost Component	19.2109	19.2109	393,248
4. ROE/Use Allow Component	1.4833	1.4833	30,363
5. Total Cost Per Diem	415.7126	496.9145	9,796,604

Resident Care Component Per-Diem Calculation

Facility Name: Ft. Walton Beach Developmental Ctr.

Provider Number: 108358900

FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	108.5297	108.5297	A3D Allowable Resident Care Exp	2,221,602
B5 Allocation of D/C Expenses	81.2019	162.4039	B4 Allocation of D/C Expenses	2,949,173
C3 Additional Services per Diem	94.5423	94.5422	C2 Additional Services per Diem	1,935,279
Total Resident Care Component	284.2739	365.4758	Total Resident Care Component	7,106,054

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Florida Agency For Health Care Administration

0108366100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2022

Provider Name:	Hillsborough County Developmental Ctr	Cost Report Entered By :	Cox, Lauren
Provider Number:	108366100	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	12/1/2020 - 11/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	5,604	15,050	20,654
2. Operating Expenses component			
A. Administration			1,629,032
B. Plant Operation			508,641
C. Laundry			1,924
D. Housekeeping			200,078
E. Operating Expense Component & Per Diem	113.2795	113.2795	2,339,675
3. Resident Care			
A. Dietary			474,796
B. Other			0
C. Nursing			1,743,167
D. Resident Care & Per Diem	107.3866	107.3866	2,217,963
4. Prop Exp & Per Diem	17.8459	17.8459	368,589
5. ROE/Use Per Diem	1.4414	1.4414	29,771
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,802.00	15,050.00	17,852.00
3. Staffing Percent	0.1570	0.8430	1.0000
4. Allocation of Direct Care	441,885.69	2,373,440.31	2,815,326.00
5. Direct Care Expense Per Diem	78.8518	157.7037	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	5,604	15,050	20,654
2. Additional Services	496,661	1,333,824	1,830,485
3. Additional Services Exp & Per Diem	88.6262	88.6262	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	113.2795	113.2795	2,339,675
2. Resident Care Component	274.8646	353.7165	6,863,774
3. Property Cost Component	17.8459	17.8459	368,589
4. ROE/Use Allow Component	1.4414	1.4414	29,771
5. Total Cost Per Diem	407.4314	486.2833	9,601,809

Resident Care Component Per-Diem Calculation

Facility Name: Hillsborough County Developmental Ctr

Provider Number: 108366100

FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	107.3866	107.3866	A3D Allowable Resident Care Exp	2,217,963
B5 Allocation of D/C Expenses	78.8518	157.7037	B4 Allocation of D/C Expenses	2,815,326
C3 Additional Services per Diem	88.6262	88.6262	C2 Additional Services per Diem	1,830,485
Total Resident Care Component	274.8646	353.7165	Total Resident Care Component	6,863,774

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Sunrise Nettles Group Home**
 Provider Number: 110232000
 Audit Status: Budget
 Date: 11/2/2022

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2022
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	1,825	2,190
2. Operating Expenses component			
A. Administration			163,817
B. Plant Operation			66,809
C. Laundry			1,380
D. Housekeeping			3,100
E. Operating Expense Component & Per Diem	107.3543	107.3543	235,106
3. Resident Care			
A. Dietary			22,660
B. Other			118,784
C. Nursing			123,949
D. Resident Care & Per Diem	121.1840	121.1840	265,393
4. Prop Exp & Per Diem	15.3918	15.3918	33,708
5. ROE/Use Per Diem	1.9142	1.9142	4,192
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,825.00	2,098.75
3. Staffing Percent	0.1304	0.8696	1.0000
4. Allocation of Direct Care	68,853.91	459,026.09	527,880.00
5. Direct Care Expense Per Diem	188.6409	251.5211	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	1,825	2,190
2. Additional Services	1,458	7,292	8,750
3. Additional Services Exp & Per Diem	3.9945	3.9956	
D. Medicaid Per Diem Cost			
1. Operating Component	107.3543	107.3543	235,106
2. Resident Care Component	313.8194	376.7007	802,023
3. Property Cost Component	15.3918	15.3918	33,708
4. ROE/Use Allow Component	1.9142	1.9142	4,192
5. Total Cost Per Diem	438.4797	501.3610	1,075,029

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Nettles Group Home

Provider Number: 110232000

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	121.1840	121.1840	A3D Allowable Resident Care Exp	265,393
B5 Allocation of D/C Expenses	188.6409	251.5211	B4 Allocation of D/C Expenses	527,880
C3 Additional Services per Diem	3.9945	3.9956	C2 Additional Services per Diem	8,750
Total Resident Care Component	313.8194	376.7007	Total Resident Care Component	802,023

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0111453600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Sunrise Observation Circle**

Cost Report Entered By : Samuel, Rydell

Provider Number: 111453600

Rate Semester : July, 2022

Audit Status: Budget

Cost Report : 7/30/2020 - 6/30/2021

Date: 11/2/2022

Days In Reporting Period: 336

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,387	694	2,081
2. Operating Expenses component			
A. Administration			125,482
B. Plant Operation			29,415
C. Laundry			1,380
D. Housekeeping			3,100
E. Operating Expense Component & Per Diem	76.5867	76.5867	159,377
3. Resident Care			
A. Dietary			22,660
B. Other			98,212
C. Nursing			82,340
D. Resident Care & Per Diem	97.6511	97.6511	203,212
4. Prop Exp & Per Diem	24.9692	24.9692	51,961
5. ROE/Use Per Diem	2.1749	2.1749	4,526
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,040.25	694.00	1,734.25
3. Staffing Percent	0.5998	0.4002	1.0000
4. Allocation of Direct Care	283,243.11	188,964.89	472,208.00
5. Direct Care Expense Per Diem	204.2128	272.2837	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,387	694	2,081
2. Additional Services	5,833	2,917	8,750
3. Additional Services Exp & Per Diem	4.2055	4.2032	
D. Medicaid Per Diem Cost			
1. Operating Component	76.5867	76.5867	159,377
2. Resident Care Component	306.0694	374.1380	684,170
3. Property Cost Component	24.9692	24.9692	51,961
4. ROE/Use Allow Component	2.1749	2.1749	4,526
5. Total Cost Per Diem	409.8002	477.8688	900,034

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Observation Circle

Provider Number: 111453600

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	97.6511	97.6511	A3D Allowable Resident Care Exp	203,212
B5 Allocation of D/C Expenses	204.2128	272.2837	B4 Allocation of D/C Expenses	472,208
C3 Additional Services per Diem	4.2055	4.2032	C2 Additional Services per Diem	8,750
Total Resident Care Component	306.0694	374.1380	Total Resident Care Component	684,170

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0111470500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Sunrise Southshore Circle**

Cost Report Entered By : Samuel, Rydell

Provider Number: 111470500

Rate Semester : July, 2022

Audit Status: Budget

Cost Report : 8/1/2020 - 7/31/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,387	694	2,081
2. Operating Expenses component			
A. Administration			125,482
B. Plant Operation			29,415
C. Laundry			1,380
D. Housekeeping			3,100
E. Operating Expense Component & Per Diem	76.5867	76.5867	159,377
3. Resident Care			
A. Dietary			22,660
B. Other			98,212
C. Nursing			82,339
D. Resident Care & Per Diem	97.6506	97.6506	203,211
4. Prop Exp & Per Diem	27.7170	27.7170	57,679
5. ROE/Use Per Diem	2.6852	2.6852	5,588
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,040.25	694.00	1,734.25
3. Staffing Percent	0.5998	0.4002	1.0000
4. Allocation of Direct Care	284,603.52	189,872.48	474,476.00
5. Direct Care Expense Per Diem	205.1936	273.5915	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,387	694	2,081
2. Additional Services	5,833	2,917	8,750
3. Additional Services Exp & Per Diem	4.2055	4.2032	
D. Medicaid Per Diem Cost			
1. Operating Component	76.5867	76.5867	159,377
2. Resident Care Component	307.0497	375.4453	686,437
3. Property Cost Component	27.7170	27.7170	57,679
4. ROE/Use Allow Component	2.6852	2.6852	5,588
5. Total Cost Per Diem	414.0386	482.4342	909,081

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Southshore Circle

Provider Number: 111470500

FYE: 07/31/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	97.6506	97.6506	A3D Allowable Resident Care Exp	203,211
B5 Allocation of D/C Expenses	205.1936	273.5915	B4 Allocation of D/C Expenses	474,476
C3 Additional Services per Diem	4.2055	4.2032	C2 Additional Services per Diem	8,750
Total Resident Care Component	307.0497	375.4453	Total Resident Care Component	686,437

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0111473100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Sunrise Lakeshore Drive**

Cost Report Entered By : Samuel, Rydell

Provider Number: 111473100

Rate Semester : July, 2022

Audit Status: Budget

Cost Report : 7/1/2020 - 6/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,387	694	2,081
2. Operating Expenses component			
A. Administration			125,482
B. Plant Operation			29,415
C. Laundry			1,380
D. Housekeeping			3,100
E. Operating Expense Component & Per Diem	76.5867	76.5867	159,377
3. Resident Care			
A. Dietary			22,660
B. Other			98,212
C. Nursing			82,340
D. Resident Care & Per Diem	97.6511	97.6511	203,212
4. Prop Exp & Per Diem	26.8861	26.8861	55,950
5. ROE/Use Per Diem	2.5834	2.5834	5,376
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,040.25	694.00	1,734.25
3. Staffing Percent	0.5998	0.4002	1.0000
4. Allocation of Direct Care	283,243.11	188,964.89	472,208.00
5. Direct Care Expense Per Diem	204.2128	272.2837	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,387	694	2,081
2. Additional Services	5,833	2,917	8,750
3. Additional Services Exp & Per Diem	4.2055	4.2032	
D. Medicaid Per Diem Cost			
1. Operating Component	76.5867	76.5867	159,377
2. Resident Care Component	306.0694	374.1380	684,170
3. Property Cost Component	26.8861	26.8861	55,950
4. ROE/Use Allow Component	2.5834	2.5834	5,376
5. Total Cost Per Diem	412.1256	480.1942	904,873

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Lakeshore Drive

Provider Number: 111473100

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	97.6511	97.6511	A3D Allowable Resident Care Exp	203,212
B5 Allocation of D/C Expenses	204.2128	272.2837	B4 Allocation of D/C Expenses	472,208
C3 Additional Services per Diem	4.2055	4.2032	C2 Additional Services per Diem	8,750
Total Resident Care Component	306.0694	374.1380	Total Resident Care Component	684,170

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Florida Agency For Health Care Administration

011976800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Sunrise Eleazer Place**
 Provider Number: 111976800
 Audit Status: Budget
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,284	632	1,916
2. Operating Expenses component			
A. Administration			108,247
B. Plant Operation			29,415
C. Laundry			1,380
D. Housekeeping			3,100
E. Operating Expense Component & Per Diem	74.1868	74.1868	142,142
3. Resident Care			
A. Dietary			22,660
B. Other			89,915
C. Nursing			84,039
D. Resident Care & Per Diem	102.6169	102.6169	196,614
4. Prop Exp & Per Diem	29.7025	29.7025	56,910
5. ROE/Use Per Diem	3.0230	3.0230	5,792
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	963.00	632.00	1,595.00
3. Staffing Percent	0.6038	0.3962	1.0000
4. Allocation of Direct Care	295,185.16	193,724.84	488,910.00
5. Direct Care Expense Per Diem	229.8950	306.5266	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,281	632	1,913
2. Additional Services	7,975	3,925	11,900
3. Additional Services Exp & Per Diem	6.2256	6.2104	
D. Medicaid Per Diem Cost			
1. Operating Component	74.1868	74.1868	142,142
2. Resident Care Component	338.7375	415.3539	697,424
3. Property Cost Component	29.7025	29.7025	56,910
4. ROE/Use Allow Component	3.0230	3.0230	5,792
5. Total Cost Per Diem	445.6498	522.2662	902,268

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Eleazer Place

Provider Number: 111976800

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	102.6169	102.6169	A3D Allowable Resident Care Exp	196,614
B5 Allocation of D/C Expenses	229.8950	306.5266	B4 Allocation of D/C Expenses	488,910
C3 Additional Services per Diem	6.2256	6.2104	C2 Additional Services per Diem	11,900
Total Resident Care Component	338.7375	415.3539	Total Resident Care Component	697,424

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Florida Agency For Health Care Administration

0113827900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Sunrise - Kaul**
 Provider Number: 113827900
 Audit Status: Budget
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,132	730	1,862
2. Operating Expenses component			
A. Administration			149,048
B. Plant Operation			66,808
C. Laundry			1,380
D. Housekeeping			3,100
E. Operating Expense Component & Per Diem	118.3330	118.3330	220,336
3. Resident Care			
A. Dietary			22,660
B. Other			111,972
C. Nursing			140,959
D. Resident Care & Per Diem	148.0081	148.0081	275,591
4. Prop Exp & Per Diem	11.5827	11.5827	21,567
5. ROE/Use Per Diem	0.4979	0.4979	927
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	849.00	730.00	1,579.00
3. Staffing Percent	0.5377	0.4623	1.0000
4. Allocation of Direct Care	292,594.22	251,582.78	544,177.00
5. Direct Care Expense Per Diem	258.4755	344.6339	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,132	730	1,862
2. Additional Services	5,319	3,431	8,750
3. Additional Services Exp & Per Diem	4.6988	4.7000	
D. Medicaid Per Diem Cost			
1. Operating Component	118.3330	118.3330	220,336
2. Resident Care Component	411.1824	497.3420	828,518
3. Property Cost Component	11.5827	11.5827	21,567
4. ROE/Use Allow Component	0.4979	0.4979	927
5. Total Cost Per Diem	541.5960	627.7556	1,071,348

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise - Kaul

Provider Number: 113827900

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	148.0081	148.0081	A3D Allowable Resident Care Exp	275,591
B5 Allocation of D/C Expenses	258.4755	344.6339	B4 Allocation of D/C Expenses	544,177
C3 Additional Services per Diem	4.6988	4.7000	C2 Additional Services per Diem	8,750
Total Resident Care Component	411.1824	497.3420	Total Resident Care Component	828,518

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Bayview (Mentor)**
 Provider Number: 12037000
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 10/1/2019 - 9/30/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,464	729	2,193
2. Operating Expenses component			
A. Administration			292,296
B. Plant Operation			37,669
C. Laundry			0
D. Housekeeping			8,381
E. Operating Expense Component & Per Diem	154.2845	154.2845	338,346
3. Resident Care			
A. Dietary			11,128
B. Other			0
C. Nursing			40,021
D. Resident Care & Per Diem	23.3238	23.3238	51,149
4. Prop Exp & Per Diem	19.3005	19.3005	42,326
5. ROE/Use Per Diem	3.0606	3.0606	6,712
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,098.00	729.00	1,827.00
3. Staffing Percent	0.6010	0.3990	1.0000
4. Allocation of Direct Care	225,463.21	149,692.79	375,156.00
5. Direct Care Expense Per Diem	154.0049	205.3399	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,464	729	2,193
2. Additional Services	28,310	14,097	42,407
3. Additional Services Exp & Per Diem	19.3374	19.3374	
D. Medicaid Per Diem Cost			
1.Operating Component	154.2845	154.2845	338,346
2. Resident Care Component	196.6661	248.0011	468,712
3. Property Cost Component	19.3005	19.3005	42,326
4. ROE/Use Allow Component	3.0606	3.0606	6,712
5. Total Cost Per Diem	373.3117	424.6467	856,096

Resident Care Component Per-Diem Calculation

Facility Name: Bayview (Mentor)

Provider Number: 12037000
FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	23.3238	23.3238	A3D Allowable Resident Care Exp	51,149
B5 Allocation of D/C Expenses	154.0049	205.3399	B4 Allocation of D/C Expenses	375,156
C3 Additional Services per Diem	19.3374	19.3374	C2 Additional Services per Diem	42,407
Total Resident Care Component	196.6661	248.0011	Total Resident Care Component	468,712

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Florida Agency For Health Care Administration

012038000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Seaview (Mentor)**
 Provider Number: 12038000
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,461	705	2,166
2. Operating Expenses component			
A. Administration			192,894
B. Plant Operation			43,875
C. Laundry			0
D. Housekeeping			4,920
E. Operating Expense Component & Per Diem	111.5831	111.5831	241,689
3. Resident Care			
A. Dietary			12,051
B. Other			0
C. Nursing			51,834
D. Resident Care & Per Diem	29.4945	29.4945	63,885
4. Prop Exp & Per Diem	19.5956	19.5956	42,444
5. ROE/Use Per Diem	1.5226	1.5226	3,298
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,095.75	705.00	1,800.75
3. Staffing Percent	0.6085	0.3915	1.0000
4. Allocation of Direct Care	253,035.34	162,801.66	415,837.00
5. Direct Care Expense Per Diem	173.1933	230.9243	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,461	705	2,166
2. Additional Services	28,554	13,778	42,332
3. Additional Services Exp & Per Diem	19.5441	19.5433	
D. Medicaid Per Diem Cost			
1.Operating Component	111.5831	111.5831	241,689
2. Resident Care Component	222.2319	279.9621	522,054
3. Property Cost Component	19.5956	19.5956	42,444
4. ROE/Use Allow Component	1.5226	1.5226	3,298
5. Total Cost Per Diem	354.9332	412.6634	809,485

Resident Care Component Per-Diem Calculation

Facility Name: Seaview (Mentor)

Provider Number: 12038000
FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	29.4945	29.4945	A3D Allowable Resident Care Exp	63,885
B5 Allocation of D/C Expenses	173.1933	230.9243	B4 Allocation of D/C Expenses	415,837
C3 Additional Services per Diem	19.5441	19.5433	C2 Additional Services per Diem	42,332
Total Resident Care Component	222.2319	279.9621	Total Resident Care Component	522,054

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012040300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Gulfview (Mentor)**
 Provider Number: 12040300
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 10/1/2019 - 10/7/2020
 Days In Reporting Period: 373
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,204	779	1,983
2. Operating Expenses component			
A. Administration			134,319
B. Plant Operation			40,566
C. Laundry			0
D. Housekeeping			8,956
E. Operating Expense Component & Per Diem	92.7085	92.7085	183,841
3. Resident Care			
A. Dietary			10,348
B. Other			0
C. Nursing			79,303
D. Resident Care & Per Diem	45.2098	45.2098	89,651
4. Prop Exp & Per Diem	25.4186	25.4186	50,405
5. ROE/Use Per Diem	1.5895	1.5895	3,152
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	903.00	779.00	1,682.00
3. Staffing Percent	0.5369	0.4631	1.0000
4. Allocation of Direct Care	175,345.21	151,266.79	326,612.00
5. Direct Care Expense Per Diem	145.6356	194.1807	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,204	779	1,983
2. Additional Services	25,381	16,422	41,803
3. Additional Services Exp & Per Diem	21.0806	21.0809	
D. Medicaid Per Diem Cost			
1.Operating Component	92.7085	92.7085	183,841
2. Resident Care Component	211.9260	260.4714	458,066
3. Property Cost Component	25.4186	25.4186	50,405
4. ROE/Use Allow Component	1.5895	1.5895	3,152
5. Total Cost Per Diem	331.6426	380.1880	695,464

Resident Care Component Per-Diem Calculation

Facility Name: Gulfview (Mentor)

Provider Number: 12040300

FYE: 10/07/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	45.2098	45.2098	A3D Allowable Resident Care Exp	89,651
B5 Allocation of D/C Expenses	145.6356	194.1807	B4 Allocation of D/C Expenses	326,612
C3 Additional Services per Diem	21.0806	21.0809	C2 Additional Services per Diem	41,803
Total Resident Care Component	211.9260	260.4714	Total Resident Care Component	458,066

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012073200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name:	Suncoast - Suffridge Drive Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12073200	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,014	182	2,196
2. Operating Expenses component			
A. Administration			161,670
B. Plant Operation			39,300
C. Laundry			0
D. Housekeeping			6,500
E. Operating Expense Component & Per Diem	94.4763	94.4763	207,470
3. Resident Care			
A. Dietary			42,000
B. Other			7,400
C. Nursing			171,200
D. Resident Care & Per Diem	100.4554	100.4554	220,600
4. Prop Exp & Per Diem	27.1403	27.1403	59,600
5. ROE/Use Per Diem	0.0087	0.0087	19
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,510.50	182.00	1,692.50
3. Staffing Percent	0.8925	0.1075	1.0000
4. Allocation of Direct Care	321,154.17	38,695.83	359,850.00
5. Direct Care Expense Per Diem	159.4609	212.6145	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,014	182	2,196
2. Additional Services	16,875	1,525	18,400
3. Additional Services Exp & Per Diem	8.3788	8.3791	
D. Medicaid Per Diem Cost			
1.Operating Component	94.4763	94.4763	207,470
2. Resident Care Component	268.2951	321.4490	598,850
3. Property Cost Component	27.1403	27.1403	59,600
4. ROE/Use Allow Component	0.0087	0.0087	19
5. Total Cost Per Diem	389.9204	443.0743	865,939

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Suffridge Drive Group Home

Provider Number: 12073200

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	100.4554	100.4554	A3D Allowable Resident Care Exp	220,600
B5 Allocation of D/C Expenses	159.4609	212.6145	B4 Allocation of D/C Expenses	359,850
C3 Additional Services per Diem	8.3788	8.3791	C2 Additional Services per Diem	18,400
Total Resident Care Component	268.2951	321.4490	Total Resident Care Component	598,850

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name:	Suncoast - Coletta Drive Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12074200	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,460	730	2,190
2. Operating Expenses component			
A. Administration			231,300
B. Plant Operation			40,800
C. Laundry			0
D. Housekeeping			10,300
E. Operating Expense Component & Per Diem	128.9498	128.9498	282,400
3. Resident Care			
A. Dietary			30,800
B. Other			15,600
C. Nursing			56,300
D. Resident Care & Per Diem	46.8950	46.8950	102,700
4. Prop Exp & Per Diem	26.2557	26.2557	57,500
5. ROE/Use Per Diem	0.0096	0.0096	21
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	0.6000	0.4000	1.0000
4. Allocation of Direct Care	257,580.00	171,720.00	429,300.00
5. Direct Care Expense Per Diem	176.4247	235.2329	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	12,866	6,434	19,300
3. Additional Services Exp & Per Diem	8.8123	8.8137	
D. Medicaid Per Diem Cost			
1.Operating Component	128.9498	128.9498	282,400
2. Resident Care Component	232.1320	290.9416	551,300
3. Property Cost Component	26.2557	26.2557	57,500
4. ROE/Use Allow Component	0.0096	0.0096	21
5. Total Cost Per Diem	387.3471	446.1567	891,221

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Coletta Drive Group Home

Provider Number: 12074200

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	46.8950	46.8950	A3D Allowable Resident Care Exp	102,700
B5 Allocation of D/C Expenses	176.4247	235.2329	B4 Allocation of D/C Expenses	429,300
C3 Additional Services per Diem	8.8123	8.8137	C2 Additional Services per Diem	19,300
Total Resident Care Component	232.1320	290.9416	Total Resident Care Component	551,300

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name:	Suncoast - Spring Street Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12074800	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	790	861	1,651
2. Operating Expenses component			
A. Administration			171,600
B. Plant Operation			31,800
C. Laundry			0
D. Housekeeping			9,400
E. Operating Expense Component & Per Diem	128.8916	128.8916	212,800
3. Resident Care			
A. Dietary			40,100
B. Other			8,000
C. Nursing			91,300
D. Resident Care & Per Diem	84.4337	84.4337	139,400
4. Prop Exp & Per Diem	34.2823	34.2823	56,600
5. ROE/Use Per Diem	0.0321	0.0321	53
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	592.50	861.00	1,453.50
3. Staffing Percent	0.4076	0.5924	1.0000
4. Allocation of Direct Care	127,386.48	185,113.52	312,500.00
5. Direct Care Expense Per Diem	161.2487	214.9983	
C. Additional Services Expense			
1. Medicaid Inpatient Days	790	861	1,651
2. Additional Services	13,541	14,759	28,300
3. Additional Services Exp & Per Diem	17.1405	17.1417	
D. Medicaid Per Diem Cost			
1. Operating Component	128.8916	128.8916	212,800
2. Resident Care Component	262.8229	316.5737	480,200
3. Property Cost Component	34.2823	34.2823	56,600
4. ROE/Use Allow Component	0.0321	0.0321	53
5. Total Cost Per Diem	426.0289	479.7797	749,653

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Spring Street Group Home

Provider Number: 12074800

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	84.4337	84.4337	A3D Allowable Resident Care Exp	139,400
B5 Allocation of D/C Expenses	161.2487	214.9983	B4 Allocation of D/C Expenses	312,500
C3 Additional Services per Diem	17.1405	17.1417	C2 Additional Services per Diem	28,300
Total Resident Care Component	262.8229	316.5737	Total Resident Care Component	480,200

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name:	Suncoast - Walnut Street Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12075300	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	365	2,190
2. Operating Expenses component			
A. Administration			237,200
B. Plant Operation			41,400
C. Laundry			0
D. Housekeeping			5,500
E. Operating Expense Component & Per Diem	129.7260	129.7260	284,100
3. Resident Care			
A. Dietary			56,100
B. Other			44,600
C. Nursing			150,800
D. Resident Care & Per Diem	114.8402	114.8402	251,500
4. Prop Exp & Per Diem	26.7580	26.7580	58,600
5. ROE/Use Per Diem	0.0128	0.0128	28
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	0.7895	0.2105	1.0000
4. Allocation of Direct Care	228,157.89	60,842.11	289,000.00
5. Direct Care Expense Per Diem	125.0180	166.6907	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	24,333	4,867	29,200
3. Additional Services Exp & Per Diem	13.3332	13.3342	
D. Medicaid Per Diem Cost			
1. Operating Component	129.7260	129.7260	284,100
2. Resident Care Component	253.1914	294.8651	569,700
3. Property Cost Component	26.7580	26.7580	58,600
4. ROE/Use Allow Component	0.0128	0.0128	28
5. Total Cost Per Diem	409.6882	451.3619	912,428

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Walnut Street Group Home

Provider Number: 12075300

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	114.8402	114.8402	A3D Allowable Resident Care Exp	251,500
B5 Allocation of D/C Expenses	125.0180	166.6907	B4 Allocation of D/C Expenses	289,000
C3 Additional Services per Diem	13.3332	13.3342	C2 Additional Services per Diem	29,200
Total Resident Care Component	253.1914	294.8651	Total Resident Care Component	569,700

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012075700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name:	Suncoast - Bessent Road Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12075700	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,473	364	1,837
2. Operating Expenses component			
A. Administration			200,600
B. Plant Operation			30,900
C. Laundry			0
D. Housekeeping			4,900
E. Operating Expense Component & Per Diem	128.6881	128.6881	236,400
3. Resident Care			
A. Dietary			27,400
B. Other			6,500
C. Nursing			85,600
D. Resident Care & Per Diem	65.0517	65.0517	119,500
4. Prop Exp & Per Diem	30.3756	30.3756	55,800
5. ROE/Use Per Diem	0.0098	0.0098	18
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,104.75	364.00	1,468.75
3. Staffing Percent	0.7522	0.2478	1.0000
4. Allocation of Direct Care	229,487.13	75,612.87	305,100.00
5. Direct Care Expense Per Diem	155.7957	207.7277	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,473	364	1,837
2. Additional Services	15,796	3,904	19,700
3. Additional Services Exp & Per Diem	10.7237	10.7253	
D. Medicaid Per Diem Cost			
1.Operating Component	128.6881	128.6881	236,400
2. Resident Care Component	231.5711	283.5047	444,300
3. Property Cost Component	30.3756	30.3756	55,800
4. ROE/Use Allow Component	0.0098	0.0098	18
5. Total Cost Per Diem	390.6446	442.5782	736,518

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Bessent Road Group Home

Provider Number: 12075700

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	65.0517	65.0517	A3D Allowable Resident Care Exp	119,500
B5 Allocation of D/C Expenses	155.7957	207.7277	B4 Allocation of D/C Expenses	305,100
C3 Additional Services per Diem	10.7237	10.7253	C2 Additional Services per Diem	19,700
Total Resident Care Component	231.5711	283.5047	Total Resident Care Component	444,300

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Suncoast - Frederick Avenue Group Home**
 Provider Number: 12075900
 Audit Status: Budget
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	365	2,190
2. Operating Expenses component			
A. Administration			230,500
B. Plant Operation			45,100
C. Laundry			0
D. Housekeeping			9,400
E. Operating Expense Component & Per Diem	130.1370	130.1370	285,000
3. Resident Care			
A. Dietary			36,200
B. Other			40,300
C. Nursing			102,400
D. Resident Care & Per Diem	81.6895	81.6895	178,900
4. Prop Exp & Per Diem	25.8447	25.8447	56,600
5. ROE/Use Per Diem	0.0105	0.0105	23
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	0.7895	0.2105	1.0000
4. Allocation of Direct Care	262,026.31	69,873.69	331,900.00
5. Direct Care Expense Per Diem	143.5761	191.4348	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	17,167	3,433	20,600
3. Additional Services Exp & Per Diem	9.4066	9.4055	
D. Medicaid Per Diem Cost			
1. Operating Component	130.1370	130.1370	285,000
2. Resident Care Component	234.6722	282.5298	531,400
3. Property Cost Component	25.8447	25.8447	56,600
4. ROE/Use Allow Component	0.0105	0.0105	23
5. Total Cost Per Diem	390.6644	438.5220	873,023

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Frederick Avenue Group Home

Provider Number: 12075900

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	81.6895	81.6895	A3D Allowable Resident Care Exp	178,900
B5 Allocation of D/C Expenses	143.5761	191.4348	B4 Allocation of D/C Expenses	331,900
C3 Additional Services per Diem	9.4066	9.4055	C2 Additional Services per Diem	20,600
Total Resident Care Component	234.6722	282.5298	Total Resident Care Component	531,400

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name:	Suncoast - 107th Place Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12373500	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,443	153	1,596
2. Operating Expenses component			
A. Administration			133,800
B. Plant Operation			30,400
C. Laundry			0
D. Housekeeping			5,400
E. Operating Expense Component & Per Diem	106.2657	106.2657	169,600
3. Resident Care			
A. Dietary			30,600
B. Other			38,800
C. Nursing			78,300
D. Resident Care & Per Diem	92.5439	92.5439	147,700
4. Prop Exp & Per Diem	37.0301	37.0301	59,100
5. ROE/Use Per Diem	0.0163	0.0163	26
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,082.25	153.00	1,235.25
3. Staffing Percent	0.8761	0.1239	1.0000
4. Allocation of Direct Care	206,242.99	29,157.01	235,400.00
5. Direct Care Expense Per Diem	142.9265	190.5687	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,443	153	1,596
2. Additional Services	12,477	1,323	13,800
3. Additional Services Exp & Per Diem	8.6466	8.6471	
D. Medicaid Per Diem Cost			
1.Operating Component	106.2657	106.2657	169,600
2. Resident Care Component	244.1170	291.7597	396,900
3. Property Cost Component	37.0301	37.0301	59,100
4. ROE/Use Allow Component	0.0163	0.0163	26
5. Total Cost Per Diem	387.4291	435.0718	625,626

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - 107th Place Group Home

Provider Number: 12373500

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	92.5439	92.5439	A3D Allowable Resident Care Exp	147,700
B5 Allocation of D/C Expenses	142.9265	190.5687	B4 Allocation of D/C Expenses	235,400
C3 Additional Services per Diem	8.6466	8.6471	C2 Additional Services per Diem	13,800
Total Resident Care Component	244.1170	291.7597	Total Resident Care Component	396,900

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012374200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name:	Suncoast - Second Street Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12374200	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,148	42	2,190
2. Operating Expenses component			
A. Administration			197,028
B. Plant Operation			44,100
C. Laundry			0
D. Housekeeping			7,800
E. Operating Expense Component & Per Diem	113.6658	113.6658	248,928
3. Resident Care			
A. Dietary			33,700
B. Other			55,900
C. Nursing			101,000
D. Resident Care & Per Diem	87.0320	87.0320	190,600
4. Prop Exp & Per Diem	26.9160	26.9160	58,946
5. ROE/Use Per Diem	0.0068	0.0068	15
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,611.00	42.00	1,653.00
3. Staffing Percent	0.9746	0.0254	1.0000
4. Allocation of Direct Care	394,107.32	10,274.68	404,382.00
5. Direct Care Expense Per Diem	183.4764	244.6352	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,148	42	2,190
2. Additional Services	19,518	382	19,900
3. Additional Services Exp & Per Diem	9.0866	9.0952	
D. Medicaid Per Diem Cost			
1.Operating Component	113.6658	113.6658	248,928
2. Resident Care Component	279.5950	340.7624	614,882
3. Property Cost Component	26.9160	26.9160	58,946
4. ROE/Use Allow Component	0.0068	0.0068	15
5. Total Cost Per Diem	420.1836	481.3510	922,771

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Second Street Group Home

Provider Number: 12374200

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	87.0320	87.0320	A3D Allowable Resident Care Exp	190,600
B5 Allocation of D/C Expenses	183.4764	244.6352	B4 Allocation of D/C Expenses	404,382
C3 Additional Services per Diem	9.0866	9.0952	C2 Additional Services per Diem	19,900
Total Resident Care Component	279.5950	340.7624	Total Resident Care Component	614,882

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012374400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Suncoast - Rosewood Avenue Group Home**
 Provider Number: 12374400
 Audit Status: Budget
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,837	0	1,837
2. Operating Expenses component			
A. Administration			154,400
B. Plant Operation			31,800
C. Laundry			0
D. Housekeeping			8,000
E. Operating Expense Component & Per Diem	105.7158		194,200
3. Resident Care			
A. Dietary			26,800
B. Other			40,900
C. Nursing			62,800
D. Resident Care & Per Diem	71.0397		130,500
4. Prop Exp & Per Diem	32.1720		59,100
5. ROE/Use Per Diem	0.0131		24
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,377.75	0.00	1,377.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	383,100.00	0.00	383,100.00
5. Direct Care Expense Per Diem	208.5465	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,837	0	1,837
2. Additional Services	20,000	0	20,000
3. Additional Services Exp & Per Diem	10.8873	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	105.7158	0.0000	194,200
2. Resident Care Component	290.4735	0.0000	533,600
3. Property Cost Component	32.1720	0.0000	59,100
4. ROE/Use Allow Component	0.0131	0.0000	24
5. Total Cost Per Diem	428.3744	0.0000	786,924

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Rosewood Avenue Group Home

Provider Number: 12374400

FYE: 06/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	71.0397	0.0000	A3D Allowable Resident Care Exp	130,500
B5 Allocation of D/C Expenses	208.5465	0.0000	B4 Allocation of D/C Expenses	383,100
C3 Additional Services per Diem	10.8873	0.0000	C2 Additional Services per Diem	20,000
Total Resident Care Component	290.4735	0.0000	Total Resident Care Component	533,600

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name:	Suncoast - 19th Street Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12375400	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,460	730	2,190
2. Operating Expenses component			
A. Administration			220,300
B. Plant Operation			52,100
C. Laundry			0
D. Housekeeping			8,600
E. Operating Expense Component & Per Diem	128.3105	128.3105	281,000
3. Resident Care			
A. Dietary			49,300
B. Other			200
C. Nursing			97,400
D. Resident Care & Per Diem	67.0776	67.0776	146,900
4. Prop Exp & Per Diem	28.2648	28.2648	61,900
5. ROE/Use Per Diem	0.0064	0.0064	14
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	0.6000	0.4000	1.0000
4. Allocation of Direct Care	247,560.00	165,040.00	412,600.00
5. Direct Care Expense Per Diem	169.5616	226.0822	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	10,533	5,267	15,800
3. Additional Services Exp & Per Diem	7.2144	7.2151	
D. Medicaid Per Diem Cost			
1. Operating Component	128.3105	128.3105	281,000
2. Resident Care Component	243.8536	300.3749	575,300
3. Property Cost Component	28.2648	28.2648	61,900
4. ROE/Use Allow Component	0.0064	0.0064	14
5. Total Cost Per Diem	400.4353	456.9566	918,214

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - 19th Street Group Home

Provider Number: 12375400

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	67.0776	67.0776	A3D Allowable Resident Care Exp	146,900
B5 Allocation of D/C Expenses	169.5616	226.0822	B4 Allocation of D/C Expenses	412,600
C3 Additional Services per Diem	7.2144	7.2151	C2 Additional Services per Diem	15,800
Total Resident Care Component	243.8536	300.3749	Total Resident Care Component	575,300

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name:	Suncoast - Tunis Street Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12386400	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,074	122	2,196
2. Operating Expenses component			
A. Administration			237,993
B. Plant Operation			42,700
C. Laundry			0
D. Housekeeping			9,500
E. Operating Expense Component & Per Diem	132.1462	132.1462	290,193
3. Resident Care			
A. Dietary			35,300
B. Other			8,300
C. Nursing			143,935
D. Resident Care & Per Diem	85.3985	85.3985	187,535
4. Prop Exp & Per Diem	26.5751	26.5751	58,359
5. ROE/Use Per Diem	0.0109	0.0109	24
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,555.50	122.00	1,677.50
3. Staffing Percent	0.9273	0.0727	1.0000
4. Allocation of Direct Care	368,869.09	28,930.91	397,800.00
5. Direct Care Expense Per Diem	177.8539	237.1386	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,074	122	2,196
2. Additional Services	19,267	1,133	20,400
3. Additional Services Exp & Per Diem	9.2898	9.2869	
D. Medicaid Per Diem Cost			
1.Operating Component	132.1462	132.1462	290,193
2. Resident Care Component	272.5422	331.8240	605,735
3. Property Cost Component	26.5751	26.5751	58,359
4. ROE/Use Allow Component	0.0109	0.0109	24
5. Total Cost Per Diem	431.2744	490.5562	954,311

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Tunis Street Group Home

Provider Number: 12386400

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	85.3985	85.3985	A3D Allowable Resident Care Exp	187,535
B5 Allocation of D/C Expenses	177.8539	237.1386	B4 Allocation of D/C Expenses	397,800
C3 Additional Services per Diem	9.2898	9.2869	C2 Additional Services per Diem	20,400
Total Resident Care Component	272.5422	331.8240	Total Resident Care Component	605,735

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name:	Suncoast - Plaza Oval Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12390800	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,662	310	1,972
2. Operating Expenses component			
A. Administration			111,629
B. Plant Operation			29,300
C. Laundry			0
D. Housekeeping			6,200
E. Operating Expense Component & Per Diem	74.6090	74.6090	147,129
3. Resident Care			
A. Dietary			27,500
B. Other			25,200
C. Nursing			208,260
D. Resident Care & Per Diem	132.3327	132.3327	260,960
4. Prop Exp & Per Diem	35.4391	35.4391	69,886
5. ROE/Use Per Diem	0.0091	0.0091	18
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,246.50	310.00	1,556.50
3. Staffing Percent	0.8008	0.1992	1.0000
4. Allocation of Direct Care	318,812.50	79,287.50	398,100.00
5. Direct Care Expense Per Diem	191.8246	255.7661	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,662	310	1,972
2. Additional Services	15,423	2,877	18,300
3. Additional Services Exp & Per Diem	9.2798	9.2806	
D. Medicaid Per Diem Cost			
1.Operating Component	74.6090	74.6090	147,129
2. Resident Care Component	333.4371	397.3794	677,360
3. Property Cost Component	35.4391	35.4391	69,886
4. ROE/Use Allow Component	0.0091	0.0091	18
5. Total Cost Per Diem	443.4943	507.4366	894,393

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Plaza Oval Group Home

Provider Number: 12390800

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	132.3327	132.3327	A3D Allowable Resident Care Exp	260,960
B5 Allocation of D/C Expenses	191.8246	255.7661	B4 Allocation of D/C Expenses	398,100
C3 Additional Services per Diem	9.2798	9.2806	C2 Additional Services per Diem	18,300
Total Resident Care Component	333.4371	397.3794	Total Resident Care Component	677,360

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name:	Suncoast - Claudia Drive Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12392700	Rate Semester :	July, 2022
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,318	519	1,837
2. Operating Expenses component			
A. Administration			192,600
B. Plant Operation			39,100
C. Laundry			0
D. Housekeeping			8,100
E. Operating Expense Component & Per Diem	130.5389	130.5389	239,800
3. Resident Care			
A. Dietary			32,100
B. Other			9,800
C. Nursing			84,200
D. Resident Care & Per Diem	68.6445	68.6445	126,100
4. Prop Exp & Per Diem	31.7365	31.7365	58,300
5. ROE/Use Per Diem	0.0044	0.0044	8
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	988.50	519.00	1,507.50
3. Staffing Percent	0.6557	0.3443	1.0000
4. Allocation of Direct Care	206,617.81	108,482.19	315,100.00
5. Direct Care Expense Per Diem	156.7662	209.0216	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,318	519	1,837
2. Additional Services	15,856	6,244	22,100
3. Additional Services Exp & Per Diem	12.0303	12.0308	
D. Medicaid Per Diem Cost			
1.Operating Component	130.5389	130.5389	239,800
2. Resident Care Component	237.4410	289.6969	463,300
3. Property Cost Component	31.7365	31.7365	58,300
4. ROE/Use Allow Component	0.0044	0.0044	8
5. Total Cost Per Diem	399.7208	451.9767	761,408

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Claudia Drive Group Home

Provider Number: 12392700

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	68.6445	68.6445	A3D Allowable Resident Care Exp	126,100
B5 Allocation of D/C Expenses	156.7662	209.0216	B4 Allocation of D/C Expenses	315,100
C3 Additional Services per Diem	12.0303	12.0308	C2 Additional Services per Diem	22,100
Total Resident Care Component	237.4410	289.6969	Total Resident Care Component	463,300

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012410100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Suncoast - High Desert Court Group Home**
 Provider Number: 12410100
 Audit Status: Budget
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			232,100
B. Plant Operation			44,400
C. Laundry			0
D. Housekeeping			6,800
E. Operating Expense Component & Per Diem	129.3607		283,300
3. Resident Care			
A. Dietary			29,100
B. Other			3,000
C. Nursing			96,000
D. Resident Care & Per Diem	58.4932		128,100
4. Prop Exp & Per Diem	26.1644		57,300
5. ROE/Use Per Diem	0.0114		25
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	445,700.00	0.00	445,700.00
5. Direct Care Expense Per Diem	203.5160	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	20,100	0	20,100
3. Additional Services Exp & Per Diem	9.1781	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	129.3607	0.0000	283,300
2. Resident Care Component	271.1873	0.0000	593,900
3. Property Cost Component	26.1644	0.0000	57,300
4. ROE/Use Allow Component	0.0114	0.0000	25
5. Total Cost Per Diem	426.7238	0.0000	934,525

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - High Desert Court Group Home

Provider Number: 12410100

FYE: 06/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	58.4932	0.0000	A3D Allowable Resident Care Exp	128,100
B5 Allocation of D/C Expenses	203.5160	0.0000	B4 Allocation of D/C Expenses	445,700
C3 Additional Services per Diem	9.1781	0.0000	C2 Additional Services per Diem	20,100
Total Resident Care Component	271.1873	0.0000	Total Resident Care Component	593,900

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028000300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Sandy Park Development Center**
 Provider Number: 28000300
 Audit Status: Budget
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 5/1/2022 - 4/30/2023
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	16,708	5,708	22,416
2. Operating Expenses component			
A. Administration			1,898,500
B. Plant Operation			611,600
C. Laundry			132,900
D. Housekeeping			337,600
E. Operating Expense Component & Per Diem	132.9675	132.9675	2,980,600
3. Resident Care			
A. Dietary			816,100
B. Other			1,980,200
C. Nursing			1,906,800
D. Resident Care & Per Diem	209.8100	209.8100	4,703,100
4. Prop Exp & Per Diem	27.3688	27.3688	613,500
5. ROE/Use Per Diem	1.2135	1.2135	27,202
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	8,354.00	5,708.00	14,062.00
3. Staffing Percent	0.5941	0.4059	1.0000
4. Allocation of Direct Care	1,066,676.65	728,823.35	1,795,500.00
5. Direct Care Expense Per Diem	63.8423	127.6845	
C. Additional Services Expense			
1. Medicaid Inpatient Days	16,708	5,708	22,416
2. Additional Services	179,185	61,215	240,400
3. Additional Services Exp & Per Diem	10.7245	10.7244	
D. Medicaid Per Diem Cost			
1.Operating Component	132.9675	132.9675	2,980,600
2. Resident Care Component	284.3768	348.2189	6,739,000
3. Property Cost Component	27.3688	27.3688	613,500
4. ROE/Use Allow Component	1.2135	1.2135	27,202
5. Total Cost Per Diem	445.9266	509.7687	10,360,302

Resident Care Component Per-Diem Calculation

Facility Name: Sandy Park Development Center

Provider Number: 28000300

FYE: 04/30/2023

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	209.8100	209.8100	A3D Allowable Resident Care Exp	4,703,100
B5 Allocation of D/C Expenses	63.8423	127.6845	B4 Allocation of D/C Expenses	1,795,500
C3 Additional Services per Diem	10.7245	10.7244	C2 Additional Services per Diem	240,400
Total Resident Care Component	284.3768	348.2189	Total Resident Care Component	6,739,000

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Laurel Hill Cluster**
 Provider Number: 28019401
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,608	8,608
2. Operating Expenses component			
A. Administration			816,141
B. Plant Operation			211,201
C. Laundry			4,619
D. Housekeeping			55,073
E. Operating Expense Component & Per Diem	126.2818	126.2818	1,087,034
3. Resident Care			
A. Dietary			184,535
B. Other			469,436
C. Nursing			1,378,691
D. Resident Care & Per Diem	236.1364	236.1364	2,032,662
4. Prop Exp & Per Diem	30.5853	30.5853	263,278
5. ROE/Use Per Diem	1.1286	1.1286	9,715
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,608.00	8,608.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,684,279.00	1,684,279.00
5. Direct Care Expense Per Diem	97.8322	195.6644	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,608	8,608
2. Additional Services	0	18,410	18,410
3. Additional Services Exp & Per Diem	2.1387	2.1387	
D. Medicaid Per Diem Cost			
1.Operating Component	126.2818	126.2818	1,087,034
2. Resident Care Component	336.1073	433.9395	3,735,351
3. Property Cost Component	30.5853	30.5853	263,278
4. ROE/Use Allow Component	1.1286	1.1286	9,715
5. Total Cost Per Diem	494.1030	591.9352	5,095,378

Resident Care Component Per-Diem Calculation

Facility Name: Laurel Hill Cluster

Provider Number: 28019401

FYE: 09/30/2021

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	236.1364	236.1364	A3D Allowable Resident Care Exp	2,032,662
B5 Allocation of D/C Expenses	97.8322	195.6644	B4 Allocation of D/C Expenses	1,684,279
C3 Additional Services per Diem	2.1387	2.1387	C2 Additional Services per Diem	18,410
Total Resident Care Component	336.1073	433.9395	Total Resident Care Component	3,735,351

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **McCauley Cluster (Sunrise)**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28020801

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 7/1/2020 - 6/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,964	6,684	8,648
2. Operating Expenses component			
A. Administration			627,018
B. Plant Operation			191,725
C. Laundry			834
D. Housekeeping			115,278
E. Operating Expense Component & Per Diem	108.1007	108.1007	934,855
3. Resident Care			
A. Dietary			157,883
B. Other			167,418
C. Nursing			888,201
D. Resident Care & Per Diem	140.3217	140.3217	1,213,502
4. Prop Exp & Per Diem	17.8322	17.8322	154,213
5. ROE/Use Per Diem	2.1201	2.1201	18,335
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	982.00	6,684.00	7,666.00
3. Staffing Percent	0.1281	0.8719	1.0000
4. Allocation of Direct Care	313,771.56	2,135,691.44	2,449,463.00
5. Direct Care Expense Per Diem	159.7615	319.5230	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,964	6,684	8,648
2. Additional Services	24,579	83,649	108,228
3. Additional Services Exp & Per Diem	12.5148	12.5148	
D. Medicaid Per Diem Cost			
1. Operating Component	108.1007	108.1007	934,855
2. Resident Care Component	312.5980	472.3595	3,771,193
3. Property Cost Component	17.8322	17.8322	154,213
4. ROE/Use Allow Component	2.1201	2.1201	18,335
5. Total Cost Per Diem	440.6510	600.4125	4,878,596

Resident Care Component Per-Diem Calculation

Facility Name: McCauley Cluster (Sunrise)

Provider Number: 28020801

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	140.3217	140.3217	A3D Allowable Resident Care Exp	1,213,502
B5 Allocation of D/C Expenses	159.7615	319.5230	B4 Allocation of D/C Expenses	2,449,463
C3 Additional Services per Diem	12.5148	12.5148	C2 Additional Services per Diem	108,228
Total Resident Care Component	312.5980	472.3595	Total Resident Care Component	3,771,193

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028028301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Greentree Court Cluster (Sunrise)**
 Provider Number: 28028301
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,095	7,303	8,398
2. Operating Expenses component			
A. Administration			643,740
B. Plant Operation			237,279
C. Laundry			2,191
D. Housekeeping			114,091
E. Operating Expense Component & Per Diem	118.7546	118.7546	997,301
3. Resident Care			
A. Dietary			213,024
B. Other			85,119
C. Nursing			780,344
D. Resident Care & Per Diem	128.4219	128.4219	1,078,487
4. Prop Exp & Per Diem	12.6079	12.6079	105,881
5. ROE/Use Per Diem	1.5626	1.5626	13,123
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	547.50	7,303.00	7,850.50
3. Staffing Percent	0.0697	0.9303	1.0000
4. Allocation of Direct Care	118,707.04	1,583,410.96	1,702,118.00
5. Direct Care Expense Per Diem	108.4083	216.8165	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,095	7,303	8,398
2. Additional Services	13,918	92,825	106,743
3. Additional Services Exp & Per Diem	12.7105	12.7105	
D. Medicaid Per Diem Cost			
1.Operating Component	118.7546	118.7546	997,301
2. Resident Care Component	249.5407	357.9489	2,887,348
3. Property Cost Component	12.6079	12.6079	105,881
4. ROE/Use Allow Component	1.5626	1.5626	13,123
5. Total Cost Per Diem	382.4658	490.8740	4,003,653

Resident Care Component Per-Diem Calculation

Facility Name: Greentree Court Cluster (Sunrise)

Provider Number: 28028301

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	128.4219	128.4219	A3D Allowable Resident Care Exp	1,078,487
B5 Allocation of D/C Expenses	108.4083	216.8165	B4 Allocation of D/C Expenses	1,702,118
C3 Additional Services per Diem	12.7105	12.7105	C2 Additional Services per Diem	106,743
Total Resident Care Component	249.5407	357.9489	Total Resident Care Component	2,887,348

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028029101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Mahan Cluster (Sunrise)**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28029101

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 7/1/2020 - 6/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,650	6,049	9,699
2. Operating Expenses component			
A. Administration			537,146
B. Plant Operation			242,724
C. Laundry			2,327
D. Housekeeping			57,493
E. Operating Expense Component & Per Diem	86.5749	86.5749	839,690
3. Resident Care			
A. Dietary			143,172
B. Other			246,557
C. Nursing			819,906
D. Resident Care & Per Diem	124.7175	124.7175	1,209,635
4. Prop Exp & Per Diem	11.5496	11.5496	112,020
5. ROE/Use Per Diem	1.6084	1.6084	15,600
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,825.00	6,049.00	7,874.00
3. Staffing Percent	0.2318	0.7682	1.0000
4. Allocation of Direct Care	503,338.89	1,668,327.11	2,171,666.00
5. Direct Care Expense Per Diem	137.9011	275.8021	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,650	6,049	9,699
2. Additional Services	42,100	69,770	111,870
3. Additional Services Exp & Per Diem	11.5342	11.5341	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	86.5749	86.5749	839,690
2. Resident Care Component	274.1528	412.0537	3,493,171
3. Property Cost Component	11.5496	11.5496	112,020
4. ROE/Use Allow Component	1.6084	1.6084	15,600
5. Total Cost Per Diem	373.8857	511.7866	4,460,481

Resident Care Component Per-Diem Calculation

Facility Name: Mahan Cluster (Sunrise)

Provider Number: 28029101

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	124.7175	124.7175	A3D Allowable Resident Care Exp	1,209,635
B5 Allocation of D/C Expenses	137.9011	275.8021	B4 Allocation of D/C Expenses	2,171,666
C3 Additional Services per Diem	11.5342	11.5341	C2 Additional Services per Diem	111,870
Total Resident Care Component	274.1528	412.0537	Total Resident Care Component	3,493,171

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2022

Provider Name: **Lake City Cluster**
 Provider Number: 28030501
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2022
 Cost Report : 7/1/2018 - 6/30/2019
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	7,780	8,145
2. Operating Expenses component			
A. Administration			381,784
B. Plant Operation			119,937
C. Laundry			68,571
D. Housekeeping			8,597
E. Operating Expense Component & Per Diem	71.0729	71.0729	578,889
3. Resident Care			
A. Dietary			175,944
B. Other			0
C. Nursing			307,430
D. Resident Care & Per Diem	59.3461	59.3461	483,374
4. Prop Exp & Per Diem	8.9309	8.9309	72,742
5. ROE/Use Per Diem	1.2863	1.2863	10,477
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	182.50	7,780.00	7,962.50
3. Staffing Percent	0.0229	0.9771	1.0000
4. Allocation of Direct Care	23,054.73	982,826.27	1,005,881.00
5. Direct Care Expense Per Diem	63.1636	126.3273	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	7,780	8,145
2. Additional Services	7,912	168,692	176,604
3. Additional Services Exp & Per Diem	21.6767	21.6828	
D. Medicaid Per Diem Cost			
1.Operating Component	71.0729	71.0729	578,889
2. Resident Care Component	144.1864	207.3562	1,665,859
3. Property Cost Component	8.9309	8.9309	72,742
4. ROE/Use Allow Component	1.2863	1.2863	10,477
5. Total Cost Per Diem	225.4765	288.6463	2,327,967

Resident Care Component Per-Diem Calculation

Facility Name: Lake City Cluster

Provider Number: 28030501

FYE: 06/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.3461	59.3461	A3D Allowable Resident Care Exp	483,374
B5 Allocation of D/C Expenses	63.1636	126.3273	B4 Allocation of D/C Expenses	1,005,881
C3 Additional Services per Diem	21.6767	21.6828	C2 Additional Services per Diem	176,604
Total Resident Care Component	144.1864	207.3562	Total Resident Care Component	1,665,859

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2022

Provider Name:	Gainesville 39th Avenue Cluster (Res-Care)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28032101	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,936	7,936
2. Operating Expenses component			
A. Administration			416,125
B. Plant Operation			141,992
C. Laundry			4,639
D. Housekeeping			5,008
E. Operating Expense Component & Per Diem	71.5428	71.5428	567,764
3. Resident Care			
A. Dietary			192,295
B. Other			0
C. Nursing			505,026
D. Resident Care & Per Diem	87.8681	87.8681	697,321
4. Prop Exp & Per Diem	8.0817	8.0817	64,136
5. ROE/Use Per Diem	1.2644	1.2644	10,034
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,936.00	7,936.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	908,039.00	908,039.00
5. Direct Care Expense Per Diem	57.2101	114.4202	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,936	7,936
2. Additional Services	0	234,896	234,896
3. Additional Services Exp & Per Diem	29.5988	29.5988	
D. Medicaid Per Diem Cost			
1. Operating Component	71.5428	71.5428	567,764
2. Resident Care Component	174.6770	231.8871	1,840,256
3. Property Cost Component	8.0817	8.0817	64,136
4. ROE/Use Allow Component	1.2644	1.2644	10,034
5. Total Cost Per Diem	255.5659	312.7760	2,482,190

Resident Care Component Per-Diem Calculation

Facility Name: Gainesville 39th Avenue Cluster (Res-Care)

Provider Number: 28032101

FYE: 06/30/2019

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	87.8681	87.8681	A3D Allowable Resident Care Exp	697,321
B5 Allocation of D/C Expenses	57.2101	114.4202	B4 Allocation of D/C Expenses	908,039
C3 Additional Services per Diem	29.5988	29.5988	C2 Additional Services per Diem	234,896
Total Resident Care Component	174.6770	231.8871	Total Resident Care Component	1,840,256

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **PARC Center Apartments**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28035600

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 10/1/2020 - 9/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	10,242	7,191	17,433
2. Operating Expenses component			
A. Administration			1,434,905
B. Plant Operation			176,688
C. Laundry			12,385
D. Housekeeping			73,933
E. Operating Expense Component & Per Diem	97.3964	97.3964	1,697,911
3. Resident Care			
A. Dietary			435,539
B. Other			0
C. Nursing			794,975
D. Resident Care & Per Diem	70.5853	70.5853	1,230,514
4. Prop Exp & Per Diem	12.0459	12.0459	209,996
5. ROE/Use Per Diem	0.5074	0.5074	8,846
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,121.00	7,191.00	12,312.00
3. Staffing Percent	0.4159	0.5841	1.0000
4. Allocation of Direct Care	1,966,210.68	2,760,988.32	4,727,199.00
5. Direct Care Expense Per Diem	191.9753	383.9505	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,242	7,191	17,433
2. Additional Services	186,428	130,893	317,321
3. Additional Services Exp & Per Diem	18.2023	18.2023	
D. Medicaid Per Diem Cost			
1. Operating Component	97.3964	97.3964	1,697,911
2. Resident Care Component	280.7629	472.7381	6,275,034
3. Property Cost Component	12.0459	12.0459	209,996
4. ROE/Use Allow Component	0.5074	0.5074	8,846
5. Total Cost Per Diem	390.7126	582.6878	8,191,787

Resident Care Component Per-Diem Calculation

Facility Name: PARC Center Apartments

Provider Number: 28035600
FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	70.5853	70.5853	A3D Allowable Resident Care Exp	1,230,514
B5 Allocation of D/C Expenses	191.9753	383.9505	B4 Allocation of D/C Expenses	4,727,199
C3 Additional Services per Diem	18.2023	18.2023	C2 Additional Services per Diem	317,321
Total Resident Care Component	280.7629	472.7381	Total Resident Care Component	6,275,034

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Florida Agency For Health Care Administration

028036401

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Skipper Road Cluster**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28036401

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 10/1/2020 - 9/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,382	8,382
2. Operating Expenses component			
A. Administration			826,057
B. Plant Operation			220,783
C. Laundry			11,485
D. Housekeeping			53,079
E. Operating Expense Component & Per Diem	132.5941	132.5941	1,111,404
3. Resident Care			
A. Dietary			132,414
B. Other			521,220
C. Nursing			1,375,498
D. Resident Care & Per Diem	242.0821	242.0821	2,029,132
4. Prop Exp & Per Diem	23.4369	23.4369	196,448
5. ROE/Use Per Diem	1.1702	1.1702	9,809
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,382.00	8,382.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,630,903.00	1,630,903.00
5. Direct Care Expense Per Diem	97.2861	194.5721	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,382	8,382
2. Additional Services	0	16,954	16,954
3. Additional Services Exp & Per Diem	2.0227	2.0227	
D. Medicaid Per Diem Cost			
1. Operating Component	132.5941	132.5941	1,111,404
2. Resident Care Component	341.3909	438.6769	3,676,989
3. Property Cost Component	23.4369	23.4369	196,448
4. ROE/Use Allow Component	1.1702	1.1702	9,809
5. Total Cost Per Diem	498.5921	595.8781	4,994,650

Resident Care Component Per-Diem Calculation

Facility Name: Skipper Road Cluster

Provider Number: 28036401

FYE: 09/30/2021

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	242.0821	242.0821	A3D Allowable Resident Care Exp	2,029,132
B5 Allocation of D/C Expenses	97.2861	194.5721	B4 Allocation of D/C Expenses	1,630,903
C3 Additional Services per Diem	2.0227	2.0227	C2 Additional Services per Diem	16,954
Total Resident Care Component	341.3909	438.6769	Total Resident Care Component	3,676,989

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028037201

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Pembroke Pines Cluster**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28037201

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 7/1/2020 - 6/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	5,857	5,857
2. Operating Expenses component			
A. Administration			401,570
B. Plant Operation			220,225
C. Laundry			22
D. Housekeeping			47,228
E. Operating Expense Component & Per Diem	114.2300	114.2300	669,045
3. Resident Care			
A. Dietary			113,271
B. Other			0
C. Nursing			492,174
D. Resident Care & Per Diem	103.3712	103.3712	605,445
4. Prop Exp & Per Diem	15.2892	15.2892	89,549
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	5,857.00	5,857.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	920,703.00	920,703.00
5. Direct Care Expense Per Diem	78.5985	157.1970	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	5,857	5,857
2. Additional Services	0	38,840	38,840
3. Additional Services Exp & Per Diem	6.6314	6.6314	
D. Medicaid Per Diem Cost			
1.Operating Component	114.2300	114.2300	669,045
2. Resident Care Component	188.6011	267.1996	1,564,988
3. Property Cost Component	15.2892	15.2892	89,549
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	318.1203	396.7188	2,323,582

Resident Care Component Per-Diem Calculation

Facility Name: Pembroke Pines Cluster

Provider Number: 28037201
FYE: 06/30/2021

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	103.3712	103.3712	A3D Allowable Resident Care Exp	605,445
B5 Allocation of D/C Expenses	78.5985	157.1970	B4 Allocation of D/C Expenses	920,703
C3 Additional Services per Diem	6.6314	6.6314	C2 Additional Services per Diem	38,840
Total Resident Care Component	188.6011	267.1996	Total Resident Care Component	1,564,988

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Florida Agency For Health Care Administration

028038101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2022

Provider Name:	Ocala Cluster (Res-Care)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28038101	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,328	8,328
2. Operating Expenses component			
A. Administration			397,204
B. Plant Operation			178,902
C. Laundry			60,201
D. Housekeeping			7,175
E. Operating Expense Component & Per Diem	77.2673	77.2673	643,482
3. Resident Care			
A. Dietary			130,591
B. Other			0
C. Nursing			336,615
D. Resident Care & Per Diem	56.1006	56.1006	467,206
4. Prop Exp & Per Diem	6.3277	6.3277	52,697
5. ROE/Use Per Diem	1.0321	1.0321	8,595
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,328.00	8,328.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,000,312.00	1,000,312.00
5. Direct Care Expense Per Diem	60.0572	120.1143	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,328	8,328
2. Additional Services	0	162,760	162,760
3. Additional Services Exp & Per Diem	19.5437	19.5437	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	77.2673	77.2673	643,482
2. Resident Care Component	135.7015	195.7586	1,630,278
3. Property Cost Component	6.3277	6.3277	52,697
4. ROE/Use Allow Component	1.0321	1.0321	8,595
5. Total Cost Per Diem	220.3286	280.3857	2,335,052

Resident Care Component Per-Diem Calculation

Facility Name: Ocala Cluster (Res-Care)

Provider Number: 28038101

FYE: 06/30/2019

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	56.1006	56.1006	A3D Allowable Resident Care Exp	467,206
B5 Allocation of D/C Expenses	60.0572	120.1143	B4 Allocation of D/C Expenses	1,000,312
C3 Additional Services per Diem	19.5437	19.5437	C2 Additional Services per Diem	162,760
Total Resident Care Component	135.7015	195.7586	Total Resident Care Component	1,630,278

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Florida Agency For Health Care Administration

028040201

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Williams Road Cluster**
 Provider Number: 28040201
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	364	8,090	8,454
2. Operating Expenses component			
A. Administration			786,652
B. Plant Operation			198,674
C. Laundry			8,004
D. Housekeeping			61,340
E. Operating Expense Component & Per Diem	124.7540	124.7540	1,054,670
3. Resident Care			
A. Dietary			177,507
B. Other			512,084
C. Nursing			1,233,845
D. Resident Care & Per Diem	227.5179	227.5179	1,923,436
4. Prop Exp & Per Diem	22.2385	22.2385	188,004
5. ROE/Use Per Diem	0.9451	0.9451	7,990
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	182.00	8,090.00	8,272.00
3. Staffing Percent	0.0220	0.9780	1.0000
4. Allocation of Direct Care	31,208.26	1,387,224.74	1,418,433.00
5. Direct Care Expense Per Diem	85.7370	171.4740	
C. Additional Services Expense			
1. Medicaid Inpatient Days	364	8,090	8,454
2. Additional Services	953	21,177	22,130
3. Additional Services Exp & Per Diem	2.6181	2.6177	
D. Medicaid Per Diem Cost			
1.Operating Component	124.7540	124.7540	1,054,670
2. Resident Care Component	315.8730	401.6096	3,363,999
3. Property Cost Component	22.2385	22.2385	188,004
4. ROE/Use Allow Component	0.9451	0.9451	7,990
5. Total Cost Per Diem	463.8106	549.5472	4,614,663

Resident Care Component Per-Diem Calculation

Facility Name: Williams Road Cluster

Provider Number: 28040201

FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	227.5179	227.5179	A3D Allowable Resident Care Exp	1,923,436
B5 Allocation of D/C Expenses	85.7370	171.4740	B4 Allocation of D/C Expenses	1,418,433
C3 Additional Services per Diem	2.6181	2.6177	C2 Additional Services per Diem	22,130
Total Resident Care Component	315.8730	401.6096	Total Resident Care Component	3,363,999

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Florida Agency For Health Care Administration

028041101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,040	7,040
2. Operating Expenses component			
A. Administration			467,498
B. Plant Operation			387,313
C. Laundry			30,468
D. Housekeeping			90,866
E. Operating Expense Component & Per Diem	138.6570	138.6570	976,145
3. Resident Care			
A. Dietary			144,260
B. Other			0
C. Nursing			1,079,936
D. Resident Care & Per Diem	173.8915	173.8915	1,224,196
4. Prop Exp & Per Diem	43.3888	43.3888	305,457
5. ROE/Use Per Diem	1.3892	1.3892	9,780
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	7,040.00	7,040.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,453,454.00	1,453,454.00
5. Direct Care Expense Per Diem	103.2283	206.4565	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,040	7,040
2. Additional Services	0	103,707	103,707
3. Additional Services Exp & Per Diem	14.7311	14.7311	
D. Medicaid Per Diem Cost			
1.Operating Component	138.6570	138.6570	976,145
2. Resident Care Component	291.8509	395.0791	2,781,357
3. Property Cost Component	43.3888	43.3888	305,457
4. ROE/Use Allow Component	1.3892	1.3892	9,780
5. Total Cost Per Diem	475.2859	578.5141	4,072,739

Resident Care Component Per-Diem Calculation

Facility Name: MCP 80th Street

Provider Number: 28041101
FYE: 09/30/2021

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	173.8915	173.8915	A3D Allowable Resident Care Exp	1,224,196
B5 Allocation of D/C Expenses	103.2283	206.4565	B4 Allocation of D/C Expenses	1,453,454
C3 Additional Services per Diem	14.7311	14.7311	C2 Additional Services per Diem	103,707
Total Resident Care Component	291.8509	395.0791	Total Resident Care Component	2,781,357

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Florida Agency For Health Care Administration

028045301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **MCP Braddock**
 Provider Number: 28045301
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,621	7,621
2. Operating Expenses component			
A. Administration			572,459
B. Plant Operation			420,852
C. Laundry			34,969
D. Housekeeping			110,491
E. Operating Expense Component & Per Diem	149.4254	149.4254	1,138,771
3. Resident Care			
A. Dietary			156,816
B. Other			0
C. Nursing			1,761,523
D. Resident Care & Per Diem	251.7175	251.7175	1,918,339
4. Prop Exp & Per Diem	51.9820	51.9820	396,155
5. ROE/Use Per Diem	1.6111	1.6111	12,278
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	7,621.00	7,621.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,697,966.00	1,697,966.00
5. Direct Care Expense Per Diem	111.4005	222.8009	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,621	7,621
2. Additional Services	0	133,004	133,004
3. Additional Services Exp & Per Diem	17.4523	17.4523	
D. Medicaid Per Diem Cost			
1.Operating Component	149.4254	149.4254	1,138,771
2. Resident Care Component	380.5703	491.9707	3,749,309
3. Property Cost Component	51.9820	51.9820	396,155
4. ROE/Use Allow Component	1.6111	1.6111	12,278
5. Total Cost Per Diem	583.5888	694.9892	5,296,513

Resident Care Component Per-Diem Calculation

Facility Name: MCP Braddock

Provider Number: 28045301
FYE: 06/30/2021

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	251.7175	251.7175	A3D Allowable Resident Care Exp	1,918,339
B5 Allocation of D/C Expenses	111.4005	222.8009	B4 Allocation of D/C Expenses	1,697,966
C3 Additional Services per Diem	17.4523	17.4523	C2 Additional Services per Diem	133,004
Total Resident Care Component	380.5703	491.9707	Total Resident Care Component	3,749,309

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Florida Agency For Health Care Administration

028046101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,852	7,852
2. Operating Expenses component			
A. Administration			561,159
B. Plant Operation			379,134
C. Laundry			39,122
D. Housekeeping			137,363
E. Operating Expense Component & Per Diem	142.2285	142.2285	1,116,778
3. Resident Care			
A. Dietary			165,638
B. Other			0
C. Nursing			1,438,225
D. Resident Care & Per Diem	204.2617	204.2617	1,603,863
4. Prop Exp & Per Diem	36.7267	36.7267	288,378
5. ROE/Use Per Diem	1.5312	1.5312	12,023
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	7,852.00	7,852.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,963,222.00	1,963,222.00
5. Direct Care Expense Per Diem	125.0142	250.0283	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,852	7,852
2. Additional Services	0	100,541	100,541
3. Additional Services Exp & Per Diem	12.8045	12.8045	
D. Medicaid Per Diem Cost			
1.Operating Component	142.2285	142.2285	1,116,778
2. Resident Care Component	342.0804	467.0945	3,667,626
3. Property Cost Component	36.7267	36.7267	288,378
4. ROE/Use Allow Component	1.5312	1.5312	12,023
5. Total Cost Per Diem	522.5668	647.5809	5,084,805

Resident Care Component Per-Diem Calculation

Facility Name: MCP 2nd Street

Provider Number: 28046101

FYE: 06/30/2021

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	204.2617	204.2617	A3D Allowable Resident Care Exp	1,603,863
B5 Allocation of D/C Expenses	125.0142	250.0283	B4 Allocation of D/C Expenses	1,963,222
C3 Additional Services per Diem	12.8045	12.8045	C2 Additional Services per Diem	100,541
Total Resident Care Component	342.0804	467.0945	Total Resident Care Component	3,667,626

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Florida Agency For Health Care Administration

028048801

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **MCP Sunset**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28048801

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 7/1/2020 - 6/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,563	8,563
2. Operating Expenses component			
A. Administration			608,689
B. Plant Operation			397,504
C. Laundry			36,690
D. Housekeeping			88,203
E. Operating Expense Component & Per Diem	132.0899	132.0899	1,131,086
3. Resident Care			
A. Dietary			180,505
B. Other			0
C. Nursing			1,392,597
D. Resident Care & Per Diem	183.7092	183.7092	1,573,102
4. Prop Exp & Per Diem	38.6654	38.6654	331,092
5. ROE/Use Per Diem	1.3195	1.3195	11,299
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,563.00	8,563.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	2,178,381.00	2,178,381.00
5. Direct Care Expense Per Diem	127.1973	254.3946	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,563	8,563
2. Additional Services	0	129,279	129,279
3. Additional Services Exp & Per Diem	15.0974	15.0974	
D. Medicaid Per Diem Cost			
1. Operating Component	132.0899	132.0899	1,131,086
2. Resident Care Component	326.0039	453.2012	3,880,762
3. Property Cost Component	38.6654	38.6654	331,092
4. ROE/Use Allow Component	1.3195	1.3195	11,299
5. Total Cost Per Diem	498.0787	625.2760	5,354,239

Resident Care Component Per-Diem Calculation

Facility Name: MCP Sunset

Provider Number: 28048801
FYE: 06/30/2021

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	183.7092	183.7092	A3D Allowable Resident Care Exp	1,573,102
B5 Allocation of D/C Expenses	127.1973	254.3946	B4 Allocation of D/C Expenses	2,178,381
C3 Additional Services per Diem	15.0974	15.0974	C2 Additional Services per Diem	129,279
Total Resident Care Component	326.0039	453.2012	Total Resident Care Component	3,880,762

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Florida Agency For Health Care Administration

028049601

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Dorchester Cluster (Sunrise)**
 Provider Number: 28049601
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,306	6,299	8,605
2. Operating Expenses component			
A. Administration			508,357
B. Plant Operation			175,284
C. Laundry			909
D. Housekeeping			73,913
E. Operating Expense Component & Per Diem	88.1421	88.1421	758,463
3. Resident Care			
A. Dietary			152,597
B. Other			227,668
C. Nursing			949,920
D. Resident Care & Per Diem	154.5828	154.5828	1,330,185
4. Prop Exp & Per Diem	11.2143	11.2143	96,499
5. ROE/Use Per Diem	1.6833	1.6833	14,485
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,153.00	6,299.00	7,452.00
3. Staffing Percent	0.1547	0.8453	1.0000
4. Allocation of Direct Care	289,355.80	1,580,791.20	1,870,147.00
5. Direct Care Expense Per Diem	125.4795	250.9591	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,306	6,299	8,605
2. Additional Services	26,973	73,678	100,651
3. Additional Services Exp & Per Diem	11.6969	11.6968	
D. Medicaid Per Diem Cost			
1.Operating Component	88.1421	88.1421	758,463
2. Resident Care Component	291.7592	417.2387	3,300,983
3. Property Cost Component	11.2143	11.2143	96,499
4. ROE/Use Allow Component	1.6833	1.6833	14,485
5. Total Cost Per Diem	392.7989	518.2784	4,170,430

Resident Care Component Per-Diem Calculation

Facility Name: Dorchester Cluster (Sunrise)

Provider Number: 28049601

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	154.5828	154.5828	A3D Allowable Resident Care Exp	1,330,185
B5 Allocation of D/C Expenses	125.4795	250.9591	B4 Allocation of D/C Expenses	1,870,147
C3 Additional Services per Diem	11.6969	11.6968	C2 Additional Services per Diem	100,651
Total Resident Care Component	291.7592	417.2387	Total Resident Care Component	3,300,983

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028059300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name:	146th Place Grp Home #10 (Sunrise)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28059300	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,182	0	2,182
2. Operating Expenses component			
A. Administration			71,397
B. Plant Operation			18,753
C. Laundry			169
D. Housekeeping			2,688
E. Operating Expense Component & Per Diem	42.6247		93,007
3. Resident Care			
A. Dietary			14,461
B. Other			39,409
C. Nursing			0
D. Resident Care & Per Diem	24.6884		53,870
4. Prop Exp & Per Diem	18.7232		40,854
5. ROE/Use Per Diem	0.7699		1,680
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,636.50	0.00	1,636.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	379,704.00	0.00	379,704.00
5. Direct Care Expense Per Diem	174.0165	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,182	0	2,182
2. Additional Services	3,160	0	3,160
3. Additional Services Exp & Per Diem	1.4482	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	42.6247	0.0000	93,007
2. Resident Care Component	200.1531	0.0000	436,734
3. Property Cost Component	18.7232	0.0000	40,854
4. ROE/Use Allow Component	0.7699	0.0000	1,680
5. Total Cost Per Diem	262.2709	0.0000	572,275

Resident Care Component Per-Diem Calculation

Facility Name: 146th Place Grp Home #10 (Sunrise)

Provider Number: 28059300

FYE: 06/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	24.6884	0.0000	A3D Allowable Resident Care Exp	53,870
B5 Allocation of D/C Expenses	174.0165	0.0000	B4 Allocation of D/C Expenses	379,704
C3 Additional Services per Diem	1.4482	0.0000	C2 Additional Services per Diem	3,160
Total Resident Care Component	200.1531	0.0000	Total Resident Care Component	436,734

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Florida Agency For Health Care Administration

028062300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name:	119th Street Grp Home #11 (Sunrise)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28062300	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,095	730	1,825
2. Operating Expenses component			
A. Administration			73,508
B. Plant Operation			23,284
C. Laundry			392
D. Housekeeping			1,493
E. Operating Expense Component & Per Diem	54.0696	54.0696	98,677
3. Resident Care			
A. Dietary			16,638
B. Other			32,915
C. Nursing			0
D. Resident Care & Per Diem	27.1523	27.1523	49,553
4. Prop Exp & Per Diem	24.9660	24.9660	45,563
5. ROE/Use Per Diem	1.2411	1.2411	2,265
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	821.25	730.00	1,551.25
3. Staffing Percent	0.5294	0.4706	1.0000
4. Allocation of Direct Care	197,677.59	175,713.41	373,391.00
5. Direct Care Expense Per Diem	180.5275	240.7033	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,095	730	1,825
2. Additional Services	12,501	8,334	20,835
3. Additional Services Exp & Per Diem	11.4164	11.4164	
D. Medicaid Per Diem Cost			
1. Operating Component	54.0696	54.0696	98,677
2. Resident Care Component	219.0962	279.2720	443,779
3. Property Cost Component	24.9660	24.9660	45,563
4. ROE/Use Allow Component	1.2411	1.2411	2,265
5. Total Cost Per Diem	299.3729	359.5487	590,284

Resident Care Component Per-Diem Calculation

Facility Name: 119th Street Grp Home #11 (Sunrise)

Provider Number: 28062300

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	27.1523	27.1523	A3D Allowable Resident Care Exp	49,553
B5 Allocation of D/C Expenses	180.5275	240.7033	B4 Allocation of D/C Expenses	373,391
C3 Additional Services per Diem	11.4164	11.4164	C2 Additional Services per Diem	20,835
Total Resident Care Component	219.0962	279.2720	Total Resident Care Component	443,779

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Florida Agency For Health Care Administration

028065800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name:	22nd Street Grp Home #6 (Sunrise)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28065800	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,003	0	2,003
2. Operating Expenses component			
A. Administration			73,083
B. Plant Operation			25,669
C. Laundry			440
D. Housekeeping			1,563
E. Operating Expense Component & Per Diem	50.3020		100,755
3. Resident Care			
A. Dietary			18,737
B. Other			31,838
C. Nursing			0
D. Resident Care & Per Diem	25.2496		50,575
4. Prop Exp & Per Diem	16.9301		33,911
5. ROE/Use Per Diem	0.8258		1,654
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,502.25	0.00	1,502.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	378,201.00	0.00	378,201.00
5. Direct Care Expense Per Diem	188.8173	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,003	0	2,003
2. Additional Services	12,886	0	12,886
3. Additional Services Exp & Per Diem	6.4333	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	50.3020	0.0000	100,755
2. Resident Care Component	220.5002	0.0000	441,662
3. Property Cost Component	16.9301	0.0000	33,911
4. ROE/Use Allow Component	0.8258	0.0000	1,654
5. Total Cost Per Diem	288.5581	0.0000	577,982

Resident Care Component Per-Diem Calculation

Facility Name: 22nd Street Grp Home #6 (Sunrise)

Provider Number: 28065800
FYE: 06/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	25.2496	0.0000	A3D Allowable Resident Care Exp	50,575
B5 Allocation of D/C Expenses	188.8173	0.0000	B4 Allocation of D/C Expenses	378,201
C3 Additional Services per Diem	6.4333	0.0000	C2 Additional Services per Diem	12,886
Total Resident Care Component	220.5002	0.0000	Total Resident Care Component	441,662

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Florida Agency For Health Care Administration

028427100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Fern Park Developmental Center**
 Provider Number: 28427100
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 3/1/2020 - 2/28/2021
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	6,211	16,818	23,029
2. Operating Expenses component			
A. Administration			1,207,892
B. Plant Operation			437,147
C. Laundry			51,472
D. Housekeeping			131,854
E. Operating Expense Component & Per Diem	79.3940	79.3940	1,828,365
3. Resident Care			
A. Dietary			473,455
B. Other			0
C. Nursing			1,119,397
D. Resident Care & Per Diem	69.1672	69.1672	1,592,852
4. Prop Exp & Per Diem	29.5852	29.5852	681,317
5. ROE/Use Per Diem	0.3595	0.3595	8,279
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	3,105.50	16,818.00	19,923.50
3. Staffing Percent	0.1559	0.8441	1.0000
4. Allocation of Direct Care	427,998.34	2,317,847.66	2,745,846.00
5. Direct Care Expense Per Diem	68.9097	137.8195	
C. Additional Services Expense			
1. Medicaid Inpatient Days	6,211	16,818	23,029
2. Additional Services	41,260	111,723	152,983
3. Additional Services Exp & Per Diem	6.6431	6.6431	
D. Medicaid Per Diem Cost			
1.Operating Component	79.3940	79.3940	1,828,365
2. Resident Care Component	144.7200	213.6298	4,491,681
3. Property Cost Component	29.5852	29.5852	681,317
4. ROE/Use Allow Component	0.3595	0.3595	8,279
5. Total Cost Per Diem	254.0587	322.9685	7,009,642

Resident Care Component Per-Diem Calculation

Facility Name: Fern Park Developmental Center

Provider Number: 28427100

FYE: 02/28/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	69.1672	69.1672	A3D Allowable Resident Care Exp	1,592,852
B5 Allocation of D/C Expenses	68.9097	137.8195	B4 Allocation of D/C Expenses	2,745,846
C3 Additional Services per Diem	6.6431	6.6431	C2 Additional Services per Diem	152,983
Total Resident Care Component	144.7200	213.6298	Total Resident Care Component	4,491,681

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Florida Agency For Health Care Administration

028500500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Naranja Group Home (Sunrise)**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28500500

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 7/1/2020 - 6/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 12

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	4,114	0	4,114
2. Operating Expenses component			
A. Administration			144,987
B. Plant Operation			50,327
C. Laundry			1,035
D. Housekeeping			4,395
E. Operating Expense Component & Per Diem	48.7953		200,744
3. Resident Care			
A. Dietary			36,367
B. Other			74,003
C. Nursing			0
D. Resident Care & Per Diem	26.8279		110,370
4. Prop Exp & Per Diem	24.5263		100,901
5. ROE/Use Per Diem	5.0345		20,712
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,057.00	0.00	2,057.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	737,042.00	0.00	737,042.00
5. Direct Care Expense Per Diem	179.1546	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,114	0	4,114
2. Additional Services	4,473	0	4,473
3. Additional Services Exp & Per Diem	1.0873	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	48.7953	0.0000	200,744
2. Resident Care Component	207.0698	0.0000	851,885
3. Property Cost Component	24.5263	0.0000	100,901
4. ROE/Use Allow Component	5.0345	0.0000	20,712
5. Total Cost Per Diem	285.4259	0.0000	1,174,242

Resident Care Component Per-Diem Calculation

Facility Name: Naranja Group Home (Sunrise)

Provider Number: 28500500

FYE: 06/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	26.8279	0.0000	A3D Allowable Resident Care Exp	110,370
B5 Allocation of D/C Expenses	179.1546	0.0000	B4 Allocation of D/C Expenses	737,042
C3 Additional Services per Diem	1.0873	0.0000	C2 Additional Services per Diem	4,473
Total Resident Care Component	207.0698	0.0000	Total Resident Care Component	851,885

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Florida Agency For Health Care Administration

028505600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **PARC Cottage**
 Provider Number: 28505600
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 16

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	3,155	2,519	5,674
2. Operating Expenses component			
A. Administration			538,310
B. Plant Operation			69,307
C. Laundry			4,067
D. Housekeeping			23,618
E. Operating Expense Component & Per Diem	111.9672	111.9672	635,302
3. Resident Care			
A. Dietary			149,708
B. Other			0
C. Nursing			258,240
D. Resident Care & Per Diem	71.8978	71.8978	407,948
4. Prop Exp & Per Diem	17.3313	17.3313	98,338
5. ROE/Use Per Diem	1.0670	1.0670	6,054
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,577.50	2,519.00	4,096.50
3. Staffing Percent	0.3851	0.6149	1.0000
4. Allocation of Direct Care	570,362.23	910,771.77	1,481,134.00
5. Direct Care Expense Per Diem	180.7804	361.5608	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,155	2,519	5,674
2. Additional Services	84,480	65,741	150,221
3. Additional Services Exp & Per Diem	26.7765	26.0981	
D. Medicaid Per Diem Cost			
1.Operating Component	111.9672	111.9672	635,302
2. Resident Care Component	279.4547	459.5567	2,039,303
3. Property Cost Component	17.3313	17.3313	98,338
4. ROE/Use Allow Component	1.0670	1.0670	6,054
5. Total Cost Per Diem	409.8202	589.9222	2,778,997

Resident Care Component Per-Diem Calculation

Facility Name: PARC Cottage

Provider Number: 28505600
FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	71.8978	71.8978	A3D Allowable Resident Care Exp	407,948
B5 Allocation of D/C Expenses	180.7804	361.5608	B4 Allocation of D/C Expenses	1,481,134
C3 Additional Services per Diem	26.7765	26.0981	C2 Additional Services per Diem	150,221
Total Resident Care Component	279.4547	459.5567	Total Resident Care Component	2,039,303

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Florida Agency For Health Care Administration

028512900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **MACtown, Inc.**
 Provider Number: 28512900
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 10/1/2017 - 9/30/2018
 Days In Reporting Period: 365
 Number of Beds: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	19,050	0	19,050
2. Operating Expenses component			
A. Administration			596,694
B. Plant Operation			585,593
C. Laundry			46,622
D. Housekeeping			172,568
E. Operating Expense Component & Per Diem	73.5683		1,401,477
3. Resident Care			
A. Dietary			522,477
B. Other			0
C. Nursing			706,059
D. Resident Care & Per Diem	64.4901		1,228,536
4. Prop Exp & Per Diem	7.9646		151,725
5. ROE/Use Per Diem	0.3983		7,587
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	9,525.00	0.00	9,525.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	2,972,372.00	0.00	2,972,372.00
5. Direct Care Expense Per Diem	156.0300	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	19,050	0	19,050
2. Additional Services	7,518	0	7,518
3. Additional Services Exp & Per Diem	0.3946	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	73.5683	0.0000	1,401,477
2. Resident Care Component	220.9147	0.0000	4,208,426
3. Property Cost Component	7.9646	0.0000	151,725
4. ROE/Use Allow Component	0.3983	0.0000	7,587
5. Total Cost Per Diem	302.8459	0.0000	5,769,215

Resident Care Component Per-Diem Calculation

Facility Name: MACtown, Inc.

Provider Number: 28512900
FYE: 09/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	64.4901	0.0000	A3D Allowable Resident Care Exp	1,228,536
B5 Allocation of D/C Expenses	156.0300	0.0000	B4 Allocation of D/C Expenses	2,972,372
C3 Additional Services per Diem	0.3946	0.0000	C2 Additional Services per Diem	7,518
Total Resident Care Component	220.9147	0.0000	Total Resident Care Component	4,208,426

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Florida Agency For Health Care Administration

028513700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **New Horizons of NW Florida, Inc.**

Cost Report Entered By : Cox, Lauren

Provider Number: 28513700

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 10/1/2018 - 9/30/2019

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 30

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,920	8,030	10,950
2. Operating Expenses component			
A. Administration			933,728
B. Plant Operation			204,820
C. Laundry			76,227
D. Housekeeping			135,215
E. Operating Expense Component & Per Diem	123.2868	123.2868	1,349,990
3. Resident Care			
A. Dietary			301,101
B. Other			64,605
C. Nursing			670,910
D. Resident Care & Per Diem	94.6681	94.6681	1,036,616
4. Prop Exp & Per Diem	6.6170	6.6170	72,456
5. ROE/Use Per Diem	2.1311	2.1311	23,336
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,460.00	8,030.00	9,490.00
3. Staffing Percent	0.1538	0.8462	1.0000
4. Allocation of Direct Care	175,734.30	966,538.70	1,142,273.00
5. Direct Care Expense Per Diem	60.1830	120.3660	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,920	8,030	10,950
2. Additional Services	70,939	180,229	251,168
3. Additional Services Exp & Per Diem	24.2942	22.4445	
D. Medicaid Per Diem Cost			
1. Operating Component	123.2868	123.2868	1,349,990
2. Resident Care Component	179.1453	237.4786	2,430,057
3. Property Cost Component	6.6170	6.6170	72,456
4. ROE/Use Allow Component	2.1311	2.1311	23,336
5. Total Cost Per Diem	311.1802	369.5135	3,875,839

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons of NW Florida, Inc.

Provider Number: 28513700
FYE: 09/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	94.6681	94.6681	A3D Allowable Resident Care Exp	1,036,616
B5 Allocation of D/C Expenses	60.1830	120.3660	B4 Allocation of D/C Expenses	1,142,273
C3 Additional Services per Diem	24.2942	22.4445	C2 Additional Services per Diem	251,168
Total Resident Care Component	179.1453	237.4786	Total Resident Care Component	2,430,057

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Florida Agency For Health Care Administration

028519600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **BARC Housing, Inc.**
 Provider Number: 28519600
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 36

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	12,835	0	12,835
2. Operating Expenses component			
A. Administration			1,041,362
B. Plant Operation			264,228
C. Laundry			4,724
D. Housekeeping			35,510
E. Operating Expense Component & Per Diem	104.8558		1,345,824
3. Resident Care			
A. Dietary			365,841
B. Other			597,315
C. Nursing			307,852
D. Resident Care & Per Diem	99.0267		1,271,008
4. Prop Exp & Per Diem	17.7565		227,905
5. ROE/Use Per Diem	0.5323		6,832
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	6,417.50	0.00	6,417.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	1,641,715.00	0.00	1,641,715.00
5. Direct Care Expense Per Diem	127.9092	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	12,835	0	12,835
2. Additional Services	102,464	0	102,464
3. Additional Services Exp & Per Diem	7.9832	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	104.8558	0.0000	1,345,824
2. Resident Care Component	234.9191	0.0000	3,015,187
3. Property Cost Component	17.7565	0.0000	227,905
4. ROE/Use Allow Component	0.5323	0.0000	6,832
5. Total Cost Per Diem	358.0637	0.0000	4,595,748

Resident Care Component Per-Diem Calculation

Facility Name: BARC Housing, Inc.

Provider Number: 28519600

FYE: 09/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	99.0267	0.0000	A3D Allowable Resident Care Exp	1,271,008
B5 Allocation of D/C Expenses	127.9092	0.0000	B4 Allocation of D/C Expenses	1,641,715
C3 Additional Services per Diem	7.9832	0.0000	C2 Additional Services per Diem	102,464
Total Resident Care Component	234.9191	0.0000	Total Resident Care Component	3,015,187

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Florida Agency For Health Care Administration

028521800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Ann Storck Center, Inc.**

Cost Report Entered By : Cox, Lauren

Provider Number: 28521800

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 11/2/2022

Days In Reporting Period: 366

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,068	15,190	16,258
2. Operating Expenses component			
A. Administration			462,801
B. Plant Operation			494,010
C. Laundry			25,561
D. Housekeeping			90,764
E. Operating Expense Component & Per Diem	66.0066	66.0066	1,073,136
3. Resident Care			
A. Dietary			315,284
B. Other			0
C. Nursing			1,351,196
D. Resident Care & Per Diem	102.5022	102.5022	1,666,480
4. Prop Exp & Per Diem	19.3733	19.3733	314,971
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	534.00	15,190.00	15,724.00
3. Staffing Percent	0.0340	0.9660	1.0000
4. Allocation of Direct Care	84,849.95	2,413,616.05	2,498,466.00
5. Direct Care Expense Per Diem	79.4475	158.8951	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,068	15,190	16,258
2. Additional Services	81,160	1,154,321	1,235,481
3. Additional Services Exp & Per Diem	75.9925	75.9922	
D. Medicaid Per Diem Cost			
1.Operating Component	66.0066	66.0066	1,073,136
2. Resident Care Component	257.9422	337.3895	5,400,427
3. Property Cost Component	19.3733	19.3733	314,971
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	343.3221	422.7694	6,788,534

Resident Care Component Per-Diem Calculation

Facility Name: Ann Storck Center, Inc.

Provider Number: 28521800

FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	102.5022	102.5022	A3D Allowable Resident Care Exp	1,666,480
B5 Allocation of D/C Expenses	79.4475	158.8951	B4 Allocation of D/C Expenses	2,498,466
C3 Additional Services per Diem	75.9925	75.9922	C2 Additional Services per Diem	1,235,481
Total Resident Care Component	257.9422	337.3895	Total Resident Care Component	5,400,427

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028531500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Woodhouse, Inc**
 Provider Number: 28531500
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,181	4,010	6,191
2. Operating Expenses component			
A. Administration			494,293
B. Plant Operation			345,237
C. Laundry			49
D. Housekeeping			113,726
E. Operating Expense Component & Per Diem	153.9824	153.9824	953,305
3. Resident Care			
A. Dietary			160,505
B. Other			0
C. Nursing			593,424
D. Resident Care & Per Diem	121.7782	121.7782	753,929
4. Prop Exp & Per Diem	25.1998	25.1998	156,012
5. ROE/Use Per Diem	1.0562	1.0562	6,539
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,090.50	4,010.00	5,100.50
3. Staffing Percent	0.2138	0.7862	1.0000
4. Allocation of Direct Care	271,938.70	999,976.30	1,271,915.00
5. Direct Care Expense Per Diem	124.6853	249.3706	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,181	4,010	6,191
2. Additional Services	15,496	28,490	43,986
3. Additional Services Exp & Per Diem	7.1050	7.1047	
D. Medicaid Per Diem Cost			
1. Operating Component	153.9824	153.9824	953,305
2. Resident Care Component	253.5685	378.2535	2,069,830
3. Property Cost Component	25.1998	25.1998	156,012
4. ROE/Use Allow Component	1.0562	1.0562	6,539
5. Total Cost Per Diem	433.8069	558.4919	3,185,686

Resident Care Component Per-Diem Calculation

Facility Name: Woodhouse, Inc

Provider Number: 28531500

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	121.7782	121.7782	A3D Allowable Resident Care Exp	753,929
B5 Allocation of D/C Expenses	124.6853	249.3706	B4 Allocation of D/C Expenses	1,271,915
C3 Additional Services per Diem	7.1050	7.1047	C2 Additional Services per Diem	43,986
Total Resident Care Component	253.5685	378.2535	Total Resident Care Component	2,069,830

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Florida Agency For Health Care Administration

028533100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Cape Coral Cluster (Sunrise)**
 Provider Number: 28533100
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	676	7,521	8,197
2. Operating Expenses component			
A. Administration			599,331
B. Plant Operation			227,168
C. Laundry			888
D. Housekeeping			92,712
E. Operating Expense Component & Per Diem	112.2483	112.2483	920,099
3. Resident Care			
A. Dietary			189,148
B. Other			121,426
C. Nursing			595,760
D. Resident Care & Per Diem	110.5690	110.5690	906,334
4. Prop Exp & Per Diem	20.5824	20.5824	168,714
5. ROE/Use Per Diem	2.0867	2.0867	17,105
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	338.00	7,521.00	7,859.00
3. Staffing Percent	0.0430	0.9570	1.0000
4. Allocation of Direct Care	75,513.65	1,680,290.35	1,755,804.00
5. Direct Care Expense Per Diem	111.7066	223.4132	
C. Additional Services Expense			
1. Medicaid Inpatient Days	676	7,521	8,197
2. Additional Services	4,881	54,310	59,191
3. Additional Services Exp & Per Diem	7.2204	7.2211	
D. Medicaid Per Diem Cost			
1. Operating Component	112.2483	112.2483	920,099
2. Resident Care Component	229.4960	341.2033	2,721,329
3. Property Cost Component	20.5824	20.5824	168,714
4. ROE/Use Allow Component	2.0867	2.0867	17,105
5. Total Cost Per Diem	364.4134	476.1207	3,827,247

Resident Care Component Per-Diem Calculation

Facility Name: Cape Coral Cluster (Sunrise)

Provider Number: 28533100

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	110.5690	110.5690	A3D Allowable Resident Care Exp	906,334
B5 Allocation of D/C Expenses	111.7066	223.4132	B4 Allocation of D/C Expenses	1,755,804
C3 Additional Services per Diem	7.2204	7.2211	C2 Additional Services per Diem	59,191
Total Resident Care Component	229.4960	341.2033	Total Resident Care Component	2,721,329

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Florida Agency For Health Care Administration

028536600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2022

Provider Name: **Squire Court Community Home (Res-Care)**
 Provider Number: 28536600
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2022
 Cost Report : 7/1/2018 - 6/30/2019
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	1,825	2,190
2. Operating Expenses component			
A. Administration			64,413
B. Plant Operation			27,836
C. Laundry			596
D. Housekeeping			3,465
E. Operating Expense Component & Per Diem	43.9772	43.9772	96,310
3. Resident Care			
A. Dietary			20,061
B. Other			0
C. Nursing			39,238
D. Resident Care & Per Diem	27.0772	27.0772	59,299
4. Prop Exp & Per Diem	7.8781	7.8781	17,253
5. ROE/Use Per Diem	0.5347	0.5347	1,171
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,825.00	2,098.75
3. Staffing Percent	0.1304	0.8696	1.0000
4. Allocation of Direct Care	32,605.96	217,373.04	249,979.00
5. Direct Care Expense Per Diem	89.3314	119.1085	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	1,825	2,190
2. Additional Services	22,743	113,688	136,431
3. Additional Services Exp & Per Diem	62.3096	62.2948	
D. Medicaid Per Diem Cost			
1. Operating Component	43.9772	43.9772	96,310
2. Resident Care Component	178.7182	208.4805	445,709
3. Property Cost Component	7.8781	7.8781	17,253
4. ROE/Use Allow Component	0.5347	0.5347	1,171
5. Total Cost Per Diem	231.1082	260.8705	560,443

Resident Care Component Per-Diem Calculation

Facility Name: Squire Court Community Home (Res-Care)

Provider Number: 28536600
FYE: 06/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	27.0772	27.0772	A3D Allowable Resident Care Exp	59,299
B5 Allocation of D/C Expenses	89.3314	119.1085	B4 Allocation of D/C Expenses	249,979
C3 Additional Services per Diem	62.3096	62.2948	C2 Additional Services per Diem	136,431
Total Resident Care Component	178.7182	208.4805	Total Resident Care Component	445,709

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028537400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2022

Provider Name:	Bayview Community Home (Res-Care)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28537400	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,145	0	2,145
2. Operating Expenses component			
A. Administration			63,354
B. Plant Operation			26,976
C. Laundry			441
D. Housekeeping			3,041
E. Operating Expense Component & Per Diem	43.7352		93,812
3. Resident Care			
A. Dietary			20,691
B. Other			0
C. Nursing			34,299
D. Resident Care & Per Diem	25.6364		54,990
4. Prop Exp & Per Diem	7.5800		16,259
5. ROE/Use Per Diem	0.4872		1,045
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,608.75	0.00	1,608.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	243,856.00	0.00	243,856.00
5. Direct Care Expense Per Diem	113.6858	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,145	0	2,145
2. Additional Services	128,559	0	128,559
3. Additional Services Exp & Per Diem	59.9343	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	43.7352	0.0000	93,812
2. Resident Care Component	199.2565	0.0000	427,405
3. Property Cost Component	7.5800	0.0000	16,259
4. ROE/Use Allow Component	0.4872	0.0000	1,045
5. Total Cost Per Diem	251.0589	0.0000	538,521

Resident Care Component Per-Diem Calculation

Facility Name: Bayview Community Home (Res-Care)

Provider Number: 28537400

FYE: 06/30/2019

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	25.6364	0.0000	A3D Allowable Resident Care Exp	54,990
B5 Allocation of D/C Expenses	113.6858	0.0000	B4 Allocation of D/C Expenses	243,856
C3 Additional Services per Diem	59.9343	0.0000	C2 Additional Services per Diem	128,559
Total Resident Care Component	199.2565	0.0000	Total Resident Care Component	427,405

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028539100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Hendricks**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28539100

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 6/1/2020 - 5/31/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,811	5,561	8,372
2. Operating Expenses component			
A. Administration			667,842
B. Plant Operation			345,455
C. Laundry			1,997
D. Housekeeping			71,242
E. Operating Expense Component & Per Diem	129.7821	129.7821	1,086,536
3. Resident Care			
A. Dietary			345,170
B. Other			0
C. Nursing			507,371
D. Resident Care & Per Diem	101.8324	101.8324	852,541
4. Prop Exp & Per Diem	67.1740	67.1740	562,381
5. ROE/Use Per Diem	1.1911	1.1911	9,972
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,405.50	5,561.00	6,966.50
3. Staffing Percent	0.2018	0.7982	1.0000
4. Allocation of Direct Care	345,470.35	1,366,887.65	1,712,358.00
5. Direct Care Expense Per Diem	122.8994	245.7989	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,811	5,561	8,372
2. Additional Services	75,241	148,849	224,090
3. Additional Services Exp & Per Diem	26.7666	26.7666	
D. Medicaid Per Diem Cost			
1.Operating Component	129.7821	129.7821	1,086,536
2. Resident Care Component	251.4984	374.3979	2,788,989
3. Property Cost Component	67.1740	67.1740	562,381
4. ROE/Use Allow Component	1.1911	1.1911	9,972
5. Total Cost Per Diem	449.6456	572.5451	4,447,878

Resident Care Component Per-Diem Calculation

Facility Name: Hendricks

Provider Number: 28539100
FYE: 05/31/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	101.8324	101.8324	A3D Allowable Resident Care Exp	852,541
B5 Allocation of D/C Expenses	122.8994	245.7989	B4 Allocation of D/C Expenses	1,712,358
C3 Additional Services per Diem	26.7666	26.7666	C2 Additional Services per Diem	224,090
Total Resident Care Component	251.4984	374.3979	Total Resident Care Component	2,788,989

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2022

Provider Name: **Twin Lane Community Home (Res-Care)** Cost Report Entered By : Berry, Alycia
 Provider Number: 28541200 Rate Semester : July, 2022
 Audit Status: Unaudited Costs Cost Report : 7/1/2018 - 6/30/2019
 Date: 11/2/2022 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,095	1,095	2,190
2. Operating Expenses component			
A. Administration			64,320
B. Plant Operation			21,881
C. Laundry			497
D. Housekeeping			2,601
E. Operating Expense Component & Per Diem	40.7758	40.7758	89,299
3. Resident Care			
A. Dietary			19,605
B. Other			0
C. Nursing			34,809
D. Resident Care & Per Diem	24.8466	24.8466	54,414
4. Prop Exp & Per Diem	14.8187	14.8187	32,453
5. ROE/Use Per Diem	0.8269	0.8269	1,811
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	821.25	1,095.00	1,916.25
3. Staffing Percent	0.4286	0.5714	1.0000
4. Allocation of Direct Care	103,011.43	137,348.57	240,360.00
5. Direct Care Expense Per Diem	94.0744	125.4325	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,095	1,095	2,190
2. Additional Services	66,264	66,264	132,528
3. Additional Services Exp & Per Diem	60.5151	60.5151	
D. Medicaid Per Diem Cost			
1. Operating Component	40.7758	40.7758	89,299
2. Resident Care Component	179.4361	210.7942	427,302
3. Property Cost Component	14.8187	14.8187	32,453
4. ROE/Use Allow Component	0.8269	0.8269	1,811
5. Total Cost Per Diem	235.8575	267.2156	550,865

Resident Care Component Per-Diem Calculation

Facility Name: Twin Lane Community Home (Res-Care)

Provider Number: 28541200

FYE: 06/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	24.8466	24.8466	A3D Allowable Resident Care Exp	54,414
B5 Allocation of D/C Expenses	94.0744	125.4325	B4 Allocation of D/C Expenses	240,360
C3 Additional Services per Diem	60.5151	60.5151	C2 Additional Services per Diem	132,528
Total Resident Care Component	179.4361	210.7942	Total Resident Care Component	427,302

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028547100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name:	62nd Place Grp Home #17 (Sunrise)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28547100	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,805	0	1,805
2. Operating Expenses component			
A. Administration			80,345
B. Plant Operation			19,153
C. Laundry			250
D. Housekeeping			2,580
E. Operating Expense Component & Per Diem	56.6914		102,328
3. Resident Care			
A. Dietary			22,855
B. Other			36,200
C. Nursing			14,906
D. Resident Care & Per Diem	40.9756		73,961
4. Prop Exp & Per Diem	18.6720		33,703
5. ROE/Use Per Diem	1.2548		2,265
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,353.75	0.00	1,353.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	421,797.00	0.00	421,797.00
5. Direct Care Expense Per Diem	233.6825	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,805	0	1,805
2. Additional Services	735	0	735
3. Additional Services Exp & Per Diem	0.4072	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	56.6914	0.0000	102,328
2. Resident Care Component	275.0653	0.0000	496,493
3. Property Cost Component	18.6720	0.0000	33,703
4. ROE/Use Allow Component	1.2548	0.0000	2,265
5. Total Cost Per Diem	351.6835	0.0000	634,789

Resident Care Component Per-Diem Calculation

Facility Name: 62nd Place Grp Home #17 (Sunrise)

Provider Number: 28547100

FYE: 06/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	40.9756	0.0000	A3D Allowable Resident Care Exp	73,961
B5 Allocation of D/C Expenses	233.6825	0.0000	B4 Allocation of D/C Expenses	421,797
C3 Additional Services per Diem	0.4072	0.0000	C2 Additional Services per Diem	735
Total Resident Care Component	275.0653	0.0000	Total Resident Care Component	496,493

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028548000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name:	138th Court Grp Home #16 (Sunrise)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28548000	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,627	346	1,973
2. Operating Expenses component			
A. Administration			69,833
B. Plant Operation			25,453
C. Laundry			190
D. Housekeeping			3,720
E. Operating Expense Component & Per Diem	50.2767	50.2767	99,196
3. Resident Care			
A. Dietary			17,357
B. Other			34,699
C. Nursing			0
D. Resident Care & Per Diem	26.3842	26.3842	52,056
4. Prop Exp & Per Diem	11.7643	11.7643	23,211
5. ROE/Use Per Diem	1.0289	1.0289	2,030
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,220.25	346.00	1,566.25
3. Staffing Percent	0.7791	0.2209	1.0000
4. Allocation of Direct Care	289,439.79	82,070.21	371,510.00
5. Direct Care Expense Per Diem	177.8978	237.1971	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,627	346	1,973
2. Additional Services	8,258	1,756	10,014
3. Additional Services Exp & Per Diem	5.0756	5.0751	
D. Medicaid Per Diem Cost			
1. Operating Component	50.2767	50.2767	99,196
2. Resident Care Component	209.3576	268.6564	433,580
3. Property Cost Component	11.7643	11.7643	23,211
4. ROE/Use Allow Component	1.0289	1.0289	2,030
5. Total Cost Per Diem	272.4275	331.7263	558,017

Resident Care Component Per-Diem Calculation

Facility Name: 138th Court Grp Home #16 (Sunrise)

Provider Number: 28548000

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	26.3842	26.3842	A3D Allowable Resident Care Exp	52,056
B5 Allocation of D/C Expenses	177.8978	237.1971	B4 Allocation of D/C Expenses	371,510
C3 Additional Services per Diem	5.0756	5.0751	C2 Additional Services per Diem	10,014
Total Resident Care Component	209.3576	268.6564	Total Resident Care Component	433,580

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028552800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name:	26th Terrace Grp Home #12 (Sunrise)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28552800	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	730	1,315	2,045
2. Operating Expenses component			
A. Administration			85,041
B. Plant Operation			15,693
C. Laundry			73
D. Housekeeping			3,587
E. Operating Expense Component & Per Diem	51.0484	51.0484	104,394
3. Resident Care			
A. Dietary			12,848
B. Other			31,499
C. Nursing			0
D. Resident Care & Per Diem	21.6856	21.6856	44,347
4. Prop Exp & Per Diem	7.2386	7.2386	14,803
5. ROE/Use Per Diem	1.0445	1.0445	2,136
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	547.50	1,315.00	1,862.50
3. Staffing Percent	0.2940	0.7060	1.0000
4. Allocation of Direct Care	103,210.44	247,893.56	351,104.00
5. Direct Care Expense Per Diem	141.3842	188.5122	
C. Additional Services Expense			
1. Medicaid Inpatient Days	730	1,315	2,045
2. Additional Services	827	1,490	2,317
3. Additional Services Exp & Per Diem	1.1329	1.1331	
D. Medicaid Per Diem Cost			
1. Operating Component	51.0484	51.0484	104,394
2. Resident Care Component	164.2027	211.3309	397,768
3. Property Cost Component	7.2386	7.2386	14,803
4. ROE/Use Allow Component	1.0445	1.0445	2,136
5. Total Cost Per Diem	223.5342	270.6624	519,101

Resident Care Component Per-Diem Calculation

Facility Name: 26th Terrace Grp Home #12 (Sunrise)

Provider Number: 28552800

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	21.6856	21.6856	A3D Allowable Resident Care Exp	44,347
B5 Allocation of D/C Expenses	141.3842	188.5122	B4 Allocation of D/C Expenses	351,104
C3 Additional Services per Diem	1.1329	1.1331	C2 Additional Services per Diem	2,317
Total Resident Care Component	164.2027	211.3309	Total Resident Care Component	397,768

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028553600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Country Meadows Grp Home #13 (Sunrise)**
 Provider Number: 28553600
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	365	2,190
2. Operating Expenses component			
A. Administration			90,696
B. Plant Operation			22,056
C. Laundry			123
D. Housekeeping			3,045
E. Operating Expense Component & Per Diem	52.9315	52.9315	115,920
3. Resident Care			
A. Dietary			13,514
B. Other			64,102
C. Nursing			0
D. Resident Care & Per Diem	35.4411	35.4411	77,616
4. Prop Exp & Per Diem	18.8817	18.8817	41,351
5. ROE/Use Per Diem	1.0105	1.0105	2,213
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	0.7895	0.2105	1.0000
4. Allocation of Direct Care	316,980.79	84,528.21	401,509.00
5. Direct Care Expense Per Diem	173.6881	231.5841	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	2,773	555	3,328
3. Additional Services Exp & Per Diem	1.5195	1.5205	
D. Medicaid Per Diem Cost			
1. Operating Component	52.9315	52.9315	115,920
2. Resident Care Component	210.6487	268.5457	482,453
3. Property Cost Component	18.8817	18.8817	41,351
4. ROE/Use Allow Component	1.0105	1.0105	2,213
5. Total Cost Per Diem	283.4724	341.3694	641,937

Resident Care Component Per-Diem Calculation

Facility Name: Country Meadows Grp Home #13 (Sunrise)

Provider Number: 28553600

FYE: 06/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	35.4411	35.4411	A3D Allowable Resident Care Exp	77,616
B5 Allocation of D/C Expenses	173.6881	231.5841	B4 Allocation of D/C Expenses	401,509
C3 Additional Services per Diem	1.5195	1.5205	C2 Additional Services per Diem	3,328
Total Resident Care Component	210.6487	268.5457	Total Resident Care Component	482,453

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028557900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name:	148th Court Grp Home #20 (Sunrise)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28557900	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,067	0	2,067
2. Operating Expenses component			
A. Administration			69,684
B. Plant Operation			25,087
C. Laundry			90
D. Housekeeping			1,635
E. Operating Expense Component & Per Diem	46.6841		96,496
3. Resident Care			
A. Dietary			14,001
B. Other			36,382
C. Nursing			0
D. Resident Care & Per Diem	24.3749		50,383
4. Prop Exp & Per Diem	14.5685		30,113
5. ROE/Use Per Diem	0.7567		1,564
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,550.25	0.00	1,550.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	370,938.00	0.00	370,938.00
5. Direct Care Expense Per Diem	179.4572	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,067	0	2,067
2. Additional Services	1,141	0	1,141
3. Additional Services Exp & Per Diem	0.5520	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	46.6841	0.0000	96,496
2. Resident Care Component	204.3841	0.0000	422,462
3. Property Cost Component	14.5685	0.0000	30,113
4. ROE/Use Allow Component	0.7567	0.0000	1,564
5. Total Cost Per Diem	266.3934	0.0000	550,635

Resident Care Component Per-Diem Calculation

Facility Name: 148th Court Grp Home #20 (Sunrise)

Provider Number: 28557900

FYE: 06/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	24.3749	0.0000	A3D Allowable Resident Care Exp	50,383
B5 Allocation of D/C Expenses	179.4572	0.0000	B4 Allocation of D/C Expenses	370,938
C3 Additional Services per Diem	0.5520	0.0000	C2 Additional Services per Diem	1,141
Total Resident Care Component	204.3841	0.0000	Total Resident Care Component	422,462

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Florida Agency For Health Care Administration

028558700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			80,430
B. Plant Operation			27,498
C. Laundry			542
D. Housekeeping			3,382
E. Operating Expense Component & Per Diem	51.0740		111,852
3. Resident Care			
A. Dietary			19,533
B. Other			42,586
C. Nursing			14,851
D. Resident Care & Per Diem	35.1461		76,970
4. Prop Exp & Per Diem	12.3306		27,004
5. ROE/Use Per Diem	1.1132		2,438
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	409,374.00	0.00	409,374.00
5. Direct Care Expense Per Diem	186.9288	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	2,538	0	2,538
3. Additional Services Exp & Per Diem	1.1589	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	51.0740	0.0000	111,852
2. Resident Care Component	223.2338	0.0000	488,882
3. Property Cost Component	12.3306	0.0000	27,004
4. ROE/Use Allow Component	1.1132	0.0000	2,438
5. Total Cost Per Diem	287.7516	0.0000	630,176

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Oakmont

Provider Number: 28558700
FYE: 06/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	35.1461	0.0000	A3D Allowable Resident Care Exp	76,970
B5 Allocation of D/C Expenses	186.9288	0.0000	B4 Allocation of D/C Expenses	409,374
C3 Additional Services per Diem	1.1589	0.0000	C2 Additional Services per Diem	2,538
Total Resident Care Component	223.2338	0.0000	Total Resident Care Component	488,882

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028559500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **53rd Court Grp Home #9 (Sunrise)**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28559500

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 7/1/2020 - 6/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,180	0	2,180
2. Operating Expenses component			
A. Administration			75,031
B. Plant Operation			25,475
C. Laundry			301
D. Housekeeping			1,942
E. Operating Expense Component & Per Diem	47.1326		102,749
3. Resident Care			
A. Dietary			15,872
B. Other			61,585
C. Nursing			14,838
D. Resident Care & Per Diem	42.3372		92,295
4. Prop Exp & Per Diem	7.2211		15,742
5. ROE/Use Per Diem	1.4161		3,087
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,635.00	0.00	1,635.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	396,687.00	0.00	396,687.00
5. Direct Care Expense Per Diem	181.9665	0.0000	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,180	0	2,180
2. Additional Services	105	0	105
3. Additional Services Exp & Per Diem	0.0482	0.0000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	47.1326	0.0000	102,749
2. Resident Care Component	224.3519	0.0000	489,087
3. Property Cost Component	7.2211	0.0000	15,742
4. ROE/Use Allow Component	1.4161	0.0000	3,087
5. Total Cost Per Diem	280.1217	0.0000	610,665

Resident Care Component Per-Diem Calculation

Facility Name: 53rd Court Grp Home #9 (Sunrise)

Provider Number: 28559500

FYE: 06/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	42.3372	0.0000	A3D Allowable Resident Care Exp	92,295
B5 Allocation of D/C Expenses	181.9665	0.0000	B4 Allocation of D/C Expenses	396,687
C3 Additional Services per Diem	0.0482	0.0000	C2 Additional Services per Diem	105
Total Resident Care Component	224.3519	0.0000	Total Resident Care Component	489,087

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028560900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name:	55th Court Grp Home #15 (Sunrise)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28560900	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			73,529
B. Plant Operation			27,810
C. Laundry			287
D. Housekeeping			2,387
E. Operating Expense Component & Per Diem	47.4945		104,013
3. Resident Care			
A. Dietary			19,003
B. Other			64,272
C. Nursing			14,869
D. Resident Care & Per Diem	44.8146		98,144
4. Prop Exp & Per Diem	7.3119		16,013
5. ROE/Use Per Diem	1.1557		2,531
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	376,662.00	0.00	376,662.00
5. Direct Care Expense Per Diem	171.9918	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	210	0	210
3. Additional Services Exp & Per Diem	0.0959	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	47.4945	0.0000	104,013
2. Resident Care Component	216.9023	0.0000	475,016
3. Property Cost Component	7.3119	0.0000	16,013
4. ROE/Use Allow Component	1.1557	0.0000	2,531
5. Total Cost Per Diem	272.8644	0.0000	597,573

Resident Care Component Per-Diem Calculation

Facility Name: 55th Court Grp Home #15 (Sunrise)

Provider Number: 28560900
FYE: 06/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	44.8146	0.0000	A3D Allowable Resident Care Exp	98,144
B5 Allocation of D/C Expenses	171.9918	0.0000	B4 Allocation of D/C Expenses	376,662
C3 Additional Services per Diem	0.0959	0.0000	C2 Additional Services per Diem	210
Total Resident Care Component	216.9023	0.0000	Total Resident Care Component	475,016

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028561700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Wentworth Drive Grp Home #18 (Sunrise)**
 Provider Number: 28561700
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			83,507
B. Plant Operation			25,125
C. Laundry			416
D. Housekeeping			2,569
E. Operating Expense Component & Per Diem	50.9667		111,617
3. Resident Care			
A. Dietary			25,164
B. Other			64,613
C. Nursing			15,074
D. Resident Care & Per Diem	47.8772		104,851
4. Prop Exp & Per Diem	5.8260		12,759
5. ROE/Use Per Diem	1.3215		2,894
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	441,911.00	0.00	441,911.00
5. Direct Care Expense Per Diem	201.7858	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	210	0	210
3. Additional Services Exp & Per Diem	0.0959	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	50.9667	0.0000	111,617
2. Resident Care Component	249.7589	0.0000	546,972
3. Property Cost Component	5.8260	0.0000	12,759
4. ROE/Use Allow Component	1.3215	0.0000	2,894
5. Total Cost Per Diem	307.8731	0.0000	674,242

Resident Care Component Per-Diem Calculation

Facility Name: Wentworth Drive Grp Home #18 (Sunrise)

Provider Number: 28561700

FYE: 06/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	47.8772	0.0000	A3D Allowable Resident Care Exp	104,851
B5 Allocation of D/C Expenses	201.7858	0.0000	B4 Allocation of D/C Expenses	441,911
C3 Additional Services per Diem	0.0959	0.0000	C2 Additional Services per Diem	210
Total Resident Care Component	249.7589	0.0000	Total Resident Care Component	546,972

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028565000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Lakeview Court**
 Provider Number: 28565000
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 12/1/2020 - 11/30/2021
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	10,190	12,238	22,428
2. Operating Expenses component			
A. Administration			1,554,423
B. Plant Operation			483,994
C. Laundry			125,933
D. Housekeeping			21,650
E. Operating Expense Component & Per Diem	97.4675	97.4675	2,186,000
3. Resident Care			
A. Dietary			720,375
B. Other			40,313
C. Nursing			1,284,106
D. Resident Care & Per Diem	91.1715	91.1715	2,044,794
4. Prop Exp & Per Diem	20.9171	20.9171	469,128
5. ROE/Use Per Diem	0.0111	0.0111	250
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,095.00	12,238.00	17,333.00
3. Staffing Percent	0.2939	0.7061	1.0000
4. Allocation of Direct Care	893,987.75	2,147,325.25	3,041,313.00
5. Direct Care Expense Per Diem	87.7319	175.4637	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,190	12,238	22,428
2. Additional Services	676,690	812,692	1,489,382
3. Additional Services Exp & Per Diem	66.4073	66.4073	
D. Medicaid Per Diem Cost			
1. Operating Component	97.4675	97.4675	2,186,000
2. Resident Care Component	245.3107	333.0425	6,575,489
3. Property Cost Component	20.9171	20.9171	469,128
4. ROE/Use Allow Component	0.0111	0.0111	250
5. Total Cost Per Diem	363.7064	451.4382	9,230,867

Resident Care Component Per-Diem Calculation

Facility Name: Lakeview Court

Provider Number: 28565000
FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	91.1715	91.1715	A3D Allowable Resident Care Exp	2,044,794
B5 Allocation of D/C Expenses	87.7319	175.4637	B4 Allocation of D/C Expenses	3,041,313
C3 Additional Services per Diem	66.4073	66.4073	C2 Additional Services per Diem	1,489,382
Total Resident Care Component	245.3107	333.0425	Total Resident Care Component	6,575,489

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Florida Agency For Health Care Administration

028566800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Washington Square**
 Provider Number: 28566800
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 12/1/2020 - 11/30/2021
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,908	17,991	20,899
2. Operating Expenses component			
A. Administration			1,444,039
B. Plant Operation			417,121
C. Laundry			136,092
D. Housekeeping			32,274
E. Operating Expense Component & Per Diem	97.1112	97.1112	2,029,526
3. Resident Care			
A. Dietary			756,512
B. Other			19,155
C. Nursing			1,420,683
D. Resident Care & Per Diem	105.0935	105.0935	2,196,350
4. Prop Exp & Per Diem	22.0795	22.0795	461,439
5. ROE/Use Per Diem	0.1747	0.1747	3,652
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,454.00	17,991.00	19,445.00
3. Staffing Percent	0.0748	0.9252	1.0000
4. Allocation of Direct Care	183,571.38	2,271,411.62	2,454,983.00
5. Direct Care Expense Per Diem	63.1263	126.2527	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,908	17,991	20,899
2. Additional Services	207,408	1,283,174	1,490,582
3. Additional Services Exp & Per Diem	71.3232	71.3231	
D. Medicaid Per Diem Cost			
1. Operating Component	97.1112	97.1112	2,029,526
2. Resident Care Component	239.5430	302.6693	6,141,915
3. Property Cost Component	22.0795	22.0795	461,439
4. ROE/Use Allow Component	0.1747	0.1747	3,652
5. Total Cost Per Diem	358.9084	422.0347	8,636,532

Resident Care Component Per-Diem Calculation

Facility Name: Washington Square

Provider Number: 28566800
FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	105.0935	105.0935	A3D Allowable Resident Care Exp	2,196,350
B5 Allocation of D/C Expenses	63.1263	126.2527	B4 Allocation of D/C Expenses	2,454,983
C3 Additional Services per Diem	71.3232	71.3231	C2 Additional Services per Diem	1,490,582
Total Resident Care Component	239.5430	302.6693	Total Resident Care Component	6,141,915

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Florida Agency For Health Care Administration

028567600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Howell Branch Court**
 Provider Number: 28567600
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 12/1/2020 - 11/30/2021
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	5,615	16,713	22,328
2. Operating Expenses component			
A. Administration			1,557,862
B. Plant Operation			374,460
C. Laundry			119,875
D. Housekeeping			29,501
E. Operating Expense Component & Per Diem	93.2326	93.2326	2,081,698
3. Resident Care			
A. Dietary			774,005
B. Other			25,850
C. Nursing			1,149,369
D. Resident Care & Per Diem	87.2995	87.2995	1,949,224
4. Prop Exp & Per Diem	22.0524	22.0524	492,387
5. ROE/Use Per Diem	0.0698	0.0698	1,558
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	2,807.50	16,713.00	19,520.50
3. Staffing Percent	0.1438	0.8562	1.0000
4. Allocation of Direct Care	460,893.25	2,743,689.75	3,204,583.00
5. Direct Care Expense Per Diem	82.0825	164.1650	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,615	16,713	22,328
2. Additional Services	380,636	1,132,959	1,513,595
3. Additional Services Exp & Per Diem	67.7891	67.7891	
D. Medicaid Per Diem Cost			
1.Operating Component	93.2326	93.2326	2,081,698
2. Resident Care Component	237.1711	319.2536	6,667,402
3. Property Cost Component	22.0524	22.0524	492,387
4. ROE/Use Allow Component	0.0698	0.0698	1,558
5. Total Cost Per Diem	352.5259	434.6084	9,243,045

Resident Care Component Per-Diem Calculation

Facility Name: Howell Branch Court

Provider Number: 28567600
FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	87.2995	87.2995	A3D Allowable Resident Care Exp	1,949,224
B5 Allocation of D/C Expenses	82.0825	164.1650	B4 Allocation of D/C Expenses	3,204,583
C3 Additional Services per Diem	67.7891	67.7891	C2 Additional Services per Diem	1,513,595
Total Resident Care Component	237.1711	319.2536	Total Resident Care Component	6,667,402

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028568400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **157th Terrace (Sunrise)**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28568400

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 7/1/2020 - 6/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,130	0	2,130
2. Operating Expenses component			
A. Administration			72,014
B. Plant Operation			21,535
C. Laundry			319
D. Housekeeping			2,768
E. Operating Expense Component & Per Diem	45.3690		96,636
3. Resident Care			
A. Dietary			16,647
B. Other			38,890
C. Nursing			0
D. Resident Care & Per Diem	26.0737		55,537
4. Prop Exp & Per Diem	12.0648		25,698
5. ROE/Use Per Diem	1.5207		3,239
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,597.50	0.00	1,597.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	377,763.00	0.00	377,763.00
5. Direct Care Expense Per Diem	177.3535	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,130	0	2,130
2. Additional Services	2,996	0	2,996
3. Additional Services Exp & Per Diem	1.4066	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	45.3690	0.0000	96,636
2. Resident Care Component	204.8338	0.0000	436,296
3. Property Cost Component	12.0648	0.0000	25,698
4. ROE/Use Allow Component	1.5207	0.0000	3,239
5. Total Cost Per Diem	263.7883	0.0000	561,869

Resident Care Component Per-Diem Calculation

Facility Name: 157th Terrace (Sunrise)

Provider Number: 28568400

FYE: 06/30/2021

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	26.0737	0.0000	A3D Allowable Resident Care Exp	55,537
B5 Allocation of D/C Expenses	177.3535	0.0000	B4 Allocation of D/C Expenses	377,763
C3 Additional Services per Diem	1.4066	0.0000	C2 Additional Services per Diem	2,996
Total Resident Care Component	204.8338	0.0000	Total Resident Care Component	436,296

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028569200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name:	145th Street Group Home (Sunrise)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28569200	Rate Semester :	July, 2022
Audit Status:	Unaudited Costs	Cost Report :	7/1/2020 - 6/30/2021
Date:	11/2/2022	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	2,190	2,190
2. Operating Expenses component			
A. Administration			97,500
B. Plant Operation			28,059
C. Laundry			174
D. Housekeeping			1,571
E. Operating Expense Component & Per Diem	58.1297	58.1297	127,304
3. Resident Care			
A. Dietary			16,305
B. Other			39,560
C. Nursing			0
D. Resident Care & Per Diem	25.5091	25.5091	55,865
4. Prop Exp & Per Diem	19.6758	19.6758	43,090
5. ROE/Use Per Diem	1.5416	1.5416	3,376
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	0.00	2,190.00	2,190.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	506,371.00	506,371.00
5. Direct Care Expense Per Diem	115.6098	231.2196	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	2,190	2,190
2. Additional Services	0	29,330	29,330
3. Additional Services Exp & Per Diem	13.3927	13.3927	
D. Medicaid Per Diem Cost			
1.Operating Component	58.1297	58.1297	127,304
2. Resident Care Component	154.5116	270.1214	591,566
3. Property Cost Component	19.6758	19.6758	43,090
4. ROE/Use Allow Component	1.5416	1.5416	3,376
5. Total Cost Per Diem	233.8587	349.4685	765,336

Resident Care Component Per-Diem Calculation

Facility Name: 145th Street Group Home (Sunrise)

Provider Number: 28569200
FYE: 06/30/2021

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	25.5091	25.5091	A3D Allowable Resident Care Exp	55,865
B5 Allocation of D/C Expenses	115.6098	231.2196	B4 Allocation of D/C Expenses	506,371
C3 Additional Services per Diem	13.3927	13.3927	C2 Additional Services per Diem	29,330
Total Resident Care Component	154.5116	270.1214	Total Resident Care Component	591,566

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Florida Agency For Health Care Administration

031256800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Avon Park Cluster (Mentor)**
 Provider Number: 31256800
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 10/1/2019 - 9/30/2020
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,357	8,357
2. Operating Expenses component			
A. Administration			568,560
B. Plant Operation			248,328
C. Laundry			0
D. Housekeeping			84,236
E. Operating Expense Component & Per Diem	107.8286	107.8286	901,124
3. Resident Care			
A. Dietary			196,915
B. Other			0
C. Nursing			918,279
D. Resident Care & Per Diem	133.4443	133.4443	1,115,194
4. Prop Exp & Per Diem	26.8319	26.8319	224,234
5. ROE/Use Per Diem	0.8011	0.8011	6,695
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,357.00	8,357.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,322,032.00	1,322,032.00
5. Direct Care Expense Per Diem	79.0973	158.1946	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,357	8,357
2. Additional Services	0	197,848	197,848
3. Additional Services Exp & Per Diem	23.6745	23.6745	
D. Medicaid Per Diem Cost			
1. Operating Component	107.8286	107.8286	901,124
2. Resident Care Component	236.2161	315.3134	2,635,074
3. Property Cost Component	26.8319	26.8319	224,234
4. ROE/Use Allow Component	0.8011	0.8011	6,695
5. Total Cost Per Diem	371.6777	450.7750	3,767,127

Resident Care Component Per-Diem Calculation

Facility Name: Avon Park Cluster (Mentor)

Provider Number: 31256800

FYE: 09/30/2020

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	133.4443	133.4443	A3D Allowable Resident Care Exp	1,115,194
B5 Allocation of D/C Expenses	79.0973	158.1946	B4 Allocation of D/C Expenses	1,322,032
C3 Additional Services per Diem	23.6745	23.6745	C2 Additional Services per Diem	197,848
Total Resident Care Component	236.2161	315.3134	Total Resident Care Component	2,635,074

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Florida Agency For Health Care Administration

031257600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Eagle Watch Cluster (Mentor)**

Cost Report Entered By : Cox, Lauren

Provider Number: 31257600

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 11/2/2022

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,458	6,736	8,194
2. Operating Expenses component			
A. Administration			563,605
B. Plant Operation			181,981
C. Laundry			0
D. Housekeeping			93,742
E. Operating Expense Component & Per Diem	102.4320	102.4320	839,328
3. Resident Care			
A. Dietary			109,308
B. Other			0
C. Nursing			1,123,782
D. Resident Care & Per Diem	150.4869	150.4869	1,233,090
4. Prop Exp & Per Diem	17.6812	17.6812	144,880
5. ROE/Use Per Diem	0.7551	0.7551	6,187
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	729.00	6,736.00	7,465.00
3. Staffing Percent	0.0977	0.9023	1.0000
4. Allocation of Direct Care	111,532.02	1,030,561.98	1,142,094.00
5. Direct Care Expense Per Diem	76.4966	152.9932	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,458	6,736	8,194
2. Additional Services	20,455	94,503	114,958
3. Additional Services Exp & Per Diem	14.0295	14.0295	
D. Medicaid Per Diem Cost			
1. Operating Component	102.4320	102.4320	839,328
2. Resident Care Component	241.0130	317.5096	2,490,142
3. Property Cost Component	17.6812	17.6812	144,880
4. ROE/Use Allow Component	0.7551	0.7551	6,187
5. Total Cost Per Diem	361.8813	438.3779	3,480,537

Resident Care Component Per-Diem Calculation

Facility Name: Eagle Watch Cluster (Mentor)

Provider Number: 31257600

FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	150.4869	150.4869	A3D Allowable Resident Care Exp	1,233,090
B5 Allocation of D/C Expenses	76.4966	152.9932	B4 Allocation of D/C Expenses	1,142,094
C3 Additional Services per Diem	14.0295	14.0295	C2 Additional Services per Diem	114,958
Total Resident Care Component	241.0130	317.5096	Total Resident Care Component	2,490,142

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Florida Agency For Health Care Administration

031258400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Point West Cluster (Mentor)**

Cost Report Entered By : Samuel, Rydell

Provider Number: 31258400

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 10/1/2020 - 9/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	430	8,179	8,609
2. Operating Expenses component			
A. Administration			740,019
B. Plant Operation			260,087
C. Laundry			0
D. Housekeeping			85,536
E. Operating Expense Component & Per Diem	126.1055	126.1055	1,085,642
3. Resident Care			
A. Dietary			226,285
B. Other			0
C. Nursing			1,207,384
D. Resident Care & Per Diem	166.5314	166.5314	1,433,669
4. Prop Exp & Per Diem	25.8319	25.8319	222,387
5. ROE/Use Per Diem	1.0266	1.0266	8,838
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	215.00	8,179.00	8,394.00
3. Staffing Percent	0.0256	0.9744	1.0000
4. Allocation of Direct Care	32,635.15	1,241,501.85	1,274,137.00
5. Direct Care Expense Per Diem	75.8957	151.7914	
C. Additional Services Expense			
1. Medicaid Inpatient Days	430	8,179	8,609
2. Additional Services	7,758	147,567	155,325
3. Additional Services Exp & Per Diem	18.0419	18.0422	
D. Medicaid Per Diem Cost			
1.Operating Component	126.1055	126.1055	1,085,642
2. Resident Care Component	260.4690	336.3650	2,863,131
3. Property Cost Component	25.8319	25.8319	222,387
4. ROE/Use Allow Component	1.0266	1.0266	8,838
5. Total Cost Per Diem	413.4330	489.3290	4,179,998

Resident Care Component Per-Diem Calculation

Facility Name: Point West Cluster (Mentor)

Provider Number: 31258400
FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	166.5314	166.5314	A3D Allowable Resident Care Exp	1,433,669
B5 Allocation of D/C Expenses	75.8957	151.7914	B4 Allocation of D/C Expenses	1,274,137
C3 Additional Services per Diem	18.0419	18.0422	C2 Additional Services per Diem	155,325
Total Resident Care Component	260.4690	336.3650	Total Resident Care Component	2,863,131

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Florida Agency For Health Care Administration

031259200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Hodges Cluster (Mentor)**

Cost Report Entered By : Cox, Lauren

Provider Number: 31259200

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 11/2/2022

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	732	7,714	8,446
2. Operating Expenses component			
A. Administration			730,877
B. Plant Operation			184,827
C. Laundry			0
D. Housekeeping			69,814
E. Operating Expense Component & Per Diem	116.6846	116.6846	985,518
3. Resident Care			
A. Dietary			181,167
B. Other			0
C. Nursing			817,217
D. Resident Care & Per Diem	118.2079	118.2079	998,384
4. Prop Exp & Per Diem	22.3126	22.3126	188,452
5. ROE/Use Per Diem	0.9992	0.9992	8,439
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	366.00	7,714.00	8,080.00
3. Staffing Percent	0.0453	0.9547	1.0000
4. Allocation of Direct Care	75,105.19	1,582,954.81	1,658,060.00
5. Direct Care Expense Per Diem	102.6027	205.2054	
C. Additional Services Expense			
1. Medicaid Inpatient Days	732	7,714	8,446
2. Additional Services	5,422	57,135	62,557
3. Additional Services Exp & Per Diem	7.4071	7.4067	
D. Medicaid Per Diem Cost			
1.Operating Component	116.6846	116.6846	985,518
2. Resident Care Component	228.2177	330.8200	2,719,001
3. Property Cost Component	22.3126	22.3126	188,452
4. ROE/Use Allow Component	0.9992	0.9992	8,439
5. Total Cost Per Diem	368.2141	470.8164	3,901,410

Resident Care Component Per-Diem Calculation

Facility Name: Hodges Cluster (Mentor)

Provider Number: 31259200

FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	118.2079	118.2079	A3D Allowable Resident Care Exp	998,384
B5 Allocation of D/C Expenses	102.6027	205.2054	B4 Allocation of D/C Expenses	1,658,060
C3 Additional Services per Diem	7.4071	7.4067	C2 Additional Services per Diem	62,557
Total Resident Care Component	228.2177	330.8200	Total Resident Care Component	2,719,001

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Florida Agency For Health Care Administration

031260600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Kinkaid Cluster (Mentor)**

Cost Report Entered By : Samuel, Rydell

Provider Number: 31260600

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 10/1/2020 - 9/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,166	6,314	8,480
2. Operating Expenses component			
A. Administration			692,190
B. Plant Operation			259,641
C. Laundry			0
D. Housekeeping			88,202
E. Operating Expense Component & Per Diem	122.6454	122.6454	1,040,033
3. Resident Care			
A. Dietary			196,800
B. Other			0
C. Nursing			609,703
D. Resident Care & Per Diem	95.1065	95.1065	806,503
4. Prop Exp & Per Diem	24.8101	24.8101	210,390
5. ROE/Use Per Diem	1.2921	1.2921	10,957
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,083.00	6,314.00	7,397.00
3. Staffing Percent	0.1464	0.8536	1.0000
4. Allocation of Direct Care	198,221.51	1,155,651.49	1,353,873.00
5. Direct Care Expense Per Diem	91.5150	183.0300	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,166	6,314	8,480
2. Additional Services	33,562	97,836	131,398
3. Additional Services Exp & Per Diem	15.4949	15.4951	
D. Medicaid Per Diem Cost			
1. Operating Component	122.6454	122.6454	1,040,033
2. Resident Care Component	202.1164	293.6316	2,291,774
3. Property Cost Component	24.8101	24.8101	210,390
4. ROE/Use Allow Component	1.2921	1.2921	10,957
5. Total Cost Per Diem	350.8640	442.3792	3,553,154

Resident Care Component Per-Diem Calculation

Facility Name: Kinkaid Cluster (Mentor)

Provider Number: 31260600

FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	95.1065	95.1065	A3D Allowable Resident Care Exp	806,503
B5 Allocation of D/C Expenses	91.5150	183.0300	B4 Allocation of D/C Expenses	1,353,873
C3 Additional Services per Diem	15.4949	15.4951	C2 Additional Services per Diem	131,398
Total Resident Care Component	202.1164	293.6316	Total Resident Care Component	2,291,774

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Florida Agency For Health Care Administration

031261400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Flamingo Drive Cluster (Mentor)**
 Provider Number: 31261400
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2022
 Cost Report : 10/1/2018 - 9/30/2019
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	162	7,523	7,685
2. Operating Expenses component			
A. Administration			539,424
B. Plant Operation			193,696
C. Laundry			0
D. Housekeeping			81,759
E. Operating Expense Component & Per Diem	106.0350	106.0350	814,879
3. Resident Care			
A. Dietary			134,223
B. Other			0
C. Nursing			913,928
D. Resident Care & Per Diem	136.3892	136.3892	1,048,151
4. Prop Exp & Per Diem	20.6789	20.6789	158,917
5. ROE/Use Per Diem	3.6055	3.6055	27,708
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	81.00	7,523.00	7,604.00
3. Staffing Percent	0.0107	0.9893	1.0000
4. Allocation of Direct Care	15,023.78	1,395,356.22	1,410,380.00
5. Direct Care Expense Per Diem	92.7394	185.4787	
C. Additional Services Expense			
1. Medicaid Inpatient Days	162	7,523	7,685
2. Additional Services	5,993	278,305	284,298
3. Additional Services Exp & Per Diem	36.9938	36.9939	
D. Medicaid Per Diem Cost			
1.Operating Component	106.0350	106.0350	814,879
2. Resident Care Component	266.1224	358.8618	2,742,829
3. Property Cost Component	20.6789	20.6789	158,917
4. ROE/Use Allow Component	3.6055	3.6055	27,708
5. Total Cost Per Diem	396.4418	489.1812	3,744,333

Resident Care Component Per-Diem Calculation

Facility Name: Flamingo Drive Cluster (Mentor)

Provider Number: 31261400

FYE: 09/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	136.3892	136.3892	A3D Allowable Resident Care Exp	1,048,151
B5 Allocation of D/C Expenses	92.7394	185.4787	B4 Allocation of D/C Expenses	1,410,380
C3 Additional Services per Diem	36.9938	36.9939	C2 Additional Services per Diem	284,298
Total Resident Care Component	266.1224	358.8618	Total Resident Care Component	2,742,829

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Florida Agency For Health Care Administration

031262200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Barranger Group Home (Mentor)**
 Provider Number: 31262200
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	365	2,190
2. Operating Expenses component			
A. Administration			118,636
B. Plant Operation			34,507
C. Laundry			0
D. Housekeeping			3,469
E. Operating Expense Component & Per Diem	71.5123	71.5123	156,612
3. Resident Care			
A. Dietary			17,038
B. Other			0
C. Nursing			3,056
D. Resident Care & Per Diem	9.1753	9.1753	20,094
4. Prop Exp & Per Diem	30.7484	30.7484	67,339
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	0.7895	0.2105	1.0000
4. Allocation of Direct Care	328,727.37	87,660.63	416,388.00
5. Direct Care Expense Per Diem	180.1246	240.1661	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	21,033	4,207	25,240
3. Additional Services Exp & Per Diem	11.5249	11.5260	
D. Medicaid Per Diem Cost			
1.Operating Component	71.5123	71.5123	156,612
2. Resident Care Component	200.8248	260.8674	461,722
3. Property Cost Component	30.7484	30.7484	67,339
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	303.0855	363.1281	685,673

Resident Care Component Per-Diem Calculation

Facility Name: Barranger Group Home (Mentor)

Provider Number: 31262200
FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	9.1753	9.1753	A3D Allowable Resident Care Exp	20,094
B5 Allocation of D/C Expenses	180.1246	240.1661	B4 Allocation of D/C Expenses	416,388
C3 Additional Services per Diem	11.5249	11.5260	C2 Additional Services per Diem	25,240
Total Resident Care Component	200.8248	260.8674	Total Resident Care Component	461,722

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Florida Agency For Health Care Administration

031263100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Greenridge Group Home (Mentor)**

Cost Report Entered By : Cox, Lauren

Provider Number: 31263100

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 11/2/2022

Days In Reporting Period: 366

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,965	0	1,965
2. Operating Expenses component			
A. Administration			69,960
B. Plant Operation			20,879
C. Laundry			0
D. Housekeeping			11,153
E. Operating Expense Component & Per Diem	51.9043		101,992
3. Resident Care			
A. Dietary			5,687
B. Other			0
C. Nursing			5,736
D. Resident Care & Per Diem	5.8132		11,423
4. Prop Exp & Per Diem	22.7720		44,747
5. ROE/Use Per Diem	0.0000		0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,473.75	0.00	1,473.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	274,238.00	0.00	274,238.00
5. Direct Care Expense Per Diem	139.5613	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,965	0	1,965
2. Additional Services	15,877	0	15,877
3. Additional Services Exp & Per Diem	8.0799	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	51.9043	0.0000	101,992
2. Resident Care Component	153.4544	0.0000	301,538
3. Property Cost Component	22.7720	0.0000	44,747
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	228.1307	0.0000	448,277

Resident Care Component Per-Diem Calculation

Facility Name: Greenridge Group Home (Mentor)

Provider Number: 31263100

FYE: 09/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	5.8132	0.0000	A3D Allowable Resident Care Exp	11,423
B5 Allocation of D/C Expenses	139.5613	0.0000	B4 Allocation of D/C Expenses	274,238
C3 Additional Services per Diem	8.0799	0.0000	C2 Additional Services per Diem	15,877
Total Resident Care Component	153.4544	0.0000	Total Resident Care Component	301,538

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Florida Agency For Health Care Administration

031264900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Pensacola Cluster (Mentor)**

Cost Report Entered By : Cox, Lauren

Provider Number: 31264900

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 11/2/2022

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	227	8,364	8,591
2. Operating Expenses component			
A. Administration			590,963
B. Plant Operation			257,816
C. Laundry			0
D. Housekeeping			55,036
E. Operating Expense Component & Per Diem	105.2049	105.2049	903,815
3. Resident Care			
A. Dietary			104,913
B. Other			0
C. Nursing			789,382
D. Resident Care & Per Diem	104.0967	104.0967	894,295
4. Prop Exp & Per Diem	23.2778	23.2778	199,980
5. ROE/Use Per Diem	1.0250	1.0250	8,806
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	113.50	8,364.00	8,477.50
3. Staffing Percent	0.0134	0.9866	1.0000
4. Allocation of Direct Care	17,730.14	1,306,562.86	1,324,293.00
5. Direct Care Expense Per Diem	78.1063	156.2127	
C. Additional Services Expense			
1. Medicaid Inpatient Days	227	8,364	8,591
2. Additional Services	4,940	182,025	186,965
3. Additional Services Exp & Per Diem	21.7621	21.7629	
D. Medicaid Per Diem Cost			
1. Operating Component	105.2049	105.2049	903,815
2. Resident Care Component	203.9651	282.0723	2,405,553
3. Property Cost Component	23.2778	23.2778	199,980
4. ROE/Use Allow Component	1.0250	1.0250	8,806
5. Total Cost Per Diem	333.4728	411.5800	3,518,154

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Cluster (Mentor)

Provider Number: 31264900

FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	104.0967	104.0967	A3D Allowable Resident Care Exp	894,295
B5 Allocation of D/C Expenses	78.1063	156.2127	B4 Allocation of D/C Expenses	1,324,293
C3 Additional Services per Diem	21.7621	21.7629	C2 Additional Services per Diem	186,965
Total Resident Care Component	203.9651	282.0723	Total Resident Care Component	2,405,553

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Caprona Group Home (Mentor)**
 Provider Number: 31265700
 Audit Status: Unaudited Costs
 Date: 11/2/2022

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2022
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	730	1,089	1,819
2. Operating Expenses component			
A. Administration			116,999
B. Plant Operation			31,365
C. Laundry			0
D. Housekeeping			12,493
E. Operating Expense Component & Per Diem	88.4316	88.4316	160,857
3. Resident Care			
A. Dietary			17,328
B. Other			0
C. Nursing			74,668
D. Resident Care & Per Diem	50.5750	50.5750	91,996
4. Prop Exp & Per Diem	42.0225	42.0225	76,439
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	547.50	1,089.00	1,636.50
3. Staffing Percent	0.3346	0.6654	1.0000
4. Allocation of Direct Care	107,122.65	213,071.35	320,194.00
5. Direct Care Expense Per Diem	146.7434	195.6578	
C. Additional Services Expense			
1. Medicaid Inpatient Days	730	1,089	1,819
2. Additional Services	12,527	18,687	31,214
3. Additional Services Exp & Per Diem	17.1603	17.1598	
D. Medicaid Per Diem Cost			
1. Operating Component	88.4316	88.4316	160,857
2. Resident Care Component	214.4787	263.3926	443,404
3. Property Cost Component	42.0225	42.0225	76,439
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	344.9328	393.8467	680,700

Resident Care Component Per-Diem Calculation

Facility Name: Caprona Group Home (Mentor)

Provider Number: 31265700

FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	50.5750	50.5750	A3D Allowable Resident Care Exp	91,996
B5 Allocation of D/C Expenses	146.7434	195.6578	B4 Allocation of D/C Expenses	320,194
C3 Additional Services per Diem	17.1603	17.1598	C2 Additional Services per Diem	31,214
Total Resident Care Component	214.4787	263.3926	Total Resident Care Component	443,404

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Rich Street Group Home (Mentor)**

Cost Report Entered By : Samuel, Rydell

Provider Number: 31266500

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 10/1/2020 - 9/30/2021

Date: 11/2/2022

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,642	416	2,058
2. Operating Expenses component			
A. Administration			97,911
B. Plant Operation			36,531
C. Laundry			0
D. Housekeeping			5,755
E. Operating Expense Component & Per Diem	68.1229	68.1229	140,197
3. Resident Care			
A. Dietary			16,761
B. Other			0
C. Nursing			32,591
D. Resident Care & Per Diem	23.9806	23.9806	49,352
4. Prop Exp & Per Diem	32.0058	32.0058	65,868
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,231.50	416.00	1,647.50
3. Staffing Percent	0.7475	0.2525	1.0000
4. Allocation of Direct Care	199,878.99	67,519.01	267,398.00
5. Direct Care Expense Per Diem	121.7290	162.3053	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,642	416	2,058
2. Additional Services	26,037	6,596	32,633
3. Additional Services Exp & Per Diem	15.8569	15.8558	
D. Medicaid Per Diem Cost			
1. Operating Component	68.1229	68.1229	140,197
2. Resident Care Component	161.5665	202.1417	349,383
3. Property Cost Component	32.0058	32.0058	65,868
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	261.6952	302.2704	555,448

Resident Care Component Per-Diem Calculation

Facility Name: Rich Street Group Home (Mentor)

Provider Number: 31266500

FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	23.9806	23.9806	A3D Allowable Resident Care Exp	49,352
B5 Allocation of D/C Expenses	121.7290	162.3053	B4 Allocation of D/C Expenses	267,398
C3 Additional Services per Diem	15.8569	15.8558	C2 Additional Services per Diem	32,633
Total Resident Care Component	161.5665	202.1417	Total Resident Care Component	349,383

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2022

Provider Name: **Sandpiper Cluster (Mentor)**

Cost Report Entered By : Cox, Lauren

Provider Number: 31267300

Rate Semester : July, 2022

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 11/2/2022

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,279	6,181	7,460
2. Operating Expenses component			
A. Administration			584,372
B. Plant Operation			176,983
C. Laundry			0
D. Housekeeping			72,624
E. Operating Expense Component & Per Diem	111.7934	111.7934	833,979
3. Resident Care			
A. Dietary			157,604
B. Other			0
C. Nursing			731,542
D. Resident Care & Per Diem	119.1885	119.1885	889,146
4. Prop Exp & Per Diem	27.5590	27.5590	205,590
5. ROE/Use Per Diem	1.5660	1.5660	11,682
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	639.50	6,181.00	6,820.50
3. Staffing Percent	0.0938	0.9062	1.0000
4. Allocation of Direct Care	129,197.28	1,248,738.72	1,377,936.00
5. Direct Care Expense Per Diem	101.0143	202.0286	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,279	6,181	7,460
2. Additional Services	32,987	159,416	192,403
3. Additional Services Exp & Per Diem	25.7912	25.7913	
D. Medicaid Per Diem Cost			
1.Operating Component	111.7934	111.7934	833,979
2. Resident Care Component	245.9940	347.0084	2,459,485
3. Property Cost Component	27.5590	27.5590	205,590
4. ROE/Use Allow Component	1.5660	1.5660	11,682
5. Total Cost Per Diem	386.9124	487.9268	3,510,736

Resident Care Component Per-Diem Calculation

Facility Name: Sandpiper Cluster (Mentor)

Provider Number: 31267300

FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	119.1885	119.1885	A3D Allowable Resident Care Exp	889,146
B5 Allocation of D/C Expenses	101.0143	202.0286	B4 Allocation of D/C Expenses	1,377,936
C3 Additional Services per Diem	25.7912	25.7913	C2 Additional Services per Diem	192,403
Total Resident Care Component	245.9940	347.0084	Total Resident Care Component	2,459,485

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