



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028003800 - 2022/07

RI: 384.73

NM: 544.60

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

Sunland Marianna I

Ownership: State

Incentive Rating: Ineligible from 11/03/2021 - 01/08/2022 Days Eligible: 298 of 365

Eligibility Factor : 81.64%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	62.210	288.351	350.561	62.210	434.548	496.758
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	62.210	288.351	350.561	62.210	434.548	496.758
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 81.64%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	62.210	288.351	350.561	62.210	434.548	496.758
12.Plus: Property Rate Component			1.381			1.381
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			351.942			498.139
15.Prospective Rate: Line 11 x Inflation 1.09352305	68.028	315.319	383.347	68.028	475.188	543.216
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	68.028	315.319	383.347	68.028	475.188	543.216
19.Property Rate Component			1.381			1.381
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			384.73			544.60
23.Medicaid Days		13,132			7,876	
24.Resident Days		13,172			7,876	
25.Medicaid Utilization		99.70%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			384.73			544.60



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028004600 - 2022/07

RI: 408.56

NM: 573.50

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

Tacachale Facility I

Ownership:State

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	76.638	296.371	373.009	76.638	447.205	523.843
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	76.638	296.371	373.009	76.638	447.205	523.843
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	76.638	296.371	373.009	76.638	447.205	523.843
12.Plus: Property Rate Component			0.662			0.662
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			373.670			524.505
15.Prospective Rate: Line 11 x Inflation 1.09352305	83.805	324.088	407.894	83.805	489.029	572.835
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	83.805	324.088	407.894	83.805	489.029	572.835
19.Property Rate Component			0.662			0.662
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			408.56			573.50
23.Medicaid Days			6,362			14,918
24.Resident Days			6,362			15,012
25.Medicaid Utilization			100.00%			99.37%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			408.56			573.50



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028006200 - 2022/07

RI: 447.28

NM: 603.17

Tacachale Facility II

Ownership:State

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	82.910	325.411	408.321	82.910	467.973	550.882
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	82.910	325.411	408.321	82.910	467.973	550.882
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	82.910	325.411	408.321	82.910	467.973	550.882
12.Plus: Property Rate Component			0.769			0.769
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			409.089			551.651
15.Prospective Rate: Line 11 x Inflation 1.09352305	90.664	355.844	446.508	90.664	511.739	602.402
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	90.664	355.844	446.508	90.664	511.739	602.402
19.Property Rate Component			0.769			0.769
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			447.28			603.17
23.Medicaid Days			9,000			13,211
24.Resident Days			9,003			13,236
25.Medicaid Utilization			99.97%			99.81%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			447.28			603.17



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028009700 - 2022/07

RI: 593.83

NM: 923.31

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

Sunland Marianna II

Ownership:State

Incentive Rating: Ineligible from 12/16/2021 - 04/07/2022 Days Eligible: 252 of 365

Eligibility Factor : 69.04%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	93.163	448.093	541.257	93.163	749.389	842.552
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	93.163	448.093	541.257	93.163	749.389	842.552
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 69.04%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	93.163	448.093	541.257	93.163	749.389	842.552
12.Plus: Property Rate Component			1.957			1.957
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			543.213			844.509
15.Prospective Rate: Line 11 x Inflation 1.09352305	101.876	490.000	591.876	101.876	819.474	921.350
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	101.876	490.000	591.876	101.876	819.474	921.350
19.Property Rate Component			1.957			1.957
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			593.83			923.31
23.Medicaid Days			25,300			1,950
24.Resident Days			26,178			1,950
25.Medicaid Utilization			96.65%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			593.83			923.31



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028015100 - 2022/07

RI: 463.45

NM: 663.38

Tacachale Facility IV

Ownership: State

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	81.512	341.639	423.151	81.512	524.464	605.976
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	81.512	341.639	423.151	81.512	524.464	605.976
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	81.512	341.639	423.151	81.512	524.464	605.976
12.Plus: Property Rate Component			0.728			0.728
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			423.879			606.704
15.Prospective Rate: Line 11 x Inflation 1.09352305	89.135	373.590	462.725	89.135	573.514	662.649
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	89.135	373.590	462.725	89.135	573.514	662.649
19.Property Rate Component			0.728			0.728
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			463.45			663.38
23.Medicaid Days			8,848			5,434
24.Resident Days			8,884			5,434
25.Medicaid Utilization			99.59%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			463.45			663.38



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028016000 - 2022/07

RI: 373.89

NM: 515.17

Sunland Marianna III

Ownership:State

Incentive Rating: Ineligible from 10/12/2021 - 04/20/2022 Days Eligible: 174 of 365

Eligibility Factor : 47.67%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	70.566	269.761	340.327	70.566	398.956	469.522
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	70.566	269.761	340.327	70.566	398.956	469.522
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 47.67%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	70.566	269.761	340.327	70.566	398.956	469.522
12.Plus: Property Rate Component			1.734			1.734
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			342.060			471.256
15.Prospective Rate: Line 11 x Inflation 1.09352305	77.165	294.990	372.155	77.165	436.268	513.433
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	77.165	294.990	372.155	77.165	436.268	513.433
19.Property Rate Component			1.734			1.734
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			373.89			515.17
23.Medicaid Days			4,452			6,414
24.Resident Days			5,189			6,414
25.Medicaid Utilization			85.80%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			373.89			515.17



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028024100 - 2022/07

RI: 434.67

NM: 622.47

Tacachale Facility V

Ownership:State

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	72.343	324.457	396.800	72.343	496.193	568.536
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	72.343	324.457	396.800	72.343	496.193	568.536
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	72.343	324.457	396.800	72.343	496.193	568.536
12.Plus: Property Rate Component			0.765			0.765
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			397.564			569.301
15.Prospective Rate: Line 11 x Inflation 1.09352305	79.109	354.801	433.910	79.109	542.599	621.707
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	79.109	354.801	433.910	79.109	542.599	621.707
19.Property Rate Component			0.765			0.765
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			434.67			622.47
23.Medicaid Days		10,877			2,029	
24.Resident Days		10,878			2,029	
25.Medicaid Utilization		99.99%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			434.67			622.47



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028026700 - 2022/07

RI: 402.48

NM: 518.03

Tacachale Facility VII

Ownership: State

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	69.981	297.529	367.510	69.981	403.195	473.176
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	69.981	297.529	367.510	69.981	403.195	473.176
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	69.981	297.529	367.510	69.981	403.195	473.176
12.Plus: Property Rate Component			0.597			0.597
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			368.106			473.773
15.Prospective Rate: Line 11 x Inflation 1.09352305	76.526	325.354	401.880	76.526	440.903	517.429
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	76.526	325.354	401.880	76.526	440.903	517.429
19.Property Rate Component			0.597			0.597
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			402.48			518.03
23.Medicaid Days			0			10,670
24.Resident Days			0			10,839
25.Medicaid Utilization			0.00%			98.44%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			402.48			518.03



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028055100 - 2022/07

RI: 570.41

NM: 854.64

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

Tacachale Facility VIII

Ownership: State

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	105.441	415.407	520.848	105.441	675.323	780.764
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	105.441	415.407	520.848	105.441	675.323	780.764
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	105.441	415.407	520.848	105.441	675.323	780.764
12.Plus: Property Rate Component			0.853			0.853
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			521.701			781.617
15.Prospective Rate: Line 11 x Inflation 1.09352305	115.302	454.257	569.560	115.302	738.482	853.784
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	115.302	454.257	569.560	115.302	738.482	853.784
19.Property Rate Component			0.853			0.853
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			570.41			854.64
23.Medicaid Days			13,565			5,870
24.Resident Days			13,566			5,887
25.Medicaid Utilization			99.99%			99.71%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			570.41			854.64



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028058500 - 2022/07

RI: 387.18

NM: 508.67

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

Sunland Marianna IV

Ownership:State

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	74.221	278.103	352.324	74.221	389.200	463.420
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	74.221	278.103	352.324	74.221	389.200	463.420
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	74.221	278.103	352.324	74.221	389.200	463.420
12.Plus: Property Rate Component			1.908			1.908
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			354.231			465.328
15.Prospective Rate: Line 11 x Inflation 1.09352305	81.162	304.112	385.274	81.162	425.599	506.761
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	81.162	304.112	385.274	81.162	425.599	506.761
19.Property Rate Component			1.908			1.908
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			387.18			508.67
23.Medicaid Days		1,460			3,388	
24.Resident Days		1,460			3,388	
25.Medicaid Utilization		100.00%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			387.18			508.67



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028562500 - 2022/07

RI: 454.46

NM: 634.60

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

Sunland Marianna V

Ownership:State

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	73.807	340.798	414.605	73.807	505.532	579.339
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	73.807	340.798	414.605	73.807	505.532	579.339
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	73.807	340.798	414.605	73.807	505.532	579.339
12.Plus: Property Rate Component			1.075			1.075
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			415.680			580.414
15.Prospective Rate: Line 11 x Inflation 1.09352305	80.710	372.670	453.380	80.710	552.811	633.521
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	80.710	372.670	453.380	80.710	552.811	633.521
19.Property Rate Component			1.075			1.075
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			454.46			634.60
23.Medicaid Days		853			8,981	
24.Resident Days		853			9,052	
25.Medicaid Utilization		100.00%			99.22%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			454.46			634.60