



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 001135-00 - 2022/10

262.36

Surrey Place Care Center

Zip Code:	32060
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	11,728
Total Patient Days FYE 12/31/21:	19,547
Medicaid Days FYE 12/31/21:	11,789
Medicaid Utilization:	60.31105%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,155,042	425,527	646,897
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	98.4858	36.2829	55.1583
3: Inflated Cost Per Diem (Line 2 x Inflation):	119.1718	43.4405	66.0394
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.5279	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.7349	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	28	22.1286

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	19	0.85	26,461	21.6230

	Total	Per Diem
11: Taxes:	43,215	2.2108
12: Insurance:	18,506	0.9467

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.9826
16: Budget Neutrality Adjustment:		41.5412

17: Prospective Rate: (Sum of Lines 8:16)	242.2849
18: Hold Harmless Rate:	219.2125
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0738
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.3587

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 001136-00 - 2022/10

268.79

Signature HealthCARE of Palm Beach

Zip Code:	33461
Region:	South
Beds:	120
Medicaid Days FYE 12/31/18:	20,124
Total Patient Days FYE 12/31/21:	22,094
Medicaid Days FYE 12/31/21:	13,151
Medicaid Utilization:	59.52295%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,020,415	742,355	964,967
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	100.3982	36.8890	47.9510
3: Inflated Cost Per Diem (Line 2 x Inflation):	121.4859	44.1661	57.4103
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	12.7982	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.5535	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	28.5	22.5238

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	12	0.82	41,700	19.0811

	Total	Per Diem
11: Taxes:	95,727	4.3327
12: Insurance:	28,282	1.2801

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		16.6726
16: Budget Neutrality Adjustment:		43.5974

17: Prospective Rate: (Sum of Lines 8:16)	248.2287
18: Hold Harmless Rate:	220.9320
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5662
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	268.7949

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 001416-00 - 2022/10

227.26

Florida Baptist Retirement Center

Zip Code:	32960
Region:	North
Beds:	24
Medicaid Days FYE 12/31/18:	3,256
Total Patient Days FYE 12/31/20:	6,378
Medicaid Days FYE 12/31/20:	2,457
Medicaid Utilization:	38.52305%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	419,827	117,254	176,671
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	128.9394	36.0116	54.2601
3: Inflated Cost Per Diem (Line 2 x Inflation):	156.0219	43.1157	64.9640
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	67	40	0.89	11,885	15.3714

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	21,925	3.4376

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		41.4647

17: Prospective Rate: (Sum of Lines 8:16)	209.8709
18: Hold Harmless Rate:	189.1450
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.3882
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	227.2591

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 002400-00 - 2022/10

268.74

Village Place Health and Rehab Center

Zip Code:	33952
Region:	North
Beds:	104
Medicaid Days FYE 12/31/17:	18,861
Total Patient Days FYE 12/31/21:	33,681
Medicaid Days FYE 12/31/21:	19,652
Medicaid Utilization:	58.34744%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,184,400	854,433	1,327,754
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	19.6399	41.0427	70.5367
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.5895	55.6960	86.5493
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	5	0.84	47,153	27.6512

	Total	Per Diem
11: Taxes:	85,988	2.5530
12: Insurance:	83,187	2.4698

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.3761
16: Budget Neutrality Adjustment:		43.8574

17: Prospective Rate: (Sum of Lines 8:16)	243.5096
18: Hold Harmless Rate:	248.1780
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5620
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	268.7400

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Florida Agency for Health Care Administration
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0 005380-00 - 2022/10

253.79

The Rehabilitation Center of Winter Park

Zip Code:	32751
Region:	North
Beds:	180
Medicaid Days FYE 12/31/17:	39,254
Total Patient Days FYE 12/31/20:	51,519
Medicaid Days FYE 12/31/20:	38,090
Medicaid Utilization:	73.93389%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,033,833	1,454,246	1,809,811
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	102.7623	37.0470	46.1051
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.4058	45.5475	56.6839
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	27	0.86	49,269	15.0112

	Total	Per Diem
11: Taxes:	107,422	2.0851
12: Insurance:	33,005	0.6406

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0563
16: Budget Neutrality Adjustment:		41.2796

17: Prospective Rate: (Sum of Lines 8:16)	219.9759
18: Hold Harmless Rate:	234.3745
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4184
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.7929

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 005383-00 - 2022/10

244.50

Chipola Health And Rehabilitation Center

Zip Code:	32446
Region:	North
Beds:	60
Medicaid Days FYE 12/31/17:	14,427
Total Patient Days FYE 12/31/20:	19,929
Medicaid Days FYE 12/31/20:	11,292
Medicaid Utilization:	56.66115%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,263,652	545,940	719,583
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	87.5893	37.8415	49.8775
3: Inflated Cost Per Diem (Line 2 x Inflation):	108.5942	46.5243	61.3219
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.1055	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	115.1573	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	49	37	0.86	29,812	16.1528

	Total	Per Diem
11: Taxes:	16,713	0.8386
12: Insurance:	23,534	1.1809

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0403
16: Budget Neutrality Adjustment:		38.5754

17: Prospective Rate: (Sum of Lines 8:16)	219.6147
18: Hold Harmless Rate:	225.7960
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.7076
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	244.5036

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 005384-00 - 2022/10

252.63

Glencove Health And Rehabilitation Center

Zip Code:	32401
Region:	North
Beds:	115
Medicaid Days FYE 12/31/17:	23,477
Total Patient Days FYE 12/31/18:	32,766
Medicaid Days FYE 12/31/18:	19,568
Medicaid Utilization:	59.72044%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,443,208	970,572	1,202,806
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	104.0681	41.3413	51.2333
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.0247	50.8271	62.9888
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	18	0.86	45,923	20.2966

	Total	Per Diem
11: Taxes:	73,116	2.2315
12: Insurance:	26,430	0.8066

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/18):	0	0.0000
15: Quality Assess-Medicaid Share:		18.8926
16: Budget Neutrality Adjustment:		42.2457

17: Prospective Rate: (Sum of Lines 8:16)	233.2985
18: Hold Harmless Rate:	229.4440
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3292
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.6277

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 005385-00 - 2022/10

240.21

Panama City Health And Rehabilitation Center

Zip Code:	32401
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	34,611
Total Patient Days FYE 12/31/18:	34,877
Medicaid Days FYE 12/31/18:	25,364
Medicaid Utilization:	72.72414%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,375,055	1,041,919	1,244,878
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	97.5139	30.1036	35.9676
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.8988	37.0110	44.2205
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.8009	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.4619	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	38	0.86	29,984	11.4012

	Total	Per Diem
11: Taxes:	22,573	0.6472
12: Insurance:	14,550	0.4172

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/18):	0	0.0000
15: Quality Assess-Medicaid Share:		24.5995
16: Budget Neutrality Adjustment:		39.7140

17: Prospective Rate: (Sum of Lines 8:16)	215.0124
18: Hold Harmless Rate:	221.8345
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.3794
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.2139

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 005387-00 - 2022/10

258.02

Suwannee Health And Rehabilitation Center

Zip Code:	32064
Region:	North
Beds:	180
Medicaid Days FYE 12/31/17:	47,101
Total Patient Days FYE 12/31/20:	47,376
Medicaid Days FYE 12/31/20:	33,533
Medicaid Utilization:	70.78056%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,516,669	1,554,689	2,702,854
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	95.8932	33.0075	57.3842
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.8894	40.5811	70.5510
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.8103	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.4525	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	17	0.85	55,915	18.0972

	Total	Per Diem
11: Taxes:	88,990	1.8784
12: Insurance:	42,398	0.8949

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9187
16: Budget Neutrality Adjustment:		40.8177

17: Prospective Rate: (Sum of Lines 8:16)	231.0587
18: Hold Harmless Rate:	238.2790
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7419
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.0209

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 005519-00 - 2022/10

259.13

Wave Crest Health and Rehabilitation Center

Zip Code:	32901
Region:	North
Beds:	138
Medicaid Days FYE 12/31/17:	27,676
Total Patient Days FYE 12/31/20:	31,416
Medicaid Days FYE 12/31/20:	24,007
Medicaid Utilization:	76.41648%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,988,379	924,715	1,480,651
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	107.9772	33.4121	53.4994
3: Inflated Cost Per Diem (Line 2 x Inflation):	133.8713	41.0786	65.7749
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	53	27	0.89	37,596	15.4944

	Total	Per Diem
11: Taxes:	58,331	1.8567
12: Insurance:	30,837	0.9816

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.4665
16: Budget Neutrality Adjustment:		41.3825

17: Prospective Rate: (Sum of Lines 8:16)	235.1288
18: Hold Harmless Rate:	239.3050
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8269
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.1319

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 005701-00 - 2022/10

264.27

Avante at Ocala

Zip Code:	34471
Region:	North
Beds:	133
Medicaid Days FYE 12/31/18:	23,973
Total Patient Days FYE 12/31/21:	42,702
Medicaid Days FYE 12/31/21:	28,770
Medicaid Utilization:	67.37389%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,049,113	734,530	1,357,362
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	127.1894	30.6398	56.6204
3: Inflated Cost Per Diem (Line 2 x Inflation):	153.9043	36.6842	67.7899
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	1	0.84	32,248	23.0411

	Total	Per Diem
11: Taxes:	68,629	1.6072
12: Insurance:	71,439	1.6730

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0558
16: Budget Neutrality Adjustment:		42.7611

17: Prospective Rate: (Sum of Lines 8:16)	244.0456
18: Hold Harmless Rate:	217.6070
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2196
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	264.2653

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 005851-00 - 2022/10

251.48

Lake Eustis Health and Rehabilitation Center

Zip Code:	32726
Region:	North
Beds:	90
Medicaid Days FYE 12/31/17:	20,088
Total Patient Days FYE 12/31/20:	30,355
Medicaid Days FYE 12/31/20:	20,816
Medicaid Utilization:	68.57519%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,129,617	871,743	997,036
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	106.0143	43.3962	49.6334
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.4377	53.3534	61.0218
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	59	28	0.86	27,952	14.3401

	Total	Per Diem
11: Taxes:	36,878	1.2149
12: Insurance:	24,640	0.8117

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0173
16: Budget Neutrality Adjustment:		41.0432

17: Prospective Rate: (Sum of Lines 8:16)	232.2383
18: Hold Harmless Rate:	228.7980
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2414
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.4797

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 010453-00 - 2022/10

256.76

Heartland Health Care & Rehabilitation Center

Zip Code:	34233
Region:	North
Beds:	140
Medicaid Days FYE 12/31/18:	9,318
Total Patient Days FYE 12/31/21:	32,144
Medicaid Days FYE 12/31/21:	11,799
Medicaid Utilization:	36.70669%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,326,560	407,592	515,072
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	142.3653	43.7424	55.2770
3: Inflated Cost Per Diem (Line 2 x Inflation):	172.2677	52.3715	66.1816
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	23	0.85	69,847	22.4770

	Total	Per Diem
11: Taxes:	82,626	2.5705
12: Insurance:	32,680	1.0167

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		12.9105
16: Budget Neutrality Adjustment:		42.7167

17: Prospective Rate: (Sum of Lines 8:16)	228.7845
18: Hold Harmless Rate:	237.1105
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6450
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.7555

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 011997-00 - 2022/10

272.68

Heartland of Boca Raton FL, LLC

Zip Code:	33433
Region:	South
Beds:	120
Medicaid Days FYE 12/31/18:	7,009
Total Patient Days FYE 12/31/20:	27,085
Medicaid Days FYE 12/31/20:	11,262
Medicaid Utilization:	41.58021%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	818,821	304,499	589,143
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	116.8242	43.4440	84.0552
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.3620	52.0142	100.6367
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	12	0.82	56,420	25.0841

	Total	Per Diem
11: Taxes:	99,516	3.6742
12: Insurance:	26,387	0.9742

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		14.5867
16: Budget Neutrality Adjustment:		46.6756

17: Prospective Rate: (Sum of Lines 8:16)	251.8129
18: Hold Harmless Rate:	231.1920
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.8632
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	272.6761

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 015613-00 - 2022/10

246.53

St. James Health And Rehabilitation Center

Zip Code:	32322
Region:	North
Beds:	90
Medicaid Days FYE 12/31/17:	23,296
Total Patient Days FYE 12/31/21:	20,253
Medicaid Days FYE 12/31/21:	16,901
Medicaid Utilization:	83.44937%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,177,961	471,219	905,087
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	93.4907	20.2274	38.8516
3: Inflated Cost Per Diem (Line 2 x Inflation):	115.9108	24.8686	47.7661
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.7889	9.1481	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.4739	27.6267	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	13	9	0.86	45,232	29.1619

	Total	Per Diem
11: Taxes:	61,979	3.0602
12: Insurance:	83,869	4.1410

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		25.1169
16: Budget Neutrality Adjustment:		41.3986

17: Prospective Rate: (Sum of Lines 8:16)	239.0177
18: Hold Harmless Rate:	196.8495
19: Cap on Gains*:	(11.3532)
20: Minimum Wage Increase: (8.2852%)	18.8624
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	246.5270

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 017221-00 - 2022/10

258.17

Bayside Health And Rehabilitation Center

Zip Code:	32504
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	28,536
Total Patient Days FYE 12/31/20:	39,538
Medicaid Days FYE 12/31/20:	31,133
Medicaid Utilization:	78.74197%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,006,933	1,022,066	1,464,383
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	105.3733	35.8167	51.3170
3: Inflated Cost Per Diem (Line 2 x Inflation):	130.6429	44.0348	63.0917
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	49	20	0.87	39,870	17.4895

	Total	Per Diem
11: Taxes:	57,986	1.4666
12: Insurance:	20,441	0.5170

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.2549
16: Budget Neutrality Adjustment:		41.5793

17: Prospective Rate: (Sum of Lines 8:16)	238.4171
18: Hold Harmless Rate:	220.6945
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7533
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.1705

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 017222-00 - 2022/10

259.40

Margate Health And Rehabilitation Center

Zip Code:	33063
Region:	South
Beds:	170
Medicaid Days FYE 12/31/17:	30,753
Total Patient Days FYE 12/31/20:	53,230
Medicaid Days FYE 12/31/20:	30,136
Medicaid Utilization:	56.61469%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,221,109	1,175,279	1,420,626
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	104.7412	38.2167	46.1947
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.8593	46.9855	56.7940
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.4248	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.9269	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	13	0.86	62,813	20.6102

	Total	Per Diem
11: Taxes:	271,786	5.1059
12: Insurance:	55,674	1.0459

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.9216
16: Budget Neutrality Adjustment:		45.3993

17: Prospective Rate: (Sum of Lines 8:16)	237.5934
18: Hold Harmless Rate:	239.5520
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8473
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.3993

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 017223-00 - 2022/10

250.21

Rosewood Healthcare and Rehabilitation Center

Zip Code:	32501
Region:	North
Beds:	155
Medicaid Days FYE 12/31/17:	38,771
Total Patient Days FYE 12/31/20:	48,606
Medicaid Days FYE 12/31/20:	31,968
Medicaid Utilization:	65.76966%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,070,675	1,392,315	1,973,830
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	104.9927	35.9112	50.9099
3: Inflated Cost Per Diem (Line 2 x Inflation):	130.1711	44.1510	62.5912
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	59	40	0.87	47,611	10.8607

	Total	Per Diem
11: Taxes:	28,881	0.5942
12: Insurance:	26,657	0.5484

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.6616
16: Budget Neutrality Adjustment:		40.2902

17: Prospective Rate: (Sum of Lines 8:16)	231.0625
18: Hold Harmless Rate:	227.3730
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1440
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.2065

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 017225-00 - 2022/10

257.33

Bay Breeze Senior Living And Rehabilitation Center

Zip Code:	32563
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	25,394
Total Patient Days FYE 12/31/20:	38,215
Medicaid Days FYE 12/31/20:	24,874
Medicaid Utilization:	65.08962%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,860,156	944,210	1,160,046
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	112.6311	37.1824	45.6818
3: Inflated Cost Per Diem (Line 2 x Inflation):	139.6413	45.7139	56.1636
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	15	0.87	36,616	19.1522

	Total	Per Diem
11: Taxes:	32,670	0.8549
12: Insurance:	14,745	0.3858

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.9317
16: Budget Neutrality Adjustment:		41.7380

17: Prospective Rate: (Sum of Lines 8:16)	237.6454
18: Hold Harmless Rate:	230.0425
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6894
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.3348

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 017230-00 - 2022/10

251.64

Silvercrest Health And Rehabilitation Center

Zip Code:	32539
Region:	North
Beds:	60
Medicaid Days FYE 12/31/17:	12,524
Total Patient Days FYE 12/31/20:	19,062
Medicaid Days FYE 12/31/20:	10,964
Medicaid Utilization:	57.51757%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,185,672	476,444	697,598
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	94.6719	38.0424	55.7008
3: Inflated Cost Per Diem (Line 2 x Inflation):	117.3753	46.7713	68.4814
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.3244	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.9384	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	17	0.87	21,363	18.7834

	Total	Per Diem
11: Taxes:	20,824	1.0924
12: Insurance:	15,752	0.8264

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.5057
16: Budget Neutrality Adjustment:		40.5274

17: Prospective Rate: (Sum of Lines 8:16)	227.0682
18: Hold Harmless Rate:	232.3890
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2539
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.6429

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 017236-00 - 2022/10

254.14

Specialty Health And Rehabilitation Center

Zip Code:	32526
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	25,357
Total Patient Days FYE 12/31/20:	37,842
Medicaid Days FYE 12/31/20:	21,969
Medicaid Utilization:	58.05454%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,061,708	820,763	1,202,426
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	120.7440	32.3683	47.4198
3: Inflated Cost Per Diem (Line 2 x Inflation):	149.6997	39.7952	58.3003
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	21	0.87	37,904	17.1622

	Total	Per Diem
11: Taxes:	42,961	1.1353
12: Insurance:	22,888	0.6048

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.7960
16: Budget Neutrality Adjustment:		41.4808

17: Prospective Rate: (Sum of Lines 8:16)	234.6957
18: Hold Harmless Rate:	233.7475
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4450
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.1406

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 017242-00 - 2022/10

264.63

Grand Boulevard Health & Rehab. Center

Zip Code:	32550
Region:	North
Beds:	97
Medicaid Days FYE 12/31/17:	14,303
Total Patient Days FYE 12/31/20:	26,750
Medicaid Days FYE 12/31/20:	18,590
Medicaid Utilization:	69.49533%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,656,315	594,376	798,157
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	115.8019	41.5560	55.8034
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.5724	51.0910	68.6075
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	3	0.87	37,632	25.4393

	Total	Per Diem
11: Taxes:	25,704	0.9609
12: Insurance:	26,782	1.0012

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.8660
16: Budget Neutrality Adjustment:		42.9475

17: Prospective Rate: (Sum of Lines 8:16)	244.3786
18: Hold Harmless Rate:	238.7445
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2472
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	264.6258

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 018777-00 - 2022/10

281.49

Bay Village of Sarasota

Zip Code:	34231
Region:	North
Beds:	95
Medicaid Days FYE 12/31/18:	4,612
Total Patient Days FYE 12/31/20:	19,400
Medicaid Days FYE 12/31/20:	5,308
Medicaid Utilization:	27.36082%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	951,402	276,546	362,372
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	206.2883	59.9622	78.5715
3: Inflated Cost Per Diem (Line 2 x Inflation):	249.6172	71.7910	94.0713
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	47	8	0.85	60,637	29.2937

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	36,450	1.8789

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.5983

17: Prospective Rate: (Sum of Lines 8:16)	223.2621
18: Hold Harmless Rate:	259.9485
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.5372
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	281.4857

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 019085-00 - 2022/10

247.09

Golfview Healthcare Center

Zip Code:	33713
Region:	North
Beds:	56
Medicaid Days FYE 12/31/18:	12,004
Total Patient Days FYE 12/31/21:	16,437
Medicaid Days FYE 12/31/21:	8,863
Medicaid Utilization:	53.92103%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,157,211	356,913	680,655
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	96.4021	29.7328	56.7023
3: Inflated Cost Per Diem (Line 2 x Inflation):	116.6504	35.5982	67.8880
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.0493	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.2135	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	62	40	0.87	17,000	10.8607

	Total	Per Diem
11: Taxes:	27,210	1.6554
12: Insurance:	23,118	1.4065

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.3191
16: Budget Neutrality Adjustment:		39.2323

17: Prospective Rate: (Sum of Lines 8:16)	228.1800
18: Hold Harmless Rate:	199.3195
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.9051
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	247.0852

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 019282-00 - 2022/10

232.84

Southern Pines Healthcare Center

Zip Code:	34653
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	22,039
Total Patient Days FYE 12/31/21:	33,300
Medicaid Days FYE 12/31/21:	25,975
Medicaid Utilization:	78.00300%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,063,441	636,142	1,263,966
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	93.6267	28.8643	57.3513
3: Inflated Cost Per Diem (Line 2 x Inflation):	113.2922	34.5584	68.6650
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.4075	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.8553	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	46	39	0.86	30,000	11.0730

	Total	Per Diem
11: Taxes:	30,285	0.9095
12: Insurance:	19,739	0.5928

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.8727
16: Budget Neutrality Adjustment:		38.4202

17: Prospective Rate: (Sum of Lines 8:16)	218.1468
18: Hold Harmless Rate:	185.9245
19: Cap on Gains*:	(3.1175)
20: Minimum Wage Increase: (8.2852%)	17.8156
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.8449

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 019284-00 - 2022/10

240.36

Signature HealthCARE of Jacksonville

Zip Code:	32210
Region:	North
Beds:	180
Medicaid Days FYE 12/31/17:	40,428
Total Patient Days FYE 12/31/21:	38,945
Medicaid Days FYE 12/31/21:	34,150
Medicaid Utilization:	87.68776%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,674,590	1,015,905	1,431,856
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	90.8922	25.1287	35.4174
3: Inflated Cost Per Diem (Line 2 x Inflation):	112.6891	30.8945	43.5439
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	12.0106	3.1222	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.2522	33.6526	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	65	40	0.85	50,000	10.6289

	Total	Per Diem
11: Taxes:	44,136	1.1333
12: Insurance:	50,414	1.2945

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.4745
16: Budget Neutrality Adjustment:		37.8604

17: Prospective Rate: (Sum of Lines 8:16)	224.1774
18: Hold Harmless Rate:	191.9285
19: Cap on Gains*:	(2.2042)
20: Minimum Wage Increase: (8.2852%)	18.3909
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.3641

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 019287-00 - 2022/10

241.14

Golfcrest Healthcare Center

Zip Code:	33020
Region:	South
Beds:	67
Medicaid Days FYE 12/31/17:	12,573
Total Patient Days FYE 12/31/21:	19,673
Medicaid Days FYE 12/31/21:	9,546
Medicaid Utilization:	48.52336%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,111,201	358,810	572,294
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	88.3799	28.5381	45.5176
3: Inflated Cost Per Diem (Line 2 x Inflation):	109.5743	35.0862	55.9617
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	24.7098	2.1408	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	116.6419	38.1046	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	62	40	0.86	17,576	10.7448

	Total	Per Diem
11: Taxes:	50,870	2.5858
12: Insurance:	23,393	1.1891

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.1620
16: Budget Neutrality Adjustment:		39.4165

17: Prospective Rate: (Sum of Lines 8:16)	225.9548
18: Hold Harmless Rate:	192.5460
19: Cap on Gains*:	(3.2674)
20: Minimum Wage Increase: (8.2852%)	18.4501
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	241.1374

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 022138-00 - 2022/10

270.44

Carlton Shores Health and Rehab Center

Zip Code:	32114
Region:	North
Beds:	118
Medicaid Days FYE 12/31/17:	19,878
Total Patient Days FYE 12/31/21:	37,655
Medicaid Days FYE 12/31/21:	26,068
Medicaid Utilization:	69.22852%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,366,387	830,881	1,504,763
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	119.0455	41.7990	75.6999
3: Inflated Cost Per Diem (Line 2 x Inflation):	147.5938	51.3898	93.0692
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	1	0.86	105,992	32.8124

	Total	Per Diem
11: Taxes:	63,553	1.6878
12: Insurance:	157,940	4.1944

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.6580
16: Budget Neutrality Adjustment:		44.8964

17: Prospective Rate: (Sum of Lines 8:16)	249.7488
18: Hold Harmless Rate:	229.9380
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.6922
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	270.4410

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 022987-00 - 2022/10

229.20

Blountstown Health and Rehabilitation Center

Zip Code:	32424
Region:	North
Beds:	96
Medicaid Days FYE 12/31/17:	20,559
Total Patient Days FYE 12/31/20:	26,314
Medicaid Days FYE 12/31/20:	18,139
Medicaid Utilization:	68.93289%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,843,969	518,509	1,045,473
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	89.6915	25.2205	50.8523
3: Inflated Cost Per Diem (Line 2 x Inflation):	111.2005	31.0074	62.5203
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	13.4992	3.0093	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.7636	33.7655	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	11	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	16	0.86	37,223	20.4696

	Total	Per Diem
11: Taxes:	65,694	2.4965
12: Insurance:	10,316	0.3920

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.7555
16: Budget Neutrality Adjustment:		39.4008

17: Prospective Rate: (Sum of Lines 8:16)	211.6667
18: Hold Harmless Rate:	202.0175
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.5370
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	229.2036

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 022994-00 - 2022/10

248.38

The Home Association, Inc.

Zip Code:	33605
Region:	North
Beds:	96
Medicaid Days FYE 6/30/20:	22,415
Total Patient Days FYE 6/30/21:	26,157
Medicaid Days FYE 6/30/21:	20,198
Medicaid Utilization:	77.21834%

	Price	Floor	Inflation
Direct Care	100%	95%	1.16682769
Indirect Care	92%	92.5%	1.15756717
Operating	86%	N/A	1.15756717

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,308,804	635,018	1,017,202
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/20):	103.0026	28.3300	45.3804
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.1863	32.7939	52.5309
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.5134	1.2228	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.7494	35.5520	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	98	40	0.86		10.7448

	Total	Per Diem
11: Taxes:	2,857	0.1092
12: Insurance:	10,494	0.4012

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.9729
16: Budget Neutrality Adjustment:		39.1712

17: Prospective Rate: (Sum of Lines 8:16)	229.3795
18: Hold Harmless Rate:	199.9370
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.0045
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.3840

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 023067-00 - 2022/10

291.10

Okeechobee Healthcare Facility

Zip Code:	34972
Region:	South
Beds:	180
Medicaid Days FYE 3/31/18:	47,647
Total Patient Days FYE 3/31/21:	56,581
Medicaid Days FYE 3/31/21:	42,141
Medicaid Utilization:	74.47907%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23200441
Indirect Care	92%	92.5%	1.22237711
Operating	86%	N/A	1.22237711

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	6,211,553	1,746,183	2,520,285
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/18):	130.3660	36.6483	52.8949
3: Inflated Cost Per Diem (Line 2 x Inflation):	160.6116	44.7981	64.6576
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	13	0.82	65,028	19.3204

	Total	Per Diem
11: Taxes:	141,440	2.4998
12: Insurance:	115,122	2.0346

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		9.3592
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.3661
16: Budget Neutrality Adjustment:		45.6613

17: Prospective Rate: (Sum of Lines 8:16)	268.8300
18: Hold Harmless Rate:	255.3885
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.2731
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	291.1031

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 026536-00 - 2022/10

281.47

West Broward Rehabilitation and Healthcare

Zip Code:	33324
Region:	South
Beds:	120
Medicaid Days FYE 12/31/18:	29,228
Total Patient Days FYE 12/31/21:	38,106
Medicaid Days FYE 12/31/21:	23,357
Medicaid Utilization:	61.29481%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,289,213	878,634	1,477,143
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	112.5363	30.0613	50.5386
3: Inflated Cost Per Diem (Line 2 x Inflation):	136.1735	35.9916	60.5084
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.2354	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	39.0100	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	59	4	0.85	35,127	22.3184

	Total	Per Diem
11: Taxes:	70,596	1.8526
12: Insurance:	60,723	1.5935

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		20.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.4455
16: Budget Neutrality Adjustment:		45.7776

17: Prospective Rate: (Sum of Lines 8:16)	259.9311
18: Hold Harmless Rate:	249.8215
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.5358
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	281.4669

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 032482-00 - 2022/10

259.27

Unity Health and Rehab Center

Zip Code:	33142
Region:	South
Beds:	270
Medicaid Days FYE 12/31/17:	68,099
Total Patient Days FYE 12/31/21:	88,154
Medicaid Days FYE 12/31/21:	67,387
Medicaid Utilization:	76.44236%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	8,059,013	2,060,081	4,387,400
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	118.3426	30.2512	64.4267
3: Inflated Cost Per Diem (Line 2 x Inflation):	146.7224	37.1924	79.2095
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0346	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2108	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	10	0	0.86	77,675	23.8722

	Total	Per Diem
11: Taxes:	188,366	2.1368
12: Insurance:	215,163	2.4408

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		4.8733
16: Budget Neutrality Adjustment:		46.4482

17: Prospective Rate: (Sum of Lines 8:16)	239.4288
18: Hold Harmless Rate:	233.8520
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8371
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.2659

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 032486-00 - 2022/10

266.49

Lady Lake Specialty Care Center

Zip Code:	32159
Region:	North
Beds:	145
Medicaid Days FYE 12/31/17:	25,921
Total Patient Days FYE 12/31/20:	47,451
Medicaid Days FYE 12/31/20:	33,183
Medicaid Utilization:	69.93109%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,575,083	1,000,082	1,494,290
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	99.3435	38.5819	57.6478
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.1671	47.4345	70.8751
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.5326	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.7302	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	1	0.86	60,613	27.7470

	Total	Per Diem
11: Taxes:	138,293	2.9144
12: Insurance:	233,415	4.9191

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.8287
16: Budget Neutrality Adjustment:		44.0945

17: Prospective Rate: (Sum of Lines 8:16)	246.0990
18: Hold Harmless Rate:	237.5475
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.3898
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	266.4887

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 032551-00 - 2022/10

265.10

Sunset Lake Health and Rehab Center

Zip Code:	34292
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	20,988
Total Patient Days FYE 12/31/21:	31,067
Medicaid Days FYE 12/31/21:	15,315
Medicaid Utilization:	49.29668%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,772,810	1,026,640	1,518,151
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	20.9294	44.7219	72.6342
3: Inflated Cost Per Diem (Line 2 x Inflation):	163.7963	60.1392	88.9313
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	1	0.85	45,045	24.8422

	Total	Per Diem
11: Taxes:	76,007	2.4466
12: Insurance:	115,101	3.7049

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.3253
16: Budget Neutrality Adjustment:		43.5674

17: Prospective Rate: (Sum of Lines 8:16)	240.4636
18: Hold Harmless Rate:	244.8150
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2834
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.0984

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 032553-00 - 2022/10

262.22

Lexington Health & Rehabilitation Center

Zip Code:	33709
Region:	North
Beds:	159
Medicaid Days FYE 12/31/17:	30,006
Total Patient Days FYE 12/31/20:	52,295
Medicaid Days FYE 12/31/20:	36,864
Medicaid Utilization:	70.49240%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,298,898	1,146,707	1,783,318
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	109.9412	38.2159	59.4320
3: Inflated Cost Per Diem (Line 2 x Inflation):	136.3063	46.9845	73.0687
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	2	0.87	65,188	27.1617

	Total	Per Diem
11: Taxes:	85,751	1.6398
12: Insurance:	198,059	3.7873

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.7009
16: Budget Neutrality Adjustment:		43.8427

17: Prospective Rate: (Sum of Lines 8:16)	242.1590
18: Hold Harmless Rate:	216.5145
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0633
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.2223

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 033175-00 - 2022/10

262.27

Seven Hills Health & Rehabilitation Center

Zip Code:	32308
Region:	North
Beds:	156
Medicaid Days FYE 1/31/18:	38,124
Total Patient Days FYE 1/31/21:	44,724
Medicaid Days FYE 1/31/21:	30,621
Medicaid Utilization:	68.46660%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,057,070	1,356,900	1,687,100
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	106.4177	35.5917	44.2529
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.6603	43.6742	54.3022
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	43	5	0.86	48,612	22.2313

	Total	Per Diem
11: Taxes:	70,357	1.5731
12: Insurance:	45,193	1.0105

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.8319
16: Budget Neutrality Adjustment:		42.5011

17: Prospective Rate: (Sum of Lines 8:16)	242.2043
18: Hold Harmless Rate:	218.8705
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0671
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.2714

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 033717-00 - 2022/10

244.23

Benderson Family Skilled Nursing & Rehab Center

Zip Code:	34235
Region:	North
Beds:	45
Medicaid Days FYE 6/30/19:	6,065
Total Patient Days FYE 6/30/21:	12,816
Medicaid Days FYE 6/30/21:	5,068
Medicaid Utilization:	39.54432%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	845,628	261,516	673,943
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/19):	139.4275	43.1188	111.1200
3: Inflated Cost Per Diem (Line 2 x Inflation):	166.2369	50.9661	131.3429
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	11	7	0.85	18,760	25.0904

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	30,825	2.4052

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.9637

17: Prospective Rate: (Sum of Lines 8:16)	220.6148
18: Hold Harmless Rate:	225.5395
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.6864
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	244.2259

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043832-00 - 2022/10

225.73

Heron Pointe Health and Rehabilitation

Zip Code:	34601
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	30,895
Total Patient Days FYE 12/31/20:	38,521
Medicaid Days FYE 12/31/20:	25,789
Medicaid Utilization:	66.94790%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,494,819	622,995	1,444,462
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	80.7515	20.1649	46.7539
3: Inflated Cost Per Diem (Line 2 x Inflation):	104.5998	26.0224	60.3348
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.0999	7.9943	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.1629	28.7805	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	32	0.86	36,464	13.3703

	Total	Per Diem
11: Taxes:	65,913	1.7111
12: Insurance:	36,043	0.9357

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.8600
16: Budget Neutrality Adjustment:		36.1345

17: Prospective Rate: (Sum of Lines 8:16)	210.5459
18: Hold Harmless Rate:	180.2435
19: Cap on Gains*:	(2.0869)
20: Minimum Wage Increase: (8.2852%)	17.2712
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	225.7302

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043833-00 - 2022/10

228.36

Heritage Healthcare Center At Tallahassee

Zip Code:	32308
Region:	North
Beds:	180
Medicaid Days FYE 12/31/15:	45,554
Total Patient Days FYE 12/31/20:	54,212
Medicaid Days FYE 12/31/20:	42,025
Medicaid Utilization:	77.51974%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,748,566	904,387	2,168,426
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	82.2884	19.8530	47.6012
3: Inflated Cost Per Diem (Line 2 x Inflation):	106.5905	25.6199	61.4282
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.1092	8.3968	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	113.1536	28.3780	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	29	0.86	58,499	14.3548

	Total	Per Diem
11: Taxes:	80,814	1.4907
12: Insurance:	69,759	1.2868

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9647
16: Budget Neutrality Adjustment:		36.6011

17: Prospective Rate: (Sum of Lines 8:16)	210.8875
18: Hold Harmless Rate:	185.9910
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.4724
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	228.3599

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043835-00 - 2022/10

245.08

Bay Breeze Health And Rehabilitation Center

Zip Code:	34285
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	30,150
Total Patient Days FYE 12/31/20:	36,773
Medicaid Days FYE 12/31/20:	28,411
Medicaid Utilization:	77.26049%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,854,023	684,529	1,512,589
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	94.6607	22.7040	50.1688
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.6168	29.2991	64.7416
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.0829	4.7176	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.1799	32.0572	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	30	0.85	41,201	13.8760

	Total	Per Diem
11: Taxes:	81,031	2.2035
12: Insurance:	44,285	1.2043

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.3452
16: Budget Neutrality Adjustment:		40.0279

17: Prospective Rate: (Sum of Lines 8:16)	226.3273
18: Hold Harmless Rate:	204.8010
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.7516
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.0789

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043838-00 - 2022/10

239.89

Heritage Healthcare and Rehabilitation Center

Zip Code:	34102
Region:	North
Beds:	97
Medicaid Days FYE 12/31/15:	24,467
Total Patient Days FYE 12/31/20:	26,318
Medicaid Days FYE 12/31/20:	18,510
Medicaid Utilization:	70.33209%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,175,413	626,127	1,228,419
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	88.9121	25.5906	50.2071
3: Inflated Cost Per Diem (Line 2 x Inflation):	115.1704	33.0242	64.7912
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	9.5293	0.9925	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	121.7335	35.7823	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16.5	13.0401

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	39	0.84	23,119	10.8343

	Total	Per Diem
11: Taxes:	57,654	2.1907
12: Insurance:	59,608	2.2649

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.3082
16: Budget Neutrality Adjustment:		39.0416

17: Prospective Rate: (Sum of Lines 8:16)	221.5371
18: Hold Harmless Rate:	198.8160
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.3548
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	239.8918

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043839-00 - 2022/10

220.45

Keystone Rehabilitation and Health Center

Zip Code:	34741
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	26,562
Total Patient Days FYE 12/31/20:	34,354
Medicaid Days FYE 12/31/20:	24,184
Medicaid Utilization:	70.39646%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,033,893	582,215	1,229,537
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	76.5715	21.9190	46.2893
3: Inflated Cost Per Diem (Line 2 x Inflation):	99.1852	28.2861	59.7353
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	25.5145	5.7306	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	105.7483	31.0442	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14.5	11.4595

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	16	13	0.86	41,226	19.6058

	Total	Per Diem
11: Taxes:	67,774	1.9728
12: Insurance:	48,401	1.4089

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.2411
16: Budget Neutrality Adjustment:		36.7937

17: Prospective Rate: (Sum of Lines 8:16)	209.1116
18: Hold Harmless Rate:	176.0255
19: Cap on Gains*:	(5.5308)
20: Minimum Wage Increase: (8.2852%)	16.8670
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	220.4478

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043843-00 - 2022/10

232.51

Oaktree Healthcare

Zip Code:	32119
Region:	North
Beds:	65
Medicaid Days FYE 12/31/15:	18,937
Total Patient Days FYE 12/31/20:	19,946
Medicaid Days FYE 12/31/20:	15,927
Medicaid Utilization:	79.85060%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,535,077	466,741	1,082,962
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	81.0622	24.6470	57.1875
3: Inflated Cost Per Diem (Line 2 x Inflation):	105.0023	31.8064	73.7992
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	19.6974	2.2103	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.5654	34.5645	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	58	40	0.86	11,926	10.7448

	Total	Per Diem
11: Taxes:	14,810	0.7425
12: Insurance:	17,471	0.8759

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.9669
16: Budget Neutrality Adjustment:		36.5716

17: Prospective Rate: (Sum of Lines 8:16)	214.7242
18: Hold Harmless Rate:	196.8780
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.7903
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.5145

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043846-00 - 2022/10

233.32

Rio Pinar Health Care

Zip Code:	32822
Region:	North
Beds:	180
Medicaid Days FYE 12/31/15:	44,703
Total Patient Days FYE 12/31/20:	61,619
Medicaid Days FYE 12/31/20:	45,087
Medicaid Utilization:	73.17061%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,922,022	939,984	1,935,866
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	87.7350	21.0273	43.3050
3: Inflated Cost Per Diem (Line 2 x Inflation):	113.6457	27.1352	55.8841
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.0540	6.8815	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	120.2088	29.8933	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	31	0.86	53,832	13.1811

	Total	Per Diem
11: Taxes:	133,389	2.1647
12: Insurance:	71,281	1.1568

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.5515
16: Budget Neutrality Adjustment:		37.9714

17: Prospective Rate: (Sum of Lines 8:16)	215.4642
18: Hold Harmless Rate:	186.9410
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.8516
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	233.3158

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043847-00 - 2022/10

243.18

The Palms Rehabilitation and Healthcare Center

Zip Code:	32905
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	27,664
Total Patient Days FYE 12/31/20:	38,592
Medicaid Days FYE 12/31/20:	22,945
Medicaid Utilization:	59.45533%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,515,975	657,501	1,181,442
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	90.9476	23.7673	42.7068
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.2920	31.3486	56.3293
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.4077	2.6681	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.8551	34.1067	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	24	20	0.89	46,102	19.4764

	Total	Per Diem
11: Taxes:	105,826	2.7422
12: Insurance:	46,947	1.2165

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		17.4302
16: Budget Neutrality Adjustment:		41.0419

17: Prospective Rate: (Sum of Lines 8:16)	228.8306
18: Hold Harmless Rate:	194.1800
19: Cap on Gains*:	(4.2534)
20: Minimum Wage Increase: (8.2852%)	18.6066
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.1838

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043848-00 - 2022/10

235.18

Coral Trace Health Care

Zip Code:	33991
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	23,450
Total Patient Days FYE 12/31/20:	36,804
Medicaid Days FYE 12/31/20:	22,624
Medicaid Utilization:	61.47158%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,926,570	661,242	1,122,044
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	82.1565	28.1979	47.8483
3: Inflated Cost Per Diem (Line 2 x Inflation):	106.4196	36.3888	61.7472
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.2801	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	112.9827	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	23	0.84	42,848	16.2707

	Total	Per Diem
11: Taxes:	85,774	2.3306
12: Insurance:	43,815	1.1905

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.8348
16: Budget Neutrality Adjustment:		38.4796

17: Prospective Rate: (Sum of Lines 8:16)	217.1838
18: Hold Harmless Rate:	190.3420
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.9941
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	235.1779

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043850-00 - 2022/10

249.18

The Parks Healthcare and Rehabilitation Center

Zip Code:	32837
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	29,371
Total Patient Days FYE 12/31/20:	37,924
Medicaid Days FYE 12/31/20:	29,648
Medicaid Utilization:	78.17741%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,537,918	773,065	1,481,738
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	86.4089	26.3206	50.4490
3: Inflated Cost Per Diem (Line 2 x Inflation):	114.2889	34.7164	66.5410
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.4108	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	120.8520	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	19	0.86	48,665	20.2145

	Total	Per Diem
11: Taxes:	81,311	2.1441
12: Insurance:	37,576	0.9908

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.5213
16: Budget Neutrality Adjustment:		40.4516

17: Prospective Rate: (Sum of Lines 8:16)	230.1155
18: Hold Harmless Rate:	201.3620
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.0655
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	249.1810

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043851-00 - 2022/10

256.77

Coral Bay Healthcare and Rehabilitation

Zip Code:	33415
Region:	South
Beds:	120
Medicaid Days FYE 12/31/14:	23,979
Total Patient Days FYE 12/31/20:	40,187
Medicaid Days FYE 12/31/20:	30,098
Medicaid Utilization:	74.89487%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,045,397	693,609	1,307,826
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	85.2995	28.9256	54.5404
3: Inflated Cost Per Diem (Line 2 x Inflation):	112.8215	38.1523	71.9376
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	21.4626	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.8891	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	15	0.82	38,616	17.8408

	Total	Per Diem
11: Taxes:	103,728	2.5811
12: Insurance:	38,898	0.9679

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.7323
16: Budget Neutrality Adjustment:		41.5320

17: Prospective Rate: (Sum of Lines 8:16)	241.6193
18: Hold Harmless Rate:	205.0290
19: Cap on Gains*:	(4.4948)
20: Minimum Wage Increase: (8.2852%)	19.6462
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.7707

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043853-00 - 2022/10

242.11

Plantation Bay Rehabilitation Center

Zip Code:	34769
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	28,994
Total Patient Days FYE 12/31/20:	40,219
Medicaid Days FYE 12/31/20:	27,093
Medicaid Utilization:	67.36368%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,559,632	744,695	1,242,500
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	88.2814	25.6844	42.8536
3: Inflated Cost Per Diem (Line 2 x Inflation):	116.7655	33.8772	56.5230
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.9342	0.1395	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.3286	36.6353	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	20	0.86	47,120	18.9216

	Total	Per Diem
11: Taxes:	71,344	1.7739
12: Insurance:	48,160	1.1974

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.1693
16: Budget Neutrality Adjustment:		40.6036

17: Prospective Rate: (Sum of Lines 8:16)	228.6776
18: Hold Harmless Rate:	193.3250
19: Cap on Gains*:	(5.0893)
20: Minimum Wage Increase: (8.2852%)	18.5247
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.1130

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043854-00 - 2022/10

222.84

Colonial Lakes Health Care

Zip Code:	34787
Region:	North
Beds:	180
Medicaid Days FYE 12/31/15:	49,719
Total Patient Days FYE 12/31/20:	58,453
Medicaid Days FYE 12/31/20:	43,412
Medicaid Utilization:	74.26822%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,867,989	980,196	2,167,882
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	77.7970	19.7147	43.6026
3: Inflated Cost Per Diem (Line 2 x Inflation):	100.7727	25.4414	56.2682
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	23.9270	8.5753	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	107.3358	28.1995	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20.5	16.2013

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	26	0.86	54,472	15.3394

	Total	Per Diem
11: Taxes:	98,876	1.6915
12: Insurance:	61,989	1.0605

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.1847
16: Budget Neutrality Adjustment:		35.7318

17: Prospective Rate: (Sum of Lines 8:16)	210.7057
18: Hold Harmless Rate:	177.9350
19: Cap on Gains*:	(4.9165)
20: Minimum Wage Increase: (8.2852%)	17.0500
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	222.8391

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043856-00 - 2022/10

250.92

Central Park Healthcare and Rehabilitation Center

Zip Code:	33511
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	25,568
Total Patient Days FYE 12/31/20:	40,008
Medicaid Days FYE 12/31/20:	26,428
Medicaid Utilization:	66.05679%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,522,624	822,044	1,316,739
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	98.6633	32.1512	51.4994
3: Inflated Cost Per Diem (Line 2 x Inflation):	130.4972	42.4068	67.9266
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	29	0.86	45,884	15.3937

	Total	Per Diem
11: Taxes:	59,294	1.4821
12: Insurance:	43,975	1.0992

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.5848
16: Budget Neutrality Adjustment:		41.3207

17: Prospective Rate: (Sum of Lines 8:16)	231.7171
18: Hold Harmless Rate:	214.5005
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1982
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.9153

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043857-00 - 2022/10

248.66

Beneva Lakes Healthcare and Rehabilitation Center

Zip Code:	34232
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	32,985
Total Patient Days FYE 12/31/20:	41,152
Medicaid Days FYE 12/31/20:	34,564
Medicaid Utilization:	83.99106%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,447,767	775,409	1,703,079
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	104.5253	23.5079	51.6319
3: Inflated Cost Per Diem (Line 2 x Inflation):	135.3946	30.3364	66.6298
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.6803	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	33.0945	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	36	0.85	45,143	12.2500

	Total	Per Diem
11: Taxes:	70,173	1.7052
12: Insurance:	38,569	0.9372

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.8917
16: Budget Neutrality Adjustment:		40.1536

17: Prospective Rate: (Sum of Lines 8:16)	229.6381
18: Hold Harmless Rate:	212.9330
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.0259
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.6640

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043859-00 - 2022/10

252.06

Bradenton Health Care

Zip Code:	34210
Region:	North
Beds:	105
Medicaid Days FYE 12/31/15:	22,299
Total Patient Days FYE 12/31/20:	26,639
Medicaid Days FYE 12/31/20:	14,350
Medicaid Utilization:	53.86839%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,013,813	649,768	1,150,706
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	90.3095	29.1388	51.6034
3: Inflated Cost Per Diem (Line 2 x Inflation):	116.9805	37.6031	66.5931
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.7192	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.5436	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25.5	20.1529

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	19	0.85	47,974	22.3515

	Total	Per Diem
11: Taxes:	126,038	4.7313
12: Insurance:	49,479	1.8574

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		17.7716
16: Budget Neutrality Adjustment:		41.8809

17: Prospective Rate: (Sum of Lines 8:16)	238.7268
18: Hold Harmless Rate:	201.2670
19: Cap on Gains*:	(5.9532)
20: Minimum Wage Increase: (8.2852%)	19.2857
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.0593

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043860-00 - 2022/10

222.18

Brandon Health and Rehabilitation Center

Zip Code:	33511
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	16,484
Total Patient Days FYE 12/31/20:	38,539
Medicaid Days FYE 12/31/20:	17,030
Medicaid Utilization:	44.18900%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,383,609	627,295	711,027
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	83.9364	38.0547	43.1343
3: Inflated Cost Per Diem (Line 2 x Inflation):	108.7253	49.1088	55.6639
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.9744	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	115.2884	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	20	0.86	47,755	19.4934

	Total	Per Diem
11: Taxes:	126,730	3.2884
12: Insurance:	48,884	1.2684

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		15.2564
16: Budget Neutrality Adjustment:		39.6124

17: Prospective Rate: (Sum of Lines 8:16)	205.1821
18: Hold Harmless Rate:	189.0120
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	16.9997
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	222.1818

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043861-00 - 2022/10

242.14

Fort Pierce Health Care

Zip Code:	34950
Region:	North
Beds:	171
Medicaid Days FYE 12/31/15:	47,950
Total Patient Days FYE 12/31/20:	47,271
Medicaid Days FYE 12/31/20:	40,029
Medicaid Utilization:	84.67982%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,229,965	1,074,199	2,378,934
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	88.2161	22.4024	49.6128
3: Inflated Cost Per Diem (Line 2 x Inflation):	114.2689	28.9099	64.0241
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.4308	5.1068	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	120.8320	31.6680	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	31	0.82	45,634	13.1098

	Total	Per Diem
11: Taxes:	109,030	2.3065
12: Insurance:	51,369	1.0867

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.1643
16: Budget Neutrality Adjustment:		38.3853

17: Prospective Rate: (Sum of Lines 8:16)	223.6177
18: Hold Harmless Rate:	196.6215
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.5271
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.1448

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043862-00 - 2022/10

246.65

Habana Health Care Center

Zip Code:	33614
Region:	North
Beds:	150
Medicaid Days FYE 12/31/15:	39,468
Total Patient Days FYE 12/31/20:	47,440
Medicaid Days FYE 12/31/20:	38,376
Medicaid Utilization:	80.89376%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,531,163	1,024,970	2,021,929
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	89.4690	25.9696	51.2295
3: Inflated Cost Per Diem (Line 2 x Inflation):	115.8917	33.5132	66.1106
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.8080	0.5035	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.4548	36.2713	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	33	0.86	40,966	13.0421

	Total	Per Diem
11: Taxes:	73,443	1.5481
12: Insurance:	49,693	1.0475

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.8906
16: Budget Neutrality Adjustment:		39.3105

17: Prospective Rate: (Sum of Lines 8:16)	227.7797
18: Hold Harmless Rate:	198.7685
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.8720
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	246.6517

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043863-00 - 2022/10

244.80

The Health and Rehabilitation Centre at Dolphins View

Zip Code:	33707
Region:	North
Beds:	58
Medicaid Days FYE 12/31/15:	9,774
Total Patient Days FYE 12/31/20:	16,063
Medicaid Days FYE 12/31/20:	11,518
Medicaid Utilization:	71.70516%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	847,917	354,060	599,939
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	86.7522	36.2247	61.3811
3: Inflated Cost Per Diem (Line 2 x Inflation):	112.3726	46.7471	79.2109
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	12.3271	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	118.9357	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	30	0.87	14,864	14.1773

	Total	Per Diem
11: Taxes:	39,628	2.4670
12: Insurance:	86,690	5.3969

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.3527
16: Budget Neutrality Adjustment:		39.8951

17: Prospective Rate: (Sum of Lines 8:16)	226.0692
18: Hold Harmless Rate:	213.4175
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.7303
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	244.7995

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043864-00 - 2022/10

241.93

Grand Oaks Health and Rehabilitation Center

Zip Code:	32137
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	17,507
Total Patient Days FYE 12/31/20:	36,154
Medicaid Days FYE 12/31/20:	22,258
Medicaid Utilization:	61.56442%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,530,257	619,294	856,119
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	87.4082	35.3740	48.9015
3: Inflated Cost Per Diem (Line 2 x Inflation):	113.2224	45.6494	63.1063
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.4773	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.7855	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	23	0.86	51,814	19.8403

	Total	Per Diem
11: Taxes:	80,948	2.2390
12: Insurance:	50,434	1.3950

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.0031
16: Budget Neutrality Adjustment:		40.2891

17: Prospective Rate: (Sum of Lines 8:16)	223.4231
18: Hold Harmless Rate:	196.9920
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.5110
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	241.9341

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043865-00 - 2022/10

224.27

Harts Harbor Health Care Center

Zip Code:	32218
Region:	North
Beds:	180
Medicaid Days FYE 12/31/15:	52,341
Total Patient Days FYE 12/31/20:	60,525
Medicaid Days FYE 12/31/20:	51,526
Medicaid Utilization:	85.13176%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,307,606	960,364	2,432,493
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	82.2988	18.3482	46.4739
3: Inflated Cost Per Diem (Line 2 x Inflation):	106.6041	23.6779	59.9735
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.0956	10.3388	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	113.1672	26.4360	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	45	40	0.85	50,812	10.4124

	Total	Per Diem
11: Taxes:	51,291	0.8474
12: Insurance:	52,367	0.8652

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	76	0.2950
15: Quality Assess-Medicaid Share:		23.8628
16: Budget Neutrality Adjustment:		35.4041

17: Prospective Rate: (Sum of Lines 8:16)	212.8740
18: Hold Harmless Rate:	179.0750
19: Cap on Gains*:	(5.7664)
20: Minimum Wage Increase: (8.2852%)	17.1593
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	224.2668

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043866-00 - 2022/10

241.14

Fletcher Health and Rehabilitation Center

Zip Code:	33612
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	25,128
Total Patient Days FYE 12/31/20:	39,238
Medicaid Days FYE 12/31/20:	27,175
Medicaid Utilization:	69.25684%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,144,630	662,011	1,252,427
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	85.3482	26.3455	49.8418
3: Inflated Cost Per Diem (Line 2 x Inflation):	110.5540	33.9983	64.3198
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.1457	0.0184	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.1171	36.7564	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	24	20	0.86	45,825	18.7607

	Total	Per Diem
11: Taxes:	68,608	1.7485
12: Insurance:	57,691	1.4703

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.1754
16: Budget Neutrality Adjustment:		39.5674

17: Prospective Rate: (Sum of Lines 8:16)	227.4821
18: Hold Harmless Rate:	192.5460
19: Cap on Gains*:	(4.7947)
20: Minimum Wage Increase: (8.2852%)	18.4501
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	241.1374

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043867-00 - 2022/10

240.20

Wedgewood Healthcare Center

Zip Code:	33809
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	18,291
Total Patient Days FYE 12/31/20:	38,591
Medicaid Days FYE 12/31/20:	19,669
Medicaid Utilization:	50.96784%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,541,300	575,991	892,935
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	84.2654	31.4904	48.8182
3: Inflated Cost Per Diem (Line 2 x Inflation):	109.1514	40.6376	62.9988
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.5483	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	115.7145	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	22	0.85	63,663	22.9748

	Total	Per Diem
11: Taxes:	148,463	3.8471
12: Insurance:	55,597	1.4407

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.5808
16: Budget Neutrality Adjustment:		40.4129

17: Prospective Rate: (Sum of Lines 8:16)	229.1506
18: Hold Harmless Rate:	191.7955
19: Cap on Gains*:	(7.3313)
20: Minimum Wage Increase: (8.2852%)	18.3781
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.1975

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043868-00 - 2022/10

245.31

Deltona Health Care

Zip Code:	32725
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	26,251
Total Patient Days FYE 12/31/20:	37,448
Medicaid Days FYE 12/31/20:	19,233
Medicaid Utilization:	51.35922%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,361,246	705,831	1,292,197
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	89.9488	26.8877	49.2246
3: Inflated Cost Per Diem (Line 2 x Inflation):	116.5132	34.6980	63.5233
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.1865	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.0763	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	29	0.86	43,000	14.6704

	Total	Per Diem
11: Taxes:	80,275	2.1436
12: Insurance:	44,611	1.1913

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.7653
16: Budget Neutrality Adjustment:		39.9132

17: Prospective Rate: (Sum of Lines 8:16)	226.5443
18: Hold Harmless Rate:	198.2175
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.7696
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.3139

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043871-00 - 2022/10

233.90

Lake Mary Health and Rehabilitation Center

Zip Code:	32746
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	17,378
Total Patient Days FYE 12/31/20:	38,539
Medicaid Days FYE 12/31/20:	17,755
Medicaid Utilization:	46.07021%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,624,523	581,041	869,574
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	93.4815	33.4354	50.0388
3: Inflated Cost Per Diem (Line 2 x Inflation):	121.0893	43.1477	64.5739
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.6104	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.6524	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	22	19	0.86	49,962	20.7162

	Total	Per Diem
11: Taxes:	94,568	2.4538
12: Insurance:	51,358	1.3326

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		15.4698
16: Budget Neutrality Adjustment:		41.8242

17: Prospective Rate: (Sum of Lines 8:16)	216.0001
18: Hold Harmless Rate:	201.8275
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.8960
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	233.8961

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043872-00 - 2022/10

233.74

Countryside Rehab and Healthcare Center

Zip Code:	34684
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	27,143
Total Patient Days FYE 12/31/20:	28,863
Medicaid Days FYE 12/31/20:	16,668
Medicaid Utilization:	57.74867%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,257,830	588,581	1,193,633
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	83.1827	21.6844	43.9757
3: Inflated Cost Per Diem (Line 2 x Inflation):	110.0218	28.6013	58.0029
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.6779	5.4154	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	116.5849	31.3594	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	22	0.86	40,734	16.6521

	Total	Per Diem
11: Taxes:	71,489	2.4768
12: Insurance:	54,651	1.8935

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		17.8328
16: Budget Neutrality Adjustment:		38.3791

17: Prospective Rate: (Sum of Lines 8:16)	219.2320
18: Hold Harmless Rate:	186.6370
19: Cap on Gains*:	(3.3786)
20: Minimum Wage Increase: (8.2852%)	17.8839
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	233.7372

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043873-00 - 2022/10

243.85

Harbor Beach Nursing and Rehabilitation Center

Zip Code:	33316
Region:	South
Beds:	59
Medicaid Days FYE 12/31/14:	14,577
Total Patient Days FYE 12/31/20:	19,167
Medicaid Days FYE 12/31/20:	16,068
Medicaid Utilization:	83.83159%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,211,576	378,333	811,229
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	83.1155	25.9541	55.6512
3: Inflated Cost Per Diem (Line 2 x Inflation):	109.9329	34.2328	73.4027
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	24.3512	2.9942	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.0005	37.2512	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	61	40	0.85	16,921	10.6289

	Total	Per Diem
11: Taxes:	66,703	3.4801
12: Insurance:	27,946	1.4580

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.1022
16: Budget Neutrality Adjustment:		39.5119

17: Prospective Rate: (Sum of Lines 8:16)	225.1909
18: Hold Harmless Rate:	205.2095
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.6575
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.8484

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043874-00 - 2022/10

223.52

Health Center at Brentwood

Zip Code:	34461
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	22,636
Total Patient Days FYE 12/31/20:	38,832
Medicaid Days FYE 12/31/20:	21,227
Medicaid Utilization:	54.66368%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,826,925	510,691	1,012,219
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	80.7088	22.5609	44.7172
3: Inflated Cost Per Diem (Line 2 x Inflation):	104.5444	29.1144	57.7065
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.1553	4.9023	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.1075	31.8725	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	23	0.84	48,336	18.1914

	Total	Per Diem
11: Taxes:	80,709	2.0784
12: Insurance:	44,982	1.1584

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.0401
16: Budget Neutrality Adjustment:		37.5924

17: Prospective Rate: (Sum of Lines 8:16)	214.0868
18: Hold Harmless Rate:	178.4765
19: Cap on Gains*:	(7.6714)
20: Minimum Wage Increase: (8.2852%)	17.1019
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	223.5173

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043875-00 - 2022/10

229.92

Governor's Creek Health and Rehabilitation

Zip Code:	32043
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	32,729
Total Patient Days FYE 12/31/20:	34,153
Medicaid Days FYE 12/31/20:	24,788
Medicaid Utilization:	72.57928%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,649,064	774,635	1,494,862
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	80.9393	23.6681	45.6739
3: Inflated Cost Per Diem (Line 2 x Inflation):	104.8430	30.5432	58.9411
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	19.8567	3.4735	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.4061	33.3013	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	30	0.85	37,277	13.8760

	Total	Per Diem
11: Taxes:	35,669	1.0444
12: Insurance:	49,271	1.4427

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.1529
16: Budget Neutrality Adjustment:		37.0164

17: Prospective Rate: (Sum of Lines 8:16)	214.8572
18: Hold Harmless Rate:	183.5875
19: Cap on Gains*:	(2.5308)
20: Minimum Wage Increase: (8.2852%)	17.5916
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	229.9181

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043876-00 - 2022/10

232.46

Bardmoor Oaks Healthcare and Rehabilitation Center

Zip Code:	33777
Region:	North
Beds:	158
Medicaid Days FYE 12/31/14:	35,887
Total Patient Days FYE 12/31/20:	58,969
Medicaid Days FYE 12/31/20:	40,247
Medicaid Utilization:	68.25111%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,008,057	736,248	1,525,516
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	83.8202	20.5157	42.5088
3: Inflated Cost Per Diem (Line 2 x Inflation):	110.8649	27.0598	56.0682
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	13.8348	6.9569	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.4280	29.8179	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	17	0.87	60,554	20.1077

	Total	Per Diem
11: Taxes:	163,397	2.7709
12: Insurance:	73,010	1.2381

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.3822
16: Budget Neutrality Adjustment:		38.7925

17: Prospective Rate: (Sum of Lines 8:16)	222.1832
18: Hold Harmless Rate:	185.6205
19: Cap on Gains*:	(7.5054)
20: Minimum Wage Increase: (8.2852%)	17.7865
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.4642

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043877-00 - 2022/10

247.07

Magnolia Health and Rehabilitation Center

Zip Code:	34239
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	29,098
Total Patient Days FYE 12/31/20:	40,376
Medicaid Days FYE 12/31/20:	30,648
Medicaid Utilization:	75.90648%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,553,005	631,941	1,479,387
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	87.7381	21.7176	50.8415
3: Inflated Cost Per Diem (Line 2 x Inflation):	113.6497	28.0261	65.6098
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.0500	5.9906	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	120.2128	30.7842	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	20	0.85	61,074	23.3760

	Total	Per Diem
11: Taxes:	141,822	3.5125
12: Insurance:	54,698	1.3547

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.1147
16: Budget Neutrality Adjustment:		40.1520

17: Prospective Rate: (Sum of Lines 8:16)	229.4580
18: Hold Harmless Rate:	197.2865
19: Cap on Gains*:	(1.2881)
20: Minimum Wage Increase: (8.2852%)	18.9043
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	247.0742

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043878-00 - 2022/10

215.80

Marshall Health and Rehabilitation Center

Zip Code:	32347
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	32,123
Total Patient Days FYE 12/31/20:	39,187
Medicaid Days FYE 12/31/20:	33,382
Medicaid Utilization:	85.18641%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,571,395	699,545	1,418,004
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	80.0484	21.7770	44.1429
3: Inflated Cost Per Diem (Line 2 x Inflation):	105.8761	28.7234	58.2235
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.8236	5.2933	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	112.4392	31.4815	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	45	33	0.86	37,075	13.0421

	Total	Per Diem
11: Taxes:	26,828	0.6846
12: Insurance:	37,292	0.9516

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.8506
16: Budget Neutrality Adjustment:		36.5899

17: Prospective Rate: (Sum of Lines 8:16)	199.2845
18: Hold Harmless Rate:	183.4355
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	16.5111
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	215.7956

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 043880-00 - 2022/10

239.31

North Florida Rehabilitation and Specialty Care

Zip Code:	32605
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	20,871
Total Patient Days FYE 12/31/20:	37,484
Medicaid Days FYE 12/31/20:	24,907
Medicaid Utilization:	66.44702%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,779,733	638,552	1,005,923
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	85.2730	30.5951	48.1971
3: Inflated Cost Per Diem (Line 2 x Inflation):	110.4565	39.4824	62.1973
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.2432	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.0196	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16.5	13.0401

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	23	0.84	43,111	16.3628

	Total	Per Diem
11: Taxes:	69,151	1.8448
12: Insurance:	56,657	1.5115

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.1822
16: Budget Neutrality Adjustment:		39.1637

17: Prospective Rate: (Sum of Lines 8:16)	220.9967
18: Hold Harmless Rate:	193.2205
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.3100
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	239.3067

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 044886-00 - 2022/10

226.87

Crestview Rehabilitation Center

Zip Code:	32539
Region:	North
Beds:	180
Medicaid Days FYE 12/31/19:	42,803
Total Patient Days FYE 12/31/21:	45,814
Medicaid Days FYE 12/31/21:	34,527
Medicaid Utilization:	75.36343%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,329,232	956,188	1,570,336
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	101.1431	22.3392	36.6875
3: Inflated Cost Per Diem (Line 2 x Inflation):	119.4266	26.1313	42.9152
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.2731	7.8854	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.9897	28.8894	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	33	0.87	49,071	13.1823

	Total	Per Diem
11: Taxes:	25,817	0.5635
12: Insurance:	19,328	0.4219

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.1202
16: Budget Neutrality Adjustment:		38.3929

17: Prospective Rate: (Sum of Lines 8:16)	220.4244
18: Hold Harmless Rate:	181.1555
19: Cap on Gains*:	(10.9106)
20: Minimum Wage Increase: (8.2852%)	17.3586
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	226.8724

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 044888-00 - 2022/10

242.98

Fort Walton Rehabilitation Center

Zip Code:	32548
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	23,148
Total Patient Days FYE 12/31/21:	36,457
Medicaid Days FYE 12/31/21:	23,200
Medicaid Utilization:	63.63661%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,665,951	647,109	947,954
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	115.1698	27.9552	40.9518
3: Inflated Cost Per Diem (Line 2 x Inflation):	135.9888	32.7007	47.9034
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.3160	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	35.4588	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	40	0.87	46,498	11.9404

	Total	Per Diem
11: Taxes:	33,866	0.9289
12: Insurance:	25,661	0.7039

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.1484
16: Budget Neutrality Adjustment:		40.3340

17: Prospective Rate: (Sum of Lines 8:16)	224.3885
18: Hold Harmless Rate:	198.7305
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.5910
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.9795

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 044889-00 - 2022/10

232.79

River Valley Rehabilitation Center

Zip Code:	32424
Region:	North
Beds:	150
Medicaid Days FYE 12/31/19:	37,493
Total Patient Days FYE 12/31/20:	47,094
Medicaid Days FYE 12/31/20:	35,447
Medicaid Utilization:	75.26861%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,695,953	958,807	1,564,035
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	98.5771	25.5729	41.7153
3: Inflated Cost Per Diem (Line 2 x Inflation):	116.3967	29.9139	48.7965
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.3030	4.1028	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.9598	32.6720	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	48	35	0.86	44,962	12.3857

	Total	Per Diem
11: Taxes:	28,201	0.5988
12: Insurance:	18,089	0.3841

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.9959
16: Budget Neutrality Adjustment:		38.3849

17: Prospective Rate: (Sum of Lines 8:16)	226.0036
18: Hold Harmless Rate:	185.8770
19: Cap on Gains*:	(11.0292)
20: Minimum Wage Increase: (8.2852%)	17.8110
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.7854

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 046017-00 - 2022/10

270.08

Homestead Manor A Palace Community

Zip Code:	33030
Region:	South
Beds:	88
Medicaid Days FYE 12/31/17:	22,704
Total Patient Days FYE 12/31/21:	31,690
Medicaid Days FYE 12/31/21:	19,093
Medicaid Utilization:	60.24929%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,173,543	608,983	1,284,799
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	95.7339	26.8227	56.5891
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.6919	32.9772	69.5734
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.5922	4.2498	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.7595	35.9956	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	59	7	0.86	27,000	19.6809

	Total	Per Diem
11: Taxes:	69,542	2.1944
12: Insurance:	107,117	3.3802

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		25.9907
16: Budget Neutrality Adjustment:		42.4787

17: Prospective Rate: (Sum of Lines 8:16)	249.4171
18: Hold Harmless Rate:	249.2135
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.6647
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	270.0818

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 046128-00 - 2022/10

282.54

Victoria Nursing and Rehabilitation Center, Inc.

Zip Code:	33128
Region:	South
Beds:	264
Medicaid Days FYE 2/28/18:	60,405
Total Patient Days FYE 2/28/21:	92,159
Medicaid Days FYE 2/28/21:	58,054
Medicaid Utilization:	62.99331%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23460082
Indirect Care	92%	92.5%	1.22472988
Operating	86%	N/A	1.22472988

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	7,402,212	2,355,825	4,123,180
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/18):	122.5430	39.0004	68.2589
3: Inflated Cost Per Diem (Line 2 x Inflation):	151.2917	47.7651	83.5987
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	31	24.4995

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	19	8	0.86	180,040	27.8715

	Total	Per Diem
11: Taxes:	226,444	2.4571
12: Insurance:	99,852	1.0835

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	2300	7.9237
15: Quality Assess-Medicaid Share:		3.3155
16: Budget Neutrality Adjustment:		46.9654

17: Prospective Rate: (Sum of Lines 8:16)	260.9194
18: Hold Harmless Rate:	238.6685
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.6177
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	282.5371

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 046758-00 - 2022/10

289.50

Riverside Care Center

Zip Code:	33128
Region:	South
Beds:	120
Medicaid Days FYE 2/28/18:	36,132
Total Patient Days FYE 2/28/21:	38,784
Medicaid Days FYE 2/28/21:	29,986
Medicaid Utilization:	77.31539%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23460082
Indirect Care	92%	92.5%	1.22472988
Operating	86%	N/A	1.22472988

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,269,644	1,727,664	2,317,698
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/18):	118.1679	47.8153	64.1453
3: Inflated Cost Per Diem (Line 2 x Inflation):	145.8902	58.5609	78.5607
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	30	23.7092

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	57	36	0.86	34,164	12.0575

	Total	Per Diem
11: Taxes:	96,351	2.4843
12: Insurance:	40,544	1.0454

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		7.9984
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.5556
16: Budget Neutrality Adjustment:		44.2345

17: Prospective Rate: (Sum of Lines 8:16)	267.3500
18: Hold Harmless Rate:	253.9825
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.1504
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	289.5004

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 047787-00 - 2022/10

257.82

Renaissance Health and Rehabilitation

Zip Code:	33415
Region:	South
Beds:	120
Medicaid Days FYE 12/31/15:	34,628
Total Patient Days FYE 12/31/20:	36,496
Medicaid Days FYE 12/31/20:	33,090
Medicaid Utilization:	90.66747%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,151,005	968,144	1,695,515
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	90.9958	27.9584	48.9636
3: Inflated Cost Per Diem (Line 2 x Inflation):	117.8695	36.0797	63.1865
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.4146	1.1473	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.9371	39.0981	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20.5	16.2013

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	29	0.82	32,716	13.7383

	Total	Per Diem
11: Taxes:	74,651	2.0455
12: Insurance:	36,853	1.0098

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		25.3088
16: Budget Neutrality Adjustment:		41.4119

17: Prospective Rate: (Sum of Lines 8:16)	240.0639
18: Hold Harmless Rate:	205.8650
19: Cap on Gains*:	(1.9726)
20: Minimum Wage Increase: (8.2852%)	19.7263
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.8176

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 047788-00 - 2022/10

248.04

Wood Lake Nursing and Rehabilitation Center

Zip Code:	33415
Region:	South
Beds:	120
Medicaid Days FYE 12/31/14:	31,267
Total Patient Days FYE 12/31/20:	36,303
Medicaid Days FYE 12/31/20:	28,095
Medicaid Utilization:	77.39030%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,461,765	814,730	1,707,069
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	78.7336	26.0571	54.5965
3: Inflated Cost Per Diem (Line 2 x Inflation):	104.1371	34.3688	72.0115
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	30.1470	2.8582	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.2047	37.3872	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	25	0.82	50,780	17.8758

	Total	Per Diem
11: Taxes:	88,245	2.4308
12: Insurance:	38,842	1.0699

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.4763
16: Budget Neutrality Adjustment:		39.5377

17: Prospective Rate: (Sum of Lines 8:16)	229.0598
18: Hold Harmless Rate:	204.0315
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.9780
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.0379

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 047795-00 - 2022/10

230.12

Hillcrest Health Care And Rehabilitation Center

Zip Code:	33021
Region:	South
Beds:	240
Medicaid Days FYE 12/31/15:	54,120
Total Patient Days FYE 12/31/20:	68,632
Medicaid Days FYE 12/31/20:	50,292
Medicaid Utilization:	73.27777%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,926,111	1,551,982	2,459,574
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	91.0220	28.6766	45.4466
3: Inflated Cost Per Diem (Line 2 x Inflation):	117.9034	37.0066	58.6479
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.3807	0.2204	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.9710	40.0250	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	30	0.86	70,298	14.0266

	Total	Per Diem
11: Taxes:	180,456	2.6293
12: Insurance:	83,492	1.2165

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		4.4833
16: Budget Neutrality Adjustment:		41.7639

17: Prospective Rate: (Sum of Lines 8:16)	218.9503
18: Hold Harmless Rate:	183.7490
19: Cap on Gains*:	(6.4371)
20: Minimum Wage Increase: (8.2852%)	17.6071
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	230.1204

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 048441-00 - 2022/10

263.86

Health Central Park

Zip Code:	34787
Region:	North
Beds:	118
Medicaid Days FYE 9/30/18:	56,702
Total Patient Days FYE 9/30/21:	36,177
Medicaid Days FYE 9/30/21:	28,238
Medicaid Utilization:	78.05512%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	7,404,690	1,628,208	3,514,405
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	130.5895	28.7151	61.9802
3: Inflated Cost Per Diem (Line 2 x Inflation):	158.9442	34.5803	74.6399
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	56	14	0.86	73,689	26.8803

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	14,702	0.4064

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.0215
16: Budget Neutrality Adjustment:		42.9277

17: Prospective Rate: (Sum of Lines 8:16)	243.6731
18: Hold Harmless Rate:	218.6235
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1888
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.8618

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 048611-00 - 2022/10

242.71

Ocala Oaks Rehabilitation Center

Zip Code:	34470
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	26,315
Total Patient Days FYE 12/31/21:	32,011
Medicaid Days FYE 12/31/21:	23,718
Medicaid Utilization:	74.09328%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,867,629	780,624	1,190,792
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	108.9731	29.6646	45.2514
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.6720	34.7001	52.9328
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	20	0.84	49,408	19.6848

	Total	Per Diem
11: Taxes:	77,174	2.4109
12: Insurance:	27,110	0.8469

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9139
16: Budget Neutrality Adjustment:		42.1780

17: Prospective Rate: (Sum of Lines 8:16)	224.1406
18: Hold Harmless Rate:	200.1460
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.5705
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.7111

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 048807-00 - 2022/10

285.11

Riviera Health Resort

Zip Code:	33146
Region:	South
Beds:	223
Medicaid Days FYE 2/28/18:	39,531
Total Patient Days FYE 2/28/22:	77,248
Medicaid Days FYE 2/28/22:	41,481
Medicaid Utilization:	53.69848%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23460082
Indirect Care	92%	92.5%	1.22472988
Operating	86%	N/A	1.22472988

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,121,443	1,298,027	2,554,131
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/18):	129.5551	32.8356	64.6108
3: Inflated Cost Per Diem (Line 2 x Inflation):	159.9488	40.2148	79.1308
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	14	11	0.86	117,502	26.7892

	Total	Per Diem
11: Taxes:	419,469	5.4302
12: Insurance:	343,065	4.4411

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/22):	0	0.0000
15: Quality Assess-Medicaid Share:		16.3865
16: Budget Neutrality Adjustment:		47.8712

17: Prospective Rate: (Sum of Lines 8:16)	263.2966
18: Hold Harmless Rate:	251.3320
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.8146
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	285.1112

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 059369-00 - 2022/10

271.94

Calusa Harbour

Zip Code:	33901
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	6,197
Total Patient Days FYE 12/31/20:	16,623
Medicaid Days FYE 12/31/20:	5,369
Medicaid Utilization:	32.29862%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	959,665	422,789	385,551
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	154.8596	68.2247	62.2157
3: Inflated Cost Per Diem (Line 2 x Inflation):	187.3863	81.6835	74.4890
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	3	0.84	15,758	22.3986

	Total	Per Diem
11: Taxes:	28,118	1.6915
12: Insurance:	47,604	2.8637

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		11.4316
16: Budget Neutrality Adjustment:		42.8702

17: Prospective Rate: (Sum of Lines 8:16)	229.6223
18: Hold Harmless Rate:	251.1325
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.8068
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	271.9393

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 059400-00 - 2022/10

262.44

Stratford Court of Palm Harbor

Zip Code:	34648
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	7,564
Total Patient Days FYE 12/31/20:	16,239
Medicaid Days FYE 12/31/20:	8,465
Medicaid Utilization:	52.12759%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,108,937	419,815	518,673
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	146.6072	55.5017	68.5712
3: Inflated Cost Per Diem (Line 2 x Inflation):	177.4006	66.4505	82.0983
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	3	0.86	19,493	22.8876

	Total	Per Diem
11: Taxes:	37,766	2.3256
12: Insurance:	35,527	2.1878

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0987
16: Budget Neutrality Adjustment:		42.9474

17: Prospective Rate: (Sum of Lines 8:16)	239.8692
18: Hold Harmless Rate:	242.3640
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0803
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.4443

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 059404-00 - 2022/10

268.43

Gardens of Port St. Lucie

Zip Code:	34952
Region:	North
Beds:	30
Medicaid Days FYE 12/31/18:	3,029
Total Patient Days FYE 12/31/20:	9,011
Medicaid Days FYE 12/31/20:	3,214
Medicaid Utilization:	35.66752%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	411,377	160,825	190,715
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	135.8128	53.0950	62.9630
3: Inflated Cost Per Diem (Line 2 x Inflation):	164.3389	63.5691	75.3837
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	6	0.82	10,144	20.9667

	Total	Per Diem
11: Taxes:	28,454	3.1577
12: Insurance:	20,215	2.2434

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.7691

17: Prospective Rate: (Sum of Lines 8:16)	220.8671
18: Hold Harmless Rate:	247.8930
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5384
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	268.4314

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 059852-00 - 2022/10

223.34

Shoal Creek Rehabilitation Center

Zip Code:	32539
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	28,433
Total Patient Days FYE 12/31/20:	38,007
Medicaid Days FYE 12/31/20:	24,083
Medicaid Utilization:	63.36464%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,183,433	616,125	1,285,921
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	76.7922	21.6693	45.2263
3: Inflated Cost Per Diem (Line 2 x Inflation):	99.4711	27.9638	58.3635
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	25.2286	6.0529	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	106.0342	30.7219	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	22	18	0.87	49,311	21.0705

	Total	Per Diem
11: Taxes:	69,119	1.8186
12: Insurance:	52,885	1.3915

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.9565
16: Budget Neutrality Adjustment:		37.0105

17: Prospective Rate: (Sum of Lines 8:16)	217.1650
18: Hold Harmless Rate:	178.3340
19: Cap on Gains*:	(10.9144)
20: Minimum Wage Increase: (8.2852%)	17.0882
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	223.3388

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 059855-00 - 2022/10

238.84

Englewood Healthcare & Rehabilitation Center

Zip Code:	34224
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	23,272
Total Patient Days FYE 12/31/20:	41,305
Medicaid Days FYE 12/31/20:	28,982
Medicaid Utilization:	70.16584%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,121,804	529,017	1,071,797
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	91.1741	22.7319	46.0552
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.1004	29.3350	59.4332
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.5993	4.6817	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.6635	32.0931	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	25	0.85	42,228	14.9069

	Total	Per Diem
11: Taxes:	104,004	2.5180
12: Insurance:	50,752	1.2287

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.4887
16: Budget Neutrality Adjustment:		39.4910

17: Prospective Rate: (Sum of Lines 8:16)	226.6388
18: Hold Harmless Rate:	190.7125
19: Cap on Gains*:	(6.0719)
20: Minimum Wage Increase: (8.2852%)	18.2744
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	238.8412

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 059866-00 - 2022/10

241.48

Island Health and Rehabilitation Center

Zip Code:	32953
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	29,919
Total Patient Days FYE 12/31/20:	34,088
Medicaid Days FYE 12/31/20:	23,524
Medicaid Utilization:	69.00962%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,624,904	786,428	1,472,937
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	87.7336	26.2852	49.2308
3: Inflated Cost Per Diem (Line 2 x Inflation):	113.6439	33.9205	63.5312
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.0558	0.0962	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	120.2070	36.6786	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	39	0.89	35,135	11.4311

	Total	Per Diem
11: Taxes:	49,437	1.4503
12: Insurance:	38,629	1.1332

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0242
16: Budget Neutrality Adjustment:		38.7127

17: Prospective Rate: (Sum of Lines 8:16)	224.2328
18: Hold Harmless Rate:	192.8215
19: Cap on Gains*:	(1.2268)
20: Minimum Wage Increase: (8.2852%)	18.4765
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	241.4824

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 059869-00 - 2022/10

237.01

Rosewood Health and Rehabilitation Center

Zip Code:	32808
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	31,056
Total Patient Days FYE 12/31/20:	37,546
Medicaid Days FYE 12/31/20:	26,714
Medicaid Utilization:	71.15006%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,648,706	773,527	1,523,119
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	85.2880	24.9074	49.0442
3: Inflated Cost Per Diem (Line 2 x Inflation):	110.4760	32.1425	63.2905
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.2237	1.8742	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.0391	34.9006	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	33	0.86	41,799	13.0421

	Total	Per Diem
11: Taxes:	82,259	2.1909
12: Insurance:	44,871	1.1951

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9271
16: Budget Neutrality Adjustment:		38.2757

17: Prospective Rate: (Sum of Lines 8:16)	218.8791
18: Hold Harmless Rate:	195.6240
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.1345
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.0136

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 059873-00 - 2022/10

243.37

Evans Health Care

Zip Code:	33901
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	29,863
Total Patient Days FYE 12/31/20:	36,711
Medicaid Days FYE 12/31/20:	25,064
Medicaid Utilization:	68.27381%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,693,847	713,124	1,278,043
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	90.2068	23.8798	42.7968
3: Inflated Cost Per Diem (Line 2 x Inflation):	119.3122	31.4970	56.4481
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.3875	2.5197	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.8753	34.2551	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	24	19	0.84	50,047	20.2989

	Total	Per Diem
11: Taxes:	120,581	3.2846
12: Insurance:	46,128	1.2565

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.3008
16: Budget Neutrality Adjustment:		41.1409

17: Prospective Rate: (Sum of Lines 8:16)	232.9903
18: Hold Harmless Rate:	194.3320
19: Cap on Gains*:	(8.2373)
20: Minimum Wage Increase: (8.2852%)	18.6212
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.3741

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 059874-00 - 2022/10

210.27

Sea Breeze Health Care

Zip Code:	32405
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	28,800
Total Patient Days FYE 12/31/18:	32,995
Medicaid Days FYE 12/31/18:	24,450
Medicaid Utilization:	74.10214%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,323,904	573,829	1,333,469
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	80.6911	19.9246	46.3010
3: Inflated Cost Per Diem (Line 2 x Inflation):	104.5215	25.7122	59.7504
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.1782	8.3045	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.0846	28.4703	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	7	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	43	40	0.86	40,278	10.7448

	Total	Per Diem
11: Taxes:	23,005	0.6972
12: Insurance:	27,191	0.8241

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/18):	0	0.0000
15: Quality Assess-Medicaid Share:		24.3532
16: Budget Neutrality Adjustment:		35.4201

17: Prospective Rate: (Sum of Lines 8:16)	194.1788
18: Hold Harmless Rate:	178.5620
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	16.0881
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	210.2668

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 059877-00 - 2022/10

221.53

Spring Hill Health and Rehabilitation Center

Zip Code:	34613
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	18,252
Total Patient Days FYE 12/31/20:	40,902
Medicaid Days FYE 12/31/20:	17,279
Medicaid Utilization:	42.24488%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,572,284	588,303	812,601
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	86.1431	32.2322	44.5211
3: Inflated Cost Per Diem (Line 2 x Inflation):	111.5836	41.5950	57.4535
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	13.1161	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	118.1467	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	21	0.86	50,785	19.5727

	Total	Per Diem
11: Taxes:	96,483	2.3589
12: Insurance:	57,093	1.3958

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		12.8903
16: Budget Neutrality Adjustment:		39.9809

17: Prospective Rate: (Sum of Lines 8:16)	204.5830
18: Hold Harmless Rate:	187.5015
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	16.9501
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	221.5331

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 060972-00 - 2022/10

235.70

Emerald Shores Health and Rehabilitation

Zip Code:	32404
Region:	North
Beds:	77
Medicaid Days FYE 12/31/15:	15,152
Total Patient Days FYE 12/31/20:	25,936
Medicaid Days FYE 12/31/20:	12,926
Medicaid Utilization:	49.83806%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,229,556	378,515	797,787
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	81.1480	24.9811	52.6522
3: Inflated Cost Per Diem (Line 2 x Inflation):	105.1134	32.2376	67.9465
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	19.5863	1.7791	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.6765	34.9957	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	22	16	0.86	39,628	25.3947

	Total	Per Diem
11: Taxes:	34,413	1.3268
12: Insurance:	40,999	1.5808

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		16.7893
16: Budget Neutrality Adjustment:		39.4159

17: Prospective Rate: (Sum of Lines 8:16)	223.1594
18: Hold Harmless Rate:	188.2045
19: Cap on Gains*:	(5.4932)
20: Minimum Wage Increase: (8.2852%)	18.0341
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	235.7003

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 060993-00 - 2022/10

231.64

University Hills Health and Rehabilitation

Zip Code:	32514
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	32,742
Total Patient Days FYE 12/31/20:	39,851
Medicaid Days FYE 12/31/20:	30,356
Medicaid Utilization:	76.17375%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,627,935	818,612	1,438,183
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	80.2618	25.0018	43.9247
3: Inflated Cost Per Diem (Line 2 x Inflation):	103.9655	32.2643	56.6838
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.7342	1.7524	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	110.5286	35.0224	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	26	0.87	46,777	16.9934

	Total	Per Diem
11: Taxes:	49,360	1.2386
12: Insurance:	45,382	1.1388

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.2190
16: Budget Neutrality Adjustment:		37.6810

17: Prospective Rate: (Sum of Lines 8:16)	215.5295
18: Hold Harmless Rate:	184.9650
19: Cap on Gains*:	(1.6098)
20: Minimum Wage Increase: (8.2852%)	17.7236
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	231.6433

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 061095-00 - 2022/10

232.64

Heritage Park Rehabilitation and Healthcare

Zip Code:	33901
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	33,331
Total Patient Days FYE 12/31/20:	31,429
Medicaid Days FYE 12/31/20:	23,718
Medicaid Utilization:	75.46533%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,766,188	615,666	1,579,597
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	82.9914	18.4712	47.3912
3: Inflated Cost Per Diem (Line 2 x Inflation):	109.7687	24.3632	62.5079
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.9310	9.6535	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	116.3318	27.1213	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	24	0.84	44,636	16.5569

	Total	Per Diem
11: Taxes:	67,457	2.1463
12: Insurance:	48,612	1.5467

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.5370
16: Budget Neutrality Adjustment:		37.4707

17: Prospective Rate: (Sum of Lines 8:16)	214.8391
18: Hold Harmless Rate:	186.7225
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.7998
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.6389

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 061101-00 - 2022/10

238.00

Destin Healthcare and Rehabilitation Center

Zip Code:	32541
Region:	North
Beds:	119
Medicaid Days FYE 12/31/14:	24,587
Total Patient Days FYE 12/31/20:	40,841
Medicaid Days FYE 12/31/20:	28,033
Medicaid Utilization:	68.63936%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,153,945	605,875	983,414
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	87.6050	24.6420	39.9973
3: Inflated Cost Per Diem (Line 2 x Inflation):	115.8709	32.5023	52.7555
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.8288	1.5144	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.4340	35.2604	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	26	0.87	56,191	19.6776

	Total	Per Diem
11: Taxes:	52,319	1.2810
12: Insurance:	45,324	1.1098

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.5624
16: Budget Neutrality Adjustment:		40.2422

17: Prospective Rate: (Sum of Lines 8:16)	227.9430
18: Hold Harmless Rate:	190.0380
19: Cap on Gains*:	(8.1562)
20: Minimum Wage Increase: (8.2852%)	18.2097
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.9965

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 061102-00 - 2022/10

227.80

San Jose Health and Rehabilitation Center

Zip Code:	32257
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	30,904
Total Patient Days FYE 12/31/20:	34,297
Medicaid Days FYE 12/31/20:	26,190
Medicaid Utilization:	76.36236%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,400,467	650,529	1,472,619
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	77.6749	21.0499	47.6514
3: Inflated Cost Per Diem (Line 2 x Inflation):	100.6146	27.1645	61.4930
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	24.0851	6.8522	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	107.1777	29.9226	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	24	0.85	42,471	15.9877

	Total	Per Diem
11: Taxes:	71,744	2.0918
12: Insurance:	46,225	1.3478

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.0563
16: Budget Neutrality Adjustment:		36.2324

17: Prospective Rate: (Sum of Lines 8:16)	211.0018
18: Hold Harmless Rate:	181.8965
19: Cap on Gains*:	(0.6310)
20: Minimum Wage Increase: (8.2852%)	17.4296
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	227.8004

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 061107-00 - 2022/10

244.04

Seaview Nursing and Rehabilitation Center

Zip Code:	33062
Region:	South
Beds:	83
Medicaid Days FYE 12/31/15:	23,971
Total Patient Days FYE 12/31/20:	26,481
Medicaid Days FYE 12/31/20:	22,871
Medicaid Utilization:	86.36758%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,044,805	509,879	1,285,428
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	85.3032	21.2706	53.6242
3: Inflated Cost Per Diem (Line 2 x Inflation):	110.4958	27.4493	69.2009
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	23.7883	9.7777	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.5634	30.4677	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	33	0.86	22,194	13.0421

	Total	Per Diem
11: Taxes:	54,095	2.0428
12: Insurance:	28,978	1.0943

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.7564
16: Budget Neutrality Adjustment:		38.5440

17: Prospective Rate: (Sum of Lines 8:16)	225.3658
18: Hold Harmless Rate:	195.4530
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.6720
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	244.0377

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 061109-00 - 2022/10

232.99

Vista Manor

Zip Code:	32796
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	25,443
Total Patient Days FYE 12/31/20:	35,264
Medicaid Days FYE 12/31/20:	25,933
Medicaid Utilization:	73.53959%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,090,437	590,846	1,197,739
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	82.1615	23.2223	47.0753
3: Inflated Cost Per Diem (Line 2 x Inflation):	106.4262	29.9679	60.7496
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.2735	4.0488	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	112.9893	32.7260	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	35	0.86	53,866	15.6237

	Total	Per Diem
11: Taxes:	111,147	3.1519
12: Insurance:	52,215	1.4807

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.9834
16: Budget Neutrality Adjustment:		37.8622

17: Prospective Rate: (Sum of Lines 8:16)	221.9042
18: Hold Harmless Rate:	186.0385
19: Cap on Gains*:	(6.7431)
20: Minimum Wage Increase: (8.2852%)	17.8265
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.9877

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 061140-00 - 2022/10

236.81

Lakeside Oaks Care Center

Zip Code:	34698
Region:	North
Beds:	93
Medicaid Days FYE 12/31/15:	23,055
Total Patient Days FYE 12/31/20:	31,505
Medicaid Days FYE 12/31/20:	24,360
Medicaid Utilization:	77.32106%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,903,286	575,571	1,169,841
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	82.5541	24.9651	50.7413
3: Inflated Cost Per Diem (Line 2 x Inflation):	106.9347	32.2169	65.4805
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	17.7650	1.7998	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	113.4978	34.9750	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	40	0.86	26,521	10.4478

	Total	Per Diem
11: Taxes:	23,691	0.7520
12: Insurance:	35,457	1.1254

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.4704
16: Budget Neutrality Adjustment:		36.9694

17: Prospective Rate: (Sum of Lines 8:16)	218.6912
18: Hold Harmless Rate:	190.8265
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.1190
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.8102

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 072320-00 - 2022/10

253.80

The Club Health and Rehab Center at the Villages

Zip Code:	32162
Region:	North
Beds:	68
Medicaid Days FYE 12/31/13:	1
Total Patient Days FYE 12/31/21:	18,824
Medicaid Days FYE 12/31/21:	66
Medicaid Utilization:	0.35062%

	Price	Floor	Inflation
Direct Care	100%	95%	1.34377880
Indirect Care	92%	92.5%	1.34573816
Operating	86%	N/A	1.34573816

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	127	69	96
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/13):	127.0000	69.0000	96.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	170.6599	92.8559	129.1909
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	10	2	0.86	51,893	32.3561

	Total	Per Diem
11: Taxes:	120,469	6.3998
12: Insurance:	96,913	5.1484

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.5804
16: Budget Neutrality Adjustment:		45.7954

17: Prospective Rate: (Sum of Lines 8:16)	234.3770
18: Hold Harmless Rate:	231.4960
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4186
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.7955

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2022 through 09/30/2023

0 073324-00 - 2022/10

250.10

Braden River Rehabilitation Center, LLC

Zip Code:	34208
Region:	North
Beds:	208
Medicaid Days FYE 12/31/19:	42,950
Total Patient Days FYE 12/31/21:	47,002
Medicaid Days FYE 12/31/21:	37,383
Medicaid Utilization:	79.53491%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,959,340	1,149,768	1,847,669
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	115.4677	26.7699	43.0190
3: Inflated Cost Per Diem (Line 2 x Inflation):	136.3406	31.3141	50.3215
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	2.7026	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	34.0722	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	58	30	0.85	63,191	13.8760

	Total	Per Diem
11: Taxes:	95,936	2.0411
12: Insurance:	46,182	0.9826

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.4590
16: Budget Neutrality Adjustment:		40.6688

17: Prospective Rate: (Sum of Lines 8:16)	232.2558
18: Hold Harmless Rate:	199.6995
19: Cap on Gains*:	(1.2951)
20: Minimum Wage Increase: (8.2852%)	19.1355
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.0962

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 080062-00 - 2022/10

237.98

Groves Center

Zip Code:	33853
Region:	North
Beds:	120
Medicaid Days FYE 2/28/19:	31,188
Total Patient Days FYE 2/28/21:	37,095
Medicaid Days FYE 2/28/21:	29,152
Medicaid Utilization:	78.58741%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,062,194	962,369	1,320,417
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	98.1850	30.8570	42.3373
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.2157	36.7939	50.4830
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.4840	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.7788	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	49	24	0.85	27,375	15.8242

	Total	Per Diem
11: Taxes:	37,039	0.9985
12: Insurance:	84,200	2.2698

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0320
16: Budget Neutrality Adjustment:		40.3946

17: Prospective Rate: (Sum of Lines 8:16)	227.5629
18: Hold Harmless Rate:	190.0285
19: Cap on Gains*:	(7.7871)
20: Minimum Wage Increase: (8.2852%)	18.2088
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.9846

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 080068-00 - 2022/10

250.14

Lakeland Hills Center

Zip Code:	33805
Region:	North
Beds:	120
Medicaid Days FYE 2/28/19:	30,512
Total Patient Days FYE 2/28/21:	37,305
Medicaid Days FYE 2/28/21:	27,994
Medicaid Utilization:	75.04088%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,150,313	1,202,880	1,392,286
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	103.2483	39.4231	45.6307
3: Inflated Cost Per Diem (Line 2 x Inflation):	124.3119	47.0082	54.4101
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.3878	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.8750	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	23	0.85	23,113	16.1490

	Total	Per Diem
11: Taxes:	37,073	0.9938
12: Insurance:	77,674	2.0821

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.6521
16: Budget Neutrality Adjustment:		41.4695

17: Prospective Rate: (Sum of Lines 8:16)	235.4978
18: Hold Harmless Rate:	199.7375
19: Cap on Gains*:	(4.4931)
20: Minimum Wage Increase: (8.2852%)	19.1392
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.1438

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 080079-00 - 2022/10

244.84

Tarpon Bayou Center

Zip Code:	34689
Region:	North
Beds:	120
Medicaid Days FYE 2/28/19:	31,237
Total Patient Days FYE 2/28/21:	33,531
Medicaid Days FYE 2/28/21:	28,171
Medicaid Utilization:	84.01479%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,408,129	930,720	1,408,848
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	109.1055	29.7954	45.1018
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.3641	35.5281	53.7795
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	11.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	58	16	0.86	25,764	18.6212

	Total	Per Diem
11: Taxes:	40,036	1.1940
12: Insurance:	91,176	2.7192

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.2186
16: Budget Neutrality Adjustment:		42.1076

17: Prospective Rate: (Sum of Lines 8:16)	226.1077
18: Hold Harmless Rate:	203.2525
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.7334
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	244.8411

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 080374-00 - 2022/10

229.53

Consulate Health Care of Bayonet Point

Zip Code:	34667
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	22,763
Total Patient Days FYE 12/31/20:	38,623
Medicaid Days FYE 12/31/20:	21,838
Medicaid Utilization:	56.54144%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,839,727	663,472	1,018,827
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	80.8209	29.1469	44.7580
3: Inflated Cost Per Diem (Line 2 x Inflation):	104.6896	37.6134	57.7592
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.0101	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.2527	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	26	0.86	37,872	15.3394

	Total	Per Diem
11: Taxes:	67,401	1.7451
12: Insurance:	57,592	1.4911

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.1353
16: Budget Neutrality Adjustment:		37.9712

17: Prospective Rate: (Sum of Lines 8:16)	214.8369
18: Hold Harmless Rate:	183.2740
19: Cap on Gains*:	(2.8730)
20: Minimum Wage Increase: (8.2852%)	17.5616
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	229.5255

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 080377-00 - 2022/10

233.33

Consulate Health Care of Brandon

Zip Code:	33510
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	24,499
Total Patient Days FYE 12/31/20:	34,662
Medicaid Days FYE 12/31/20:	21,864
Medicaid Utilization:	63.07772%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,908,193	611,296	1,164,287
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	77.8886	24.9518	47.5238
3: Inflated Cost Per Diem (Line 2 x Inflation):	103.0195	32.9109	62.6828
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	21.6802	1.1058	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	109.5826	35.6690	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16.5	13.0401

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	16	0.86	40,418	18.6212

	Total	Per Diem
11: Taxes:	115,087	3.3203
12: Insurance:	59,467	1.7156

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.4710
16: Budget Neutrality Adjustment:		38.3690

17: Prospective Rate: (Sum of Lines 8:16)	215.4755
18: Hold Harmless Rate:	187.9955
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.8525
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	233.3281

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080384-00 - 2022/10

245.84

Consulate Health Care of Jacksonville

Zip Code:	32216
Region:	North
Beds:	116
Medicaid Days FYE 12/31/15:	24,459
Total Patient Days FYE 12/31/20:	37,855
Medicaid Days FYE 12/31/20:	26,072
Medicaid Utilization:	68.87333%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,161,580	762,613	1,276,991
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	88.3756	31.1792	52.2094
3: Inflated Cost Per Diem (Line 2 x Inflation):	114.4755	40.2361	67.3751
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.2242	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	121.0386	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	26	21	0.85	45,061	18.4976

	Total	Per Diem
11: Taxes:	78,981	2.0864
12: Insurance:	57,648	1.5229

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.3097
16: Budget Neutrality Adjustment:		40.2694

17: Prospective Rate: (Sum of Lines 8:16)	227.0302
18: Hold Harmless Rate:	202.7205
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.8099
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.8401

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080387-00 - 2022/10

237.08

Consulate Health Care of Kissimmee

Zip Code:	34741
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	27,789
Total Patient Days FYE 12/31/20:	36,410
Medicaid Days FYE 12/31/20:	22,921
Medicaid Utilization:	62.95249%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,325,358	644,268	1,311,044
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	83.6790	23.1842	47.1785
3: Inflated Cost Per Diem (Line 2 x Inflation):	110.6782	30.5795	62.2273
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.0215	3.4372	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.2413	33.3376	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	21	0.86	44,125	17.7720

	Total	Per Diem
11: Taxes:	63,912	1.7553
12: Insurance:	55,427	1.5223

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.7861
16: Budget Neutrality Adjustment:		38.8384

17: Prospective Rate: (Sum of Lines 8:16)	223.3876
18: Hold Harmless Rate:	189.3065
19: Cap on Gains*:	(4.4469)
20: Minimum Wage Increase: (8.2852%)	18.1396
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.0804

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080391-00 - 2022/10

228.57

Consulate Health Care of Lakeland

Zip Code:	33809
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	30,748
Total Patient Days FYE 12/31/20:	37,567
Medicaid Days FYE 12/31/20:	26,200
Medicaid Utilization:	69.74206%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,327,295	722,273	1,462,035
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	75.6893	23.4900	47.5489
3: Inflated Cost Per Diem (Line 2 x Inflation):	100.1105	30.9829	62.7159
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	24.5892	3.0338	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	106.6736	33.7410	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	33	0.85	39,060	12.9019

	Total	Per Diem
11: Taxes:	69,528	1.8508
12: Insurance:	54,085	1.4397

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.5281
16: Budget Neutrality Adjustment:		36.2461

17: Prospective Rate: (Sum of Lines 8:16)	212.1199
18: Hold Harmless Rate:	182.5140
19: Cap on Gains*:	(1.0349)
20: Minimum Wage Increase: (8.2852%)	17.4888
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	228.5737

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080393-00 - 2022/10

217.30

Consulate Health Care of Lake Parker

Zip Code:	33805
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	26,668
Total Patient Days FYE 12/31/20:	35,239
Medicaid Days FYE 12/31/20:	23,335
Medicaid Utilization:	66.21925%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,089,041	643,930	1,256,406
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	78.3351	24.1461	47.1128
3: Inflated Cost Per Diem (Line 2 x Inflation):	103.6100	31.8482	62.1407
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	21.0897	2.1685	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	110.1731	34.6063	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	26	0.85	35,056	15.1748

	Total	Per Diem
11: Taxes:	64,023	1.8168
12: Insurance:	49,313	1.3994

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.4575
16: Budget Neutrality Adjustment:		37.3788

17: Prospective Rate: (Sum of Lines 8:16)	200.6739
18: Hold Harmless Rate:	185.3830
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	16.6262
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	217.3001

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080394-00 - 2022/10

243.28

Consulate Health Care of Melbourne

Zip Code:	32934
Region:	North
Beds:	167
Medicaid Days FYE 12/31/14:	29,679
Total Patient Days FYE 12/31/20:	50,693
Medicaid Days FYE 12/31/20:	37,079
Medicaid Utilization:	73.14422%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,363,126	935,386	1,484,569
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	79.6228	31.5167	50.0208
3: Inflated Cost Per Diem (Line 2 x Inflation):	105.3132	41.5699	65.9763
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	19.3865	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.8763	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	22	0.89	59,766	17.5451

	Total	Per Diem
11: Taxes:	113,750	2.2439
12: Insurance:	77,381	1.5265

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.8145
16: Budget Neutrality Adjustment:		38.5516

17: Prospective Rate: (Sum of Lines 8:16)	225.0409
18: Hold Harmless Rate:	194.2560
19: Cap on Gains*:	(0.3759)
20: Minimum Wage Increase: (8.2852%)	18.6139
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.2790

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080397-00 - 2022/10

227.38

Consulate Health Care of New Port Richey

Zip Code:	34653
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	29,222
Total Patient Days FYE 12/31/20:	41,664
Medicaid Days FYE 12/31/20:	27,343
Medicaid Utilization:	65.62740%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,262,743	618,336	1,400,298
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	77.4328	21.1599	47.9192
3: Inflated Cost Per Diem (Line 2 x Inflation):	102.4167	27.9095	63.2044
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	22.2830	6.1072	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	108.9798	30.6676	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	26	0.86	37,752	14.5530

	Total	Per Diem
11: Taxes:	53,500	1.2841
12: Insurance:	66,617	1.5989

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.5854
16: Budget Neutrality Adjustment:		36.3283

17: Prospective Rate: (Sum of Lines 8:16)	211.5714
18: Hold Harmless Rate:	181.5640
19: Cap on Gains*:	(1.5852)
20: Minimum Wage Increase: (8.2852%)	17.3978
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	227.3840

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080400-00 - 2022/10

226.50

Consulate Health Care of North Ft. Myers

Zip Code:	33903
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	26,942
Total Patient Days FYE 12/31/20:	37,757
Medicaid Days FYE 12/31/20:	29,263
Medicaid Utilization:	77.50351%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,132,252	552,056	1,421,982
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	79.1423	20.4905	52.7793
3: Inflated Cost Per Diem (Line 2 x Inflation):	104.6776	27.0265	69.6147
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.0221	6.9902	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.2407	29.7846	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	32	0.84	38,417	13.0829

	Total	Per Diem
11: Taxes:	75,747	2.0062
12: Insurance:	62,607	1.6582

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.7711
16: Budget Neutrality Adjustment:		36.4472

17: Prospective Rate: (Sum of Lines 8:16)	209.1660
18: Hold Harmless Rate:	185.3355
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.3298
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	226.4958

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080402-00 - 2022/10

231.90

Consulate Health Care of Orange Park

Zip Code:	32073
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	27,023
Total Patient Days FYE 12/31/20:	36,999
Medicaid Days FYE 12/31/20:	27,446
Medicaid Utilization:	74.18038%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,195,168	748,741	1,184,195
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	81.2333	27.7075	43.8217
3: Inflated Cost Per Diem (Line 2 x Inflation):	105.2238	35.7559	56.5509
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	19.4759	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.7869	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	22	0.85	37,942	16.4737

	Total	Per Diem
11: Taxes:	44,090	1.1917
12: Insurance:	53,244	1.4391

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.1257
16: Budget Neutrality Adjustment:		38.1546

17: Prospective Rate: (Sum of Lines 8:16)	218.4971
18: Hold Harmless Rate:	185.1740
19: Cap on Gains*:	(4.3358)
20: Minimum Wage Increase: (8.2852%)	17.7437
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	231.9050

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080405-00 - 2022/10

239.97

Consulate Health Care of Pensacola

Zip Code:	32505
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	23,271
Total Patient Days FYE 12/31/20:	37,097
Medicaid Days FYE 12/31/20:	23,128
Medicaid Utilization:	62.34466%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,921,887	644,687	1,096,520
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	82.5872	27.7034	47.1195
3: Inflated Cost Per Diem (Line 2 x Inflation):	109.2341	36.5402	62.1496
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.4656	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	115.7972	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	26	20	0.87	43,246	17.9725

	Total	Per Diem
11: Taxes:	48,800	1.3155
12: Insurance:	50,534	1.3622

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.3824
16: Budget Neutrality Adjustment:		39.1134

17: Prospective Rate: (Sum of Lines 8:16)	221.9317
18: Hold Harmless Rate:	191.6150
19: Cap on Gains*:	(0.3210)
20: Minimum Wage Increase: (8.2852%)	18.3609
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	239.9715

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080406-00 - 2022/10

232.89

Consulate Health Care of Safety Harbor

Zip Code:	34695
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	32,876
Total Patient Days FYE 12/31/20:	40,516
Medicaid Days FYE 12/31/20:	31,105
Medicaid Utilization:	76.77214%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,666,501	657,495	1,548,409
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	81.1078	19.9992	47.0984
3: Inflated Cost Per Diem (Line 2 x Inflation):	107.2773	26.3785	62.1217
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	17.4224	7.6382	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	113.8404	29.1366	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	30	0.86	33,849	13.6846

	Total	Per Diem
11: Taxes:	40,243	0.9933
12: Insurance:	47,754	1.1786

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.0132
16: Budget Neutrality Adjustment:		36.6303

17: Prospective Rate: (Sum of Lines 8:16)	215.2376
18: Hold Harmless Rate:	185.9625
19: Cap on Gains*:	(0.1643)
20: Minimum Wage Increase: (8.2852%)	17.8192
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.8925

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080409-00 - 2022/10

240.42

Consulate Health Care of St. Petersburg

Zip Code:	33777
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	28,911
Total Patient Days FYE 12/31/20:	33,102
Medicaid Days FYE 12/31/20:	26,333
Medicaid Utilization:	79.55108%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,398,709	692,306	1,406,675
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	82.9687	23.9461	48.6553
3: Inflated Cost Per Diem (Line 2 x Inflation):	109.7387	31.5844	64.1752
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.9610	2.4323	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	116.3018	34.3425	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	24	0.87	42,847	16.4682

	Total	Per Diem
11: Taxes:	70,877	2.1412
12: Insurance:	67,833	2.0492

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.1331
16: Budget Neutrality Adjustment:		38.7822

17: Prospective Rate: (Sum of Lines 8:16)	222.5137
18: Hold Harmless Rate:	191.9760
19: Cap on Gains*:	(0.4856)
20: Minimum Wage Increase: (8.2852%)	18.3954
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.4236

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080413-00 - 2022/10

256.35

Consulate Health Care of Sarasota

Zip Code:	34232
Region:	North
Beds:	81
Medicaid Days FYE 12/31/14:	19,704
Total Patient Days FYE 12/31/20:	25,600
Medicaid Days FYE 12/31/20:	20,186
Medicaid Utilization:	78.85156%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,765,326	577,065	1,121,072
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	89.5922	29.2866	56.8956
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.4993	38.6284	75.0440
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.2004	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.0624	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	22	0.85	34,457	19.7413

	Total	Per Diem
11: Taxes:	56,168	2.1941
12: Insurance:	34,119	1.3328

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.7705
16: Budget Neutrality Adjustment:		41.1642

17: Prospective Rate: (Sum of Lines 8:16)	236.7328
18: Hold Harmless Rate:	214.3485
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6138
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.3466

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080416-00 - 2022/10

243.22

Consulate Health Care of Port Charlotte

Zip Code:	33948
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	26,490
Total Patient Days FYE 12/31/20:	39,253
Medicaid Days FYE 12/31/20:	29,588
Medicaid Utilization:	75.37768%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,171,570	634,098	1,351,728
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	81.9769	23.9372	51.0278
3: Inflated Cost Per Diem (Line 2 x Inflation):	108.4269	31.5727	67.3045
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.2728	2.4440	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	114.9900	34.3308	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	21	0.84	44,091	17.3773

	Total	Per Diem
11: Taxes:	98,878	2.5190
12: Insurance:	59,657	1.5198

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9181
16: Budget Neutrality Adjustment:		38.6845

17: Prospective Rate: (Sum of Lines 8:16)	224.7820
18: Hold Harmless Rate:	194.2085
19: Cap on Gains*:	(0.1719)
20: Minimum Wage Increase: (8.2852%)	18.6094
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.2195

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080428-00 - 2022/10

240.01

Consulate Health Care of Tallahassee

Zip Code:	32308
Region:	North
Beds:	120
Medicaid Days FYE 12/31/15:	21,912
Total Patient Days FYE 12/31/20:	37,140
Medicaid Days FYE 12/31/20:	25,800
Medicaid Utilization:	69.46688%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29532823
Indirect Care	92%	92.5%	1.29047623
Operating	86%	N/A	1.29047623
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,845,704	747,785	1,084,118
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	84.2325	34.1267	49.4759
3: Inflated Cost Per Diem (Line 2 x Inflation):	109.1088	44.0398	63.8476
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.5909	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	115.6719	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16.5	13.0401

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	14	0.86	39,418	19.2776

	Total	Per Diem
11: Taxes:	51,826	1.3954
12: Insurance:	50,995	1.3730

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0248
16: Budget Neutrality Adjustment:		39.3327

17: Prospective Rate: (Sum of Lines 8:16)	221.6496
18: Hold Harmless Rate:	194.5505
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.3641
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.0137

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080430-00 - 2022/10

234.32

Consulate Health Care of Vero Beach

Zip Code:	32960
Region:	North
Beds:	159
Medicaid Days FYE 12/31/14:	39,822
Total Patient Days FYE 12/31/20:	48,223
Medicaid Days FYE 12/31/20:	36,698
Medicaid Utilization:	76.10062%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,235,276	952,958	1,880,060
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	81.2434	23.9304	47.2115
3: Inflated Cost Per Diem (Line 2 x Inflation):	107.4567	31.5637	62.2709
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	17.2430	2.4530	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	114.0198	34.3218	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	24	0.89	55,449	16.5103

	Total	Per Diem
11: Taxes:	75,859	1.5731
12: Insurance:	80,099	1.6610

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0396
16: Budget Neutrality Adjustment:		38.2271

17: Prospective Rate: (Sum of Lines 8:16)	216.3876
18: Hold Harmless Rate:	189.5155
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.9281
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	234.3157

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080431-00 - 2022/10

236.39

Consulate Health Care at West Altamonte

Zip Code:	32714
Region:	North
Beds:	116
Medicaid Days FYE 12/31/14:	27,834
Total Patient Days FYE 12/31/20:	34,960
Medicaid Days FYE 12/31/20:	23,329
Medicaid Utilization:	66.73055%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,197,967	724,068	1,393,180
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	78.9669	26.0137	50.0531
3: Inflated Cost Per Diem (Line 2 x Inflation):	104.4458	34.3116	66.0189
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.2539	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.0089	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	27	0.86	41,493	15.3159

	Total	Per Diem
11: Taxes:	81,238	2.3237
12: Insurance:	55,108	1.5763

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.9025
16: Budget Neutrality Adjustment:		38.0396

17: Prospective Rate: (Sum of Lines 8:16)	218.3031
18: Hold Harmless Rate:	192.9355
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.0868
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.3900

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080432-00 - 2022/10

256.32

Consulate Health Care of West Palm Beach

Zip Code:	33406
Region:	South
Beds:	120
Medicaid Days FYE 12/31/14:	25,198
Total Patient Days FYE 12/31/20:	25,022
Medicaid Days FYE 12/31/20:	15,645
Medicaid Utilization:	62.52498%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,245,784	742,667	1,330,194
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	89.1254	29.4732	52.7896
3: Inflated Cost Per Diem (Line 2 x Inflation):	117.8819	38.8745	69.6283
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.4022	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.9495	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	26	0.82	38,740	14.6812

	Total	Per Diem
11: Taxes:	91,109	3.6412
12: Insurance:	66,545	2.6595

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.5032
16: Budget Neutrality Adjustment:		42.3348

17: Prospective Rate: (Sum of Lines 8:16)	236.7075
18: Hold Harmless Rate:	204.7535
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6117
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.3192

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080434-00 - 2022/10

221.86

Consulate Health Care of Winter Haven

Zip Code:	33881
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	22,680
Total Patient Days FYE 12/31/20:	32,054
Medicaid Days FYE 12/31/20:	20,949
Medicaid Utilization:	65.35534%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,759,953	657,688	1,067,657
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	77.5993	28.9985	47.0748
3: Inflated Cost Per Diem (Line 2 x Inflation):	102.6368	38.2484	62.0906
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	22.0629	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	109.1999	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	11	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	24	19	0.85	44,662	18.4654

	Total	Per Diem
11: Taxes:	98,474	3.0721
12: Insurance:	56,629	1.7667

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.6136
16: Budget Neutrality Adjustment:		38.4329

17: Prospective Rate: (Sum of Lines 8:16)	204.8842
18: Hold Harmless Rate:	186.6085
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	16.9750
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	221.8593

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 080436-00 - 2022/10

257.21

Franco Nursing and Rehabilitation Center

Zip Code:	33150
Region:	South
Beds:	120
Medicaid Days FYE 12/31/14:	28,876
Total Patient Days FYE 12/31/20:	37,571
Medicaid Days FYE 12/31/20:	28,378
Medicaid Utilization:	75.53166%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,450,117	958,559	1,548,847
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	84.8495	33.1956	53.6378
3: Inflated Cost Per Diem (Line 2 x Inflation):	112.2264	43.7843	70.7471
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	22.0577	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.2940	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16.5	13.0401

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	23	0.86	44,716	17.2971

	Total	Per Diem
11: Taxes:	82,149	2.1865
12: Insurance:	45,079	1.1998

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	571	4.0242
15: Quality Assess-Medicaid Share:		22.4146
16: Budget Neutrality Adjustment:		41.3074

17: Prospective Rate: (Sum of Lines 8:16)	237.5313
18: Hold Harmless Rate:	207.8220
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6799
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.2112

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 082204-00 - 2022/10

281.30

University Plaza Rehabilitation & Nursing Center

Zip Code:	33136
Region:	South
Beds:	148
Medicaid Days FYE 2/28/18:	35,169
Total Patient Days FYE 2/28/21:	49,830
Medicaid Days FYE 2/28/21:	28,292
Medicaid Utilization:	56.77704%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23460082
Indirect Care	92%	92.5%	1.22472988
Operating	86%	N/A	1.22472988

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,800,052	1,344,326	1,759,523
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/18):	108.0511	38.2247	50.0305
3: Inflated Cost Per Diem (Line 2 x Inflation):	133.4001	46.8150	61.2739
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.8840	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	140.4677	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21.5	16.9916

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	9	6	0.86	93,814	29.7882

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	160,800	3.2270

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.0061
16: Budget Neutrality Adjustment:		47.0895

17: Prospective Rate: (Sum of Lines 8:16)	259.7734
18: Hold Harmless Rate:	228.5795
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.5227
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	281.2961

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 085643-00 - 2022/10

282.00

Sarasota Point Rehabilitation Center

Zip Code:	34237
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	28,207
Total Patient Days FYE 12/31/20:	29,621
Medicaid Days FYE 12/31/20:	22,217
Medicaid Utilization:	75.00422%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,387,942	701,744	1,504,857
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	120.1099	24.8783	53.3504
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.8220	29.1014	62.4066
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	4.9153	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	31.8595	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21.5	16.9916

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	45	9	0.85	57,282	27.6121

	Total	Per Diem
11: Taxes:	88,043	2.9723
12: Insurance:	32,863	1.1094

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0754
16: Budget Neutrality Adjustment:		42.8400

17: Prospective Rate: (Sum of Lines 8:16)	244.4679
18: Hold Harmless Rate:	260.4235
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.5766
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	282.0001

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 086990-00 - 2022/10

262.25

Bartram Crossing

Zip Code:	32258
Region:	North
Beds:	100
Medicaid Days FYE 12/31/17:	8,185
Total Patient Days FYE 12/31/20:	32,157
Medicaid Days FYE 12/31/20:	6,796
Medicaid Utilization:	21.13381%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,443,911	432,444	716,974
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	176.4094	52.8337	87.5960
3: Inflated Cost Per Diem (Line 2 x Inflation):	218.7142	64.9564	107.6949
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	28	22.1286

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	9	5	0.85	75,925	30.6478

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	14,716	0.4576

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		11.0790
16: Budget Neutrality Adjustment:		43.5867

17: Prospective Rate: (Sum of Lines 8:16)	242.1885
18: Hold Harmless Rate:	239.8845
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0658
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.2543

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 089220-00 - 2022/10

268.92

Krystal Bay Nursing & Rehabilitation

Zip Code:	33160
Region:	South
Beds:	150
Medicaid Days FYE 1/31/19:	30,194
Total Patient Days FYE 1/31/21:	33,335
Medicaid Days FYE 1/31/21:	24,281
Medicaid Utilization:	72.83936%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,486,044	922,577	1,818,901
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	115.4548	30.5549	60.2404
3: Inflated Cost Per Diem (Line 2 x Inflation):	139.3564	36.5081	71.9773
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.7189	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	39.5265	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	59	28	0.86	32,672	14.6830

	Total	Per Diem
11: Taxes:	89,515	2.6853
12: Insurance:	60,006	1.8001

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0352
16: Budget Neutrality Adjustment:		44.7284

17: Prospective Rate: (Sum of Lines 8:16)	248.3450
18: Hold Harmless Rate:	241.7180
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5758
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	268.9208

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 092678-00 - 2022/10

236.85

Osprey Point Nursing Center

Zip Code:	33513
Region:	North
Beds:	60
Medicaid Days FYE 1/31/14:	5,456
Total Patient Days FYE 12/31/20:	18,717
Medicaid Days FYE 12/31/20:	11,170
Medicaid Utilization:	59.67837%

	Price	Floor	Inflation
Direct Care	100%	95%	1.33569201
Indirect Care	92%	92.5%	1.33776814
Operating	86%	N/A	1.33776814

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	482,520	214,337	367,791
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/14):	88.4384	39.2846	67.4103
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.1265	52.5537	90.1795
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.5732	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.6896	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	11	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	21	0.86	27,468	21.7995

	Total	Per Diem
11: Taxes:	43,232	2.3098
12: Insurance:	39,914	2.1325

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.2087
16: Budget Neutrality Adjustment:		41.6130

17: Prospective Rate: (Sum of Lines 8:16)	218.7266
18: Hold Harmless Rate:	214.8710
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.1219
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.8485

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 092681-00 - 2022/10

251.00

Baya Pointe Nursing and Rehabilitation Center

Zip Code:	32025
Region:	North
Beds:	90
Medicaid Days FYE 1/31/14:	7,682
Total Patient Days FYE 12/31/20:	29,676
Medicaid Days FYE 12/31/20:	18,992
Medicaid Utilization:	63.99784%

	Price	Floor	Inflation
Direct Care	100%	95%	1.33569201
Indirect Care	92%	92.5%	1.33776814
Operating	86%	N/A	1.33776814
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	684,086	360,109	501,788
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/14):	89.0505	46.8769	65.3199
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.9441	62.7105	87.3830
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.7556	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.5072	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	18	0.85	36,143	20.1622

	Total	Per Diem
11: Taxes:	71,778	2.4187
12: Insurance:	69,477	2.3412

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.4657
16: Budget Neutrality Adjustment:		41.5264

17: Prospective Rate: (Sum of Lines 8:16)	231.7937
18: Hold Harmless Rate:	222.4425
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2045
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.9982

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 096150-00 - 2022/10

234.33

Azalea Trace

Zip Code:	32514
Region:	North
Beds:	82
Medicaid Days FYE 12/31/17:	2,402
Total Patient Days FYE 12/31/20:	17,548
Medicaid Days FYE 12/31/20:	850
Medicaid Utilization:	4.84386%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	362,590	76,601	136,560
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	150.9533	31.8905	56.8526
3: Inflated Cost Per Diem (Line 2 x Inflation):	187.1535	39.2078	69.8974
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20.5	16.2013

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	14	0.87	26,757	19.4839

	Total	Per Diem
11: Taxes:	11,672	0.6651
12: Insurance:	6,041	0.3443

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		41.7553

17: Prospective Rate: (Sum of Lines 8:16)	216.4015
18: Hold Harmless Rate:	215.2700
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.9293
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	234.3308

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098577-00 - 2022/10

283.03

Palm Garden of Aventura

Zip Code:	33180
Region:	South
Beds:	120
Medicaid Days FYE 9/30/18:	23,591
Total Patient Days FYE 9/30/21:	38,579
Medicaid Days FYE 9/30/21:	24,328
Medicaid Utilization:	63.06021%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,496,217	1,158,384	1,206,143
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	105.8122	49.1027	51.1272
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.7871	59.1322	61.5701
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.4970	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.8547	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	1	0.86	44,144	24.6480

	Total	Per Diem
11: Taxes:	244,453	6.3364
12: Insurance:	62,220	1.6128

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.7931
16: Budget Neutrality Adjustment:		46.2213

17: Prospective Rate: (Sum of Lines 8:16)	261.3734
18: Hold Harmless Rate:	232.6930
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.6553
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	283.0287

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098580-00 - 2022/10

265.80

Palm Garden of Clearwater

Zip Code:	33761
Region:	North
Beds:	165
Medicaid Days FYE 9/30/18:	24,967
Total Patient Days FYE 9/30/21:	49,287
Medicaid Days FYE 9/30/21:	28,728
Medicaid Utilization:	58.28718%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,717,545	975,583	1,198,160
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	108.8454	39.0748	47.9897
3: Inflated Cost Per Diem (Line 2 x Inflation):	132.4789	47.0561	57.7918
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	4	0.87	72,637	28.2063

	Total	Per Diem
11: Taxes:	160,326	3.2529
12: Insurance:	81,104	1.6455

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.0213
16: Budget Neutrality Adjustment:		43.9317

17: Prospective Rate: (Sum of Lines 8:16)	245.4627
18: Hold Harmless Rate:	229.6530
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.3370
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.7998

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098581-00 - 2022/10

255.60

Palm Garden of Gainesville

Zip Code:	32607
Region:	North
Beds:	150
Medicaid Days FYE 9/30/18:	22,005
Total Patient Days FYE 9/30/21:	48,758
Medicaid Days FYE 9/30/21:	24,006
Medicaid Utilization:	49.23500%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,218,917	965,775	974,440
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	100.8369	43.8888	44.2826
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.7315	52.8533	53.3275
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.9682	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.2946	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14.5	11.4595

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	7	0.84	66,150	26.1502

	Total	Per Diem
11: Taxes:	164,078	3.3652
12: Insurance:	76,037	1.5595

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.2523
16: Budget Neutrality Adjustment:		43.2418

17: Prospective Rate: (Sum of Lines 8:16)	236.0389
18: Hold Harmless Rate:	219.9345
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5563
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.5951

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098582-00 - 2022/10

265.20

Palm Garden of Jacksonville

Zip Code:	32216
Region:	North
Beds:	120
Medicaid Days FYE 9/30/18:	25,841
Total Patient Days FYE 9/30/21:	33,748
Medicaid Days FYE 9/30/21:	21,497
Medicaid Utilization:	63.69859%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,625,623	1,101,140	1,293,832
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	101.6068	42.6121	50.0689
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.6685	51.3158	60.2957
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.0312	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.2316	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20.5	16.2013

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	1	0.85	45,615	25.1323

	Total	Per Diem
11: Taxes:	66,034	1.9567
12: Insurance:	60,472	1.7919

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.4185
16: Budget Neutrality Adjustment:		43.0248

17: Prospective Rate: (Sum of Lines 8:16)	244.9069
18: Hold Harmless Rate:	231.0685
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2910
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.1979

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098583-00 - 2022/10

259.95

Palm Garden of Largo

Zip Code:	33777
Region:	North
Beds:	140
Medicaid Days FYE 9/30/18:	29,748
Total Patient Days FYE 9/30/21:	44,414
Medicaid Days FYE 9/30/21:	23,942
Medicaid Utilization:	53.90643%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,203,963	1,176,164	1,345,889
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	107.7034	39.5375	45.2430
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.0889	47.6132	54.4840
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	15	0.87	68,503	26.1746

	Total	Per Diem
11: Taxes:	95,417	2.1484
12: Insurance:	69,953	1.5750

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.0656
16: Budget Neutrality Adjustment:		43.3783

17: Prospective Rate: (Sum of Lines 8:16)	240.0633
18: Hold Harmless Rate:	229.3965
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8897
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.9530

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098584-00 - 2022/10

243.36

Palm Garden of Ocala

Zip Code:	34474
Region:	North
Beds:	180
Medicaid Days FYE 9/30/18:	37,518
Total Patient Days FYE 9/30/21:	54,512
Medicaid Days FYE 9/30/21:	41,008
Medicaid Utilization:	75.22747%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,753,741	1,257,389	1,555,787
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	100.0517	33.5142	41.4677
3: Inflated Cost Per Diem (Line 2 x Inflation):	121.7758	40.3597	49.9376
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.9239	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.3389	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	19	0.84	80,407	21.6429

	Total	Per Diem
11: Taxes:	151,155	2.7729
12: Insurance:	87,534	1.6058

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	181	0.8828
15: Quality Assess-Medicaid Share:		21.5049
16: Budget Neutrality Adjustment:		42.2048

17: Prospective Rate: (Sum of Lines 8:16)	224.7429
18: Hold Harmless Rate:	213.0850
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.6204
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.3632

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098586-00 - 2022/10

245.52

Palm Garden of Orlando

Zip Code:	32825
Region:	North
Beds:	132
Medicaid Days FYE 9/30/18:	23,132
Total Patient Days FYE 9/30/21:	42,096
Medicaid Days FYE 9/30/21:	26,401
Medicaid Utilization:	62.71617%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,299,486	1,080,433	1,050,325
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	99.4071	46.7072	45.4057
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.9912	56.2474	54.6800
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.7085	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.5543	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	12	0.86	64,466	27.1840

	Total	Per Diem
11: Taxes:	173,850	4.1298
12: Insurance:	76,185	1.8098

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.1552
16: Budget Neutrality Adjustment:		43.2950

17: Prospective Rate: (Sum of Lines 8:16)	226.7376
18: Hold Harmless Rate:	209.1995
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.7856
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.5232

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098587-00 - 2022/10

264.34

Palm Garden of Pinellas

Zip Code:	33771
Region:	North
Beds:	120
Medicaid Days FYE 9/30/18:	26,229
Total Patient Days FYE 9/30/21:	37,923
Medicaid Days FYE 9/30/21:	27,287
Medicaid Utilization:	71.95370%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,828,701	965,544	1,246,317
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	107.8463	36.8120	47.5167
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.2628	44.3310	57.2222
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	1	0.87	48,002	26.9219

	Total	Per Diem
11: Taxes:	89,706	2.3655
12: Insurance:	60,657	1.5995

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.4805
16: Budget Neutrality Adjustment:		43.5490

17: Prospective Rate: (Sum of Lines 8:16)	244.1110
18: Hold Harmless Rate:	229.4725
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2251
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	264.3361

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098588-00 - 2022/10

256.20

Palm Garden of Port Saint Lucie

Zip Code:	34952
Region:	North
Beds:	120
Medicaid Days FYE 9/30/18:	25,949
Total Patient Days FYE 9/30/21:	33,622
Medicaid Days FYE 9/30/21:	18,770
Medicaid Utilization:	55.82654%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,644,700	1,019,114	1,184,683
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	101.9191	39.2737	45.6542
3: Inflated Cost Per Diem (Line 2 x Inflation):	124.0486	47.2955	54.9793
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.6511	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.6117	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16.5	13.0401

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	2	0.82	45,674	24.0027

	Total	Per Diem
11: Taxes:	119,069	3.5414
12: Insurance:	58,454	1.7386

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		16.6266
16: Budget Neutrality Adjustment:		43.1598

17: Prospective Rate: (Sum of Lines 8:16)	236.6007
18: Hold Harmless Rate:	220.8845
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6028
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.2035

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098589-00 - 2022/10

263.29

Palm Garden of Sun City

Zip Code:	33573
Region:	North
Beds:	120
Medicaid Days FYE 9/30/18:	22,451
Total Patient Days FYE 9/30/21:	35,949
Medicaid Days FYE 9/30/21:	19,558
Medicaid Utilization:	54.40485%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,421,815	839,151	1,025,139
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	107.8711	37.3769	45.6611
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.2930	45.0114	54.9876
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21.5	16.9916

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	1	0.86	47,091	26.1654

	Total	Per Diem
11: Taxes:	92,778	2.5808
12: Insurance:	65,704	1.8277

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.6097
16: Budget Neutrality Adjustment:		43.4950

17: Prospective Rate: (Sum of Lines 8:16)	243.1425
18: Hold Harmless Rate:	225.4635
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1448
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.2874

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098590-00 - 2022/10

254.99

Palm Garden of Tampa

Zip Code:	33613
Region:	North
Beds:	120
Medicaid Days FYE 9/30/18:	23,039
Total Patient Days FYE 9/30/21:	39,478
Medicaid Days FYE 9/30/21:	21,209
Medicaid Utilization:	53.72359%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,436,877	1,039,463	1,017,543
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	105.7718	45.1175	44.1661
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.7378	54.3329	53.1872
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	15	0.86	52,041	23.0850

	Total	Per Diem
11: Taxes:	76,713	1.9432
12: Insurance:	75,748	1.9187

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.0808
16: Budget Neutrality Adjustment:		42.8691

17: Prospective Rate: (Sum of Lines 8:16)	235.4755
18: Hold Harmless Rate:	229.3205
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5096
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.9851

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098591-00 - 2022/10

253.63

Palm Garden of Vero Beach

Zip Code:	32960
Region:	North
Beds:	189
Medicaid Days FYE 9/30/18:	39,568
Total Patient Days FYE 9/30/21:	44,396
Medicaid Days FYE 9/30/21:	30,170
Medicaid Utilization:	67.95657%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,863,154	1,286,020	1,968,616
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	97.6332	32.5015	49.7527
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.8322	39.1400	59.9149
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.8675	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.3953	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	5	0.89	68,595	23.7254

	Total	Per Diem
11: Taxes:	118,871	2.6775
12: Insurance:	85,692	1.9302

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.1461
16: Budget Neutrality Adjustment:		42.0957

17: Prospective Rate: (Sum of Lines 8:16)	234.2281
18: Hold Harmless Rate:	213.7880
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4062
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.6343

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098592-00 - 2022/10

265.52

Palm Garden of West Palm Beach

Zip Code:	33401
Region:	South
Beds:	176
Medicaid Days FYE 9/30/18:	35,286
Total Patient Days FYE 9/30/21:	37,824
Medicaid Days FYE 9/30/21:	23,524
Medicaid Utilization:	62.19332%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,894,206	1,169,242	1,526,374
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	110.3612	33.1361	43.2572
3: Inflated Cost Per Diem (Line 2 x Inflation):	134.3237	39.9043	52.0926
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	13	0.82	82,309	24.5490

	Total	Per Diem
11: Taxes:	213,020	5.6319
12: Insurance:	87,364	2.3098

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.1855
16: Budget Neutrality Adjustment:		47.1516

17: Prospective Rate: (Sum of Lines 8:16)	262.2745
18: Hold Harmless Rate:	212.0115
19: Cap on Gains*:	(17.0745)
20: Minimum Wage Increase: (8.2852%)	20.3153
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.5153

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098593-00 - 2022/10

256.25

Palm Garden of Winter Haven

Zip Code:	33884
Region:	North
Beds:	120
Medicaid Days FYE 9/30/18:	27,190
Total Patient Days FYE 9/30/21:	34,289
Medicaid Days FYE 9/30/21:	20,321
Medicaid Utilization:	59.26390%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,639,025	1,039,983	1,273,692
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	97.0586	38.2487	46.8441
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.1328	46.0611	56.4122
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.5669	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.6959	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	5	0.85	58,500	29.9266

	Total	Per Diem
11: Taxes:	131,419	3.8327
12: Insurance:	59,537	1.7363

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.4009
16: Budget Neutrality Adjustment:		43.2111

17: Prospective Rate: (Sum of Lines 8:16)	236.6452
18: Hold Harmless Rate:	233.4055
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6065
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.2517

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 098972-00 - 2022/10

253.16

Community Health and Rehabilitation Center

Zip Code:	32404
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	19,909
Total Patient Days FYE 12/31/18:	31,023
Medicaid Days FYE 12/31/18:	19,909
Medicaid Utilization:	64.17497%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,444,639	518,930	1,392,572
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	122.7906	26.0650	69.9468
3: Inflated Cost Per Diem (Line 2 x Inflation):	148.5816	31.2069	83.7452
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	2.8098	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	33.9650	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	1	0.86	46,378	25.7983

	Total	Per Diem
11: Taxes:	34,368	1.1078
12: Insurance:	61,392	1.9789

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/18):	0	0.0000
15: Quality Assess-Medicaid Share:		16.3309
16: Budget Neutrality Adjustment:		42.7186

17: Prospective Rate: (Sum of Lines 8:16)	233.7947
18: Hold Harmless Rate:	233.0920
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3703
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.1650

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 100509-00 - 2022/10

251.45

Arcadia Health & Rehabilitation Center

Zip Code:	32514
Region:	North
Beds:	150
Medicaid Days FYE 12/31/17:	30,080
Total Patient Days FYE 12/31/20:	47,706
Medicaid Days FYE 12/31/20:	26,584
Medicaid Utilization:	55.72465%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,111,896	1,070,676	1,418,284
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	103.4539	35.5942	47.1503
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.2633	43.7614	57.9690
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	28	0.87	55,362	15.5881

	Total	Per Diem
11: Taxes:	69,705	1.4611
12: Insurance:	36,743	0.7702

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.2088
16: Budget Neutrality Adjustment:		41.2939

17: Prospective Rate: (Sum of Lines 8:16)	232.2124
18: Hold Harmless Rate:	221.5780
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2392
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.4517

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 101391-00 - 2022/10

235.67

The Oaks of Clearwater

Zip Code:	33756
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	11,322
Total Patient Days FYE 12/31/20:	16,603
Medicaid Days FYE 12/31/20:	10,431
Medicaid Utilization:	62.82600%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,174,037	329,354	752,460
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	103.6951	29.0897	66.4599
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.4753	34.8283	79.5705
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	7	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	30	0.87	15,883	14.1773

	Total	Per Diem
11: Taxes:	25,550	1.5389
12: Insurance:	12,374	0.7453

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.7743
16: Budget Neutrality Adjustment:		41.0595

17: Prospective Rate: (Sum of Lines 8:16)	217.6384
18: Hold Harmless Rate:	193.8665
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.0318
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	235.6702

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 101959-00 - 2022/10

234.28

Carrington Place of St. Pete

Zip Code:	33716
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	26,717
Total Patient Days FYE 12/31/20:	34,847
Medicaid Days FYE 12/31/20:	18,757
Medicaid Utilization:	53.82673%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,493,396	731,708	1,042,321
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	93.3261	27.3873	39.0133
3: Inflated Cost Per Diem (Line 2 x Inflation):	115.7068	33.6714	47.9650
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.9929	0.3453	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.2699	36.4295	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	6	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	27	0.87	46,199	16.5733

	Total	Per Diem
11: Taxes:	77,488	2.2237
12: Insurance:	153,186	4.3960

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.6444
16: Budget Neutrality Adjustment:		40.6097

17: Prospective Rate: (Sum of Lines 8:16)	216.3518
18: Hold Harmless Rate:	200.6970
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.9251
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	234.2769

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 101961-00 - 2022/10

248.56

Trinity Regional Rehab Center

Zip Code:	34655
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	19,050
Total Patient Days FYE 12/31/20:	40,844
Medicaid Days FYE 12/31/20:	21,844
Medicaid Utilization:	53.48154%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,730,803	764,073	842,228
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	90.8558	40.1088	44.2114
3: Inflated Cost Per Diem (Line 2 x Inflation):	112.6439	49.3117	54.3557
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	12.0558	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.2070	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	15	12	0.86	56,110	25.2537

	Total	Per Diem
11: Taxes:	96,599	2.3651
12: Insurance:	127,264	3.1159

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.9923
16: Budget Neutrality Adjustment:		41.4422

17: Prospective Rate: (Sum of Lines 8:16)	229.5458
18: Hold Harmless Rate:	203.6990
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.0183
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.5641

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 102586-00 - 2022/10

287.38

The Crossroads

Zip Code:	33837
Region:	North
Beds:	60
Medicaid Days FYE 1/31/19:	13,518
Total Patient Days FYE 1/31/20:	15,841
Medicaid Days FYE 1/31/20:	10,666
Medicaid Utilization:	67.33161%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,515,807	436,530	548,561
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	112.1324	32.2924	40.5800
3: Inflated Cost Per Diem (Line 2 x Inflation):	135.3462	38.5841	48.4863
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	27	0.85	28,679	19.8567

	Total	Per Diem
11: Taxes:	10,353	0.6536
12: Insurance:	10,757	0.6791

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.5776
16: Budget Neutrality Adjustment:		41.8754

17: Prospective Rate: (Sum of Lines 8:16)	235.5793
18: Hold Harmless Rate:	265.3920
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.9882
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	287.3802

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 102592-00 - 2022/10

317.20

The Crossings

Zip Code:	33463
Region:	South
Beds:	60
Medicaid Days FYE 1/31/19:	14,185
Total Patient Days FYE 1/31/21:	17,292
Medicaid Days FYE 1/31/21:	12,144
Medicaid Utilization:	70.22901%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,737,949	345,541	654,215
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	122.5201	24.3596	46.1201
3: Inflated Cost Per Diem (Line 2 x Inflation):	147.8844	29.1056	55.1059
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	8.1214	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	32.1240	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	24	0.82	34,534	21.3370

	Total	Per Diem
11: Taxes:	18,492	1.0694
12: Insurance:	7,982	0.4616

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.6371
16: Budget Neutrality Adjustment:		44.0894

17: Prospective Rate: (Sum of Lines 8:16)	247.4636
18: Hold Harmless Rate:	292.9325
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	24.2700
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	317.2025

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 102787-00 - 2022/10

307.83

Cross Pointe Care Center

Zip Code:	33004
Region:	South
Beds:	88
Medicaid Days FYE 1/31/19:	24,814
Total Patient Days FYE 1/31/21:	31,073
Medicaid Days FYE 1/31/21:	24,333
Medicaid Utilization:	78.30914%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,269,266	697,919	971,221
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	131.7508	28.1260	39.1400
3: Inflated Cost Per Diem (Line 2 x Inflation):	159.0260	33.6059	46.7658
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.6211	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	36.6243	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	32	0.86	20,758	12.4728

	Total	Per Diem
11: Taxes:	37,946	1.2212
12: Insurance:	12,542	0.4036

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.4176
16: Budget Neutrality Adjustment:		43.3525

17: Prospective Rate: (Sum of Lines 8:16)	247.8721
18: Hold Harmless Rate:	284.2780
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	23.5530
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	307.8310

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 102791-00 - 2022/10

264.67

Cross Terrace Health and Rehabilitation

Zip Code:	34698
Region:	North
Beds:	104
Medicaid Days FYE 1/31/19:	22,296
Total Patient Days FYE 1/31/21:	26,615
Medicaid Days FYE 1/31/21:	18,722
Medicaid Utilization:	70.34379%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,492,272	674,271	948,027
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	111.7811	30.2417	42.5200
3: Inflated Cost Per Diem (Line 2 x Inflation):	134.9221	36.1339	50.8043
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	10.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	43	38	0.86	31,726	11.4012

	Total	Per Diem
11: Taxes:	37,588	1.4123
12: Insurance:	23,811	0.8946

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.8664
16: Budget Neutrality Adjustment:		40.5844

17: Prospective Rate: (Sum of Lines 8:16)	218.4524
18: Hold Harmless Rate:	244.4160
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2503
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	264.6663

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 103165-00 - 2022/10

255.57

Astoria Health & Rehabilitation Center

Zip Code:	33844
Region:	North
Beds:	132
Medicaid Days FYE 6/30/18:	25,440
Total Patient Days FYE 6/30/21:	38,771
Medicaid Days FYE 6/30/21:	17,902
Medicaid Utilization:	46.17369%

	Price	Floor	Inflation
Direct Care	100%	95%	1.22468602
Indirect Care	92%	92.5%	1.21395961
Operating	86%	N/A	1.21395961

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,618,674	875,702	1,029,155
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/18):	102.9352	34.4222	40.4542
3: Inflated Cost Per Diem (Line 2 x Inflation):	126.0634	41.7872	49.1098
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	12	11	0.85	67,708	27.9396

	Total	Per Diem
11: Taxes:	112,868	2.9111
12: Insurance:	58,269	1.5029

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		15.4009
16: Budget Neutrality Adjustment:		43.8021

17: Prospective Rate: (Sum of Lines 8:16)	236.4791
18: Hold Harmless Rate:	204.0695
19: Cap on Gains*:	(0.4643)
20: Minimum Wage Increase: (8.2852%)	19.5543
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.5690

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 103177-00 - 2022/10

288.95

Desoto Health and Rehab

Zip Code:	34266
Region:	North
Beds:	78
Medicaid Days FYE 12/31/18:	12,420
Total Patient Days FYE 12/31/20:	14,765
Medicaid Days FYE 12/31/20:	11,334
Medicaid Utilization:	76.76261%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,537,233	880,338	721,728
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	123.7707	70.8806	58.1101
3: Inflated Cost Per Diem (Line 2 x Inflation):	149.7676	84.8633	69.5735
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	8	4	0.85	39,561	31.0991

	Total	Per Diem
11: Taxes:	50,944	3.4503
12: Insurance:	46,905	3.1768

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.3765
16: Budget Neutrality Adjustment:		44.7293

17: Prospective Rate: (Sum of Lines 8:16)	247.6903
18: Hold Harmless Rate:	266.8455
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.1086
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	288.9541

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 103425-00 - 2022/10

236.20

Community Convalescent Center

Zip Code:	33563
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	28,451
Total Patient Days FYE 12/31/20:	35,382
Medicaid Days FYE 12/31/20:	21,084
Medicaid Utilization:	59.58962%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,996,280	1,053,499	1,145,188
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	105.3136	37.0285	40.2512
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.4338	44.3331	48.1916
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	10.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	59	22	0.86	32,660	16.6521

	Total	Per Diem
11: Taxes:	34,331	0.9703
12: Insurance:	74,630	2.1093

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.5583
16: Budget Neutrality Adjustment:		41.6239

17: Prospective Rate: (Sum of Lines 8:16)	218.1283
18: Hold Harmless Rate:	194.3700
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.0723
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.2007

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 103852-00 - 2022/10

240.15

Ocoee Health Care Facility

Zip Code:	34761
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	21,994
Total Patient Days FYE 12/31/20:	33,129
Medicaid Days FYE 12/31/20:	21,005
Medicaid Utilization:	63.40366%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32053143
Indirect Care	92%	92.5%	1.31689607
Operating	86%	N/A	1.31689607
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,438,310	581,779	918,558
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	110.8625	26.4517	41.7640
3: Inflated Cost Per Diem (Line 2 x Inflation):	146.3974	34.8342	54.9989
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	7	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	21	0.86	41,155	16.9803

	Total	Per Diem
11: Taxes:	73,084	2.2060
12: Insurance:	71,734	2.1653

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.8653
16: Budget Neutrality Adjustment:		41.9035

17: Prospective Rate: (Sum of Lines 8:16)	221.7757
18: Hold Harmless Rate:	220.9415
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.3745
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.1502

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 103858-00 - 2022/10

262.54

North Campus Rehabilitation and Health Center

Zip Code:	34748
Region:	North
Beds:	90
Medicaid Days FYE 2/28/19:	14,282
Total Patient Days FYE 2/28/22:	28,441
Medicaid Days FYE 2/28/22:	16,997
Medicaid Utilization:	59.76231%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,472,705	827,576	800,916
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	103.1161	57.9453	56.0787
3: Inflated Cost Per Diem (Line 2 x Inflation):	124.1528	69.0941	66.8682
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.5469	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.7159	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	12	0.86	45,660	27.7929

	Total	Per Diem
11: Taxes:	30,176	1.0610
12: Insurance:	98,192	3.4525

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/22):	0	0.0000
15: Quality Assess-Medicaid Share:		18.0801
16: Budget Neutrality Adjustment:		43.6996

17: Prospective Rate: (Sum of Lines 8:16)	240.2472
18: Hold Harmless Rate:	242.4495
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0874
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.5369

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 104875-00 - 2022/10

255.07

Rehabilitation Center at Park Place

Zip Code:	32501
Region:	North
Beds:	118
Medicaid Days FYE 12/31/18:	29,878
Total Patient Days FYE 12/31/20:	35,624
Medicaid Days FYE 12/31/20:	30,111
Medicaid Utilization:	84.52448%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,005,161	749,884	1,099,310
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	100.5810	25.0981	36.7932
3: Inflated Cost Per Diem (Line 2 x Inflation):	121.7071	30.0493	44.0515
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.9926	3.9674	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.2702	32.8074	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	7.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	40	0.87	29,396	10.8607

	Total	Per Diem
11: Taxes:	42,009	1.1792
12: Insurance:	22,927	0.6436

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.7836
16: Budget Neutrality Adjustment:		39.2064

17: Prospective Rate: (Sum of Lines 8:16)	211.7630
18: Hold Harmless Rate:	235.5525
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5160
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.0685

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 108507-00 - 2022/10

220.95

The Terrace of Jacksonville

Zip Code:	32257
Region:	North
Beds:	180
Medicaid Days FYE 12/31/17:	40,417
Total Patient Days FYE 12/31/20:	61,886
Medicaid Days FYE 12/31/20:	40,686
Medicaid Utilization:	65.74346%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,794,172	781,826	1,628,370
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	93.8756	19.3439	40.2892
3: Inflated Cost Per Diem (Line 2 x Inflation):	116.3880	23.7824	49.5336
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.3117	10.2343	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.9511	26.5405	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	8.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	24	0.85	34,764	15.1610

	Total	Per Diem
11: Taxes:	122,213	1.9748
12: Insurance:	57,420	0.9278

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.1997
16: Budget Neutrality Adjustment:		38.1355

17: Prospective Rate: (Sum of Lines 8:16)	204.0442
18: Hold Harmless Rate:	202.4260
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	16.9054
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	220.9496

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 110482-00 - 2022/10

263.42

Viera Health & Rehabilitation Center

Zip Code:	32940
Region:	North
Beds:	114
Medicaid Days FYE 12/31/17:	17,217
Total Patient Days FYE 12/31/21:	39,063
Medicaid Days FYE 12/31/21:	16,219
Medicaid Utilization:	41.52011%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,813,161	709,042	1,076,376
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	105.3122	41.1826	62.5182
3: Inflated Cost Per Diem (Line 2 x Inflation):	130.5672	50.6320	76.8630
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	8	0.89	50,335	26.0904

	Total	Per Diem
11: Taxes:	138,319	3.5409
12: Insurance:	114,321	2.9266

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.0691
16: Budget Neutrality Adjustment:		43.8374

17: Prospective Rate: (Sum of Lines 8:16)	243.2678
18: Hold Harmless Rate:	229.3680
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1552
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.4230

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 111543-00 - 2022/10

249.89

St. Catherine Laboure Manor

Zip Code:	32204
Region:	North
Beds:	240
Medicaid Days FYE 6/30/17:	50,381
Total Patient Days FYE 6/30/21:	55,515
Medicaid Days FYE 6/30/21:	34,112
Medicaid Utilization:	61.44646%

	Price	Floor	Inflation
Direct Care	100%	95%	1.25423868
Indirect Care	92%	92.5%	1.24640883
Operating	86%	N/A	1.24640883

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,782,495	1,567,247	3,160,184
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/17):	114.7753	31.1078	62.7257
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.9556	38.7732	78.1819
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	10	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	0	0.85	108,802	30.0157

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	5,252	0.0946

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.6164
16: Budget Neutrality Adjustment:		43.4150

17: Prospective Rate: (Sum of Lines 8:16)	230.7740
18: Hold Harmless Rate:	226.0715
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1201
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	249.8940

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 122229-00 - 2022/10

238.12

Harbour Health Center

Zip Code:	33980
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	16,631
Total Patient Days FYE 12/31/20:	31,192
Medicaid Days FYE 12/31/20:	11,639
Medicaid Utilization:	37.31405%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,025,944	811,322	1,118,178
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	121.8173	48.7837	67.2345
3: Inflated Cost Per Diem (Line 2 x Inflation):	151.0304	59.9771	82.6615
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	4	0.84	44,610	23.3356

	Total	Per Diem
11: Taxes:	48,876	1.5669
12: Insurance:	24,253	0.7775

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.6504

17: Prospective Rate: (Sum of Lines 8:16)	219.9029
18: Hold Harmless Rate:	213.2750
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.2194
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	238.1223

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 122232-00 - 2022/10

251.39

Plaza West

Zip Code:	33573
Region:	North
Beds:	113
Medicaid Days FYE 12/31/17:	6,207
Total Patient Days FYE 12/31/20:	30,406
Medicaid Days FYE 12/31/20:	10,418
Medicaid Utilization:	34.26297%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	746,126	363,982	330,334
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	120.2071	58.6405	53.2195
3: Inflated Cost Per Diem (Line 2 x Inflation):	149.0341	72.0956	65.4308
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24.5	19.3625

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	2	0.86	63,481	32.3561

	Total	Per Diem
11: Taxes:	68,941	2.2673
12: Insurance:	33,023	1.0861

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		44.3813

17: Prospective Rate: (Sum of Lines 8:16)	232.1531
18: Hold Harmless Rate:	218.3670
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2343
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.3874

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 122236-00 - 2022/10

236.29

Seminole Pavilion Rehabilitation & Nursing Services

Zip Code:	33772
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	14,382
Total Patient Days FYE 12/31/20:	26,804
Medicaid Days FYE 12/31/20:	11,995
Medicaid Utilization:	44.75078%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,843,972	546,884	869,013
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	128.2138	38.0255	60.4236
3: Inflated Cost Per Diem (Line 2 x Inflation):	158.9609	46.7505	74.2878
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	1	0.87	44,685	25.1941

	Total	Per Diem
11: Taxes:	(4,143)	-0.1546
12: Insurance:	673	0.0251

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.5442

17: Prospective Rate: (Sum of Lines 8:16)	218.2082
18: Hold Harmless Rate:	209.1710
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.0790
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.2872

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 122239-00 - 2022/10
229.12

Freedom Square Rehabilitation & Nursing Services

Zip Code:	33772
Region:	North
Beds:	116
Medicaid Days FYE 12/31/17:	13,779
Total Patient Days FYE 12/31/20:	28,606
Medicaid Days FYE 12/31/20:	10,314
Medicaid Utilization:	36.05537%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,659,189	523,008	931,790
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	120.4143	37.9568	67.6239
3: Inflated Cost Per Diem (Line 2 x Inflation):	149.2909	46.6661	83.1402
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	24	0.87	47,177	18.5844

	Total	Per Diem
11: Taxes:	94,883	3.3169
12: Insurance:	67,903	2.3737

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.4080

17: Prospective Rate: (Sum of Lines 8:16)	203.3294
18: Hold Harmless Rate:	211.5935
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.5309
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	229.1244

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 122242-00 - 2022/10

241.54

Cypress Village

Zip Code:	32224
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	6,957
Total Patient Days FYE 12/31/20:	36,029
Medicaid Days FYE 12/31/20:	11,283
Medicaid Utilization:	31.31644%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	935,745	330,075	409,125
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	134.5040	47.4450	58.8076
3: Inflated Cost Per Diem (Line 2 x Inflation):	162.7553	56.8045	70.4086
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	3	0.85	77,489	31.5505

	Total	Per Diem
11: Taxes:	83,638	2.3214
12: Insurance:	31,761	0.8815

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		44.2163

17: Prospective Rate: (Sum of Lines 8:16)	223.0637
18: Hold Harmless Rate:	220.0105
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.4812
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	241.5450

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 122243-00 - 2022/10

237.78

Lake Harris Health Center

Zip Code:	34748
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	13,800
Total Patient Days FYE 12/31/20:	30,574
Medicaid Days FYE 12/31/20:	10,001
Medicaid Utilization:	32.71080%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,813,329	746,269	1,293,118
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	131.4006	54.0774	93.7042
3: Inflated Cost Per Diem (Line 2 x Inflation):	162.9119	66.4855	115.2045
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	3	0.86	48,233	26.0083

	Total	Per Diem
11: Taxes:	33,679	1.1016
12: Insurance:	17,632	0.5767

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.9967

17: Prospective Rate: (Sum of Lines 8:16)	219.5874
18: Hold Harmless Rate:	206.6820
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.1932
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.7806

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 122248-00 - 2022/10

262.30

Sylvan Health Center

Zip Code:	33759
Region:	North
Beds:	60
Medicaid Days FYE 12/31/17:	5,122
Total Patient Days FYE 12/31/20:	15,927
Medicaid Days FYE 12/31/20:	4,312
Medicaid Utilization:	27.07352%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	638,405	218,553	531,571
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	124.6397	42.6694	103.7819
3: Inflated Cost Per Diem (Line 2 x Inflation):	154.5297	52.4599	127.5946
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	3	0.87	24,453	26.6300

	Total	Per Diem
11: Taxes:	202,829	12.7349
12: Insurance:	112,874	7.0870

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		46.2351

17: Prospective Rate: (Sum of Lines 8:16)	242.2270
18: Hold Harmless Rate:	225.3685
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0690
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.2960

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 122250-00 - 2022/10

253.33

The Nursing Center at Freedom Village

Zip Code:	34209
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	12,850
Total Patient Days FYE 12/31/20:	28,968
Medicaid Days FYE 12/31/20:	14,380
Medicaid Utilization:	49.64098%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,862,377	627,395	916,104
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	144.9320	48.8245	71.2921
3: Inflated Cost Per Diem (Line 2 x Inflation):	179.6882	60.0273	87.6501
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	2	0.85	50,053	27.0095

	Total	Per Diem
11: Taxes:	248,129	8.5656
12: Insurance:	135,827	4.6889

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		45.1672

17: Prospective Rate: (Sum of Lines 8:16)	233.9458
18: Hold Harmless Rate:	222.9460
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3828
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.3287

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 122340-00 - 2022/10

258.90

Citrus Hills Health & Rehabilitation Center

Zip Code:	34442
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	27,742
Total Patient Days FYE 12/31/21:	39,946
Medicaid Days FYE 12/31/21:	27,916
Medicaid Utilization:	69.88434%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,628,873	893,584	1,431,123
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	94.7614	32.2105	51.5868
3: Inflated Cost Per Diem (Line 2 x Inflation):	117.4862	39.6012	63.4234
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.2135	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.0493	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	21	5	0.84	51,650	25.9942

	Total	Per Diem
11: Taxes:	112,236	2.8097
12: Insurance:	63,947	1.6008

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.6410
16: Budget Neutrality Adjustment:		42.2209

17: Prospective Rate: (Sum of Lines 8:16)	239.0895
18: Hold Harmless Rate:	224.4660
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8090
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.8985

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 122341-00 - 2022/10
265.34

Woodland Grove Health & Rehabilitation Center

Zip Code:	32216
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	28,557
Total Patient Days FYE 12/31/21:	36,788
Medicaid Days FYE 12/31/21:	26,418
Medicaid Utilization:	71.81146%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,892,445	927,941	1,674,249
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	101.2867	32.4943	58.6283
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.5763	39.9501	72.0805
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	18	11	0.85	57,223	26.7217

	Total	Per Diem
11: Taxes:	108,072	2.9377
12: Insurance:	82,034	2.2299

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.5502
16: Budget Neutrality Adjustment:		43.7220

17: Prospective Rate: (Sum of Lines 8:16)	245.0344
18: Hold Harmless Rate:	225.6250
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.3016
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.3360

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 122342-00 - 2022/10
268.89

The Gardens Health & Rehabilitation Center

Zip Code:	32114
Region:	North
Beds:	108
Medicaid Days FYE 12/31/17:	21,085
Total Patient Days FYE 12/31/20:	36,871
Medicaid Days FYE 12/31/20:	23,339
Medicaid Utilization:	63.29907%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,151,058	754,924	1,416,874
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	102.0184	35.8038	67.1981
3: Inflated Cost Per Diem (Line 2 x Inflation):	126.4834	44.0190	82.6168
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	24	2	0.86	86,846	31.2190

	Total	Per Diem
11: Taxes:	132,103	3.5828
12: Insurance:	59,343	1.6095

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.9319
16: Budget Neutrality Adjustment:		44.5024

17: Prospective Rate: (Sum of Lines 8:16)	248.3189
18: Hold Harmless Rate:	225.1595
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5737
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	268.8926

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 122343-00 - 2022/10

264.68

Isle Health & Rehabilitation Center

Zip Code:	32003
Region:	North
Beds:	108
Medicaid Days FYE 12/31/17:	18,201
Total Patient Days FYE 12/31/21:	33,571
Medicaid Days FYE 12/31/21:	17,657
Medicaid Utilization:	52.59599%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,808,387	675,311	1,145,279
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	99.3564	37.1029	62.9239
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.1831	45.6162	77.3618
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.5166	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.7462	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	17	9	0.85	57,556	28.8423

	Total	Per Diem
11: Taxes:	120,760	3.5972
12: Insurance:	84,980	2.5314

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.2794
16: Budget Neutrality Adjustment:		43.9921

17: Prospective Rate: (Sum of Lines 8:16)	244.4294
18: Hold Harmless Rate:	221.9865
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2514
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	264.6808

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 122344-00 - 2022/10

241.35

Riverwood Health & Rehabilitation Center

Zip Code:	32091
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	28,267
Total Patient Days FYE 12/31/21:	34,970
Medicaid Days FYE 12/31/21:	24,399
Medicaid Utilization:	69.77123%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,538,924	926,559	1,559,623
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	89.8193	32.7788	55.1746
3: Inflated Cost Per Diem (Line 2 x Inflation):	111.3590	40.2999	67.8345
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	13.3407	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.9221	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	10	0.85	33,146	20.3702

	Total	Per Diem
11: Taxes:	24,987	0.7145
12: Insurance:	57,317	1.6390

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.0464
16: Budget Neutrality Adjustment:		39.8380

17: Prospective Rate: (Sum of Lines 8:16)	215.0538
18: Hold Harmless Rate:	222.8795
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.4660
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	241.3455

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 122346-00 - 2022/10

257.06

Terrace Health & Rehabilitation Center

Zip Code:	32607
Region:	North
Beds:	138
Medicaid Days FYE 12/31/17:	16,778
Total Patient Days FYE 12/31/21:	41,333
Medicaid Days FYE 12/31/21:	21,463
Medicaid Utilization:	51.92703%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,674,367	630,162	1,007,265
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	11.6339	37.5588	60.0348
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.7273	46.1767	73.8098
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.9724	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.2904	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	20	12	0.84	67,258	26.5377

	Total	Per Diem
11: Taxes:	115,789	2.8014
12: Insurance:	121,000	2.9274

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		16.3999
16: Budget Neutrality Adjustment:		43.6193

17: Prospective Rate: (Sum of Lines 8:16)	237.3916
18: Hold Harmless Rate:	215.4790
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6683
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.0599

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 122347-00 - 2022/10

266.47

Villa Health & Rehabilitation Center

Zip Code:	32720
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	26,976
Total Patient Days FYE 12/31/21:	37,677
Medicaid Days FYE 12/31/21:	26,087
Medicaid Utilization:	69.23853%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,797,588	915,741	1,497,435
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	103.7065	33.9465	55.5098
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.5764	41.7355	68.2466
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	26	7	0.86	52,138	26.3621

	Total	Per Diem
11: Taxes:	93,245	2.4749
12: Insurance:	77,285	2.0513

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	207	1.5870
15: Quality Assess-Medicaid Share:		21.4647
16: Budget Neutrality Adjustment:		43.5492

17: Prospective Rate: (Sum of Lines 8:16)	246.0784
18: Hold Harmless Rate:	219.4310
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.3881
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	266.4665

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 128848-00 - 2022/10

236.22

Bay Center

Zip Code:	32405
Region:	North
Beds:	160
Medicaid Days FYE 2/28/19:	21,399
Total Patient Days FYE 2/28/19:	28,234
Medicaid Days FYE 2/28/19:	21,399
Medicaid Utilization:	75.79160%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,421,796	754,106	1,055,602
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	113.1733	35.2402	49.3295
3: Inflated Cost Per Diem (Line 2 x Inflation):	136.2617	42.0205	58.8205
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	9	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	62	34	0.86	26,247	12.7139

	Total	Per Diem
11: Taxes:	9,857	0.3491
12: Insurance:	56,721	2.0090

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/19):	0	0.0000
15: Quality Assess-Medicaid Share:		22.4358
16: Budget Neutrality Adjustment:		40.8197

17: Prospective Rate: (Sum of Lines 8:16)	218.1503
18: Hold Harmless Rate:	199.6140
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.0742
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.2245

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 129312-00 - 2022/10

245.49

The Pavilion for Healthcare

Zip Code:	32079
Region:	North
Beds:	50
Medicaid Days FYE 6/30/19:	961
Total Patient Days FYE 6/30/21:	14,182
Medicaid Days FYE 6/30/21:	895
Medicaid Utilization:	6.31082%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	122,758	43,110	53,391
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/19):	127.7398	44.8595	55.5577
3: Inflated Cost Per Diem (Line 2 x Inflation):	152.3019	53.0236	65.6688
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	3	0.85	33,755	31.5505

	Total	Per Diem
11: Taxes:	39	0.0027
12: Insurance:	26,541	1.8715

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.9869

17: Prospective Rate: (Sum of Lines 8:16)	226.7061
18: Hold Harmless Rate:	206.9765
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.7830
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.4892

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 130817-00 - 2022/10

262.60

Oak View Rehabilitation Center

Zip Code:	32073
Region:	North
Beds:	120
Medicaid Days FYE 2/28/18:	23,462
Total Patient Days FYE 2/28/18:	38,103
Medicaid Days FYE 2/28/18:	23,462
Medicaid Utilization:	61.57520%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23460082
Indirect Care	92%	92.5%	1.22472988
Operating	86%	N/A	1.22472988

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,377,181	733,273	1,111,356
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/18):	101.3204	31.2536	47.3683
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.0903	38.2773	58.0134
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	20	0.85	30,520	17.1231

	Total	Per Diem
11: Taxes:	67,449	1.7702
12: Insurance:	42,709	1.1209

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/18):	0	0.0000
15: Quality Assess-Medicaid Share:		23.7381
16: Budget Neutrality Adjustment:		41.6726

17: Prospective Rate: (Sum of Lines 8:16)	242.5092
18: Hold Harmless Rate:	229.4155
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0923
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.6016

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 132449-00 - 2022/10

237.46

Fountain Manor

Zip Code:	33161
Region:	South
Beds:	146
Medicaid Days FYE 2/28/18:	41,006
Total Patient Days FYE 2/28/21:	46,453
Medicaid Days FYE 2/28/21:	30,491
Medicaid Utilization:	65.63839%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23460082
Indirect Care	92%	92.5%	1.22472988
Operating	86%	N/A	1.22472988

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,847,057	909,497	1,601,649
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/18):	93.8169	22.1796	39.0588
3: Inflated Cost Per Diem (Line 2 x Inflation):	115.8265	27.1640	47.8366
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.4576	10.0630	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.8941	30.1824	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	40	0.86	33,093	10.7448

	Total	Per Diem
11: Taxes:	97,273	2.0940
12: Insurance:	110,807	2.3854

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0352
16: Budget Neutrality Adjustment:		39.2499

17: Prospective Rate: (Sum of Lines 8:16)	219.2872
18: Hold Harmless Rate:	209.3895
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.1684
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.4556

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 133196-00 - 2022/10

236.18

Emerald Coast Center

Zip Code:	32548
Region:	North
Beds:	120
Medicaid Days FYE 1/31/20:	30,742
Total Patient Days FYE 1/31/21:	34,391
Medicaid Days FYE 1/31/21:	26,959
Medicaid Utilization:	78.38969%

	Price	Floor	Inflation
Direct Care	100%	95%	1.17886933
Indirect Care	92%	92.5%	1.16817458
Operating	86%	N/A	1.16817458

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,333,166	909,278	1,229,865
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/20):	108.4238	29.5777	40.0060
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.8176	34.5519	46.7340
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	49	3	0.87	17,745	23.1321

	Total	Per Diem
11: Taxes:	14,963	0.4351
12: Insurance:	80,059	2.3279

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.2500
16: Budget Neutrality Adjustment:		42.6875

17: Prospective Rate: (Sum of Lines 8:16)	227.9198
18: Hold Harmless Rate:	188.5845
19: Cap on Gains*:	(9.8141)
20: Minimum Wage Increase: (8.2852%)	18.0705
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.1762

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 133348-00 - 2022/10

259.10

Egret Cove Center

Zip Code:	33707
Region:	North
Beds:	120
Medicaid Days FYE 1/31/19:	34,353
Total Patient Days FYE 1/31/21:	34,311
Medicaid Days FYE 1/31/21:	29,331
Medicaid Utilization:	85.48570%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,090,782	1,240,516	1,631,346
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	119.0807	36.1108	47.4877
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.7330	43.1464	56.7399
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	53	12	0.87	22,845	20.1472

	Total	Per Diem
11: Taxes:	29,771	0.8677
12: Insurance:	80,244	2.3387

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.8584
16: Budget Neutrality Adjustment:		42.2489

17: Prospective Rate: (Sum of Lines 8:16)	239.2799
18: Hold Harmless Rate:	209.2565
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8248
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.1047

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 134463-00 - 2022/10

283.06

Ft Lauderdale Health and Rehabilitation Center

Zip Code:	33308
Region:	South
Beds:	169
Medicaid Days FYE 1/31/19:	35,020
Total Patient Days FYE 1/31/22:	52,399
Medicaid Days FYE 1/31/22:	33,321
Medicaid Utilization:	63.59091%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,815,921	1,347,243	1,608,928
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	108.9640	38.4706	45.9431
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.5219	45.9660	54.8943
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.7622	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.5895	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26.5	20.9432

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	14	0.85	67,191	21.4548

	Total	Per Diem
11: Taxes:	272,247	5.1957
12: Insurance:	181,687	3.4674

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/22):	0	0.0000
15: Quality Assess-Medicaid Share:		18.6378
16: Budget Neutrality Adjustment:		46.2654

17: Prospective Rate: (Sum of Lines 8:16)	261.4053
18: Hold Harmless Rate:	247.5890
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.6579
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	283.0632

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 135581-00 - 2022/10

261.62

The Manor at Blue Water Bay

Zip Code:	32578
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	19,429
Total Patient Days FYE 12/31/20:	34,742
Medicaid Days FYE 12/31/20:	15,769
Medicaid Utilization:	45.38887%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,508,292	838,152	952,705
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	129.1004	43.1392	49.0352
3: Inflated Cost Per Diem (Line 2 x Inflation):	152.4376	50.4620	57.3589
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	15	0.87	52,947	23.7508

	Total	Per Diem
11: Taxes:	48,919	1.4081
12: Insurance:	116,242	3.3459

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		15.8073
16: Budget Neutrality Adjustment:		43.1379

17: Prospective Rate: (Sum of Lines 8:16)	241.6038
18: Hold Harmless Rate:	227.4870
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0173
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	261.6212

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 140643-00 - 2022/10

258.02

Clearwater Center

Zip Code:	33756
Region:	North
Beds:	120
Medicaid Days FYE 2/29/20:	32,410
Total Patient Days FYE 2/28/21:	35,592
Medicaid Days FYE 2/28/21:	31,096
Medicaid Utilization:	87.36795%

	Price	Floor	Inflation
Direct Care	100%	95%	1.17697394
Indirect Care	92%	92.5%	1.16660269
Operating	86%	N/A	1.16660269

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,798,382	978,379	1,573,860
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/29/20):	117.1978	30.1875	48.5609
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.9388	35.2169	56.6513
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	17	0.87	19,721	18.4889

	Total	Per Diem
11: Taxes:	30,513	0.8573
12: Insurance:	93,246	2.6199

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.6239
16: Budget Neutrality Adjustment:		42.0095

17: Prospective Rate: (Sum of Lines 8:16)	240.2682
18: Hold Harmless Rate:	206.0265
19: Cap on Gains*:	(1.9901)
20: Minimum Wage Increase: (8.2852%)	19.7418
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.0199

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 140648-00 - 2022/10

238.50

Bartow Center

Zip Code:	33830
Region:	North
Beds:	120
Medicaid Days FYE 2/28/19:	31,302
Total Patient Days FYE 2/28/21:	35,508
Medicaid Days FYE 2/28/21:	26,881
Medicaid Utilization:	75.70407%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,234,754	1,109,986	1,243,058
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	103.3401	35.4605	39.7117
3: Inflated Cost Per Diem (Line 2 x Inflation):	124.4225	42.2831	47.3523
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.2772	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.9856	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	50	39	0.85	21,335	10.9536

	Total	Per Diem
11: Taxes:	28,643	0.8067
12: Insurance:	77,896	2.1938

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.8413
16: Budget Neutrality Adjustment:		40.5790

17: Prospective Rate: (Sum of Lines 8:16)	229.4658
18: Hold Harmless Rate:	190.4370
19: Cap on Gains*:	(9.2175)
20: Minimum Wage Increase: (8.2852%)	18.2480
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	238.4962

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 141512-00 - 2022/10

244.24

Gulfport Rehabilitation Center

Zip Code:	33707
Region:	North
Beds:	126
Medicaid Days FYE 12/31/18:	14,649
Total Patient Days FYE 12/31/21:	25,459
Medicaid Days FYE 12/31/21:	18,993
Medicaid Utilization:	74.60230%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,426,126	530,240	831,918
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	97.3531	36.1963	56.7900
3: Inflated Cost Per Diem (Line 2 x Inflation):	117.8012	43.3368	67.9930
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.8985	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.3643	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	19	0.87	32,104	17.8256

	Total	Per Diem
11: Taxes:	45,534	1.7885
12: Insurance:	20,341	0.7990

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.7180
16: Budget Neutrality Adjustment:		40.5510

17: Prospective Rate: (Sum of Lines 8:16)	230.1597
18: Hold Harmless Rate:	195.0255
19: Cap on Gains*:	(4.6047)
20: Minimum Wage Increase: (8.2852%)	18.6877
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	244.2427

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 143762-00 - 2022/10

257.68

Boca Ciega Center

Zip Code:	33707
Region:	North
Beds:	120
Medicaid Days FYE 2/28/19:	31,234
Total Patient Days FYE 2/28/21:	33,906
Medicaid Days FYE 2/28/21:	27,358
Medicaid Utilization:	80.68778%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,598,053	1,011,379	1,722,315
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	115.1966	32.3807	55.1423
3: Inflated Cost Per Diem (Line 2 x Inflation):	138.6979	38.6107	65.7517
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	19	0.87	16,591	17.8256

	Total	Per Diem
11: Taxes:	24,591	0.7253
12: Insurance:	74,650	2.2017

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.7155
16: Budget Neutrality Adjustment:		41.8001

17: Prospective Rate: (Sum of Lines 8:16)	237.9606
18: Hold Harmless Rate:	215.4505
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7155
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.6760

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 146222-00 - 2022/10

276.43

The Floridean Nursing and Rehabilitation Center

Zip Code:	33125
Region:	South
Beds:	90
Medicaid Days FYE 9/30/15:	7,728
Total Patient Days FYE 12/31/20:	29,729
Medicaid Days FYE 12/31/20:	13,443
Medicaid Utilization:	45.21847%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29825404
Indirect Care	92%	92.5%	1.29348595
Operating	86%	N/A	1.29348595

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	859,793	381,560	482,610
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/15):	111.2569	49.3737	62.4494
3: Inflated Cost Per Diem (Line 2 x Inflation):	144.4397	63.8643	80.7775
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	31	24.4995

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	28	0.86	35,473	16.3467

	Total	Per Diem
11: Taxes:	95,092	3.1986
12: Insurance:	67,793	2.2804

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		13.5296
16: Budget Neutrality Adjustment:		45.3111

17: Prospective Rate: (Sum of Lines 8:16)	255.2778
18: Hold Harmless Rate:	243.0195
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.1502
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	276.4281

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 147578-00 - 2022/10

262.30

Citrus Health and Rehabilitation Center

Zip Code:	34452
Region:	North
Beds:	111
Medicaid Days FYE 1/31/19:	20,851
Total Patient Days FYE 1/31/22:	32,297
Medicaid Days FYE 1/31/22:	17,766
Medicaid Utilization:	55.00821%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,209,211	932,834	898,681
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	105.9522	44.7380	43.1001
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.8866	53.4545	51.4974
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	19	0.84	42,298	18.6671

	Total	Per Diem
11: Taxes:	110,862	3.4326
12: Insurance:	192,911	5.9730

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/22):	0	0.0000
15: Quality Assess-Medicaid Share:		18.0508
16: Budget Neutrality Adjustment:		43.0633

17: Prospective Rate: (Sum of Lines 8:16)	241.9092
18: Hold Harmless Rate:	242.2310
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0693
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.3003

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 147672-00 - 2022/10

262.86

Bay Vue Nursing and Rehabilitation Center

Zip Code:	34208
Region:	North
Beds:	110
Medicaid Days FYE 12/31/18:	26,983
Total Patient Days FYE 12/31/21:	26,466
Medicaid Days FYE 12/31/21:	17,447
Medicaid Utilization:	65.92232%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,996,521	550,110	1,319,625
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	111.0521	20.3872	48.9057
3: Inflated Cost Per Diem (Line 2 x Inflation):	134.3776	24.4091	58.5534
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	9.6076	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	27.1672	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	50	15	0.85	40,270	19.5391

	Total	Per Diem
11: Taxes:	73,896	2.7921
12: Insurance:	59,445	2.2461

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9339
16: Budget Neutrality Adjustment:		40.8021

17: Prospective Rate: (Sum of Lines 8:16)	229.4184
18: Hold Harmless Rate:	242.7440
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1118
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.8558

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 147948-00 - 2022/10

259.90

Brownwood Care Center

Zip Code:	34785
Region:	North
Beds:	180
Medicaid Days FYE 1/31/19:	33,808
Total Patient Days FYE 1/31/22:	60,450
Medicaid Days FYE 1/31/22:	39,071
Medicaid Utilization:	64.63358%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,976,519	1,601,640	1,264,851
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	117.6206	47.3745	37.4127
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.9706	56.6047	44.7020
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	17	0.86	69,407	19.5691

	Total	Per Diem
11: Taxes:	72,962	1.2070
12: Insurance:	148,831	2.4621

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/22):	0	0.0000
15: Quality Assess-Medicaid Share:		20.7772
16: Budget Neutrality Adjustment:		42.2290

17: Prospective Rate: (Sum of Lines 8:16)	223.2485
18: Hold Harmless Rate:	240.0175
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8859
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.9034

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 147958-00 - 2022/10

273.35

Excel Care Center

Zip Code:	33612
Region:	North
Beds:	120
Medicaid Days FYE 1/31/19:	24,646
Total Patient Days FYE 1/31/22:	38,239
Medicaid Days FYE 1/31/22:	23,050
Medicaid Utilization:	60.27877%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,381,333	968,433	1,150,006
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	96.6214	39.2937	46.6609
3: Inflated Cost Per Diem (Line 2 x Inflation):	116.6241	46.9494	55.7520
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.0756	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.1872	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	3	0.86	45,365	24.5724

	Total	Per Diem
11: Taxes:	119,297	3.1198
12: Insurance:	175,131	4.5799

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/22):	0	0.0000
15: Quality Assess-Medicaid Share:		18.2595
16: Budget Neutrality Adjustment:		42.3944

17: Prospective Rate: (Sum of Lines 8:16)	234.1688
18: Hold Harmless Rate:	252.4340
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.9146
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	273.3486

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 148040-00 - 2022/10

252.48

The Terrace at Hobe Sound

Zip Code:	33455
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	28,750
Total Patient Days FYE 12/31/20:	39,150
Medicaid Days FYE 12/31/20:	23,964
Medicaid Utilization:	61.21073%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,767,524	681,962	1,140,013
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	96.2617	23.7204	39.6526
3: Inflated Cost Per Diem (Line 2 x Inflation):	119.3462	29.1630	48.7509
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.3535	4.8537	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.9093	31.9211	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	58	4	0.82	35,414	21.5953

	Total	Per Diem
11: Taxes:	75,981	1.9408
12: Insurance:	76,849	1.9629

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.8786
16: Budget Neutrality Adjustment:		40.8577

17: Prospective Rate: (Sum of Lines 8:16)	233.1617
18: Hold Harmless Rate:	220.8845
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3179
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.4796

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 151506-00 - 2022/10

272.62

Advanced Care Center

Zip Code:	33759
Region:	North
Beds:	120
Medicaid Days FYE 1/31/19:	28,287
Total Patient Days FYE 1/31/22:	39,097
Medicaid Days FYE 1/31/22:	28,599
Medicaid Utilization:	73.14883%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,878,552	906,116	1,333,065
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	101.7623	32.0329	47.1264
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.8293	38.2740	56.3082
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.8704	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.3924	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	22	0.87	35,152	16.8306

	Total	Per Diem
11: Taxes:	60,308	1.5425
12: Insurance:	106,532	2.7248

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/22):	0	0.0000
15: Quality Assess-Medicaid Share:		21.1387
16: Budget Neutrality Adjustment:		41.5369

17: Prospective Rate: (Sum of Lines 8:16)	233.7269
18: Hold Harmless Rate:	251.7595
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.8587
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	272.6182

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 151590-00 - 2022/10

310.60

North Lake Care Center

Zip Code:	33403
Region:	South
Beds:	85
Medicaid Days FYE 1/31/19:	25,272
Total Patient Days FYE 1/31/22:	24,415
Medicaid Days FYE 1/31/22:	22,424
Medicaid Utilization:	91.84518%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,165,249	1,070,812	1,210,467
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	125.2472	42.3714	47.8975
3: Inflated Cost Per Diem (Line 2 x Inflation):	151.1761	50.6268	57.2295
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	19	0.82	22,784	16.8811

	Total	Per Diem
11: Taxes:	73,127	2.9952
12: Insurance:	81,322	3.3308

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/22):	0	0.0000
15: Quality Assess-Medicaid Share:		24.3314
16: Budget Neutrality Adjustment:		45.5495

17: Prospective Rate: (Sum of Lines 8:16)	261.6905
18: Hold Harmless Rate:	286.8335
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	23.7647
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	310.5982

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 151667-00 - 2022/10

266.18

Shore Acres Care Center

Zip Code:	33703
Region:	North
Beds:	109
Medicaid Days FYE 1/31/19:	26,094
Total Patient Days FYE 1/31/22:	35,252
Medicaid Days FYE 1/31/22:	26,364
Medicaid Utilization:	74.78725%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,908,381	1,034,170	1,226,956
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	111.4578	39.6324	47.0206
3: Inflated Cost Per Diem (Line 2 x Inflation):	134.5319	47.3542	56.1817
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14.5	11.4595

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	51	26	0.87	29,054	15.5039

	Total	Per Diem
11: Taxes:	38,442	1.0905
12: Insurance:	120,685	3.4235

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/22):	0	0.0000
15: Quality Assess-Medicaid Share:		23.2140
16: Budget Neutrality Adjustment:		41.6733

17: Prospective Rate: (Sum of Lines 8:16)	234.4804
18: Hold Harmless Rate:	245.8125
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.3660
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	266.1785

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 151697-00 - 2022/10

243.13

Southern Oaks Care Center

Zip Code:	32502
Region:	North
Beds:	210
Medicaid Days FYE 1/31/19:	53,809
Total Patient Days FYE 1/31/22:	67,813
Medicaid Days FYE 1/31/22:	57,355
Medicaid Utilization:	84.57818%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	6,264,887	1,583,483	2,095,503
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	116.4282	29.4278	38.9433
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.5313	35.1613	46.5308
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	44	27	0.87	56,891	15.1723

	Total	Per Diem
11: Taxes:	76,035	1.1212
12: Insurance:	314,213	4.6335

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/22):	0	0.0000
15: Quality Assess-Medicaid Share:		4.6790
16: Budget Neutrality Adjustment:		41.8302

17: Prospective Rate: (Sum of Lines 8:16)	220.2539
18: Hold Harmless Rate:	224.5230
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.6022
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.1252

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 151771-00 - 2022/10

258.78

South Campus Care Center

Zip Code:	34748
Region:	North
Beds:	120
Medicaid Days FYE 1/31/19:	25,692
Total Patient Days FYE 1/31/22:	41,479
Medicaid Days FYE 1/31/22:	28,685
Medicaid Utilization:	69.15548%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,345,263	1,397,046	1,083,422
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	130.2064	54.3766	42.1696
3: Inflated Cost Per Diem (Line 2 x Inflation):	157.1618	64.9710	50.3856
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	28	0.86	40,725	13.9542

	Total	Per Diem
11: Taxes:	44,468	1.0721
12: Insurance:	107,415	2.5896

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/22):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0734
16: Budget Neutrality Adjustment:		41.2587

17: Prospective Rate: (Sum of Lines 8:16)	234.9086
18: Hold Harmless Rate:	238.9820
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8001
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.7821

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 153181-00 - 2022/10

293.64

Glades West Rehabilitation and Nursing Center

Zip Code:	33027
Region:	South
Beds:	120
Medicaid Days FYE 12/31/18:	15,440
Total Patient Days FYE 12/31/20:	37,651
Medicaid Days FYE 12/31/20:	17,697
Medicaid Utilization:	47.00274%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,674,776	892,658	993,970
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	108.4699	57.8146	64.3762
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.2530	69.2197	77.0758
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.0311	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3206	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	7	3	0.86	77,130	31.8998

	Total	Per Diem
11: Taxes:	345,227	9.1691
12: Insurance:	281,303	7.4713

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		13.7833
16: Budget Neutrality Adjustment:		49.3982

17: Prospective Rate: (Sum of Lines 8:16)	271.1763
18: Hold Harmless Rate:	242.8675
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.4675
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	293.6438

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 155062-00 - 2022/10

303.20

Pines Nursing Home

Zip Code:	33161
Region:	South
Beds:	45
Medicaid Days FYE 3/31/19:	12,607
Total Patient Days FYE 3/31/21:	15,273
Medicaid Days FYE 3/31/21:	11,271
Medicaid Utilization:	73.79690%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20100528
Indirect Care	92%	92.5%	1.18997232
Operating	86%	N/A	1.18997232

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,172,478	381,699	727,155
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	93.0021	30.2767	57.6786
3: Inflated Cost Per Diem (Line 2 x Inflation):	111.6961	36.0285	68.6360
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	22.5880	1.1985	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	118.7637	39.0469	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	44	33	0.86	10,819	12.6232

	Total	Per Diem
11: Taxes:	11,384	0.7454
12: Insurance:	111,873	7.3249

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		41.0107

17: Prospective Rate: (Sum of Lines 8:16)	211.6461
18: Hold Harmless Rate:	280.0030
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	23.1988
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	303.2018

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 157223-00 - 2022/10

284.78

St. Petersburg Nursing & Rehabilitation, LLC

Zip Code:	33702
Region:	North
Beds:	96
Medicaid Days FYE 9/30/19:	27,164
Total Patient Days FYE 9/30/21:	29,984
Medicaid Days FYE 9/30/21:	23,773
Medicaid Utilization:	79.28562%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18613917
Indirect Care	92%	92.5%	1.17507401
Operating	86%	N/A	1.17507401

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,004,806	870,710	1,666,813
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/19):	110.6172	32.0538	61.3611
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.2074	37.6656	72.1038
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	3	0.87	32,260	23.1321

	Total	Per Diem
11: Taxes:	53,879	1.7969
12: Insurance:	176,529	5.8874

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.6219
16: Budget Neutrality Adjustment:		43.5368

17: Prospective Rate: (Sum of Lines 8:16)	251.9118
18: Hold Harmless Rate:	262.9885
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.7891
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	284.7776

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 157224-00 - 2022/10

262.28

Clewiston Nursing & Rehabilitation

Zip Code:	33440
Region:	North
Beds:	155
Medicaid Days FYE 9/30/19:	40,629
Total Patient Days FYE 9/30/21:	42,787
Medicaid Days FYE 9/30/21:	34,883
Medicaid Utilization:	81.52710%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18613917
Indirect Care	92%	92.5%	1.17507401
Operating	86%	N/A	1.17507401

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,172,324	1,090,965	1,943,946
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/19):	102.6932	26.8518	47.8462
3: Inflated Cost Per Diem (Line 2 x Inflation):	121.8085	31.5529	56.2229
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.8912	2.4638	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.3716	34.3110	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	27	21.3383

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	12	0.82	47,280	19.0811

	Total	Per Diem
11: Taxes:	40,689	0.9510
12: Insurance:	71,125	1.6623

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.4898
16: Budget Neutrality Adjustment:		41.0385

17: Prospective Rate: (Sum of Lines 8:16)	240.5913
18: Hold Harmless Rate:	242.2120
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0677
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.2797

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 157225-00 - 2022/10

259.04

Lakeland Nursing & Rehabilitation

Zip Code:	33805
Region:	North
Beds:	185
Medicaid Days FYE 9/30/19:	40,239
Total Patient Days FYE 9/30/21:	54,952
Medicaid Days FYE 9/30/21:	37,513
Medicaid Utilization:	68.26503%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18613917
Indirect Care	92%	92.5%	1.17507401
Operating	86%	N/A	1.17507401

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,089,922	1,136,064	1,733,061
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/19):	101.6407	28.2329	43.0691
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.5601	33.1758	50.6095
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.1396	0.8409	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.1232	35.9339	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	47	24	0.85	84,406	20.2497

	Total	Per Diem
11: Taxes:	251,696	4.5803
12: Insurance:	192,087	3.4955

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.7793
16: Budget Neutrality Adjustment:		42.2475

17: Prospective Rate: (Sum of Lines 8:16)	235.1938
18: Hold Harmless Rate:	239.2195
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8198
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.0393

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 157860-00 - 2022/10

263.41

Life Care Center of Citrus County

Zip Code:	34461
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	18,443
Total Patient Days FYE 12/31/21:	34,389
Medicaid Days FYE 12/31/21:	23,359
Medicaid Utilization:	67.92579%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,121,674	628,642	935,942
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	115.0395	34.0856	50.7478
3: Inflated Cost Per Diem (Line 2 x Inflation):	142.6272	41.9066	62.3919
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23.5	18.5722

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	20	0.84	48,911	19.5005

	Total	Per Diem
11: Taxes:	94,150	2.7378
12: Insurance:	40,331	1.1728

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0679
16: Budget Neutrality Adjustment:		42.2589

17: Prospective Rate: (Sum of Lines 8:16)	243.2546
18: Hold Harmless Rate:	218.6520
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1541
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.4087

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 158851-00 - 2022/10

249.81

The Villages Rehabilitation and Nursing Center

Zip Code:	32159
Region:	North
Beds:	120
Medicaid Days FYE 1/31/20:	1,267
Total Patient Days FYE 1/31/22:	37,837
Medicaid Days FYE 1/31/22:	1,749
Medicaid Utilization:	4.62246%

	Price	Floor	Inflation
Direct Care	100%	95%	1.17886933
Indirect Care	92%	92.5%	1.16817458
Operating	86%	N/A	1.16817458

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	190,040	38,819	53,334
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/20):	149.9921	30.6385	42.0947
3: Inflated Cost Per Diem (Line 2 x Inflation):	176.8211	35.7911	49.1740
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	9	7	0.86	74,600	30.0745

	Total	Per Diem
11: Taxes:	175,781	4.6457
12: Insurance:	229,067	6.0540

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/22):	0	0.0000
15: Quality Assess-Medicaid Share:		1.8648
16: Budget Neutrality Adjustment:		45.2553

17: Prospective Rate: (Sum of Lines 8:16)	230.7007
18: Hold Harmless Rate:	212.2490
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1140
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	249.8146

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 159109-00 - 2022/10

281.39

Pines of Sarasota

Zip Code:	34236
Region:	North
Beds:	204
Medicaid Days FYE 12/31/17:	42,783
Total Patient Days FYE 12/31/20:	56,523
Medicaid Days FYE 12/31/20:	43,616
Medicaid Utilization:	77.16505%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,950,959	2,341,345	2,476,466
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	139.0963	54.7260	57.8843
3: Inflated Cost Per Diem (Line 2 x Inflation):	172.4531	67.2829	71.1659
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	74	1	0.85	128,795	32.4532

	Total	Per Diem
11: Taxes:	50,771	0.8982
12: Insurance:	256,264	4.5338

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.6069
16: Budget Neutrality Adjustment:		44.7567

17: Prospective Rate: (Sum of Lines 8:16)	252.4232
18: Hold Harmless Rate:	259.8630
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.5301
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	281.3931

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 161804-00 - 2022/10

297.81

Bayside Care Center

Zip Code:	33705
Region:	North
Beds:	92
Medicaid Days FYE 5/31/19:	24,619
Total Patient Days FYE 5/31/21:	29,549
Medicaid Days FYE 5/31/21:	22,406
Medicaid Utilization:	75.82659%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,603,965	872,607	1,336,123
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	105.7705	35.4444	54.2720
3: Inflated Cost Per Diem (Line 2 x Inflation):	126.4151	41.9891	64.2931
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	14	0.87	34,057	20.5188

	Total	Per Diem
11: Taxes:	64,368	2.1783
12: Insurance:	126,338	4.2755

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.2518
16: Budget Neutrality Adjustment:		42.8735

17: Prospective Rate: (Sum of Lines 8:16)	238.8776
18: Hold Harmless Rate:	275.0250
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.7863
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	297.8113

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 161828-00 - 2022/10

264.54

Courtyards of Orlando Care Center

Zip Code:	32808
Region:	North
Beds:	120
Medicaid Days FYE 5/31/19:	32,981
Total Patient Days FYE 5/31/21:	32,671
Medicaid Days FYE 5/31/21:	23,399
Medicaid Utilization:	71.62009%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,512,916	1,262,612	1,382,988
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	106.5133	38.2830	41.9328
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.3029	45.3518	49.6756
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	28	0.86	31,471	14.6830

	Total	Per Diem
11: Taxes:	49,322	1.5097
12: Insurance:	137,159	4.1982

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.3971
16: Budget Neutrality Adjustment:		41.7376

17: Prospective Rate: (Sum of Lines 8:16)	235.3672
18: Hold Harmless Rate:	244.3020
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2409
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	264.5429

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 161896-00 - 2022/10

267.39

Madison Pointe Care Center

Zip Code:	34653
Region:	North
Beds:	119
Medicaid Days FYE 5/31/19:	25,766
Total Patient Days FYE 5/31/21:	37,841
Medicaid Days FYE 5/31/21:	23,197
Medicaid Utilization:	61.30123%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,534,211	854,498	1,226,194
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	98.3548	33.1637	47.5896
3: Inflated Cost Per Diem (Line 2 x Inflation):	117.5520	39.2873	56.3768
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.1477	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.1151	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	0	0.86	33,768	23.8722

	Total	Per Diem
11: Taxes:	63,663	1.6824
12: Insurance:	156,695	4.1409

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.3721
16: Budget Neutrality Adjustment:		42.1099

17: Prospective Rate: (Sum of Lines 8:16)	238.6591
18: Hold Harmless Rate:	246.9335
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4589
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.3924

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 161928-00 - 2022/10

261.28

Gulf Shore Care Center

Zip Code:	33782
Region:	North
Beds:	120
Medicaid Days FYE 5/31/19:	22,763
Total Patient Days FYE 5/31/21:	31,802
Medicaid Days FYE 5/31/21:	15,115
Medicaid Utilization:	47.52846%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,230,005	880,803	1,085,504
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	97.9662	38.6945	47.6872
3: Inflated Cost Per Diem (Line 2 x Inflation):	117.0875	45.8393	56.4925
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.6122	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.6506	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	24	14	0.87	45,581	21.0140

	Total	Per Diem
11: Taxes:	132,364	4.1621
12: Insurance:	158,299	4.9776

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.1082
16: Budget Neutrality Adjustment:		42.1088

17: Prospective Rate: (Sum of Lines 8:16)	236.3900
18: Hold Harmless Rate:	241.2905
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9914
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	261.2819

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 161944-00 - 2022/10

306.51

Palmetto Care Center

Zip Code:	33016
Region:	South
Beds:	90
Medicaid Days FYE 5/31/19:	15,552
Total Patient Days FYE 5/31/21:	27,342
Medicaid Days FYE 5/31/21:	14,146
Medicaid Utilization:	51.73725%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,768,048	1,007,993	689,437
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	113.6862	64.8143	44.3310
3: Inflated Cost Per Diem (Line 2 x Inflation):	135.8758	76.7821	52.5166
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25.5	20.1529

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	12	0.86	35,086	22.0215

	Total	Per Diem
11: Taxes:	101,153	3.6995
12: Insurance:	137,264	5.0203

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		15.8067
16: Budget Neutrality Adjustment:		46.8497

17: Prospective Rate: (Sum of Lines 8:16)	260.5852
18: Hold Harmless Rate:	283.0620
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	23.4522
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	306.5142

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 161951-00 - 2022/10

271.39

Palms Care Center

Zip Code:	33319
Region:	South
Beds:	120
Medicaid Days FYE 5/31/19:	30,394
Total Patient Days FYE 5/31/21:	31,843
Medicaid Days FYE 5/31/21:	23,573
Medicaid Utilization:	74.02883%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,898,128	1,181,235	1,347,515
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	95.3519	38.8640	44.3349
3: Inflated Cost Per Diem (Line 2 x Inflation):	113.9630	46.0402	52.5212
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.3211	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	121.0306	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	12	0.85	36,508	19.7207

	Total	Per Diem
11: Taxes:	132,921	4.1743
12: Insurance:	137,053	4.3040

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.7633
16: Budget Neutrality Adjustment:		42.9040

17: Prospective Rate: (Sum of Lines 8:16)	244.8580
18: Hold Harmless Rate:	250.6290
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.7651
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	271.3941

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 162068-00 - 2022/10

259.45

Parklands Care Center

Zip Code:	32601
Region:	North
Beds:	120
Medicaid Days FYE 5/31/19:	31,138
Total Patient Days FYE 5/31/21:	39,074
Medicaid Days FYE 5/31/21:	27,188
Medicaid Utilization:	69.58080%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,576,759	1,378,758	1,234,828
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	114.8679	44.2789	39.6566
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.2882	52.4549	46.9791
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	23	0.84	28,757	15.9740

	Total	Per Diem
11: Taxes:	40,921	1.0473
12: Insurance:	117,972	3.0192

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.6913
16: Budget Neutrality Adjustment:		41.6772

17: Prospective Rate: (Sum of Lines 8:16)	238.4842
18: Hold Harmless Rate:	239.5995
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8513
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.4508

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 162074-00 - 2022/10

312.35

Terraces of Lake Worth Care Center

Zip Code:	33460
Region:	South
Beds:	99
Medicaid Days FYE 5/31/19:	27,930
Total Patient Days FYE 5/31/21:	26,026
Medicaid Days FYE 5/31/21:	20,242
Medicaid Utilization:	77.77607%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,353,464	1,190,717	1,508,688
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	120.0667	42.6321	54.0167
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.5017	50.5040	63.9907
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26.5	20.9432

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	45	5	0.82	33,204	21.2810

	Total	Per Diem
11: Taxes:	86,158	3.3105
12: Insurance:	125,023	4.8038

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.8107
16: Budget Neutrality Adjustment:		46.6174

17: Prospective Rate: (Sum of Lines 8:16)	269.2658
18: Hold Harmless Rate:	288.4485
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	23.8985
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	312.3470

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 162077-00 - 2022/10

263.44

Williston Care Center

Zip Code:	32696
Region:	North
Beds:	120
Medicaid Days FYE 5/31/19:	30,633
Total Patient Days FYE 5/31/21:	36,866
Medicaid Days FYE 5/31/21:	26,111
Medicaid Utilization:	70.82678%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,753,893	1,209,914	1,216,507
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	122.5440	39.4970	39.7123
3: Inflated Cost Per Diem (Line 2 x Inflation):	146.4625	46.7900	47.0450
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14.5	11.4595

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	28	0.84	46,409	15.7575

	Total	Per Diem
11: Taxes:	85,506	2.3194
12: Insurance:	150,236	4.0752

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.9853
16: Budget Neutrality Adjustment:		42.0416

17: Prospective Rate: (Sum of Lines 8:16)	234.0175
18: Hold Harmless Rate:	243.2855
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1567
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.4422

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 162078-00 - 2022/10

269.58

Woodbridge Care Center

Zip Code:	33615
Region:	North
Beds:	120
Medicaid Days FYE 5/31/19:	30,565
Total Patient Days FYE 5/31/21:	36,616
Medicaid Days FYE 5/31/21:	23,362
Medicaid Utilization:	63.80271%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,057,407	1,045,594	1,513,545
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	100.0296	34.2088	49.5188
3: Inflated Cost Per Diem (Line 2 x Inflation):	119.5537	40.5254	58.6623
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.1460	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.1168	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	24	0.86	60,432	22.3171

	Total	Per Diem
11: Taxes:	62,910	1.7181
12: Insurance:	171,956	4.6962

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.4486
16: Budget Neutrality Adjustment:		42.2889

17: Prospective Rate: (Sum of Lines 8:16)	241.9650
18: Hold Harmless Rate:	248.9570
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.6266
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	269.5836

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 162218-00 - 2022/10

264.46

Solaris Healthcare Bayonet Point

Zip Code:	34667
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	36,243
Total Patient Days FYE 12/31/20:	56,905
Medicaid Days FYE 12/31/20:	36,176
Medicaid Utilization:	63.57262%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,251,497	1,322,548	2,061,883
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	117.3053	36.4911	56.8905
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.9441	43.6897	68.1133
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	27	0.86	79,544	18.6490

	Total	Per Diem
11: Taxes:	83,688	1.4707
12: Insurance:	151,100	2.6553

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.3816
16: Budget Neutrality Adjustment:		42.1491

17: Prospective Rate: (Sum of Lines 8:16)	244.2274
18: Hold Harmless Rate:	243.0765
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2347
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	264.4621

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 162219-00 - 2022/10

272.88

Solaris Healthcare Charlotte Harbor

Zip Code:	33980
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	38,620
Total Patient Days FYE 12/31/20:	55,068
Medicaid Days FYE 12/31/20:	31,892
Medicaid Utilization:	57.91385%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,708,546	1,490,869	2,180,607
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	121.9198	38.6035	56.4631
3: Inflated Cost Per Diem (Line 2 x Inflation):	147.5279	46.2189	67.6016
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	23	0.84	82,865	20.6087

	Total	Per Diem
11: Taxes:	170,984	3.1050
12: Insurance:	155,804	2.8293

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.5232
16: Budget Neutrality Adjustment:		42.7993

17: Prospective Rate: (Sum of Lines 8:16)	243.6965
18: Hold Harmless Rate:	251.9970
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.8784
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	272.8754

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 162220-00 - 2022/10

280.05

Solaris Healthcare Coconut Creek

Zip Code:	33073
Region:	South
Beds:	120
Medicaid Days FYE 12/31/18:	21,183
Total Patient Days FYE 12/31/20:	36,929
Medicaid Days FYE 12/31/20:	22,652
Medicaid Utilization:	61.33933%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,675,839	977,756	1,449,312
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	126.3201	46.1575	68.4186
3: Inflated Cost Per Diem (Line 2 x Inflation):	152.8524	55.2631	81.9156
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	22	0.86	64,795	23.2297

	Total	Per Diem
11: Taxes:	214,773	5.8158
12: Insurance:	121,497	3.2900

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.2460
16: Budget Neutrality Adjustment:		47.1248

17: Prospective Rate: (Sum of Lines 8:16)	258.6260
18: Hold Harmless Rate:	251.4460
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.4276
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	280.0537

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 162221-00 - 2022/10

262.37

Solaris Healthcare Daytona

Zip Code:	32114
Region:	North
Beds:	73
Medicaid Days FYE 12/31/18:	11,421
Total Patient Days FYE 12/31/20:	23,877
Medicaid Days FYE 12/31/20:	8,429
Medicaid Utilization:	35.30175%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,295,074	520,324	802,292
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	113.3940	45.5585	70.2470
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.2114	54.5458	84.1047
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	26	21	0.86	40,741	23.6860

	Total	Per Diem
11: Taxes:	63,721	2.6687
12: Insurance:	64,542	2.7031

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		12.6237
16: Budget Neutrality Adjustment:		43.2333

17: Prospective Rate: (Sum of Lines 8:16)	239.6681
18: Hold Harmless Rate:	242.2975
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0748
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.3723

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 162222-00 - 2022/10

267.34

Solaris Healthcare Imperial

Zip Code:	34110
Region:	North
Beds:	101
Medicaid Days FYE 12/31/18:	16,942
Total Patient Days FYE 12/31/20:	30,870
Medicaid Days FYE 12/31/20:	16,499
Medicaid Utilization:	53.44671%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,196,151	741,065	1,125,503
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	129.6276	43.7412	66.4327
3: Inflated Cost Per Diem (Line 2 x Inflation):	156.8546	52.3701	79.5379
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	27.5	21.7335

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	17	0.84	58,814	24.9517

	Total	Per Diem
11: Taxes:	57,640	1.8672
12: Insurance:	107,339	3.4771

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		16.8445
16: Budget Neutrality Adjustment:		43.4470

17: Prospective Rate: (Sum of Lines 8:16)	246.8892
18: Hold Harmless Rate:	246.2590
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4552
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.3444

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 162224-00 - 2022/10

261.60

Solaris Healthcare Lake City

Zip Code:	32055
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	21,941
Total Patient Days FYE 12/31/20:	38,817
Medicaid Days FYE 12/31/20:	21,380
Medicaid Utilization:	55.07896%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,625,328	924,258	1,390,715
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	119.6539	42.1246	63.3843
3: Inflated Cost Per Diem (Line 2 x Inflation):	144.7861	50.4346	75.8881
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	22	0.85	50,841	19.6668

	Total	Per Diem
11: Taxes:	76,596	1.9733
12: Insurance:	87,868	2.2636

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.0178
16: Budget Neutrality Adjustment:		42.3439

17: Prospective Rate: (Sum of Lines 8:16)	241.5878
18: Hold Harmless Rate:	240.2740
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0160
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	261.6039

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 162225-00 - 2022/10

265.02

Solaris Healthcare Merritt Island

Zip Code:	32953
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	33,536
Total Patient Days FYE 12/31/20:	59,525
Medicaid Days FYE 12/31/20:	28,541
Medicaid Utilization:	47.94792%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,219,622	1,268,503	2,038,669
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	125.8236	37.8251	60.7904
3: Inflated Cost Per Diem (Line 2 x Inflation):	152.2516	45.2869	72.7826
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	30	23.7092

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	22	0.89	69,999	18.8779

	Total	Per Diem
11: Taxes:	96,981	1.6292
12: Insurance:	129,590	2.1771

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.0158
16: Budget Neutrality Adjustment:		42.1334

17: Prospective Rate: (Sum of Lines 8:16)	244.7380
18: Hold Harmless Rate:	243.7035
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2770
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.0150

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 162226-00 - 2022/10

307.71

Solaris Senior Living North Naples

Zip Code:	34109
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	8,934
Total Patient Days FYE 12/31/20:	20,633
Medicaid Days FYE 12/31/20:	8,934
Medicaid Utilization:	43.29957%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,187,146	421,864	578,183
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	132.8795	47.2200	64.7171
3: Inflated Cost Per Diem (Line 2 x Inflation):	160.7896	56.5351	77.4839
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	17	0.84	34,302	23.9009

	Total	Per Diem
11: Taxes:	41,240	1.9987
12: Insurance:	60,374	2.9261

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0477
16: Budget Neutrality Adjustment:		43.1933

17: Prospective Rate: (Sum of Lines 8:16)	247.6904
18: Hold Harmless Rate:	284.1640
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	23.5435
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	307.7075

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 162228-00 - 2022/10

272.16

Solaris Healthcare Parkway

Zip Code:	34994
Region:	North
Beds:	177
Medicaid Days FYE 12/31/18:	41,995
Total Patient Days FYE 12/31/20:	58,148
Medicaid Days FYE 12/31/20:	35,792
Medicaid Utilization:	61.55328%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,408,434	1,595,690	2,494,601
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	128.7875	37.9971	59.4023
3: Inflated Cost Per Diem (Line 2 x Inflation):	155.8381	45.4928	71.1206
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	24	0.82	68,140	16.7150

	Total	Per Diem
11: Taxes:	210,433	3.6189
12: Insurance:	134,583	2.3145

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.1662
16: Budget Neutrality Adjustment:		42.1272

17: Prospective Rate: (Sum of Lines 8:16)	242.3266
18: Hold Harmless Rate:	251.3320
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.8233
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	272.1553

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 162230-00 - 2022/10

262.57

Solaris Healthcare Pensacola

Zip Code:	32514
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	38,846
Total Patient Days FYE 12/31/20:	59,567
Medicaid Days FYE 12/31/20:	37,082
Medicaid Utilization:	62.25259%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,754,862	1,260,791	2,234,148
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	122.4028	32.4561	57.5129
3: Inflated Cost Per Diem (Line 2 x Inflation):	148.1124	38.8587	68.8585
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	24	0.87	70,136	17.7749

	Total	Per Diem
11: Taxes:	68,425	1.1487
12: Insurance:	140,076	2.3516

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.6834
16: Budget Neutrality Adjustment:		41.8903

17: Prospective Rate: (Sum of Lines 8:16)	233.3853
18: Hold Harmless Rate:	242.4780
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0898
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.5678

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 162231-00 - 2022/10

267.09

Solaris Healthcare Plant City

Zip Code:	33566
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	44,081
Total Patient Days FYE 12/31/20:	60,154
Medicaid Days FYE 12/31/20:	40,524
Medicaid Utilization:	67.36709%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,189,669	1,516,644	2,573,265
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	117.7302	34.4058	58.3758
3: Inflated Cost Per Diem (Line 2 x Inflation):	142.4583	41.1931	69.8916
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	30	0.86	81,622	17.6004

	Total	Per Diem
11: Taxes:	139,289	2.3155
12: Insurance:	127,779	2.1242

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.4802
16: Budget Neutrality Adjustment:		42.0223

17: Prospective Rate: (Sum of Lines 8:16)	237.5568
18: Hold Harmless Rate:	246.6580
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4361
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.0941

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 162232-00 - 2022/10

266.85

Solaris Healthcare Windermere

Zip Code:	32811
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	23,135
Total Patient Days FYE 12/31/20:	40,612
Medicaid Days FYE 12/31/20:	21,405
Medicaid Utilization:	52.70610%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,544,363	944,047	1,428,862
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	153.2035	40.8060	61.7619
3: Inflated Cost Per Diem (Line 2 x Inflation):	185.3823	48.8558	73.9457
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	17	0.86	65,031	24.8304

	Total	Per Diem
11: Taxes:	109,881	2.7056
12: Insurance:	102,210	2.5167

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.5620
16: Budget Neutrality Adjustment:		43.4050

17: Prospective Rate: (Sum of Lines 8:16)	246.4297
18: Hold Harmless Rate:	239.1720
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4172
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	266.8469

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 163903-00 - 2022/10

270.22

Fort Myers Rehabilitation and Nursing Center

Zip Code:	33907
Region:	North
Beds:	120
Medicaid Days FYE 6/30/19:	29,847
Total Patient Days FYE 6/30/21:	42,721
Medicaid Days FYE 6/30/21:	21,651
Medicaid Utilization:	50.67999%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,540,966	1,157,443	1,467,045
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/19):	118.6372	38.7792	49.1521
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.4490	45.8367	58.0975
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	35	0.84	41,700	11.1828

	Total	Per Diem
11: Taxes:	72,053	1.6866
12: Insurance:	81,956	1.9184

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.9894
16: Budget Neutrality Adjustment:		40.7707

17: Prospective Rate: (Sum of Lines 8:16)	213.4687
18: Hold Harmless Rate:	249.5460
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.6754
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	270.2214

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 166176-00 - 2022/10

264.76

Rehabilitation Center at Jupiter Gardens, LLC

Zip Code:	33458
Region:	South
Beds:	120
Medicaid Days FYE 8/31/18:	26,824
Total Patient Days FYE 8/31/21:	36,144
Medicaid Days FYE 8/31/21:	16,376
Medicaid Utilization:	45.30766%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21964207
Indirect Care	92%	92.5%	1.20747969
Operating	86%	N/A	1.20747969

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,800,143	1,247,969	1,380,585
2: Cost Per Diem (Line 1 ÷ Medicaid Days 8/31/18):	104.3894	46.5243	51.4682
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.3178	56.1772	62.1469
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.9663	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.3854	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	22	0.82	32,969	15.9383

	Total	Per Diem
11: Taxes:	129,427	3.5809
12: Insurance:	79,452	2.1982

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 8/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.3338
16: Budget Neutrality Adjustment:		44.0902

17: Prospective Rate: (Sum of Lines 8:16)	242.3737
18: Hold Harmless Rate:	244.5015
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2574
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	264.7589

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 168944-00 - 2022/10

265.39

Eagle Lake Nursing and Rehab Care Center

Zip Code:	33710
Region:	North
Beds:	59
Medicaid Days FYE 9/30/19:	14,453
Total Patient Days FYE 9/30/21:	13,977
Medicaid Days FYE 9/30/21:	9,608
Medicaid Utilization:	68.74150%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18613917
Indirect Care	92%	92.5%	1.17507401
Operating	86%	N/A	1.17507401
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,585,023	543,094	1,064,131
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/19):	109.6674	37.5765	73.6269
3: Inflated Cost Per Diem (Line 2 x Inflation):	130.0808	44.1552	86.5172
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	53	27	0.87	15,056	15.1723

	Total	Per Diem
11: Taxes:	21,176	1.5151
12: Insurance:	56,407	4.0357

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9843
16: Budget Neutrality Adjustment:		41.7950

17: Prospective Rate: (Sum of Lines 8:16)	222.3746
18: Hold Harmless Rate:	245.0810
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.3054
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.3864

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 169599-00 - 2022/10

252.10

University Crossing

Zip Code:	32207
Region:	North
Beds:	111
Medicaid Days FYE 12/31/17:	3,681
Total Patient Days FYE 12/31/20:	34,018
Medicaid Days FYE 12/31/20:	8,545
Medicaid Utilization:	25.11905%

	Price	Floor	Inflation
Direct Care	100%	95%	1.24532548
Indirect Care	92%	92.5%	1.23519915
Operating	86%	N/A	1.23519915

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	691,869	300,317	405,308
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	187.9568	81.5857	110.1081
3: Inflated Cost Per Diem (Line 2 x Inflation):	234.0674	100.7746	136.0055
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	6	5	0.85	82,609	30.6478

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	14,716	0.4326

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		10.0220
16: Budget Neutrality Adjustment:		43.5824

17: Prospective Rate: (Sum of Lines 8:16)	232.8127
18: Hold Harmless Rate:	215.5170
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2890
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.1016

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 170521-00 - 2022/10

265.14

Life Care Center of Sarasota

Zip Code:	34243
Region:	North
Beds:	120
Medicaid Days FYE 1/31/18:	13,523
Total Patient Days FYE 1/31/21:	34,356
Medicaid Days FYE 1/31/21:	18,696
Medicaid Utilization:	54.41844%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,838,007	540,904	730,682
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	135.9171	39.9988	54.0325
3: Inflated Cost Per Diem (Line 2 x Inflation):	168.1570	49.0820	66.3026
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	22	10	0.85	58,250	27.6112

	Total	Per Diem
11: Taxes:	144,921	4.2182
12: Insurance:	50,518	1.4704

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		15.8761
16: Budget Neutrality Adjustment:		43.9654

17: Prospective Rate: (Sum of Lines 8:16)	244.8499
18: Hold Harmless Rate:	236.4930
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2863
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.1361

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 173314-00 - 2022/10

233.74

Cross City Nursing and Rehabilitation Center

Zip Code:	32628
Region:	North
Beds:	60
Medicaid Days FYE 12/31/15:	15,154
Total Patient Days FYE 12/31/15:	19,341
Medicaid Days FYE 12/31/15:	15,154
Medicaid Utilization:	62.45981%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29825404
Indirect Care	92%	92.5%	1.29348595
Operating	86%	N/A	1.29348595

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,247,122	442,622	647,543
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	82.2965	29.2082	42.7308
3: Inflated Cost Per Diem (Line 2 x Inflation):	106.8418	37.7805	55.2717
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	17.8579	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	113.4049	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	22	0.84	24,894	19.0749

	Total	Per Diem
11: Taxes:	62,600	2.4895
12: Insurance:	10,500	0.6265

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/15):	0	0.0000
15: Quality Assess-Medicaid Share:		17.1728
16: Budget Neutrality Adjustment:		38.9665

17: Prospective Rate: (Sum of Lines 8:16)	215.8562
18: Hold Harmless Rate:	187.0075
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.8841
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	233.7403

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 173397-00 - 2022/10

255.65

Westwood Nursing & Rehabilitation Center

Zip Code:	32547
Region:	North
Beds:	60
Medicaid Days FYE 12/31/15:	11,292
Total Patient Days FYE 12/31/15:	18,619
Medicaid Days FYE 12/31/15:	11,292
Medicaid Utilization:	46.13499%

	Price	Floor	Inflation
Direct Care	100%	95%	1.30118645
Indirect Care	92%	92.5%	1.29650267
Operating	86%	N/A	1.29650267
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,125,867	576,714	529,594
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	99.7048	51.0727	46.8999
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.7346	66.2160	60.8059
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	11	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	30	0.87	19,829	14.1773

	Total	Per Diem
11: Taxes:	27,900	1.3674
12: Insurance:	14,000	0.8688

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/15):	0	0.0000
15: Quality Assess-Medicaid Share:		12.4310
16: Budget Neutrality Adjustment:		41.0513

17: Prospective Rate: (Sum of Lines 8:16)	209.2555
18: Hold Harmless Rate:	236.0940
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5608
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.6548

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 173398-00 - 2022/10

223.87

Lafayette Nursing and Rehabilitation Center

Zip Code:	32066
Region:	North
Beds:	60
Medicaid Days FYE 12/31/15:	16,452
Total Patient Days FYE 12/31/15:	19,706
Medicaid Days FYE 12/31/15:	16,452
Medicaid Utilization:	76.61715%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29825404
Indirect Care	92%	92.5%	1.29348595
Operating	86%	N/A	1.29348595

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,371,144	461,872	777,272
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/15):	83.3420	28.0739	47.2448
3: Inflated Cost Per Diem (Line 2 x Inflation):	108.1992	36.3132	61.1105
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.5005	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	114.7623	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	24	0.85	24,894	18.5275

	Total	Per Diem
11: Taxes:	42,800	2.4494
12: Insurance:	9,400	0.5508

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/15):	0	0.0000
15: Quality Assess-Medicaid Share:		17.1441
16: Budget Neutrality Adjustment:		39.0863

17: Prospective Rate: (Sum of Lines 8:16)	219.9583
18: Hold Harmless Rate:	178.7615
19: Cap on Gains*:	(13.2133)
20: Minimum Wage Increase: (8.2852%)	17.1292
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	223.8742

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 173399-00 - 2022/10

225.83

Lake Park of Madison Nursing and Rehabilitation Center

Zip Code:	32340
Region:	North
Beds:	120
Medicaid Days FYE 2/29/16:	27,069
Total Patient Days FYE 2/29/16:	37,231
Medicaid Days FYE 2/29/16:	27,069
Medicaid Utilization:	80.67054%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29105730
Indirect Care	92%	92.5%	1.28664879
Operating	86%	N/A	1.28664879
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,328,023	678,515	965,858
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/29/16):	86.0032	25.0661	35.6813
3: Inflated Cost Per Diem (Line 2 x Inflation):	111.0352	32.2513	45.9093
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	13.6645	1.7654	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.5983	35.0094	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	20	0.86	46,885	19.1631

	Total	Per Diem
11: Taxes:	48,500	1.3418
12: Insurance:	16,600	0.4925

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/29/16):	0	0.0000
15: Quality Assess-Medicaid Share:		20.7045
16: Budget Neutrality Adjustment:		39.1795

17: Prospective Rate: (Sum of Lines 8:16)	208.5548
18: Hold Harmless Rate:	188.6035
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.2792
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	225.8340

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 189252-00 - 2022/10

280.59

KR at College Harbor

Zip Code:	33711
Region:	North
Beds:	52
Medicaid Days FYE 4/30/18:	7,630
Total Patient Days FYE 12/31/21:	14,486
Medicaid Days FYE 12/31/21:	7,121
Medicaid Utilization:	49.15781%

	Price	Floor	Inflation
Direct Care	100%	95%	1.22956010
Indirect Care	92%	92.5%	1.21956481
Operating	86%	N/A	1.21956481

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	978,103	332,557	510,532
2: Cost Per Diem (Line 1 ÷ Medicaid Days 4/30/18):	128.1917	43.5854	66.9111
3: Inflated Cost Per Diem (Line 2 x Inflation):	157.6195	53.1553	81.6025
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	51	40	0.87	23,755	13.9379

	Total	Per Diem
11: Taxes:	108,217	7.4705
12: Insurance:	69,781	4.8171

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.0242
16: Budget Neutrality Adjustment:		42.7445

17: Prospective Rate: (Sum of Lines 8:16)	235.0317
18: Hold Harmless Rate:	259.1220
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.4687
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	280.5907

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 191262-00 - 2022/10

258.23

Solaris Healthcare Osceola

Zip Code:	34772
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	46,213
Total Patient Days FYE 12/31/20:	38,708
Medicaid Days FYE 12/31/20:	25,019
Medicaid Utilization:	64.63522%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,871,998	1,744,277	2,603,830
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	105.4248	37.7442	56.3441
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.3155	45.4537	67.8525
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	21	0.86	36,174	16.9803

	Total	Per Diem
11: Taxes:	55,379	1.4307
12: Insurance:	110,203	2.8470

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.0426
16: Budget Neutrality Adjustment:		41.8873

17: Prospective Rate: (Sum of Lines 8:16)	238.4721
18: Hold Harmless Rate:	223.3925
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7579
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.2299

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 191618-00 - 2022/10

242.89

Lakeview Terrace Rehabilitation and Health Care Center

Zip Code:	32702
Region:	North
Beds:	40
Medicaid Days FYE 12/31/18:	886
Total Patient Days FYE 12/31/20:	11,231
Medicaid Days FYE 12/31/20:	3,330
Medicaid Utilization:	29.65008%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	173,070	30,788	86,491
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	195.3386	34.7494	97.6196
3: Inflated Cost Per Diem (Line 2 x Inflation):	236.3675	41.6044	116.8770
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	5	0.86	32,659	30.9871

	Total	Per Diem
11: Taxes:	24,661	2.1958
12: Insurance:	13,040	1.1611

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		44.1456

17: Prospective Rate: (Sum of Lines 8:16)	224.3056
18: Hold Harmless Rate:	205.0005
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.5841
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.8897

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 192835-00 - 2022/10

257.99

Port St. Lucie Rehabilitation and Healthcare

Zip Code:	34952
Region:	North
Beds:	180
Medicaid Days FYE 12/31/19:	42,959
Total Patient Days FYE 12/31/21:	39,662
Medicaid Days FYE 12/31/21:	23,755
Medicaid Utilization:	59.89360%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18434599
Indirect Care	92%	92.5%	1.17329618
Operating	86%	N/A	1.17329618

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,961,037	1,273,693	2,034,705
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	115.4830	29.6490	47.3638
3: Inflated Cost Per Diem (Line 2 x Inflation):	136.7719	34.7871	55.5719
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	22	0.82	49,479	15.9383

	Total	Per Diem
11: Taxes:	141,501	3.5677
12: Insurance:	115,543	2.9132

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.2296
16: Budget Neutrality Adjustment:		42.0877

17: Prospective Rate: (Sum of Lines 8:16)	238.2489
18: Hold Harmless Rate:	220.3525
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7394
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.9883

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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258.87

Bon Secours Maria Manor

Zip Code:	33716
Region:	North
Beds:	274
Medicaid Days FYE 8/31/17:	64,409
Total Patient Days FYE 8/31/21:	78,269
Medicaid Days FYE 8/31/21:	50,354
Medicaid Utilization:	64.33454%

	Price	Floor	Inflation
Direct Care	100%	95%	1.25013778
Indirect Care	92%	92.5%	1.24085294
Operating	86%	N/A	1.24085294
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	7,785,949	2,888,626	3,761,108
2: Cost Per Diem (Line 1 ÷ Medicaid Days 8/31/17):	120.8829	44.8481	58.3941
3: Inflated Cost Per Diem (Line 2 x Inflation):	151.1203	55.6500	72.4585
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	59	4	0.87	83,404	22.8005

	Total	Per Diem
11: Taxes:	217	0.0028
12: Insurance:	40,429	0.5165

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		20.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 8/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		4.6665
16: Budget Neutrality Adjustment:		42.2431

17: Prospective Rate: (Sum of Lines 8:16)	239.0601
18: Hold Harmless Rate:	230.2705
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8066
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.8667

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 200409-00 - 2022/10

223.86

Westminster Oaks

Zip Code:	32308
Region:	North
Beds:	120
Medicaid Days FYE 3/31/19:	12,511
Total Patient Days FYE 3/31/21:	38,310
Medicaid Days FYE 3/31/21:	11,688
Medicaid Utilization:	30.50901%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20100528
Indirect Care	92%	92.5%	1.18997232
Operating	86%	N/A	1.18997232

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,521,918	526,606	744,949
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	121.6463	42.0914	59.5435
3: Inflated Cost Per Diem (Line 2 x Inflation):	146.0980	50.0876	70.8551
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	11	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	14	0.86	71,726	26.8803

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	57,769	1.5079

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.1178

17: Prospective Rate: (Sum of Lines 8:16)	206.7327
18: Hold Harmless Rate:	203.1860
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.1282
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	223.8609

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 200506-00 - 2022/10

269.08

Miami Jewish Health Systems

Zip Code:	33137
Region:	South
Beds:	438
Medicaid Days FYE 6/30/19:	92,851
Total Patient Days FYE 6/30/21:	129,781
Medicaid Days FYE 6/30/21:	71,300
Medicaid Utilization:	54.93870%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	17,708,711	5,607,098	8,391,214
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/19):	190.7218	60.3881	90.3728
3: Inflated Cost Per Diem (Line 2 x Inflation):	227.3941	71.3783	106.8200
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	45	2	0.86	451,400	32.3561

	Total	Per Diem
11: Taxes:	1,380	0.0106
12: Insurance:	231,179	1.7813

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		4.4526
16: Budget Neutrality Adjustment:		47.4376

17: Prospective Rate: (Sum of Lines 8:16)	248.4936
18: Hold Harmless Rate:	239.6185
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5882
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	269.0817

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 200714-00 - 2022/10

242.15

Life Care Center of Hilliard

Zip Code:	32046
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	28,339
Total Patient Days FYE 12/31/21:	36,622
Medicaid Days FYE 12/31/21:	28,292
Medicaid Utilization:	77.25411%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,812,000	695,081	1,294,846
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	99.2272	24.5273	45.6913
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.0689	29.3659	54.7048
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.6308	4.6508	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.6320	32.1240	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	26	0.85	41,190	15.1748

	Total	Per Diem
11: Taxes:	58,475	1.5967
12: Insurance:	84,094	2.2963

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.5804
16: Budget Neutrality Adjustment:		39.9076

17: Prospective Rate: (Sum of Lines 8:16)	226.5663
18: Hold Harmless Rate:	193.3535
19: Cap on Gains*:	(2.9451)
20: Minimum Wage Increase: (8.2852%)	18.5274
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.1487

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 200859-00 - 2022/10

277.88

River Garden Hebrew Home

Zip Code:	32258
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	28,967
Total Patient Days FYE 12/31/21:	47,267
Medicaid Days FYE 12/31/21:	25,632
Medicaid Utilization:	54.22811%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,967,181	985,100	2,113,485
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	171.4772	34.0076	72.9618
3: Inflated Cost Per Diem (Line 2 x Inflation):	207.4943	40.7163	87.3550
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	29.5	23.3141

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	3	0.85	134,480	31.5505

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	180,670	3.8223

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.7907
16: Budget Neutrality Adjustment:		44.3231

17: Prospective Rate: (Sum of Lines 8:16)	256.6167
18: Hold Harmless Rate:	247.3040
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.2612
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	277.8779

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 200913-00 - 2022/10

260.30

Avante Villa At Jacksonville Beach Inc

Zip Code:	32250
Region:	North
Beds:	165
Medicaid Days FYE 12/31/18:	32,347
Total Patient Days FYE 12/31/20:	43,354
Medicaid Days FYE 12/31/20:	30,130
Medicaid Utilization:	69.49762%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,053,748	919,599	2,042,456
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	125.3206	28.4291	63.1420
3: Inflated Cost Per Diem (Line 2 x Inflation):	151.6430	34.0374	75.5981
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	48	26	0.85	47,357	15.1748

	Total	Per Diem
11: Taxes:	101,916	2.3508
12: Insurance:	78,331	1.8068

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.3836
16: Budget Neutrality Adjustment:		41.5550

17: Prospective Rate: (Sum of Lines 8:16)	240.3810
18: Hold Harmless Rate:	225.3400
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9160
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.2970

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 201120-00 - 2022/10

274.06

Gulf Coast Village Care Center

Zip Code:	33991
Region:	North
Beds:	105
Medicaid Days FYE 12/31/18:	7,295
Total Patient Days FYE 12/31/21:	30,959
Medicaid Days FYE 12/31/21:	8,142
Medicaid Utilization:	26.29930%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	917,211	493,095	462,216
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	125.7314	67.5935	63.3606
3: Inflated Cost Per Diem (Line 2 x Inflation):	152.1401	80.9277	75.8598
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	11.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	22	0.84	69,252	22.7198

	Total	Per Diem
11: Taxes:	29,783	0.9620
12: Insurance:	155,138	5.0111

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.1704

17: Prospective Rate: (Sum of Lines 8:16)	206.9848
18: Hold Harmless Rate:	253.0895
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.9689
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	274.0584

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 201588-00 - 2022/10

248.98

The Gardens at DePugh Nursing Center

Zip Code:	32789
Region:	North
Beds:	40
Medicaid Days FYE 12/31/18:	7,342
Total Patient Days FYE 12/31/21:	13,035
Medicaid Days FYE 12/31/21:	8,713
Medicaid Utilization:	66.84311%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	856,924	248,733	515,200
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	116.7153	33.8780	70.1716
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.2302	40.5612	84.0143
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21.5	16.9916

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	66	1	0.86	20,990	32.8124

	Total	Per Diem
11: Taxes:	1,972	0.1513
12: Insurance:	38,055	2.9194

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		44.4112

17: Prospective Rate: (Sum of Lines 8:16)	229.9258
18: Hold Harmless Rate:	218.7280
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.0498
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.9756

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 201651-00 - 2022/10

267.67

Guardian Care Nursing & Rehabilitation Center

Zip Code:	32805
Region:	North
Beds:	99
Medicaid Days FYE 12/31/18:	31,332
Total Patient Days FYE 12/31/21:	28,374
Medicaid Days FYE 12/31/21:	19,158
Medicaid Utilization:	67.51956%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,478,189	1,340,492	2,029,462
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	111.0107	42.7834	64.7728
3: Inflated Cost Per Diem (Line 2 x Inflation):	134.3274	51.2234	77.5505
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	1	1	0.86	47,855	31.7857

	Total	Per Diem
11: Taxes:	21,773	0.7674
12: Insurance:	111,254	3.9210

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.7001
16: Budget Neutrality Adjustment:		44.5132

17: Prospective Rate: (Sum of Lines 8:16)	247.1875
18: Hold Harmless Rate:	239.2480
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4799
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.6675

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 202011-00 - 2022/10

253.43

Westchester Gardens Rehabilitation & Care Center

Zip Code:	33761
Region:	North
Beds:	120
Medicaid Days FYE 12/31/16:	17,231
Total Patient Days FYE 12/31/21:	34,467
Medicaid Days FYE 12/31/21:	20,985
Medicaid Utilization:	60.88432%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26989312
Indirect Care	92%	92.5%	1.26274294
Operating	86%	N/A	1.26274294
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,909,825	629,079	880,095
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	110.8365	36.5085	51.0762
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.7506	46.1009	64.4962
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	11	0.87	39,613	20.4789

	Total	Per Diem
11: Taxes:	64,241	1.8638
12: Insurance:	79,471	2.3057

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.1528
16: Budget Neutrality Adjustment:		42.4724

17: Prospective Rate: (Sum of Lines 8:16)	234.0409
18: Hold Harmless Rate:	223.3070
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3907
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.4316

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 202028-00 - 2022/10

259.97

Manatee Springs Rehabilitation and Nursing Center

Zip Code:	34203
Region:	North
Beds:	120
Medicaid Days FYE 9/30/19:	35,625
Total Patient Days FYE 9/30/21:	42,150
Medicaid Days FYE 9/30/21:	31,849
Medicaid Utilization:	75.56109%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18613917
Indirect Care	92%	92.5%	1.17507401
Operating	86%	N/A	1.17507401

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,629,392	1,377,253	1,746,697
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/19):	101.8776	38.6597	49.0300
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.8411	45.4280	57.6140
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.8586	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.4042	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	31	0.85	58,518	17.2748

	Total	Per Diem
11: Taxes:	101,496	2.4080
12: Insurance:	149,366	3.5437

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.8386
16: Budget Neutrality Adjustment:		41.5611

17: Prospective Rate: (Sum of Lines 8:16)	240.0750
18: Hold Harmless Rate:	217.8160
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8907
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.9657

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2022 through 09/30/2023

0 202606-00 - 2022/10

252.77

Samantha R. Wilson at Bay View

Zip Code:	32084
Region:	North
Beds:	120
Medicaid Days FYE 9/30/18:	16,822
Total Patient Days FYE 9/30/21:	32,126
Medicaid Days FYE 9/30/21:	15,609
Medicaid Utilization:	48.58681%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,059,108	740,162	1,002,194
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	122.4056	43.9996	59.5763
3: Inflated Cost Per Diem (Line 2 x Inflation):	148.9833	52.9867	71.7450
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	24	23	0.85	52,723	19.9464

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	48,672	1.5150

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.5954
16: Budget Neutrality Adjustment:		41.9224

17: Prospective Rate: (Sum of Lines 8:16)	233.4270
18: Hold Harmless Rate:	230.2800
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3399
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.7669

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 202711-00 - 2022/10
298.35

Sunnyside Nursing Home

Zip Code:	34232
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	9,975
Total Patient Days FYE 12/31/21:	18,852
Medicaid Days FYE 12/31/21:	7,357
Medicaid Utilization:	39.02504%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,589,308	439,025	984,233
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	159.3291	44.0125	98.6699
3: Inflated Cost Per Diem (Line 2 x Inflation):	192.7946	52.6949	118.1346
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	1	0.85	63,967	32.4532

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	91,632	4.8606

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.8244
16: Budget Neutrality Adjustment:		44.6581

17: Prospective Rate: (Sum of Lines 8:16)	248.7484
18: Hold Harmless Rate:	275.5190
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.8273
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	298.3463

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 202789-00 - 2022/10

234.21

Alliance Health and Rehabilitation Center

Zip Code:	32720
Region:	North
Beds:	130
Medicaid Days FYE 12/31/18:	23,449
Total Patient Days FYE 12/31/20:	22,689
Medicaid Days FYE 12/31/20:	11,796
Medicaid Utilization:	51.98995%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,753,641	760,840	1,311,878
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	117.4310	32.4465	55.9460
3: Inflated Cost Per Diem (Line 2 x Inflation):	142.0963	38.8473	66.9825
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21.5	16.9916

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	26	0.86	50,476	16.8871

	Total	Per Diem
11: Taxes:	11,357	0.5006
12: Insurance:	45,816	2.0193

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		41.5678

17: Prospective Rate: (Sum of Lines 8:16)	216.2929
18: Hold Harmless Rate:	189.7150
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.9203
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	234.2132

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 202816-00 - 2022/10

272.51

Tampa Lakes Health and Rehabilitation Center

Zip Code:	33549
Region:	North
Beds:	179
Medicaid Days FYE 8/31/19:	24,228
Total Patient Days FYE 12/31/20:	66,581
Medicaid Days FYE 12/31/20:	42,241
Medicaid Utilization:	63.44302%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18818314
Indirect Care	92%	92.5%	1.17737532
Operating	86%	N/A	1.17737532

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,228,373	1,119,408	1,346,463
2: Cost Per Diem (Line 1 ÷ Medicaid Days 8/31/19):	133.2496	46.2030	55.5746
3: Inflated Cost Per Diem (Line 2 x Inflation):	158.3250	54.3984	65.4322
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	5	5	0.86	96,310	30.9871

	Total	Per Diem
11: Taxes:	341,797	5.1336
12: Insurance:	59,462	0.8931

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.6096
16: Budget Neutrality Adjustment:		44.6063

17: Prospective Rate: (Sum of Lines 8:16)	251.6564
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.8502
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	272.5066

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 202941-00 - 2022/10

255.36

Miracle Hill Nursing And Rehabilitation Centers, Inc.

Zip Code:	32304
Region:	North
Beds:	120
Medicaid Days FYE 6/30/18:	30,482
Total Patient Days FYE 6/30/21:	26,241
Medicaid Days FYE 6/30/21:	21,043
Medicaid Utilization:	80.19130%

	Price	Floor	Inflation
Direct Care	100%	95%	1.22468602
Indirect Care	92%	92.5%	1.21395961
Operating	86%	N/A	1.21395961
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,122,041	944,692	1,615,518
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/18):	102.4224	30.9917	52.9990
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.4353	37.6228	64.3387
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	26	0.86	44,993	16.3479

	Total	Per Diem
11: Taxes:	727	0.0277
12: Insurance:	71,151	2.7114

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.1358
16: Budget Neutrality Adjustment:		41.5126

17: Prospective Rate: (Sum of Lines 8:16)	235.8173
18: Hold Harmless Rate:	217.9015
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5379
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.3553

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 203122-00 - 2022/10

261.26

Avante at Leesburg

Zip Code:	34748
Region:	North
Beds:	116
Medicaid Days FYE 12/31/18:	23,828
Total Patient Days FYE 12/31/20:	35,608
Medicaid Days FYE 12/31/20:	23,216
Medicaid Utilization:	65.19883%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,769,915	828,564	1,513,235
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	116.2462	34.7727	63.5065
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.6626	41.6323	76.0345
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	57	34	0.86	34,478	12.7139

	Total	Per Diem
11: Taxes:	19,242	0.5404
12: Insurance:	55,837	1.5681

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		5.3309
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.0444
16: Budget Neutrality Adjustment:		40.7767

17: Prospective Rate: (Sum of Lines 8:16)	241.2700
18: Hold Harmless Rate:	229.2065
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9897
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	261.2597

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 203165-00 - 2022/10

276.60

Villa Maria Nursing & Rehabilitation Center

Zip Code:	33161
Region:	South
Beds:	212
Medicaid Days FYE 9/30/18:	52,837
Total Patient Days FYE 9/30/21:	69,750
Medicaid Days FYE 9/30/21:	48,763
Medicaid Utilization:	69.911111%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	6,791,284	2,247,388	3,305,220
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	128.5327	42.5343	62.5550
3: Inflated Cost Per Diem (Line 2 x Inflation):	156.4408	51.2221	75.3321
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	2	0.86	99,385	30.4076

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	130,756	1.8746

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		4.1043
16: Budget Neutrality Adjustment:		47.1156

17: Prospective Rate: (Sum of Lines 8:16)	244.2305
18: Hold Harmless Rate:	255.4360
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.1633
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	276.5993

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 203203-00 - 2022/10

273.90

Glades Health Care Center

Zip Code:	33476
Region:	South
Beds:	120
Medicaid Days FYE 2/28/18:	26,418
Total Patient Days FYE 2/28/22:	20,149
Medicaid Days FYE 2/28/22:	15,033
Medicaid Utilization:	74.60916%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23460082
Indirect Care	92%	92.5%	1.22472988
Operating	86%	N/A	1.22472988

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,323,317	1,120,915	1,570,052
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/18):	125.7974	42.4299	59.4311
3: Inflated Cost Per Diem (Line 2 x Inflation):	155.3096	51.9653	72.7871
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	27	0.82	31,474	14.3669

	Total	Per Diem
11: Taxes:	6,191	0.3073
12: Insurance:	72,452	3.5958

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/22):	0	0.0000
15: Quality Assess-Medicaid Share:		22.8275
16: Budget Neutrality Adjustment:		44.6974

17: Prospective Rate: (Sum of Lines 8:16)	252.9402
18: Hold Harmless Rate:	246.1925
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.9566
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	273.8968

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 203220-00 - 2022/10

251.56

Avante at Inverness

Zip Code:	34452
Region:	North
Beds:	104
Medicaid Days FYE 12/31/18:	22,915
Total Patient Days FYE 12/31/21:	33,626
Medicaid Days FYE 12/31/21:	22,672
Medicaid Utilization:	67.42402%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,719,830	653,354	1,330,786
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	118.6921	28.5120	58.0748
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.6222	34.1366	69.5313
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	40	0.84	33,106	10.5130

	Total	Per Diem
11: Taxes:	178,958	5.3220
12: Insurance:	59,949	1.7828

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.8475
16: Budget Neutrality Adjustment:		41.2591

17: Prospective Rate: (Sum of Lines 8:16)	232.3134
18: Hold Harmless Rate:	214.5480
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2476
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.5610

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 203238-00 - 2022/10

276.88

Avante at Lake Worth

Zip Code:	33460
Region:	South
Beds:	138
Medicaid Days FYE 12/31/18:	22,946
Total Patient Days FYE 12/31/20:	34,795
Medicaid Days FYE 12/31/20:	25,850
Medicaid Utilization:	74.29228%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,687,464	878,593	1,625,251
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	160.7018	38.2895	70.8293
3: Inflated Cost Per Diem (Line 2 x Inflation):	194.4556	45.8430	84.8019
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	38	0.82	44,794	10.9098

	Total	Per Diem
11: Taxes:	93,724	2.6936
12: Insurance:	69,161	1.9877

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	1179	9.1219
15: Quality Assess-Medicaid Share:		21.0445
16: Budget Neutrality Adjustment:		44.2351

17: Prospective Rate: (Sum of Lines 8:16)	255.6917
18: Hold Harmless Rate:	230.8500
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.1845
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	276.8762

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 203327-00 - 2022/10

282.10

The Palace at Kendall Nursing and Rehab Center

Zip Code:	33173
Region:	South
Beds:	180
Medicaid Days FYE 1/31/18:	36,357
Total Patient Days FYE 1/31/21:	58,836
Medicaid Days FYE 1/31/21:	37,908
Medicaid Utilization:	64.42994%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,117,201	1,296,107	1,994,520
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	113.2436	35.6494	54.8593
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.1054	43.7450	67.3172
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	4	0.86	64,752	23.1359

	Total	Per Diem
11: Taxes:	158,322	2.6909
12: Insurance:	103,351	1.7566

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.3270
16: Budget Neutrality Adjustment:		46.3047

17: Prospective Rate: (Sum of Lines 8:16)	260.5168
18: Hold Harmless Rate:	251.4460
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.5843
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	282.1011

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 203599-00 - 2022/10

261.00

The Manor at Carpenter's

Zip Code:	33809
Region:	North
Beds:	72
Medicaid Days FYE 12/31/18:	5,400
Total Patient Days FYE 12/31/21:	19,260
Medicaid Days FYE 12/31/21:	4,438
Medicaid Utilization:	23.04258%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	835,475	217,161	294,292
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	154.7175	40.2150	54.4985
3: Inflated Cost Per Diem (Line 2 x Inflation):	187.2145	48.1482	65.2494
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	31	24.4995

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	17	0.85	34,945	24.5346

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	64,190	3.3328

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.0279

17: Prospective Rate: (Sum of Lines 8:16)	230.8013
18: Hold Harmless Rate:	241.0340
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9701
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	261.0041

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 203769-00 - 2022/10

238.47

John Knox Village Of Florida

Zip Code:	33060
Region:	South
Beds:	194
Medicaid Days FYE 12/31/17:	4,298
Total Patient Days FYE 12/31/21:	55,643
Medicaid Days FYE 12/31/21:	3,156
Medicaid Utilization:	5.67187%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	711,903	109,666	368,827
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	165.6358	25.5155	85.6600
3: Inflated Cost Per Diem (Line 2 x Inflation):	205.3570	31.3701	105.5035
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	5.8569	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	34.3885	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	11	0.86	145,982	28.2492

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	19,221	0.3454

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		45.4685

17: Prospective Rate: (Sum of Lines 8:16)	218.0033
18: Hold Harmless Rate:	220.2195
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.2456
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	238.4651

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 203815-00 - 2022/10

234.98

Westminster Towers And Shores Of Bradenton

Zip Code:	34205
Region:	North
Beds:	120
Medicaid Days FYE 3/31/19:	21,298
Total Patient Days FYE 3/31/21:	37,612
Medicaid Days FYE 3/31/21:	18,962
Medicaid Utilization:	50.41476%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20100528
Indirect Care	92%	92.5%	1.18997232
Operating	86%	N/A	1.18997232

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,992,963	973,278	1,045,783
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	140.5278	45.6980	49.1024
3: Inflated Cost Per Diem (Line 2 x Inflation):	168.7747	54.3795	58.4305
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	27	0.85	65,675	20.7180

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	36,873	0.9804

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		41.9633

17: Prospective Rate: (Sum of Lines 8:16)	217.0035
18: Hold Harmless Rate:	200.6495
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.9791
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	234.9826

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 204072-00 - 2022/10

236.02

Mease Continuing Care

Zip Code:	34698
Region:	North
Beds:	100
Medicaid Days FYE 12/31/17:	19,614
Total Patient Days FYE 12/31/20:	17,256
Medicaid Days FYE 12/31/20:	9,995
Medicaid Utilization:	57.92188%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,606,504	693,420	1,093,877
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	132.8899	35.3533	55.7702
3: Inflated Cost Per Diem (Line 2 x Inflation):	164.7583	43.4651	68.5666
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	10.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	10	0.86	35,366	20.7884

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	63,927	3.7046

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.4456

17: Prospective Rate: (Sum of Lines 8:16)	203.5097
18: Hold Harmless Rate:	217.9585
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.0583
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.0168

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 204170-00 - 2022/10

282.06

Regents Park of Boca Raton

Zip Code:	33433
Region:	South
Beds:	180
Medicaid Days FYE 2/28/10:	30,255
Total Patient Days FYE 2/28/21:	51,748
Medicaid Days FYE 2/28/21:	26,065
Medicaid Utilization:	50.36910%

	Price	Floor	Inflation
Direct Care	100%	95%	1.40662615
Indirect Care	92%	92.5%	1.43751448
Operating	86%	N/A	1.43751448

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,951,171	1,006,012	1,315,189
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/10):	130.5956	33.2511	43.4701
3: Inflated Cost Per Diem (Line 2 x Inflation):	183.6992	47.7989	62.4890
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	1	0.82	80,275	28.1924

	Total	Per Diem
11: Taxes:	198,702	3.8398
12: Insurance:	246,923	4.7716

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.4009
16: Budget Neutrality Adjustment:		47.8959

17: Prospective Rate: (Sum of Lines 8:16)	260.4781
18: Hold Harmless Rate:	251.9400
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.5811
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	282.0592

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 204305-00 - 2022/10

257.44

Life Care Center of Port St. Lucie

Zip Code:	34952
Region:	North
Beds:	123
Medicaid Days FYE 12/31/17:	11,075
Total Patient Days FYE 12/31/20:	31,616
Medicaid Days FYE 12/31/20:	11,383
Medicaid Utilization:	36.00392%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,367,186	468,124	609,647
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	123.4479	42.2685	55.0471
3: Inflated Cost Per Diem (Line 2 x Inflation):	153.0520	51.9670	67.6776
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	15	0.82	58,250	24.0097

	Total	Per Diem
11: Taxes:	119,403	3.7767
12: Insurance:	64,370	2.0360

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		16.3857
16: Budget Neutrality Adjustment:		43.3653

17: Prospective Rate: (Sum of Lines 8:16)	237.7403
18: Hold Harmless Rate:	229.6055
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6972
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.4375

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 204391-00 - 2022/10

270.25

Olds Hall Good Samaritan

Zip Code:	32114
Region:	North
Beds:	100
Medicaid Days FYE 12/31/18:	22,779
Total Patient Days FYE 12/31/21:	22,877
Medicaid Days FYE 12/31/21:	16,544
Medicaid Utilization:	72.31717%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,572,466	781,243	1,319,660
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	112.9314	34.2966	57.9331
3: Inflated Cost Per Diem (Line 2 x Inflation):	136.6516	41.0623	69.3616
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	50	6	0.86	40,326	24.9665

	Total	Per Diem
11: Taxes:	50	0.0022
12: Insurance:	55,064	2.4070

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		7.1864
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		25.4244
16: Budget Neutrality Adjustment:		42.9430

17: Prospective Rate: (Sum of Lines 8:16)	249.5700
18: Hold Harmless Rate:	237.0915
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.6773
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	270.2473

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 204625-00 - 2022/10

260.21

Tri-County Nursing Home

Zip Code:	32693
Region:	North
Beds:	81
Medicaid Days FYE 12/31/19:	17,624
Total Patient Days FYE 12/31/21:	24,589
Medicaid Days FYE 12/31/21:	11,811
Medicaid Utilization:	48.03367%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,708,009	544,966	1,149,517
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	96.9138	30.9218	65.2245
3: Inflated Cost Per Diem (Line 2 x Inflation):	114.4327	36.1707	76.2963
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.2670	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	120.9958	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	29.5	23.3141

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	15	0.84	47,467	25.8445

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	75,407	3.0667

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.7782
16: Budget Neutrality Adjustment:		41.4362

17: Prospective Rate: (Sum of Lines 8:16)	240.7626
18: Hold Harmless Rate:	207.7745
19: Cap on Gains*:	(0.4628)
20: Minimum Wage Increase: (8.2852%)	19.9093
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.2090

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 205303-00 - 2022/10

256.40

KISSIMMEE GOOD SAMARITAN

Zip Code:	34746
Region:	North
Beds:	170
Medicaid Days FYE 12/31/18:	38,862
Total Patient Days FYE 12/31/21:	44,789
Medicaid Days FYE 12/31/21:	30,880
Medicaid Utilization:	68.94550%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,352,138	1,264,589	2,053,892
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	111.9895	32.5405	52.8509
3: Inflated Cost Per Diem (Line 2 x Inflation):	135.5118	38.9598	63.2768
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	43	8	0.86	63,316	22.4995

	Total	Per Diem
11: Taxes:	16,817	0.3755
12: Insurance:	42,818	0.9560

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.9903
16: Budget Neutrality Adjustment:		42.3313

17: Prospective Rate: (Sum of Lines 8:16)	236.7826
18: Hold Harmless Rate:	213.3795
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6179
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.4004

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 205460-00 - 2022/10

246.64

Finnish-American Village

Zip Code:	33461
Region:	South
Beds:	45
Medicaid Days FYE 6/30/19:	10,152
Total Patient Days FYE 6/30/21:	15,724
Medicaid Days FYE 6/30/21:	8,294
Medicaid Utilization:	52.74739%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,171,548	251,451	636,124
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/19):	115.4007	24.7686	62.6599
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.5902	29.2763	74.0635
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	7.9507	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	32.2947	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	48	11	0.82	32,902	25.3936

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	28,485	1.8116

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		44.8673

17: Prospective Rate: (Sum of Lines 8:16)	227.7661
18: Hold Harmless Rate:	211.7360
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.8708
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	246.6369

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 205745-00 - 2022/10

290.90

Health Center at Abbey Delray

Zip Code:	33445
Region:	South
Beds:	100
Medicaid Days FYE 12/31/16:	8,003
Total Patient Days FYE 12/31/20:	33,879
Medicaid Days FYE 12/31/20:	14,628
Medicaid Utilization:	43.17719%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26989312
Indirect Care	92%	92.5%	1.26274294
Operating	86%	N/A	1.26274294

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,431,267	385,743	555,579
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	178.8413	48.1998	69.4213
3: Inflated Cost Per Diem (Line 2 x Inflation):	227.1093	60.8640	87.6613
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	43	19	0.82	60,950	22.8674

	Total	Per Diem
11: Taxes:	59,434	1.7543
12: Insurance:	87,262	2.5757

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		46.2381

17: Prospective Rate: (Sum of Lines 8:16)	221.6934
18: Hold Harmless Rate:	268.6410
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.2574
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	290.8984

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 205796-00 - 2022/10

233.54

The Commons at Orlando Lutheran Towers

Zip Code:	32801
Region:	North
Beds:	168
Medicaid Days FYE 12/31/17:	21,509
Total Patient Days FYE 12/31/20:	55,164
Medicaid Days FYE 12/31/20:	27,260
Medicaid Utilization:	49.41629%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,413,232	820,270	1,324,490
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	112.1963	38.1361	61.5784
3: Inflated Cost Per Diem (Line 2 x Inflation):	139.1022	46.8864	75.7075
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	24	19	0.86	78,036	22.9510

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	0	0.00

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.1795

17: Prospective Rate: (Sum of Lines 8:16)	215.6690
18: Hold Harmless Rate:	209.1425
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.8686
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	233.5376

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 205800-00 - 2022/10

280.75

St. John's Nursing Center

Zip Code:	33311
Region:	South
Beds:	181
Medicaid Days FYE 9/30/18:	46,433
Total Patient Days FYE 9/30/21:	56,779
Medicaid Days FYE 9/30/21:	38,311
Medicaid Utilization:	67.47389%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,999,924	2,374,496	3,302,861
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	129.2168	51.1381	71.1317
3: Inflated Cost Per Diem (Line 2 x Inflation):	157.2734	61.5832	85.6606
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	3	0.85	76,363	26.9124

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	67,947	1.1967

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.4124
16: Budget Neutrality Adjustment:		46.3954

17: Prospective Rate: (Sum of Lines 8:16)	259.2712
18: Hold Harmless Rate:	243.9695
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.4811
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	280.7523

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 205923-00 - 2022/10

289.12

Lourdes-Noreen Mckeen Residence

Zip Code:	33401
Region:	South
Beds:	132
Medicaid Days FYE 12/31/19:	27,593
Total Patient Days FYE 12/31/21:	33,667
Medicaid Days FYE 12/31/21:	19,365
Medicaid Utilization:	57.51923%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,506,794	1,095,206	2,144,968
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	163.3310	39.6914	77.7359
3: Inflated Cost Per Diem (Line 2 x Inflation):	192.8561	46.4290	90.9315
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	1	0.82	115,159	31.3754

	Total	Per Diem
11: Taxes:	1,295	0.0385
12: Insurance:	355,595	10.5621

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.4334
16: Budget Neutrality Adjustment:		48.7885

17: Prospective Rate: (Sum of Lines 8:16)	266.9999
18: Hold Harmless Rate:	258.8940
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.1214
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	289.1214

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 206300-00 - 2022/10

272.74

Suwannee Valley Nursing Center

Zip Code:	32052
Region:	North
Beds:	60
Medicaid Days FYE 8/31/18:	17,632
Total Patient Days FYE 8/31/21:	19,817
Medicaid Days FYE 8/31/21:	16,069
Medicaid Utilization:	81.08695%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21964207
Indirect Care	92%	92.5%	1.20747969
Operating	86%	N/A	1.20747969

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,249,248	653,937	977,039
2: Cost Per Diem (Line 1 ÷ Medicaid Days 8/31/18):	127.5662	37.0880	55.4128
3: Inflated Cost Per Diem (Line 2 x Inflation):	155.5852	44.7831	66.9099
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	53	4	0.85	21,725	22.9014

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	25,128	1.2680

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		9.1909
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 8/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.0261
16: Budget Neutrality Adjustment:		42.3897

17: Prospective Rate: (Sum of Lines 8:16)	251.8700
18: Hold Harmless Rate:	239.2765
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.8679
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	272.7379

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 206431-00 - 2022/10

253.42

Morton Plant Rehabilitation Center

Zip Code:	33756
Region:	North
Beds:	126
Medicaid Days FYE 12/31/18:	9,124
Total Patient Days FYE 12/31/20:	28,892
Medicaid Days FYE 12/31/20:	8,653
Medicaid Utilization:	29.94947%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,673,413	394,164	1,007,496
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	183.4078	43.2007	110.4226
3: Inflated Cost Per Diem (Line 2 x Inflation):	221.9308	51.7230	132.2056
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	30	0.87	53,714	17.0346

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	0	0.00

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		10.3867
16: Budget Neutrality Adjustment:		41.1584

17: Prospective Rate: (Sum of Lines 8:16)	221.1603
18: Hold Harmless Rate:	234.0325
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3900
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.4225

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 206521-00 - 2022/10

304.93

St Andrews Estates

Zip Code:	33433
Region:	South
Beds:	89
Medicaid Days FYE 12/31/17:	11,420
Total Patient Days FYE 12/31/20:	23,071
Medicaid Days FYE 12/31/20:	6,097
Medicaid Utilization:	26.42712%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,800,978	456,973	736,656
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	157.7038	40.0151	64.5057
3: Inflated Cost Per Diem (Line 2 x Inflation):	195.5228	49.1966	79.3066
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	45	33	0.82	69,405	17.4089

	Total	Per Diem
11: Taxes:	79,798	3.4588
12: Insurance:	27,558	1.1945

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		45.3519

17: Prospective Rate: (Sum of Lines 8:16)	229.6942
18: Hold Harmless Rate:	281.5990
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	23.3310
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	304.9300

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 206610-00 - 2022/10

293.23

The Waterford

Zip Code:	33408
Region:	South
Beds:	60
Medicaid Days FYE 12/31/16:	2,596
Total Patient Days FYE 12/31/20:	18,936
Medicaid Days FYE 12/31/20:	3,581
Medicaid Utilization:	18.91107%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26989312
Indirect Care	92%	92.5%	1.26274294
Operating	86%	N/A	1.26274294

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	509,733	137,172	219,504
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	196.3532	52.8397	84.5546
3: Inflated Cost Per Diem (Line 2 x Inflation):	249.3476	66.7230	106.7708
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	11	0.82	42,299	27.0109

	Total	Per Diem
11: Taxes:	57,387	3.0306
12: Insurance:	82,332	4.3479

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		47.4793

17: Prospective Rate: (Sum of Lines 8:16)	241.4746
18: Hold Harmless Rate:	270.7975
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.4361
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	293.2336

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 206865-00 - 2022/10

282.11

Abbey Delray South

Zip Code:	33445
Region:	South
Beds:	90
Medicaid Days FYE 12/31/16:	9,094
Total Patient Days FYE 12/31/20:	24,193
Medicaid Days FYE 12/31/20:	11,760
Medicaid Utilization:	48.60910%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26989312
Indirect Care	92%	92.5%	1.26274294
Operating	86%	N/A	1.26274294

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,622,120	505,218	611,211
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	178.3725	55.5550	67.2103
3: Inflated Cost Per Diem (Line 2 x Inflation):	226.5141	70.1518	84.8694
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	34	0.82	28,358	12.1669

	Total	Per Diem
11: Taxes:	36,482	1.5080
12: Insurance:	57,936	2.3947

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		44.3177

17: Prospective Rate: (Sum of Lines 8:16)	224.3406
18: Hold Harmless Rate:	260.5280
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.5852
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	282.1132

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 207381-00 - 2022/10

290.41

Joseph L Morse Geriatric Center Inc

Zip Code:	33417
Region:	South
Beds:	230
Medicaid Days FYE 5/31/19:	55,920
Total Patient Days FYE 5/31/21:	76,652
Medicaid Days FYE 5/31/21:	49,445
Medicaid Utilization:	64.50582%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	8,106,569	2,217,278	3,580,558
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	144.9672	39.6508	64.0300
3: Inflated Cost Per Diem (Line 2 x Inflation):	173.2623	46.9723	75.8529
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	2	0.82	240,507	30.4962

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	183,301	2.3913

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.2358
16: Budget Neutrality Adjustment:		47.2201

17: Prospective Rate: (Sum of Lines 8:16)	268.1854
18: Hold Harmless Rate:	236.1605
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.2197
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	290.4050

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 207446-00 - 2022/10

260.69

Taylor Care Center, Inc.

Zip Code:	32217
Region:	North
Beds:	120
Medicaid Days FYE 8/31/18:	24,974
Total Patient Days FYE 8/31/21:	24,938
Medicaid Days FYE 8/31/21:	14,410
Medicaid Utilization:	57.78330%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21964207
Indirect Care	92%	92.5%	1.20747969
Operating	86%	N/A	1.20747969

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,815,081	698,092	1,612,289
2: Cost Per Diem (Line 1 ÷ Medicaid Days 8/31/18):	112.7204	27.9527	64.5587
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.4786	33.7524	77.9533
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.2643	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.5105	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	12	0.85	46,198	21.5323

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	15,428	0.6187

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 8/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		25.1626
16: Budget Neutrality Adjustment:		41.9958

17: Prospective Rate: (Sum of Lines 8:16)	240.7413
18: Hold Harmless Rate:	218.7660
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9459
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.6872

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 207497-00 - 2022/10

255.35

Sunrise Health And Rehabilitation Center

Zip Code:	33351
Region:	South
Beds:	325
Medicaid Days FYE 12/31/18:	38,523
Total Patient Days FYE 12/31/20:	59,329
Medicaid Days FYE 12/31/20:	31,959
Medicaid Utilization:	53.86742%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,101,554	1,300,837	2,231,951
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	106.4702	33.7678	57.9381
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.8333	40.4292	69.3676
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.4508	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.9009	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	28	0.85	82,774	14.5254

	Total	Per Diem
11: Taxes:	278,432	4.6930
12: Insurance:	144,028	2.4276

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.2189
16: Budget Neutrality Adjustment:		44.3394

17: Prospective Rate: (Sum of Lines 8:16)	235.8088
18: Hold Harmless Rate:	235.5240
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5372
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.3460

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 207683-00 - 2022/10

265.25

Lakeside Health Center

Zip Code:	33407
Region:	South
Beds:	107
Medicaid Days FYE 12/31/18:	27,804
Total Patient Days FYE 12/31/20:	32,433
Medicaid Days FYE 12/31/20:	24,450
Medicaid Utilization:	75.38618%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,122,332	717,876	1,360,747
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	112.2979	25.8191	48.9406
3: Inflated Cost Per Diem (Line 2 x Inflation):	135.8850	30.9125	58.5952
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	6.3145	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	33.9309	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14.5	11.4595

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	26	0.82	28,780	14.6812

	Total	Per Diem
11: Taxes:	126,895	3.9125
12: Insurance:	33,806	1.0423

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.2840
16: Budget Neutrality Adjustment:		43.8435

17: Prospective Rate: (Sum of Lines 8:16)	244.9556
18: Hold Harmless Rate:	226.3945
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2950
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.2506

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 208433-00 - 2022/10

243.04

The Bristol at Tampa Rehabilitation and Nursing Center LLC

Zip Code:	33612
Region:	North
Beds:	266
Medicaid Days FYE 12/31/18:	67,311
Total Patient Days FYE 12/31/19:	79,269
Medicaid Days FYE 12/31/19:	63,862
Medicaid Utilization:	80.56365%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	6,489,164	2,196,976	2,718,559
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	96.4056	32.6391	40.3880
3: Inflated Cost Per Diem (Line 2 x Inflation):	116.6547	39.0779	48.3554
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.0450	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.2178	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	25	0.86	79,362	15.6676

	Total	Per Diem
11: Taxes:	311,515	3.9298
12: Insurance:	66,617	0.8404

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/19):	0	0.0000
15: Quality Assess-Medicaid Share:		4.4026
16: Budget Neutrality Adjustment:		40.3574

17: Prospective Rate: (Sum of Lines 8:16)	197.9004
18: Hold Harmless Rate:	224.4470
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.5959
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.0429

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 208442-00 - 2022/10

273.55

Marion & Bernard L. Samson Nursing Center

Zip Code:	33710
Region:	North
Beds:	180
Medicaid Days FYE 12/31/17:	35,304
Total Patient Days FYE 12/31/21:	44,951
Medicaid Days FYE 12/31/21:	29,404
Medicaid Utilization:	65.41345%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,979,121	1,917,829	2,239,237
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	141.0356	54.3232	63.4272
3: Inflated Cost Per Diem (Line 2 x Inflation):	174.8574	66.7877	77.9806
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22.5	17.7819

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	2	0.87	99,004	32.7104

	Total	Per Diem
11: Taxes:	3,300	0.0734
12: Insurance:	135,613	3.0169

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9732
16: Budget Neutrality Adjustment:		44.3970

17: Prospective Rate: (Sum of Lines 8:16)	252.6211
18: Hold Harmless Rate:	246.6770
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.9301
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	273.5512

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 208485-00 - 2022/10

258.09

Jupiter Medical Center Pavilion Inc.

Zip Code:	33458
Region:	South
Beds:	90
Medicaid Days FYE 9/30/17:	10
Total Patient Days FYE 9/30/20:	3,849
Medicaid Days FYE 9/30/20:	1
Medicaid Utilization:	0.02598%

	Price	Floor	Inflation
Direct Care	100%	95%	1.24809237
Indirect Care	92%	92.5%	1.23808429
Operating	86%	N/A	1.23808429

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,635	595	1,015
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/17):	163.5000	59.5000	101.5000
3: Inflated Cost Per Diem (Line 2 x Inflation):	204.0631	73.6660	125.6656
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	45	40	0.82		10.2813

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	0	0.00

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/20):	0	0.0000
15: Quality Assess-Medicaid Share:		3.4814
16: Budget Neutrality Adjustment:		43.3188

17: Prospective Rate: (Sum of Lines 8:16)	225.4034
18: Hold Harmless Rate:	238.3455
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7474
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.0929

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 208507-00 - 2022/10

264.07

Claridge House Nursing & Rehabilitation Center

Zip Code:	33161
Region:	South
Beds:	240
Medicaid Days FYE 2/29/16:	66,014
Total Patient Days FYE 2/28/21:	69,391
Medicaid Days FYE 2/28/21:	52,265
Medicaid Utilization:	75.31957%

	Price	Floor	Inflation
Direct Care	100%	95%	1.29105730
Indirect Care	92%	92.5%	1.28664879
Operating	86%	N/A	1.28664879
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	8,361,521	1,936,317	2,817,233
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/29/16):	126.6628	29.3319	42.6763
3: Inflated Cost Per Diem (Line 2 x Inflation):	163.5290	37.7399	54.9094
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	26	0.86	69,173	15.3394

	Total	Per Diem
11: Taxes:	201,378	2.9021
12: Insurance:	234,874	3.3848

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	608	2.3266
15: Quality Assess-Medicaid Share:		4.6956
16: Budget Neutrality Adjustment:		45.2767

17: Prospective Rate: (Sum of Lines 8:16)	243.8635
18: Hold Harmless Rate:	221.8060
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2045
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	264.0681

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 208540-00 - 2022/10

223.20

Westminster Towers

Zip Code:	32801
Region:	North
Beds:	120
Medicaid Days FYE 3/31/19:	19,549
Total Patient Days FYE 3/31/21:	37,632
Medicaid Days FYE 3/31/21:	22,156
Medicaid Utilization:	58.87543%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20100528
Indirect Care	92%	92.5%	1.18997232
Operating	86%	N/A	1.18997232

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,415,519	985,125	1,138,537
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	123.5622	50.3926	58.2401
3: Inflated Cost Per Diem (Line 2 x Inflation):	148.3989	59.9658	69.3042
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	10	0.86	43,311	21.1814

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	28,487	0.7570

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.0047

17: Prospective Rate: (Sum of Lines 8:16)	201.3959
18: Hold Harmless Rate:	206.1215
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.0776
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	223.1991

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 209325-00 - 2022/10

288.03

Courtenay Springs Village

Zip Code:	32952
Region:	North
Beds:	96
Medicaid Days FYE 9/30/18:	13,287
Total Patient Days FYE 9/30/21:	20,746
Medicaid Days FYE 9/30/21:	10,671
Medicaid Utilization:	51.43642%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,404,435	456,657	984,760
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	180.9614	34.3687	74.1145
3: Inflated Cost Per Diem (Line 2 x Inflation):	220.2532	41.3886	89.2526
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	21	0.89	70,626	24.4658

	Total	Per Diem
11: Taxes:	60,874	2.9343
12: Insurance:	74,026	3.5682

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.3503
16: Budget Neutrality Adjustment:		43.5630

17: Prospective Rate: (Sum of Lines 8:16)	243.0481
18: Hold Harmless Rate:	265.9905
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.0378
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	288.0283

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 209422-00 - 2022/10

237.32

Westminster Asbury Manor

Zip Code:	34205
Region:	North
Beds:	59
Medicaid Days FYE 3/31/19:	8,242
Total Patient Days FYE 3/31/21:	17,530
Medicaid Days FYE 3/31/21:	9,210
Medicaid Utilization:	52.53851%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20100528
Indirect Care	92%	92.5%	1.18997232
Operating	86%	N/A	1.18997232

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,068,224	477,614	507,483
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	129.6073	57.9487	61.5727
3: Inflated Cost Per Diem (Line 2 x Inflation):	155.6591	68.9575	73.2699
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	60	3	0.85	19,610	22.6431

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	27,381	1.5620

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.3959

17: Prospective Rate: (Sum of Lines 8:16)	217.4970
18: Hold Harmless Rate:	219.1650
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.1582
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.3232

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 209473-00 - 2022/10

286.07

St. Anne's Nursing Center

Zip Code:	33177
Region:	South
Beds:	213
Medicaid Days FYE 9/30/18:	48,370
Total Patient Days FYE 9/30/21:	62,592
Medicaid Days FYE 9/30/21:	44,239
Medicaid Utilization:	70.67836%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	6,138,635	2,411,444	3,295,510
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	126.9099	49.8541	68.1312
3: Inflated Cost Per Diem (Line 2 x Inflation):	154.4657	60.0370	82.0473
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21.5	16.9916

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	2	0.86	97,635	29.8200

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	105,440	1.6846

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9303
16: Budget Neutrality Adjustment:		46.9814

17: Prospective Rate: (Sum of Lines 8:16)	264.1791
18: Hold Harmless Rate:	242.2785
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.8877
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	286.0668

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 209511-00 - 2022/10

263.66

Bishop's Glen Health Care Center

Zip Code:	32117
Region:	North
Beds:	60
Medicaid Days FYE 9/30/18:	6,916
Total Patient Days FYE 9/30/21:	12,566
Medicaid Days FYE 9/30/21:	5,298
Medicaid Utilization:	42.16139%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	977,088	309,904	546,549
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	141.2793	44.8097	79.0267
3: Inflated Cost Per Diem (Line 2 x Inflation):	171.9550	53.9622	95.1682
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	8	0.86	19,400	21.2467

	Total	Per Diem
11: Taxes:	44,862	3.5701
12: Insurance:	32,351	2.5745

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.6246
16: Budget Neutrality Adjustment:		42.9457

17: Prospective Rate: (Sum of Lines 8:16)	238.5967
18: Hold Harmless Rate:	243.4850
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1732
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.6582

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 209848-00 - 2022/10

241.99

Westminster Winter Park

Zip Code:	32792
Region:	North
Beds:	80
Medicaid Days FYE 3/31/19:	14,140
Total Patient Days FYE 3/31/21:	23,550
Medicaid Days FYE 3/31/21:	14,240
Medicaid Utilization:	60.46709%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20100528
Indirect Care	92%	92.5%	1.18997232
Operating	86%	N/A	1.18997232

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,868,452	853,856	782,087
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	132.1394	60.3858	55.3102
3: Inflated Cost Per Diem (Line 2 x Inflation):	158.7002	71.8575	65.8177
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	56	1	0.86	34,065	28.2284

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	86,754	3.6838

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.7259

17: Prospective Rate: (Sum of Lines 8:16)	223.4789
18: Hold Harmless Rate:	199.9465
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.5156
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	241.9946

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 209856-00 - 2022/10

266.91

Sun Terrace Health Care Center

Zip Code:	33573
Region:	North
Beds:	130
Medicaid Days FYE 12/31/17:	11,801
Total Patient Days FYE 12/31/20:	37,037
Medicaid Days FYE 12/31/20:	13,734
Medicaid Utilization:	37.08184%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,474,777	652,932	799,056
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	124.9705	55.3285	67.7108
3: Inflated Cost Per Diem (Line 2 x Inflation):	154.9397	68.0236	83.2471
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20.5	16.2013

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	45	1	0.86	64,111	32.3899

	Total	Per Diem
11: Taxes:	150,271	4.0573
12: Insurance:	67,695	1.8278

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		15.3769
16: Budget Neutrality Adjustment:		44.8240

17: Prospective Rate: (Sum of Lines 8:16)	246.4915
18: Hold Harmless Rate:	227.7055
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4223
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	266.9137

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 210137-00 - 2022/10

234.76

Life Care Center of Altamonte Springs

Zip Code:	32701
Region:	North
Beds:	228
Medicaid Days FYE 12/31/18:	57,791
Total Patient Days FYE 12/31/20:	63,762
Medicaid Days FYE 12/31/20:	51,992
Medicaid Utilization:	81.54073%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	6,699,460	1,491,995	2,720,224
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	115.9256	25.8170	47.0700
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.2747	30.9100	56.3555
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.1067	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	33.6681	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	50	25	0.86	65,521	15.6676

	Total	Per Diem
11: Taxes:	129,313	2.0281
12: Insurance:	48,314	0.7577

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		4.5834
16: Budget Neutrality Adjustment:		40.8671

17: Prospective Rate: (Sum of Lines 8:16)	200.5252
18: Hold Harmless Rate:	216.7995
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.9622
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	234.7617

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 210188-00 - 2022/10

250.76

Covenant Village Care Center

Zip Code:	33324
Region:	South
Beds:	60
Medicaid Days FYE 1/31/17:	4,947
Total Patient Days FYE 9/30/21:	18,128
Medicaid Days FYE 9/30/21:	5,998
Medicaid Utilization:	33.08694%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26698604
Indirect Care	92%	92.5%	1.26003289
Operating	86%	N/A	1.26003289

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	709,045	249,800	344,866
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/17):	143.3282	50.4952	69.7121
3: Inflated Cost Per Diem (Line 2 x Inflation):	181.5949	63.6257	87.8396
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	2	0.85	11,195	22.9678

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	14,849	0.8191

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		45.6495

17: Prospective Rate: (Sum of Lines 8:16)	229.9358
18: Hold Harmless Rate:	231.5720
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1862
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.7582

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 210463-00 - 2022/10

283.57

Village on the Isle

Zip Code:	34285
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	4,757
Total Patient Days FYE 12/31/20:	15,894
Medicaid Days FYE 12/31/20:	4,101
Medicaid Utilization:	25.80219%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	843,987	295,051	450,606
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	177.4200	62.0245	94.7248
3: Inflated Cost Per Diem (Line 2 x Inflation):	214.6853	74.2602	113.4111
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	2	0.85	21,873	23.8441

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	0	0.00

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.3336

17: Prospective Rate: (Sum of Lines 8:16)	219.5693
18: Hold Harmless Rate:	261.8770
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.6970
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	283.5740

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 210587-00 - 2022/10

262.24

Healthpark Care Center

Zip Code:	33908
Region:	North
Beds:	112
Medicaid Days FYE 9/30/18:	13,685
Total Patient Days FYE 9/30/21:	26,632
Medicaid Days FYE 9/30/21:	11,017
Medicaid Utilization:	41.36753%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,583,509	675,123	1,496,822
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	188.7839	49.3330	109.3768
3: Inflated Cost Per Diem (Line 2 x Inflation):	229.7743	59.4095	131.7174
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	7	0.84	43,767	23.3705

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	21,469	0.8061

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		15.3535
16: Budget Neutrality Adjustment:		42.3910

17: Prospective Rate: (Sum of Lines 8:16)	235.9882
18: Hold Harmless Rate:	242.1740
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0646
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.2386

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 210676-00 - 2022/10

282.75

Avante At Boca Raton

Zip Code:	33486
Region:	South
Beds:	144
Medicaid Days FYE 12/31/18:	21,981
Total Patient Days FYE 12/31/20:	38,119
Medicaid Days FYE 12/31/20:	24,698
Medicaid Utilization:	64.79184%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,466,137	757,294	1,852,407
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	157.6878	34.4522	84.2730
3: Inflated Cost Per Diem (Line 2 x Inflation):	190.8086	41.2486	100.8976
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	5	0.82	37,574	21.2810

	Total	Per Diem
11: Taxes:	116,840	3.0651
12: Insurance:	78,108	2.0491

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		3.6820
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.3925
16: Budget Neutrality Adjustment:		46.0997

17: Prospective Rate: (Sum of Lines 8:16)	261.1200
18: Hold Harmless Rate:	248.0640
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.6343
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	282.7543

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 210684-00 - 2022/10

260.39

The Edgewater at Waterman Village

Zip Code:	32757
Region:	North
Beds:	120
Medicaid Days FYE 9/30/18:	13,840
Total Patient Days FYE 9/30/21:	29,794
Medicaid Days FYE 9/30/21:	12,294
Medicaid Utilization:	41.26334%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,044,811	694,040	748,754
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	147.7464	50.1473	54.1007
3: Inflated Cost Per Diem (Line 2 x Inflation):	179.8263	60.3901	65.1509
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	3	0.86	56,467	30.1309

	Total	Per Diem
11: Taxes:	73,402	2.4637
12: Insurance:	58,219	1.9541

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.5691
16: Budget Neutrality Adjustment:		44.1809

17: Prospective Rate: (Sum of Lines 8:16)	240.4634
18: Hold Harmless Rate:	226.3185
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9228
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.3862

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 210951-00 - 2022/10

230.59

Sabal Palms Health Care Center Geriatric

Zip Code:	33771
Region:	North
Beds:	198
Medicaid Days FYE 12/31/19:	42,757
Total Patient Days FYE 12/31/21:	58,718
Medicaid Days FYE 12/31/21:	38,649
Medicaid Utilization:	65.82138%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,705,835	1,189,050	2,405,743
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	110.0599	27.8094	56.2654
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.9553	32.5301	65.8165
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.4866	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	35.2882	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	6.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	17	0.87	120,602	25.5122

	Total	Per Diem
11: Taxes:	195,463	3.3288
12: Insurance:	183,371	3.1229

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		4.4828
16: Budget Neutrality Adjustment:		43.4783

17: Prospective Rate: (Sum of Lines 8:16)	212.9440
18: Hold Harmless Rate:	197.4290
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.6428
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	230.5868

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 212083-00 - 2022/10

242.67

Westminster Woods on Julington Creek

Zip Code:	32259
Region:	North
Beds:	60
Medicaid Days FYE 3/31/19:	5,207
Total Patient Days FYE 3/31/21:	18,492
Medicaid Days FYE 3/31/21:	4,869
Medicaid Utilization:	26.33030%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20100528
Indirect Care	92%	92.5%	1.18997232
Operating	86%	N/A	1.18997232

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	724,398	295,739	364,081
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	139.1200	56.7964	69.9214
3: Inflated Cost Per Diem (Line 2 x Inflation):	167.0839	67.5862	83.2046
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	2	0.85	32,034	32.0018

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	38,674	2.0914

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		44.1023

17: Prospective Rate: (Sum of Lines 8:16)	224.0981
18: Hold Harmless Rate:	218.9275
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.5669
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.6650

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 212709-00 - 2022/10

238.50

Suncoast Manor

Zip Code:	33705
Region:	North
Beds:	120
Medicaid Days FYE 3/31/19:	19,503
Total Patient Days FYE 3/31/21:	39,016
Medicaid Days FYE 3/31/21:	18,512
Medicaid Utilization:	47.44720%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20100528
Indirect Care	92%	92.5%	1.18997232
Operating	86%	N/A	1.18997232

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,501,991	795,664	1,052,566
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	128.2874	40.7970	53.9694
3: Inflated Cost Per Diem (Line 2 x Inflation):	154.0740	48.5473	64.2221
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	2	0.87	55,075	30.1804

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	45,615	1.1691

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.6288

17: Prospective Rate: (Sum of Lines 8:16)	220.2473
18: Hold Harmless Rate:	196.7070
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.2479
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	238.4952

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 212792-00 - 2022/10

271.42

Good Samaritan Society-Florida Lutheran

Zip Code:	32724
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	11,378
Total Patient Days FYE 12/31/20:	17,733
Medicaid Days FYE 12/31/20:	11,273
Medicaid Utilization:	63.57074%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,288,781	418,369	767,491
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	113.2695	36.7699	67.4539
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.0607	44.0236	80.7606
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	26	5	0.86	40,725	30.9871

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	24,227	1.3662

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		5.2399
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.1468
16: Budget Neutrality Adjustment:		43.8021

17: Prospective Rate: (Sum of Lines 8:16)	250.6500
18: Hold Harmless Rate:	238.1175
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.7668
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	271.4168

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 212971-00 - 2022/10

271.64

Florida Presbyterian Homes Inc

Zip Code:	33803
Region:	North
Beds:	68
Medicaid Days FYE 12/31/18:	2,700
Total Patient Days FYE 12/31/20:	17,590
Medicaid Days FYE 12/31/20:	4,818
Medicaid Utilization:	27.39056%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	380,084	101,241	231,871
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	140.7718	37.4966	85.8781
3: Inflated Cost Per Diem (Line 2 x Inflation):	170.3396	44.8936	102.8193
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20.5	16.2013

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	5	0.85	26,346	24.1538

	Total	Per Diem
11: Taxes:	167,259	9.5088
12: Insurance:	92,385	5.2521

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		44.9344

17: Prospective Rate: (Sum of Lines 8:16)	231.6439
18: Hold Harmless Rate:	250.8570
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.7840
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	271.6410

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 213098-00 - 2022/10

276.75

Tamarac Rehabilitation and Health Center

Zip Code:	33321
Region:	South
Beds:	120
Medicaid Days FYE 12/31/19:	19,280
Total Patient Days FYE 12/31/20:	24,206
Medicaid Days FYE 12/31/20:	14,235
Medicaid Utilization:	58.80773%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,293,417	821,955	1,051,742
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	118.9531	42.6325	54.5509
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.4561	49.8693	63.8109
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	44	16	0.85	34,987	18.4219

	Total	Per Diem
11: Taxes:	100,860	4.1667
12: Insurance:	68,557	2.8322

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		17.9636
16: Budget Neutrality Adjustment:		45.9315

17: Prospective Rate: (Sum of Lines 8:16)	255.5738
18: Hold Harmless Rate:	228.4085
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.1748
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	276.7486

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 213161-00 - 2022/10

255.77

Life Care Center at Wells Crossing

Zip Code:	32073
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	17,220
Total Patient Days FYE 12/31/20:	33,486
Medicaid Days FYE 12/31/20:	18,759
Medicaid Utilization:	56.02043%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,973,967	774,688	818,815
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	114.6322	44.9876	47.5502
3: Inflated Cost Per Diem (Line 2 x Inflation):	138.7096	53.8624	56.9304
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	21	0.85	49,673	19.6236

	Total	Per Diem
11: Taxes:	79,568	2.3762
12: Insurance:	40,458	1.2082

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.3421
16: Budget Neutrality Adjustment:		42.2238

17: Prospective Rate: (Sum of Lines 8:16)	236.1996
18: Hold Harmless Rate:	206.6060
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5696
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.7692

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 213403-00 - 2022/10

267.64

Life Care Center of Orlando

Zip Code:	32817
Region:	North
Beds:	132
Medicaid Days FYE 12/31/17:	11,071
Total Patient Days FYE 12/31/20:	38,501
Medicaid Days FYE 12/31/20:	22,191
Medicaid Utilization:	57.63746%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,280,841	430,526	609,791
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	115.6933	38.8877	55.0800
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.4378	47.8105	67.7181
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	10	0.86	60,627	26.5034

	Total	Per Diem
11: Taxes:	102,995	2.6751
12: Insurance:	55,998	1.4545

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.9176
16: Budget Neutrality Adjustment:		43.5052

17: Prospective Rate: (Sum of Lines 8:16)	247.4751
18: Hold Harmless Rate:	213.7120
19: Cap on Gains*:	(0.3084)
20: Minimum Wage Increase: (8.2852%)	20.4782
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.6449

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 213462-00 - 2022/10

267.91

Madison Health and Rehabilitation Center

Zip Code:	32340
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	17,269
Total Patient Days FYE 12/31/20:	17,550
Medicaid Days FYE 12/31/20:	12,751
Medicaid Utilization:	72.65527%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,792,311	727,411	830,583
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	103.7877	42.1223	48.0967
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.5873	50.4318	57.5848
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	31	24.4995

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	20	0.86	21,738	17.8689

	Total	Per Diem
11: Taxes:	29,659	1.6900
12: Insurance:	18,743	1.0680

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.5971
16: Budget Neutrality Adjustment:		41.7784

17: Prospective Rate: (Sum of Lines 8:16)	247.4074
18: Hold Harmless Rate:	234.4315
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4982
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.9055

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 213837-00 - 2022/10

288.18

Vi at Lakeside Village

Zip Code:	33462
Region:	South
Beds:	60
Medicaid Days FYE 12/31/17:	604
Total Patient Days FYE 12/31/20:	15,128
Medicaid Days FYE 12/31/20:	1,039
Medicaid Utilization:	6.86806%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	105,580	29,885	89,889
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	174.8013	49.4784	148.8228
3: Inflated Cost Per Diem (Line 2 x Inflation):	216.7204	60.8313	182.9701
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21.5	16.9916

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	3	0.82	28,642	29.2060

	Total	Per Diem
11: Taxes:	55,380	3.6608
12: Insurance:	38,589	2.5508

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		47.6567

17: Prospective Rate: (Sum of Lines 8:16)	245.4865
18: Hold Harmless Rate:	266.1330
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.0496
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	288.1826

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 213934-00 - 2022/10

238.62

TMH Skilled Nursing Facility

Zip Code:	32308
Region:	North
Beds:	113
Medicaid Days FYE 9/30/18:	876
Total Patient Days FYE 9/30/18:	14,536
Medicaid Days FYE 9/30/18:	876
Medicaid Utilization:	6.02642%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	379,302	130,916	138,015
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	432.9931	149.4474	157.5513
3: Inflated Cost Per Diem (Line 2 x Inflation):	527.0080	179.9725	189.7317
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	50	40	0.86		10.7448

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	0	0.00

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/18):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		40.0730

17: Prospective Rate: (Sum of Lines 8:16)	205.5693
18: Hold Harmless Rate:	220.3620
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.2574
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	238.6194

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 214035-00 - 2022/10

301.04

MIAMI SHORES NURSING AND REHAB CENTER

Zip Code:	33150
Region:	South
Beds:	99
Medicaid Days FYE 1/31/18:	24,712
Total Patient Days FYE 1/31/21:	27,801
Medicaid Days FYE 1/31/21:	16,871
Medicaid Utilization:	60.68487%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,384,592	875,330	1,666,083
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	136.9614	35.4212	67.4199
3: Inflated Cost Per Diem (Line 2 x Inflation):	169.4491	43.4650	82.7302
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	34	26.8705

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	53	21	0.86	28,262	16.9803

	Total	Per Diem
11: Taxes:	67,665	2.4339
12: Insurance:	51,167	1.8405

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		14.3433
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0201
16: Budget Neutrality Adjustment:		45.2125

17: Prospective Rate: (Sum of Lines 8:16)	278.0100
18: Hold Harmless Rate:	264.1095
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	23.0336
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	301.0436

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 215017-00 - 2022/10

240.88

Buffalo Crossing Health and Rehabilitation Center

Zip Code:	32162
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	5,902
Total Patient Days FYE 12/31/21:	35,673
Medicaid Days FYE 12/31/21:	7,025
Medicaid Utilization:	19.69276%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	718,011	313,916	336,307
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	121.6555	53.1880	56.9818
3: Inflated Cost Per Diem (Line 2 x Inflation):	147.2081	63.6805	68.2227
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	7	7	0.86	79,950	30.0745

	Total	Per Diem
11: Taxes:	107,848	3.0232
12: Insurance:	76,605	2.1474

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		10.0425
16: Budget Neutrality Adjustment:		44.3011

17: Prospective Rate: (Sum of Lines 8:16)	222.4488
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.4303
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.8791

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 216399-00 - 2022/10

275.15

Harbour's Edge

Zip Code:	33483
Region:	South
Beds:	54
Medicaid Days FYE 12/31/16:	661
Total Patient Days FYE 12/31/20:	18,271
Medicaid Days FYE 12/31/20:	233
Medicaid Utilization:	1.27524%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26989312
Indirect Care	92%	92.5%	1.26274294
Operating	86%	N/A	1.26274294

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	161,596	42,599	48,708
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	244.4720	64.4462	73.6883
3: Inflated Cost Per Diem (Line 2 x Inflation):	310.4533	81.3791	93.0494
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	27	21.3383

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	8	0.82	34,500	27.5710

	Total	Per Diem
11: Taxes:	70,565	3.8621
12: Insurance:	84,890	4.6462

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		47.7709

17: Prospective Rate: (Sum of Lines 8:16)	250.3808
18: Hold Harmless Rate:	254.0965
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.0524
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	275.1489

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 217263-00 - 2022/10

234.83

Crystal River Health & Rehabilitation Center

Zip Code:	34429
Region:	North
Beds:	150
Medicaid Days FYE 12/31/18:	33,259
Total Patient Days FYE 12/31/20:	47,375
Medicaid Days FYE 12/31/20:	32,655
Medicaid Utilization:	68.92876%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,532,601	715,145	1,402,196
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	106.2148	21.5023	42.1598
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.5242	25.7440	50.4768
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	8.2727	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	28.5021	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	9	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	47	11	0.84	41,499	19.8287

	Total	Per Diem
11: Taxes:	57,708	1.2181
12: Insurance:	34,012	0.7179

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.4559
16: Budget Neutrality Adjustment:		40.5471

17: Prospective Rate: (Sum of Lines 8:16)	216.8632
18: Hold Harmless Rate:	206.2735
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.9675
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	234.8307

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 217395-00 - 2022/10

240.99

Ocala Health & Rehabilitation Center

Zip Code:	34471
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	38,922
Total Patient Days FYE 12/31/20:	57,500
Medicaid Days FYE 12/31/20:	33,738
Medicaid Utilization:	58.67478%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,023,623	799,281	1,438,641
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	103.3765	20.5354	36.9621
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.0898	24.5865	44.2537
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	9.4302	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	27.3446	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14.5	11.4595

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	46	2	0.84	49,118	22.7198

	Total	Per Diem
11: Taxes:	70,487	1.2259
12: Insurance:	35,781	0.6223

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.8743
16: Budget Neutrality Adjustment:		40.8311

17: Prospective Rate: (Sum of Lines 8:16)	230.1027
18: Hold Harmless Rate:	192.4320
19: Cap on Gains*:	(7.5472)
20: Minimum Wage Increase: (8.2852%)	18.4391
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.9946

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 217727-00 - 2022/10

240.48

West Melbourne Health & Rehabilitation Center

Zip Code:	32904
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	29,716
Total Patient Days FYE 12/31/20:	50,587
Medicaid Days FYE 12/31/20:	24,140
Medicaid Utilization:	47.71977%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,410,966	677,341	1,287,926
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	114.7855	22.7938	43.3411
3: Inflated Cost Per Diem (Line 2 x Inflation):	138.8950	27.2903	51.8911
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	6.7264	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	30.0484	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	43	2	0.89	48,354	23.9598

	Total	Per Diem
11: Taxes:	81,895	1.6189
12: Insurance:	36,271	0.7170

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.6453
16: Budget Neutrality Adjustment:		41.5959

17: Prospective Rate: (Sum of Lines 8:16)	222.0810
18: Hold Harmless Rate:	214.8995
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.3998
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.4808

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 217735-00 - 2022/10

243.95

St Augustine Health And Rehabilitation Center

Zip Code:	32084
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	28,138
Total Patient Days FYE 12/31/20:	39,658
Medicaid Days FYE 12/31/20:	28,565
Medicaid Utilization:	72.02834%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,313,403	707,523	1,370,891
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	117.7554	25.1447	48.7202
3: Inflated Cost Per Diem (Line 2 x Inflation):	142.4888	30.1050	58.3313
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.9117	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	32.8631	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	9	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	47	1	0.85	44,889	24.6816

	Total	Per Diem
11: Taxes:	43,876	1.1064
12: Insurance:	30,640	0.7726

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.3049
16: Budget Neutrality Adjustment:		42.1273

17: Prospective Rate: (Sum of Lines 8:16)	225.2887
18: Hold Harmless Rate:	216.8755
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.6656
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.9543

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 217743-00 - 2022/10

255.39

Daytona Beach Health and Rehabilitation Center

Zip Code:	32117
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	39,768
Total Patient Days FYE 12/31/20:	46,433
Medicaid Days FYE 12/31/20:	35,038
Medicaid Utilization:	75.45926%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,781,581	930,831	1,998,095
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	120.2368	23.4065	50.2437
3: Inflated Cost Per Diem (Line 2 x Inflation):	145.4914	28.0239	60.1554
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	5.9928	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	30.7820	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	11	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	46	18	0.86	48,281	17.9649

	Total	Per Diem
11: Taxes:	78,758	1.6962
12: Insurance:	58,248	1.2545

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.0843
16: Budget Neutrality Adjustment:		40.7940

17: Prospective Rate: (Sum of Lines 8:16)	219.6752
18: Hold Harmless Rate:	235.8470
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5404
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.3874

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 219380-00 - 2022/10

261.20

Life Care Center of Winter Haven

Zip Code:	33884
Region:	North
Beds:	177
Medicaid Days FYE 12/31/18:	29,859
Total Patient Days FYE 12/31/21:	51,058
Medicaid Days FYE 12/31/21:	27,589
Medicaid Utilization:	54.03463%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,572,147	1,060,431	1,503,008
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	119.6338	35.5146	50.3368
3: Inflated Cost Per Diem (Line 2 x Inflation):	144.7617	42.5206	60.2668
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	14	0.85	77,747	23.5422

	Total	Per Diem
11: Taxes:	199,909	3.9153
12: Insurance:	67,539	1.3228

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.7482
16: Budget Neutrality Adjustment:		43.1855

17: Prospective Rate: (Sum of Lines 8:16)	241.2163
18: Hold Harmless Rate:	231.9235
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9852
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	261.2015

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 221465-00 - 2022/10

238.38

Clermont Health and Rehabilitation Center

Zip Code:	34711
Region:	North
Beds:	182
Medicaid Days FYE 12/31/18:	47,891
Total Patient Days FYE 12/31/20:	61,161
Medicaid Days FYE 12/31/20:	42,891
Medicaid Utilization:	70.12802%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,570,053	1,563,604	2,246,461
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	116.3068	32.6492	46.9077
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.7360	39.0899	56.1613
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	11.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	26	0.86	68,970	16.1835

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	121,949	1.9939

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.8590
16: Budget Neutrality Adjustment:		41.3557

17: Prospective Rate: (Sum of Lines 8:16)	220.1430
18: Hold Harmless Rate:	191.7100
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.2393
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	238.3823

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 221589-00 - 2022/10

257.35

Delaney Park Health and Rehabilitation Center

Zip Code:	32806
Region:	North
Beds:	89
Medicaid Days FYE 12/31/18:	13,152
Total Patient Days FYE 12/31/20:	28,857
Medicaid Days FYE 12/31/20:	13,515
Medicaid Utilization:	46.83439%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,350,391	558,727	928,130
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	102.6757	42.4822	70.5694
3: Inflated Cost Per Diem (Line 2 x Inflation):	124.2417	50.8627	84.4907
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.4580	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.8048	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20.5	16.2013

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	10	0.86	40,209	26.0971

	Total	Per Diem
11: Taxes:	3,450	0.1196
12: Insurance:	59,762	2.0710

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	50	0.7399
15: Quality Assess-Medicaid Share:		15.2211
16: Budget Neutrality Adjustment:		43.0214

17: Prospective Rate: (Sum of Lines 8:16)	238.4328
18: Hold Harmless Rate:	205.4945
19: Cap on Gains*:	(0.7700)
20: Minimum Wage Increase: (8.2852%)	19.6908
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.3536

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 222270-00 - 2022/10

274.75

Crosswinds Health and Rehabilitation Center

Zip Code:	32331
Region:	North
Beds:	58
Medicaid Days FYE 2/28/19:	16,163
Total Patient Days FYE 2/29/20:	17,080
Medicaid Days FYE 2/29/20:	16,078
Medicaid Utilization:	94.13349%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,061,862	386,065	986,428
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	127.5667	23.8857	61.0300
3: Inflated Cost Per Diem (Line 2 x Inflation):	153.5916	28.4813	72.7722
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	5.5354	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	31.2394	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	30	0.86	13,944	14.0266

	Total	Per Diem
11: Taxes:	17,324	1.0143
12: Insurance:	8,676	0.5080

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/29/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.2608
16: Budget Neutrality Adjustment:		39.9468

17: Prospective Rate: (Sum of Lines 8:16)	229.2250
18: Hold Harmless Rate:	253.7260
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.0217
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	274.7477

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 223239-00 - 2022/10

266.14

Regents Park at Aventura

Zip Code:	33180
Region:	South
Beds:	180
Medicaid Days FYE 2/28/15:	18,297
Total Patient Days FYE 2/28/21:	53,398
Medicaid Days FYE 2/28/21:	32,579
Medicaid Utilization:	61.01165%

	Price	Floor	Inflation
Direct Care	100%	95%	1.31249294
Indirect Care	92%	92.5%	1.30878637
Operating	86%	N/A	1.30878637

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,001,952	680,324	913,774
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/15):	109.4142	37.1822	49.9412
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.6054	48.6636	65.3624
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	9	0.86	73,136	24.0131

	Total	Per Diem
11: Taxes:	156,576	2.9322
12: Insurance:	227,868	4.2674

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.7653
16: Budget Neutrality Adjustment:		46.9310

17: Prospective Rate: (Sum of Lines 8:16)	245.7811
18: Hold Harmless Rate:	230.8975
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.3634
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	266.1445

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 223644-00 - 2022/10

226.87

The Terrace of Kissimmee

Zip Code:	34741
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	25,945
Total Patient Days FYE 12/31/20:	40,648
Medicaid Days FYE 12/31/20:	25,056
Medicaid Utilization:	61.64141%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,182,915	536,337	1,007,386
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	84.1362	20.6720	38.8277
3: Inflated Cost Per Diem (Line 2 x Inflation):	104.3130	25.4153	47.7367
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.3867	8.6014	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	110.8761	28.1734	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	20	0.86	45,481	18.1168

	Total	Per Diem
11: Taxes:	61,268	1.5073
12: Insurance:	61,862	1.5219

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.3172
16: Budget Neutrality Adjustment:		36.8654

17: Prospective Rate: (Sum of Lines 8:16)	209.5072
18: Hold Harmless Rate:	195.6050
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.3581
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	226.8652

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 223653-00 - 2022/10

209.53

The Terrace of St. Cloud

Zip Code:	34769
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	33,029
Total Patient Days FYE 12/31/20:	38,645
Medicaid Days FYE 12/31/20:	25,265
Medicaid Utilization:	65.37715%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,724,369	618,954	1,397,946
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	82.4841	18.7397	42.3248
3: Inflated Cost Per Diem (Line 2 x Inflation):	102.2647	23.0395	52.0362
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	22.4350	10.9772	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	108.8278	25.7976	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	19	0.86	35,338	17.6367

	Total	Per Diem
11: Taxes:	50,754	1.3133
12: Insurance:	52,509	1.3588

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.6878
16: Budget Neutrality Adjustment:		35.9574

17: Prospective Rate: (Sum of Lines 8:16)	193.0893
18: Hold Harmless Rate:	193.4960
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	16.0315
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	209.5275

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 223654-00 - 2022/10

225.53

Orlando Health and Rehabilitation Center

Zip Code:	32805
Region:	North
Beds:	391
Medicaid Days FYE 12/31/18:	94,862
Total Patient Days FYE 12/31/20:	125,312
Medicaid Days FYE 12/31/20:	89,927
Medicaid Utilization:	71.76248%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	9,831,384	3,115,619	4,523,650
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	103.6388	32.8436	47.6866
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.4071	39.3228	57.0938
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	60	3	0.86	131,613	22.8876

	Total	Per Diem
11: Taxes:	3,618	0.0289
12: Insurance:	262,181	2.0922

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		4.3388
16: Budget Neutrality Adjustment:		42.5346

17: Prospective Rate: (Sum of Lines 8:16)	208.2752
18: Hold Harmless Rate:	183.6350
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.2560
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	225.5312

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 223808-00 - 2022/10

255.28

Avante At Orlando Inc.

Zip Code:	32807
Region:	North
Beds:	118
Medicaid Days FYE 12/31/18:	22,498
Total Patient Days FYE 12/31/21:	35,090
Medicaid Days FYE 12/31/21:	23,066
Medicaid Utilization:	65.73383%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,869,640	722,808	1,346,489
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	127.5508	32.1276	59.8492
3: Inflated Cost Per Diem (Line 2 x Inflation):	154.3417	38.4655	71.6557
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	58	40	0.86	31,767	10.7448

	Total	Per Diem
11: Taxes:	17,945	0.5114
12: Insurance:	86,631	2.4688

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.4633
16: Budget Neutrality Adjustment:		40.5873

17: Prospective Rate: (Sum of Lines 8:16)	228.4986
18: Hold Harmless Rate:	235.7520
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5325
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.2845

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 225631-00 - 2022/10

273.44

Springtree Rehabilitation & Health Care Center

Zip Code:	33351
Region:	South
Beds:	110
Medicaid Days FYE 12/31/19:	18,589
Total Patient Days FYE 12/31/21:	30,234
Medicaid Days FYE 12/31/21:	14,985
Medicaid Utilization:	49.56341%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,238,062	739,482	941,917
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	120.3971	39.7806	50.6706
3: Inflated Cost Per Diem (Line 2 x Inflation):	142.1610	46.5333	59.2719
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	5	0.85	39,250	22.3871

	Total	Per Diem
11: Taxes:	81,330	2.6900
12: Insurance:	114,781	3.7964

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.4304
16: Budget Neutrality Adjustment:		46.5274

17: Prospective Rate: (Sum of Lines 8:16)	254.7362
18: Hold Harmless Rate:	218.3385
19: Cap on Gains*:	(2.2187)
20: Minimum Wage Increase: (8.2852%)	20.9215
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	273.4390

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 225754-00 - 2022/10

290.27

Pinecrest Rehabilitation Center

Zip Code:	33161
Region:	South
Beds:	100
Medicaid Days FYE 12/31/18:	19,456
Total Patient Days FYE 12/31/21:	28,288
Medicaid Days FYE 12/31/21:	16,836
Medicaid Utilization:	59.51640%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,421,553	766,754	1,359,652
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	124.4630	39.4096	69.8834
3: Inflated Cost Per Diem (Line 2 x Inflation):	150.6052	47.1840	83.6693
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	56	5	0.86	30,408	22.2313

	Total	Per Diem
11: Taxes:	100,204	3.5423
12: Insurance:	105,290	3.7221

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.9152
16: Budget Neutrality Adjustment:		46.6347

17: Prospective Rate: (Sum of Lines 8:16)	268.0582
18: Hold Harmless Rate:	248.8620
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.2091
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	290.2673

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 226017-00 - 2022/10

282.72

Plantation Nursing & Rehabilitation Center Geriatric

Zip Code:	33317
Region:	South
Beds:	52
Medicaid Days FYE 12/31/19:	8,116
Total Patient Days FYE 12/31/20:	12,047
Medicaid Days FYE 12/31/20:	8,722
Medicaid Utilization:	72.39977%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	874,303	297,672	483,374
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	107.7258	36.6771	59.5581
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.1992	42.9030	69.6681
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.0849	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.2668	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24.5	19.3625

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	1	0.85	47,341	23.2925

	Total	Per Diem
11: Taxes:	24,476	2.0317
12: Insurance:	51,883	4.3067

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.9031
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.9796
16: Budget Neutrality Adjustment:		45.4354

17: Prospective Rate: (Sum of Lines 8:16)	261.0900
18: Hold Harmless Rate:	248.0355
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.6318
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	282.7218

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 226068-00 - 2022/10

268.50

Cathedral Gerontology Center Inc

Zip Code:	32202
Region:	North
Beds:	120
Medicaid Days FYE 9/30/18:	27,290
Total Patient Days FYE 9/30/21:	32,069
Medicaid Days FYE 9/30/21:	21,764
Medicaid Utilization:	67.86616%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,202,769	742,104	1,863,015
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/18):	117.3605	27.1932	68.2673
3: Inflated Cost Per Diem (Line 2 x Inflation):	142.8428	32.7476	82.2111
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.2691	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	35.5057	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	1	0.85	67,000	32.4532

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	38,311	1.1946

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.6930
16: Budget Neutrality Adjustment:		43.8064

17: Prospective Rate: (Sum of Lines 8:16)	247.9530
18: Hold Harmless Rate:	233.3485
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5434
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	268.4964

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 226335-00 - 2022/10

276.76

Broward Nursing and Rehab Center

Zip Code:	33316
Region:	South
Beds:	198
Medicaid Days FYE 12/31/19:	40,850
Total Patient Days FYE 12/31/21:	42,116
Medicaid Days FYE 12/31/21:	29,516
Medicaid Utilization:	70.08263%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,733,433	1,638,606	2,337,077
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	115.8735	40.1127	57.2111
3: Inflated Cost Per Diem (Line 2 x Inflation):	136.8197	46.9218	66.9227
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	57	23	0.85	63,500	16.1490

	Total	Per Diem
11: Taxes:	147,544	3.5033
12: Insurance:	152,915	3.6308

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.5076
16: Budget Neutrality Adjustment:		45.5626

17: Prospective Rate: (Sum of Lines 8:16)	255.5829
18: Hold Harmless Rate:	227.1925
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.1755
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	276.7584

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 226351-00 - 2022/10

257.92

Ocean View Nursing & Rehabilitation Center LLC

Zip Code:	32169
Region:	North
Beds:	239
Medicaid Days FYE 12/31/19:	34,102
Total Patient Days FYE 12/31/21:	36,738
Medicaid Days FYE 12/31/21:	25,334
Medicaid Utilization:	68.95857%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,091,302	1,136,054	1,696,234
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	119.9724	33.3134	49.7400
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.6597	38.9683	58.1833
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	12	0.86	69,616	19.9340

	Total	Per Diem
11: Taxes:	77,053	2.0974
12: Insurance:	173,639	4.7264

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.7378
16: Budget Neutrality Adjustment:		42.8364

17: Prospective Rate: (Sum of Lines 8:16)	238.1857
18: Hold Harmless Rate:	206.9765
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7341
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.9199

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 226360-00 - 2022/10

269.59

South Heritage Health & Rehabilitation Center

Zip Code:	33705
Region:	North
Beds:	74
Medicaid Days FYE 12/31/17:	16,682
Total Patient Days FYE 12/31/21:	21,628
Medicaid Days FYE 12/31/21:	19,090
Medicaid Utilization:	88.26521%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,653,543	551,466	852,492
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	99.1213	33.0575	51.1025
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.8917	40.6426	62.8279
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.8080	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.4548	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	32	25.2899

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	56	24	0.87	18,068	16.1673

	Total	Per Diem
11: Taxes:	20,674	0.9559
12: Insurance:	89,459	4.1363

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.3374
16: Budget Neutrality Adjustment:		41.5755

17: Prospective Rate: (Sum of Lines 8:16)	248.9655
18: Hold Harmless Rate:	222.1195
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.6273
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	269.5927

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 226602-00 - 2022/10

229.72

Treasure Isle Care Center

Zip Code:	33141
Region:	South
Beds:	176
Medicaid Days FYE 12/31/18:	51,740
Total Patient Days FYE 12/31/20:	61,576
Medicaid Days FYE 12/31/20:	49,135
Medicaid Utilization:	79.79570%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,373,161	1,533,705	2,264,510
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	103.8492	29.6425	43.7671
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.6618	35.4901	52.4010
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.6223	1.7369	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.7294	38.5085	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	11.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	71	27	0.86	56,973	14.1332

	Total	Per Diem
11: Taxes:	154,773	2.5135
12: Insurance:	229,869	3.7331

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		4.6597
16: Budget Neutrality Adjustment:		43.2738

17: Prospective Rate: (Sum of Lines 8:16)	212.1406
18: Hold Harmless Rate:	207.6890
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.5762
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	229.7168

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 227251-00 - 2022/10

263.17

Alpine Health and Rehabilitation Center

Zip Code:	33711
Region:	North
Beds:	57
Medicaid Days FYE 12/31/17:	16,343
Total Patient Days FYE 12/31/21:	18,768
Medicaid Days FYE 12/31/21:	15,346
Medicaid Utilization:	81.76684%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,822,741	532,782	837,124
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	111.5303	32.6000	51.2221
3: Inflated Cost Per Diem (Line 2 x Inflation):	138.2765	40.0801	62.9751
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	61	5	0.87	15,441	22.4167

	Total	Per Diem
11: Taxes:	25,062	1.3354
12: Insurance:	57,961	3.0883

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.1441
16: Budget Neutrality Adjustment:		42.8507

17: Prospective Rate: (Sum of Lines 8:16)	243.0313
18: Hold Harmless Rate:	218.6805
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1356
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.1669

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 227579-00 - 2022/10

282.10

Wilton Manors Health & Rehabilitation Center

Zip Code:	33311
Region:	South
Beds:	147
Medicaid Days FYE 12/31/17:	26,898
Total Patient Days FYE 12/31/20:	46,827
Medicaid Days FYE 12/31/20:	29,240
Medicaid Utilization:	62.44261%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,048,826	1,075,742	1,761,989
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	113.3476	39.9933	65.5063
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.5296	49.1698	80.5367
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	0	0.85	57,400	26.1233

	Total	Per Diem
11: Taxes:	154,121	3.2913
12: Insurance:	94,271	2.0132

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.7053
16: Budget Neutrality Adjustment:		46.9682

17: Prospective Rate: (Sum of Lines 8:16)	260.5197
18: Hold Harmless Rate:	245.6985
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.5845
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	282.1042

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 227587-00 - 2022/10

260.97

Rockledge Health And Rehabilitation Center

Zip Code:	32955
Region:	North
Beds:	107
Medicaid Days FYE 12/31/17:	21,840
Total Patient Days FYE 12/31/20:	31,544
Medicaid Days FYE 12/31/20:	18,267
Medicaid Utilization:	57.90959%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,284,004	873,551	1,305,872
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	104.5789	39.9977	59.7926
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.6580	49.1752	73.5120
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	2	0.89	40,349	25.6683

	Total	Per Diem
11: Taxes:	57,546	1.8243
12: Insurance:	77,996	2.4726

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.3226
16: Budget Neutrality Adjustment:		43.3899

17: Prospective Rate: (Sum of Lines 8:16)	241.0050
18: Hold Harmless Rate:	226.9360
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9677
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.9728

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 227625-00 - 2022/10

269.03

Greenbriar Rehabilitation And Nursing Center

Zip Code:	34205
Region:	North
Beds:	79
Medicaid Days FYE 12/31/17:	13,105
Total Patient Days FYE 12/31/21:	24,031
Medicaid Days FYE 12/31/21:	14,061
Medicaid Utilization:	58.51192%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,607,902	672,780	899,307
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	122.6937	51.3376	68.6231
3: Inflated Cost Per Diem (Line 2 x Inflation):	152.1170	63.1170	84.3687
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	2	0.85	32,614	26.7522

	Total	Per Diem
11: Taxes:	54,251	2.2575
12: Insurance:	64,165	2.6701

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0224
16: Budget Neutrality Adjustment:		43.6858

17: Prospective Rate: (Sum of Lines 8:16)	248.4460
18: Hold Harmless Rate:	240.8060
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5842
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	269.0303

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 227633-00 - 2022/10

258.61

Apollo Health And Rehabilitation Center

Zip Code:	33713
Region:	North
Beds:	99
Medicaid Days FYE 12/31/17:	17,132
Total Patient Days FYE 12/31/20:	28,410
Medicaid Days FYE 12/31/20:	18,816
Medicaid Utilization:	66.23020%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,744,738	762,928	1,063,830
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	101.8408	44.5323	62.0960
3: Inflated Cost Per Diem (Line 2 x Inflation):	126.2634	54.7502	76.3440
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16.5	13.0401

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	1	0.87	34,309	23.7955

	Total	Per Diem
11: Taxes:	46,505	1.6369
12: Insurance:	72,948	2.5677

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.3670
16: Budget Neutrality Adjustment:		43.0508

17: Prospective Rate: (Sum of Lines 8:16)	238.8186
18: Hold Harmless Rate:	217.0845
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7866
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.6051

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 227641-00 - 2022/10

245.58

North Rehabilitation Center

Zip Code:	33705
Region:	North
Beds:	45
Medicaid Days FYE 12/31/17:	7,429
Total Patient Days FYE 12/31/20:	14,898
Medicaid Days FYE 12/31/20:	8,945
Medicaid Utilization:	60.04162%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	796,713	370,688	551,878
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	107.2436	49.8974	74.2869
3: Inflated Cost Per Diem (Line 2 x Inflation):	132.9617	61.3463	91.3321
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	2	0.87	12,965	23.3457

	Total	Per Diem
11: Taxes:	19,989	1.3417
12: Insurance:	34,596	2.3222

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.8799

17: Prospective Rate: (Sum of Lines 8:16)	224.5594
18: Hold Harmless Rate:	226.7935
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.7903
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.5838

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 227765-00 - 2022/10

260.18

Park Meadows Health And Rehabilitation Center

Zip Code:	32608
Region:	North
Beds:	148
Medicaid Days FYE 12/31/17:	35,675
Total Patient Days FYE 12/31/20:	47,063
Medicaid Days FYE 12/31/20:	34,430
Medicaid Utilization:	73.15726%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,727,394	1,257,459	2,120,543
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	16.6246	35.2476	59.4405
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.5378	43.3352	73.0792
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	13	0	0.84	40,888	23.3623

	Total	Per Diem
11: Taxes:	47,688	1.0133
12: Insurance:	92,393	1.9632

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.5940
16: Budget Neutrality Adjustment:		42.7641

17: Prospective Rate: (Sum of Lines 8:16)	240.2758
18: Hold Harmless Rate:	226.2995
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9073
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.1831

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 227773-00 - 2022/10

267.99

The Lodge Health and Rehabilitation Center

Zip Code:	34471
Region:	North
Beds:	99
Medicaid Days FYE 12/31/17:	19,904
Total Patient Days FYE 12/31/21:	29,678
Medicaid Days FYE 12/31/21:	18,368
Medicaid Utilization:	61.89096%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,082,081	850,338	1,320,864
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	104.6061	42.7219	66.3617
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.6918	52.5245	81.5884
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	1	0.84	58,921	32.0939

	Total	Per Diem
11: Taxes:	84,037	2.8316
12: Insurance:	84,858	2.8593

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.5444
16: Budget Neutrality Adjustment:		44.7394

17: Prospective Rate: (Sum of Lines 8:16)	247.4873
18: Hold Harmless Rate:	241.6135
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5048
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.9921

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 227838-00 - 2022/10

243.26

First Coast Health & Rehabilitation Center

Zip Code:	32211
Region:	North
Beds:	100
Medicaid Days FYE 12/31/18:	25,846
Total Patient Days FYE 12/31/21:	30,495
Medicaid Days FYE 12/31/21:	25,499
Medicaid Utilization:	83.61699%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,604,645	892,457	1,265,032
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	100.7755	34.5297	48.9449
3: Inflated Cost Per Diem (Line 2 x Inflation):	121.9424	41.3415	58.6003
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.7573	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.5055	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	9.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	59	10	0.85	25,620	20.3702

	Total	Per Diem
11: Taxes:	25,728	0.8437
12: Insurance:	94,562	3.1009

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.5657
16: Budget Neutrality Adjustment:		41.9390

17: Prospective Rate: (Sum of Lines 8:16)	224.6465
18: Hold Harmless Rate:	210.2635
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.6124
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.2588

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 227871-00 - 2022/10

237.90

Ayers Health & Rehabilitation Center

Zip Code:	32693
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	23,437
Total Patient Days FYE 12/31/20:	34,246
Medicaid Days FYE 12/31/20:	18,858
Medicaid Utilization:	55.06629%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,295,809	520,336	964,307
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	97.9566	22.2014	41.1446
3: Inflated Cost Per Diem (Line 2 x Inflation):	121.4476	27.2956	50.5852
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.2521	6.7211	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.0107	30.0537	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	12	0.84	38,936	19.5075

	Total	Per Diem
11: Taxes:	71,337	2.0831
12: Insurance:	35,805	1.0455

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.2300
16: Budget Neutrality Adjustment:		40.4040

17: Prospective Rate: (Sum of Lines 8:16)	231.1283
18: Hold Harmless Rate:	189.9620
19: Cap on Gains*:	(11.4294)
20: Minimum Wage Increase: (8.2852%)	18.2025
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.9013

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 228001-00 - 2022/10

286.04

North Beach Nursing & Rehabilitation Center

Zip Code:	33160
Region:	South
Beds:	99
Medicaid Days FYE 12/31/17:	25,718
Total Patient Days FYE 12/31/21:	29,564
Medicaid Days FYE 12/31/21:	21,614
Medicaid Utilization:	73.10919%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,082,793	1,062,586	1,805,342
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	119.8690	41.3168	70.1976
3: Inflated Cost Per Diem (Line 2 x Inflation):	148.6149	50.7969	86.3044
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	2	0.86	29,437	23.2158

	Total	Per Diem
11: Taxes:	90,854	3.0731
12: Insurance:	63,035	2.1322

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.6617
16: Budget Neutrality Adjustment:		46.4493

17: Prospective Rate: (Sum of Lines 8:16)	258.2222
18: Hold Harmless Rate:	264.1570
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.8859
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	286.0429

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 228320-00 - 2022/10

279.55

The Gardens Court

Zip Code:	33410
Region:	South
Beds:	120
Medicaid Days FYE 12/31/18:	17,083
Total Patient Days FYE 12/31/20:	32,742
Medicaid Days FYE 12/31/20:	17,638
Medicaid Utilization:	53.86965%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,346,368	597,375	1,079,723
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	137.3510	34.9689	63.2045
3: Inflated Cost Per Diem (Line 2 x Inflation):	166.2002	41.8673	75.6729
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	26	18	0.82	69,980	23.9557

	Total	Per Diem
11: Taxes:	167,376	5.1120
12: Insurance:	54,881	1.6762

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.5160
16: Budget Neutrality Adjustment:		46.8501

17: Prospective Rate: (Sum of Lines 8:16)	258.1596
18: Hold Harmless Rate:	252.3010
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.3890
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	279.5486

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 228338-00 - 2022/10

258.23

Life Care Center of Melbourne

Zip Code:	32901
Region:	North
Beds:	120
Medicaid Days FYE 2/28/19:	14,539
Total Patient Days FYE 2/28/21:	34,329
Medicaid Days FYE 2/28/21:	15,398
Medicaid Utilization:	44.85420%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,841,133	583,139	690,483
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	126.6340	40.1086	47.4917
3: Inflated Cost Per Diem (Line 2 x Inflation):	152.4686	47.8255	56.6292
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	9	0.89	43,009	22.0677

	Total	Per Diem
11: Taxes:	82,157	2.3932
12: Insurance:	82,018	2.3892

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		15.8138
16: Budget Neutrality Adjustment:		42.8523

17: Prospective Rate: (Sum of Lines 8:16)	240.2412
18: Hold Harmless Rate:	206.1975
19: Cap on Gains*:	(1.7653)
20: Minimum Wage Increase: (8.2852%)	19.7582
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.2340

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 228567-00 - 2022/10

232.29

Bear Creek Nursing Center

Zip Code:	34667
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	17,862
Total Patient Days FYE 12/31/20:	33,921
Medicaid Days FYE 12/31/20:	17,756
Medicaid Utilization:	52.34515%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,849,314	484,982	765,807
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	103.5334	27.1516	42.8735
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.3618	33.3815	52.7108
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.6352	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.1396	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	7	0.86	35,514	21.5749

	Total	Per Diem
11: Taxes:	35,415	1.0440
12: Insurance:	41,480	1.2228

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		17.7604
16: Budget Neutrality Adjustment:		42.2236

17: Prospective Rate: (Sum of Lines 8:16)	231.2700
18: Hold Harmless Rate:	185.4780
19: Cap on Gains*:	(16.7571)
20: Minimum Wage Increase: (8.2852%)	17.7728
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.2857

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 228575-00 - 2022/10

245.77

Royal Oak Nursing Center

Zip Code:	33525
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	26,264
Total Patient Days FYE 12/31/20:	34,604
Medicaid Days FYE 12/31/20:	20,463
Medicaid Utilization:	59.13478%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,649,742	703,158	1,004,478
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	100.8887	26.7726	38.2454
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.0829	32.9157	47.0208
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.1010	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	35.6738	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	11	0.86	35,487	20.2622

	Total	Per Diem
11: Taxes:	49,962	1.4438
12: Insurance:	38,329	1.1076

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.3914
16: Budget Neutrality Adjustment:		41.9658

17: Prospective Rate: (Sum of Lines 8:16)	232.2455
18: Hold Harmless Rate:	196.2415
19: Cap on Gains*:	(5.2841)
20: Minimum Wage Increase: (8.2852%)	18.8042
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.7655

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 228591-00 - 2022/10

245.08

Heather Hill Healthcare Center

Zip Code:	34653
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	27,172
Total Patient Days FYE 12/31/20:	30,471
Medicaid Days FYE 12/31/20:	21,315
Medicaid Utilization:	69.95176%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,550,001	664,028	1,227,109
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	93.8466	24.4379	45.1607
3: Inflated Cost Per Diem (Line 2 x Inflation):	113.5582	29.2588	54.0696
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.1415	4.7579	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	120.1213	32.0169	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	43	14	0.86	35,429	19.2776

	Total	Per Diem
11: Taxes:	39,351	1.2914
12: Insurance:	27,996	0.9188

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.7587
16: Budget Neutrality Adjustment:		39.1831

17: Prospective Rate: (Sum of Lines 8:16)	227.2228
18: Hold Harmless Rate:	195.6905
19: Cap on Gains*:	(0.8987)
20: Minimum Wage Increase: (8.2852%)	18.7514
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.0755

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 228621-00 - 2022/10

307.55

Inn at Sarasota Bay Club

Zip Code:	34236
Region:	North
Beds:	44
Medicaid Days FYE 12/31/18:	1,458
Total Patient Days FYE 12/31/20:	12,525
Medicaid Days FYE 12/31/20:	366
Medicaid Utilization:	2.92216%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	276,360	80,973	99,776
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	189.5473	55.5370	68.4334
3: Inflated Cost Per Diem (Line 2 x Inflation):	229.3598	66.4928	81.9333
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	21	9	0.85	27,495	28.8423

	Total	Per Diem
11: Taxes:	76,904	6.1400
12: Insurance:	84,242	6.7259

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		45.4165

17: Prospective Rate: (Sum of Lines 8:16)	231.1893
18: Hold Harmless Rate:	284.0215
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	23.5317
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	307.5532

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 228702-00 - 2022/10

236.92

Winter Haven Health And Rehabilitation Center

Zip Code:	33881
Region:	North
Beds:	144
Medicaid Days FYE 12/31/18:	36,994
Total Patient Days FYE 12/31/21:	43,761
Medicaid Days FYE 12/31/21:	33,806
Medicaid Utilization:	77.25143%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,664,626	1,105,141	1,385,805
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	99.0600	29.8735	37.4602
3: Inflated Cost Per Diem (Line 2 x Inflation):	119.8666	35.7667	44.8500
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.8331	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.4297	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	6.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	58	24	0.85	46,194	15.8242

	Total	Per Diem
11: Taxes:	46,283	1.0576
12: Insurance:	132,274	3.0226

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.0750
16: Budget Neutrality Adjustment:		40.8197

17: Prospective Rate: (Sum of Lines 8:16)	218.7891
18: Hold Harmless Rate:	190.6175
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.1271
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.9161

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 228734-00 - 2022/10

249.98

Westminster Baldwin Park

Zip Code:	32814
Region:	North
Beds:	40
Medicaid Days FYE 3/31/19:	226
Total Patient Days FYE 3/31/21:	12,182
Medicaid Days FYE 3/31/21:	943
Medicaid Utilization:	7.74093%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	33,811	24,225	16,671
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	149.6061	107.1902	73.7654
3: Inflated Cost Per Diem (Line 2 x Inflation):	180.5778	128.0744	88.1374
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	5	4	0.86	36,971	31.4435

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	38,697	3.1766

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		44.1932

17: Prospective Rate: (Sum of Lines 8:16)	230.8564
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1269
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	249.9833

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 228788-00 - 2022/10

259.87

East Ridge Retirement Village Inc

Zip Code:	33157
Region:	South
Beds:	74
Medicaid Days FYE 12/31/18:	2,954
Total Patient Days FYE 12/31/20:	22,025
Medicaid Days FYE 12/31/20:	4,157
Medicaid Utilization:	18.87401%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	393,250	138,360	372,871
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	133.1245	46.8381	126.2257
3: Inflated Cost Per Diem (Line 2 x Inflation):	161.0860	56.0779	151.1263
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	7	5	0.86	52,868	30.9871

	Total	Per Diem
11: Taxes:	1,363	0.0619
12: Insurance:	44,545	2.0225

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		47.2518

17: Prospective Rate: (Sum of Lines 8:16)	239.9890
18: Hold Harmless Rate:	239.8940
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8835
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.8725

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 228940-00 - 2022/10

248.93

Cypress Cove Care Center

Zip Code:	34429
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	25,044
Total Patient Days FYE 12/31/20:	37,812
Medicaid Days FYE 12/31/20:	22,209
Medicaid Utilization:	58.73532%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,334,776	643,903	1,072,269
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	93.2269	25.7108	42.8154
3: Inflated Cost Per Diem (Line 2 x Inflation):	115.5837	31.6102	52.6394
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	9.1160	2.4065	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.1468	34.3683	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22.5	17.7819

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	3	0.84	35,756	22.3986

	Total	Per Diem
11: Taxes:	38,337	1.0139
12: Insurance:	40,346	1.0670

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.7325
16: Budget Neutrality Adjustment:		40.4548

17: Prospective Rate: (Sum of Lines 8:16)	231.4790
18: Hold Harmless Rate:	198.7685
19: Cap on Gains*:	(1.5950)
20: Minimum Wage Increase: (8.2852%)	19.0463
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.9302

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 228958-00 - 2022/10

229.81

Brooksville Healthcare Center

Zip Code:	34601
Region:	North
Beds:	180
Medicaid Days FYE 12/31/17:	37,980
Total Patient Days FYE 12/31/20:	46,827
Medicaid Days FYE 12/31/20:	31,405
Medicaid Utilization:	67.06601%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,661,451	899,036	1,489,723
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	96.4047	23.6713	39.2238
3: Inflated Cost Per Diem (Line 2 x Inflation):	119.5235	29.1027	48.2238
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.1762	4.9140	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.0866	31.8608	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	46	22	0.86	55,048	16.6521

	Total	Per Diem
11: Taxes:	63,163	1.3489
12: Insurance:	48,150	1.0283

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.5281
16: Budget Neutrality Adjustment:		39.7614

17: Prospective Rate: (Sum of Lines 8:16)	221.2324
18: Hold Harmless Rate:	183.5020
19: Cap on Gains*:	(9.0048)
20: Minimum Wage Increase: (8.2852%)	17.5835
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	229.8110

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 229202-00 - 2022/10

248.97

Larsen Health Center

Zip Code:	33908
Region:	North
Beds:	219
Medicaid Days FYE 6/30/18:	4,100
Total Patient Days FYE 6/30/21:	45,310
Medicaid Days FYE 6/30/21:	2,356
Medicaid Utilization:	5.19974%

	Price	Floor	Inflation
Direct Care	100%	95%	1.22468602
Indirect Care	92%	92.5%	1.21395961
Operating	86%	N/A	1.21395961

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	645,874	231,302	256,127
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/18):	157.5302	56.4151	62.4700
3: Inflated Cost Per Diem (Line 2 x Inflation):	192.9251	68.4857	75.8361
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	0	0	0.84	163,861	32.5403

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	302,441	6.6749

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		44.9863

17: Prospective Rate: (Sum of Lines 8:16)	229.9168
18: Hold Harmless Rate:	228.4465
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.0490
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.9658

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 229220-00 - 2022/10

264.74

Bridgewater Park Health & Rehabilitation Center

Zip Code:	34481
Region:	North
Beds:	120
Medicaid Days FYE 6/30/19:	10,873
Total Patient Days FYE 6/30/21:	38,080
Medicaid Days FYE 6/30/21:	16,112
Medicaid Utilization:	42.31092%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,645,019	431,104	488,752
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/19):	151.2939	39.6490	44.9509
3: Inflated Cost Per Diem (Line 2 x Inflation):	180.3850	46.8648	53.1317
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23.5	18.5722

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	5	5	0.84	74,672	30.3084

	Total	Per Diem
11: Taxes:	219,601	5.7668
12: Insurance:	47,585	1.2496

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		11.7884
16: Budget Neutrality Adjustment:		44.6600

17: Prospective Rate: (Sum of Lines 8:16)	244.4877
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2563
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	264.7439

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 229610-00 - 2022/10

274.88

Lake View Care Center at Delray

Zip Code:	33484
Region:	South
Beds:	120
Medicaid Days FYE 12/31/17:	16,213
Total Patient Days FYE 12/31/20:	30,138
Medicaid Days FYE 12/31/20:	15,183
Medicaid Utilization:	50.37826%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,924,958	741,028	720,683
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	118.7292	45.7057	44.4509
3: Inflated Cost Per Diem (Line 2 x Inflation):	147.2018	56.1929	54.6502
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	18	0.82	44,512	18.1388

	Total	Per Diem
11: Taxes:	116,892	3.8786
12: Insurance:	72,148	2.3939

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		17.0701
16: Budget Neutrality Adjustment:		45.7573

17: Prospective Rate: (Sum of Lines 8:16)	253.8449
18: Hold Harmless Rate:	224.5135
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.0315
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	274.8765

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 229628-00 - 2022/10

280.82

Menorah House

Zip Code:	33428
Region:	South
Beds:	120
Medicaid Days FYE 12/31/17:	21,067
Total Patient Days FYE 12/31/20:	32,419
Medicaid Days FYE 12/31/20:	21,843
Medicaid Utilization:	67.37716%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,518,211	719,584	932,510
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	119.5334	34.1569	44.2640
3: Inflated Cost Per Diem (Line 2 x Inflation):	148.1988	41.9942	54.4203
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	20	0.82	44,221	17.3708

	Total	Per Diem
11: Taxes:	103,226	3.1841
12: Insurance:	69,942	2.1574

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.3863
16: Budget Neutrality Adjustment:		45.4641

17: Prospective Rate: (Sum of Lines 8:16)	259.3360
18: Hold Harmless Rate:	227.8480
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.4865
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	280.8225

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 233588-00 - 2022/10

273.17

The Encore at Boca Raton Rehabilitation and Nursing Center, LLC

Zip Code:	33433
Region:	South
Beds:	154
Medicaid Days FYE 6/30/19:	26,269
Total Patient Days FYE 6/30/21:	46,297
Medicaid Days FYE 6/30/21:	21,384
Medicaid Utilization:	46.18874%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,858,941	1,090,919	1,485,138
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/19):	108.8332	41.5287	56.5357
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.7599	49.0866	66.8248
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.5242	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.8275	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21.5	16.9916

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	29	0.82	82,083	19.1548

	Total	Per Diem
11: Taxes:	228,209	4.9292
12: Insurance:	140,740	3.0399

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.3851
16: Budget Neutrality Adjustment:		45.4447

17: Prospective Rate: (Sum of Lines 8:16)	252.2658
18: Hold Harmless Rate:	245.9455
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.9007
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	273.1665

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 233885-00 - 2022/10

254.23

Pinellas Park Facility, Inc.

Zip Code:	33782
Region:	North
Beds:	120
Medicaid Days FYE 6/30/19:	39,998
Total Patient Days FYE 6/30/21:	38,800
Medicaid Days FYE 6/30/21:	29,515
Medicaid Utilization:	76.06959%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20100528
Indirect Care	92%	92.5%	1.18997232
Operating	86%	N/A	1.18997232

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,050,374	1,220,798	1,897,058
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/19):	101.2644	30.5214	47.4288
3: Inflated Cost Per Diem (Line 2 x Inflation):	121.6191	36.3197	56.4390
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.0806	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.1822	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	25	0.87	44,640	16.7545

	Total	Per Diem
11: Taxes:	108,970	2.8085
12: Insurance:	123,557	3.1845

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.4283
16: Budget Neutrality Adjustment:		41.6127

17: Prospective Rate: (Sum of Lines 8:16)	234.7751
18: Hold Harmless Rate:	205.5705
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4516
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.2267

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 235832-00 - 2022/10

236.35

The Sands at South Beach Care Center

Zip Code:	33139
Region:	South
Beds:	230
Medicaid Days FYE 10/31/18:	24,585
Total Patient Days FYE 10/31/21:	65,598
Medicaid Days FYE 10/31/21:	48,774
Medicaid Utilization:	74.35288%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,556,771	585,139	1,068,208
2: Cost Per Diem (Line 1 ÷ Medicaid Days 10/31/18):	103.9971	23.8006	43.4496
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.5268	28.4378	51.9150
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.7573	8.7892	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.5944	31.4562	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	26	0.86	62,801	15.3394

	Total	Per Diem
11: Taxes:	721,893	11.0048
12: Insurance:	389,414	5.9364

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 10/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		4.4295
16: Budget Neutrality Adjustment:		44.0872

17: Prospective Rate: (Sum of Lines 8:16)	232.4069
18: Hold Harmless Rate:	188.7270
19: Cap on Gains*:	(14.1363)
20: Minimum Wage Increase: (8.2852%)	18.0841
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.3546

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 237766-00 - 2022/10

270.84

Palmetto Subacute Care Center

Zip Code:	33144
Region:	South
Beds:	95
Medicaid Days FYE 7/31/19:	14,597
Total Patient Days FYE 7/31/21:	25,744
Medicaid Days FYE 7/31/21:	11,508
Medicaid Utilization:	44.70168%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19023065
Indirect Care	92%	92.5%	1.17968113
Operating	86%	N/A	1.17968113

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,562,409	840,665	772,144
2: Cost Per Diem (Line 1 ÷ Medicaid Days 7/31/19):	107.0363	57.5916	52.8974
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.3979	67.9398	62.4021
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.8862	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.4655	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	11	0.86	31,142	20.2622

	Total	Per Diem
11: Taxes:	99,000	3.8456
12: Insurance:	96,403	3.7447

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 7/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		14.5483
16: Budget Neutrality Adjustment:		45.1627

17: Prospective Rate: (Sum of Lines 8:16)	246.1016
18: Hold Harmless Rate:	250.1160
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.7226
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	270.8386

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 242673-00 - 2022/10

251.15

Concordia Village of Tampa

Zip Code:	33613
Region:	North
Beds:	163
Medicaid Days FYE 6/30/19:	22,939
Total Patient Days FYE 6/30/19:	60,569
Medicaid Days FYE 6/30/19:	22,939
Medicaid Utilization:	37.87251%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,234,477	893,571	1,120,818
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/19):	141.0034	38.9542	48.8608
3: Inflated Cost Per Diem (Line 2 x Inflation):	168.5248	46.1470	57.8827
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	6.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	45	4	0.86	45,844	22.5594

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	366,653	6.0535

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/19):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.1566

17: Prospective Rate: (Sum of Lines 8:16)	206.9186
18: Hold Harmless Rate:	231.9330
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2161
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.1491

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 248829-00 - 2022/10

265.61

Solaris Healthcare Lake Bennet

Zip Code:	34761
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	44,228
Total Patient Days FYE 12/31/20:	39,551
Medicaid Days FYE 12/31/20:	26,139
Medicaid Utilization:	66.08935%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18613917
Indirect Care	92%	92.5%	1.17507401
Operating	86%	N/A	1.17507401

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,223,105	1,460,750	2,537,917
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	118.0949	33.0277	57.3825
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.0771	38.8100	67.4288
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21.5	16.9916

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	14	0.86	47,715	21.6788

	Total	Per Diem
11: Taxes:	100,869	2.5504
12: Insurance:	156,728	3.9627

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.7215
16: Budget Neutrality Adjustment:		43.0839

17: Prospective Rate: (Sum of Lines 8:16)	245.2834
18: Hold Harmless Rate:	231.0115
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.3222
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.6055

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 248888-00 - 2022/10

266.10

Solaris Healthcare Palatka

Zip Code:	32177
Region:	North
Beds:	180
Medicaid Days FYE 12/31/19:	66,211
Total Patient Days FYE 12/31/20:	59,466
Medicaid Days FYE 12/31/20:	40,282
Medicaid Utilization:	67.73955%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18613917
Indirect Care	92%	92.5%	1.17507401
Operating	86%	N/A	1.17507401
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	8,486,575	2,010,397	2,553,075
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	128.1746	30.3634	38.5596
3: Inflated Cost Per Diem (Line 2 x Inflation):	152.0330	35.6793	45.3105
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	22	0.86	81,978	21.2132

	Total	Per Diem
11: Taxes:	276,617	4.6517
12: Insurance:	164,142	2.7603

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.4215
16: Budget Neutrality Adjustment:		43.1587

17: Prospective Rate: (Sum of Lines 8:16)	245.7370
18: Hold Harmless Rate:	237.6995
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.3598
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	266.0968

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 249749-00 - 2022/10

243.55

Gandy Crossing Care Center

Zip Code:	33611
Region:	North
Beds:	160
Medicaid Days FYE 5/31/19:	40,611
Total Patient Days FYE 5/31/21:	48,984
Medicaid Days FYE 5/31/21:	35,189
Medicaid Utilization:	71.83774%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19518248
Indirect Care	92%	92.5%	1.18464579
Operating	86%	N/A	1.18464579

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,543,307	1,217,832	1,656,105
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	111.8738	29.9877	40.7797
3: Inflated Cost Per Diem (Line 2 x Inflation):	133.7096	35.5248	48.3095
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	44	25	0.86	65,689	18.1678

	Total	Per Diem
11: Taxes:	123,028	2.5116
12: Insurance:	181,157	3.6983

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.5007
16: Budget Neutrality Adjustment:		42.4257

17: Prospective Rate: (Sum of Lines 8:16)	224.9150
18: Hold Harmless Rate:	203.6895
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.6346
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.5496

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 249847-00 - 2022/10

268.52

Plaza Health and Rehab

Zip Code:	32607
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	23,517
Total Patient Days FYE 12/31/21:	58,805
Medicaid Days FYE 12/31/21:	30,245
Medicaid Utilization:	51.43270%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20100528
Indirect Care	92%	92.5%	1.18997232
Operating	86%	N/A	1.18997232

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,975,045	716,955	1,064,556
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	126.5061	30.4867	45.2675
3: Inflated Cost Per Diem (Line 2 x Inflation):	151.9345	36.2783	53.8671
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	6	3	0.84	94,137	31.2012

	Total	Per Diem
11: Taxes:	276,741	4.7061
12: Insurance:	55,074	0.9366

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.6272
16: Budget Neutrality Adjustment:		44.5770

17: Prospective Rate: (Sum of Lines 8:16)	247.9770
18: Hold Harmless Rate:	236.7115
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5454
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	268.5223

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 249986-00 - 2022/10

253.42

Olive Branch Health and Rehab Center

Zip Code:	32514
Region:	North
Beds:	90
Medicaid Days FYE 12/31/18:	137
Total Patient Days FYE 12/31/20:	30,127
Medicaid Days FYE 12/31/20:	1,604
Medicaid Utilization:	5.32413%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	30,461	10,324	13,785
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	222.3430	75.3576	100.6204
3: Inflated Cost Per Diem (Line 2 x Inflation):	269.0440	90.2234	120.4698
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	4	3	0.87	78,204	31.7342

	Total	Per Diem
11: Taxes:	128,206	4.2555
12: Insurance:	61,276	2.0339

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		1.9337
16: Budget Neutrality Adjustment:		44.7806

17: Prospective Rate: (Sum of Lines 8:16)	234.0258
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3895
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.4153

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 250315-00 - 2022/10

249.92

Atlantic Healthcare Center

Zip Code:	32960
Region:	North
Beds:	110
Medicaid Days FYE 12/31/19:	22,613
Total Patient Days FYE 12/31/20:	33,895
Medicaid Days FYE 12/31/20:	21,083
Medicaid Utilization:	62.20091%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,572,082	682,978	985,921
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	113.7435	30.2028	43.5997
3: Inflated Cost Per Diem (Line 2 x Inflation):	134.3047	35.3298	51.0007
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	32	0.89	31,447	13.8014

	Total	Per Diem
11: Taxes:	74,419	2.1956
12: Insurance:	65,712	1.9387

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		17.7013
16: Budget Neutrality Adjustment:		41.3139

17: Prospective Rate: (Sum of Lines 8:16)	230.8011
18: Hold Harmless Rate:	220.4950
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1223
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	249.9234

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 250324-00 - 2022/10

249.88

Oak Haven Rehab and Nursing Center

Zip Code:	33823
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	23,955
Total Patient Days FYE 12/31/21:	30,066
Medicaid Days FYE 12/31/21:	21,013
Medicaid Utilization:	69.88958%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,845,179	750,391	1,238,176
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	118.7718	31.3250	51.6875
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.2420	36.6424	60.4615
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	35	0.85	41,366	12.2525

	Total	Per Diem
11: Taxes:	93,939	3.1244
12: Insurance:	76,634	2.5489

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0390
16: Budget Neutrality Adjustment:		41.3122

17: Prospective Rate: (Sum of Lines 8:16)	230.7597
18: Hold Harmless Rate:	227.4205
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1189
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	249.8785

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 250330-00 - 2022/10

253.55

Kensington Gardens Rehab and Nursing Center

Zip Code:	33765
Region:	North
Beds:	150
Medicaid Days FYE 12/31/18:	13,825
Total Patient Days FYE 12/31/20:	42,628
Medicaid Days FYE 12/31/20:	33,164
Medicaid Utilization:	77.79863%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20100528
Indirect Care	92%	92.5%	1.18997232
Operating	86%	N/A	1.18997232
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,856,734	474,118	714,265
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	134.3026	34.2942	51.6647
3: Inflated Cost Per Diem (Line 2 x Inflation):	161.2982	40.8092	61.4796
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	36	0.87	57,736	13.3135

	Total	Per Diem
11: Taxes:	120,899	2.8361
12: Insurance:	88,424	2.0743

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0005
16: Budget Neutrality Adjustment:		41.3637

17: Prospective Rate: (Sum of Lines 8:16)	234.1534
18: Hold Harmless Rate:	225.4635
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4000
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.5534

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 250334-00 - 2022/10

252.98

Sandgate Gardens Rehab and Nursing Center

Zip Code:	34947
Region:	North
Beds:	107
Medicaid Days FYE 12/31/19:	22,294
Total Patient Days FYE 12/31/20:	32,854
Medicaid Days FYE 12/31/20:	18,121
Medicaid Utilization:	55.15615%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,340,096	690,363	915,521
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	104.9652	30.9663	41.0658
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.9396	36.2228	48.0367
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.7601	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.5027	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	34	0.82	30,706	12.1669

	Total	Per Diem
11: Taxes:	252,273	7.6786
12: Insurance:	58,575	1.7829

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		16.5154
16: Budget Neutrality Adjustment:		41.8201

17: Prospective Rate: (Sum of Lines 8:16)	233.6224
18: Hold Harmless Rate:	213.2180
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3561
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.9785

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 250339-00 - 2022/10

240.32

Fouraker Hills Rehab and Nursing Center

Zip Code:	32221
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	25,842
Total Patient Days FYE 12/31/21:	33,432
Medicaid Days FYE 12/31/21:	25,235
Medicaid Utilization:	75.48157%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,803,669	808,555	1,273,705
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	108.4927	31.2884	49.2881
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.1047	36.5996	57.6548
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	26	0.85	45,155	16.2255

	Total	Per Diem
11: Taxes:	70,675	2.1140
12: Insurance:	81,886	2.4493

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.4917
16: Budget Neutrality Adjustment:		41.8063

17: Prospective Rate: (Sum of Lines 8:16)	221.9365
18: Hold Harmless Rate:	215.6310
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.3879
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.3244

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 250906-00 - 2022/10

241.77

Park Ridge Nursing Center

Zip Code:	32204
Region:	North
Beds:	104
Medicaid Days FYE 12/31/17:	25,717
Total Patient Days FYE 12/31/17:	33,295
Medicaid Days FYE 12/31/17:	25,717
Medicaid Utilization:	77.23983%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,592,163	765,155	984,487
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	100.7957	29.7529	38.2816
3: Inflated Cost Per Diem (Line 2 x Inflation):	124.9675	36.5797	47.0652
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	57	32	0.85	34,308	13.2266

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	8,330	0.2502

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/17):	0	0.0000
15: Quality Assess-Medicaid Share:		21.2500
16: Budget Neutrality Adjustment:		40.5566

17: Prospective Rate: (Sum of Lines 8:16)	231.4386
18: Hold Harmless Rate:	193.0210
19: Cap on Gains*:	(8.1645)
20: Minimum Wage Increase: (8.2852%)	18.4987
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	241.7728

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 250988-00 - 2022/10

276.61

HIALEAH SHORES NURSING AND REHAB CENTER

Zip Code:	33147
Region:	South
Beds:	120
Medicaid Days FYE 2/28/18:	23,628
Total Patient Days FYE 2/28/21:	34,116
Medicaid Days FYE 2/28/21:	18,842
Medicaid Utilization:	55.22922%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23460082
Indirect Care	92%	92.5%	1.22472988
Operating	86%	N/A	1.22472988

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,952,074	885,423	1,257,718
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/18):	124.9396	37.4734	53.2299
3: Inflated Cost Per Diem (Line 2 x Inflation):	154.2506	45.8949	65.1923
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	30	23.7092

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	67	40	0.86	28,990	10.7448

	Total	Per Diem
11: Taxes:	74,932	2.1964
12: Insurance:	88,032	2.5804

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.7046
16: Budget Neutrality Adjustment:		44.2231

17: Prospective Rate: (Sum of Lines 8:16)	255.4463
18: Hold Harmless Rate:	240.3215
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.1642
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	276.6105

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 250993-00 - 2022/10

239.81

University East Rehabilitation Center

Zip Code:	32724
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	6,812
Total Patient Days FYE 12/31/21:	14,179
Medicaid Days FYE 12/31/21:	12,068
Medicaid Utilization:	85.11179%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,002,520	226,888	611,435
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	147.1697	33.3071	89.7584
3: Inflated Cost Per Diem (Line 2 x Inflation):	177.1938	39.7154	107.0280
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	5.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	34	0.86	8,129	12.7139

	Total	Per Diem
11: Taxes:	21,643	1.5264
12: Insurance:	22,800	1.6080

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		25.1021
16: Budget Neutrality Adjustment:		40.9537

17: Prospective Rate: (Sum of Lines 8:16)	221.4589
18: Hold Harmless Rate:	213.8355
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.3483
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	239.8072

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 250995-00 - 2022/10

240.43

University West Rehabilitation Center

Zip Code:	32720
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	9,042
Total Patient Days FYE 12/31/21:	14,189
Medicaid Days FYE 12/31/21:	12,081
Medicaid Utilization:	85.14342%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,098,528	290,032	573,951
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	121.4917	32.0761	63.4760
3: Inflated Cost Per Diem (Line 2 x Inflation):	146.2772	38.2476	75.6889
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	50	33	0.86	10,434	13.0421

	Total	Per Diem
11: Taxes:	24,113	1.6994
12: Insurance:	22,800	1.6069

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		25.2650
16: Budget Neutrality Adjustment:		41.0400

17: Prospective Rate: (Sum of Lines 8:16)	222.0356
18: Hold Harmless Rate:	207.6510
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.3961
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.4316

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 251399-00 - 2022/10

237.38

Brandywyne Health Care Center

Zip Code:	33884
Region:	North
Beds:	120
Medicaid Days FYE 7/31/18:	28,339
Total Patient Days FYE 7/31/18:	38,264
Medicaid Days FYE 7/31/18:	28,339
Medicaid Utilization:	74.06178%

	Price	Floor	Inflation
Direct Care	100%	95%	1.22216144
Indirect Care	92%	92.5%	1.21071531
Operating	86%	N/A	1.21071531

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,847,061	774,218	1,165,988
2: Cost Per Diem (Line 1 ÷ Medicaid Days 7/31/18):	100.4644	27.3198	41.1442
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.7837	33.0766	49.8140
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.9160	0.9401	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.3468	35.8347	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	23	0.85	37,653	16.1490

	Total	Per Diem
11: Taxes:	39,693	1.0373
12: Insurance:	31,096	0.8127

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 7/31/18):	0	0.0000
15: Quality Assess-Medicaid Share:		23.2325
16: Budget Neutrality Adjustment:		40.8320

17: Prospective Rate: (Sum of Lines 8:16)	234.8119
18: Hold Harmless Rate:	189.5440
19: Cap on Gains*:	(15.5965)
20: Minimum Wage Increase: (8.2852%)	18.1624
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.3778

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 251666-00 - 2022/10

235.31

Concordia Manor

Zip Code:	33701
Region:	North
Beds:	39
Medicaid Days FYE 12/31/18:	11,123
Total Patient Days FYE 12/31/21:	11,208
Medicaid Days FYE 12/31/21:	8,353
Medicaid Utilization:	74.52712%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,170,729	366,375	706,901
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	105.2529	32.9385	63.5530
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.3603	39.4363	76.0902
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	7	0.87	9,149	21.8055

	Total	Per Diem
11: Taxes:	15,702	1.4010
12: Insurance:	36,145	3.2249

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.7801

17: Prospective Rate: (Sum of Lines 8:16)	225.6616
18: Hold Harmless Rate:	187.8910
19: Cap on Gains*:	(8.3579)
20: Minimum Wage Increase: (8.2852%)	18.0040
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	235.3077

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 251673-00 - 2022/10

258.15

Stuart Rehabilitation and Healthcare

Zip Code:	34994
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	20,795
Total Patient Days FYE 12/31/20:	28,757
Medicaid Days FYE 12/31/20:	13,769
Medicaid Utilization:	47.88052%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18434599
Indirect Care	92%	92.5%	1.17329618
Operating	86%	N/A	1.17329618

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,271,778	659,580	1,127,608
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	109.2463	31.7182	54.2249
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.3855	37.2148	63.6219
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24.5	19.3625

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	50	40	0.82	38,773	10.2813

	Total	Per Diem
11: Taxes:	103,313	3.5926
12: Insurance:	89,989	3.1293

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.7205
16: Budget Neutrality Adjustment:		41.1530

17: Prospective Rate: (Sum of Lines 8:16)	238.3955
18: Hold Harmless Rate:	231.8950
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7515
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.1470

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 252018-00 - 2022/10

270.69

Avante At Melbourne

Zip Code:	32901
Region:	North
Beds:	110
Medicaid Days FYE 12/31/18:	19,505
Total Patient Days FYE 12/31/20:	32,850
Medicaid Days FYE 12/31/20:	20,734
Medicaid Utilization:	63.11720%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,760,290	721,301	1,252,754
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	141.5170	36.9803	64.2273
3: Inflated Cost Per Diem (Line 2 x Inflation):	171.2413	44.2754	76.8974
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	40	0.89	30,150	11.0925

	Total	Per Diem
11: Taxes:	48,254	1.4689
12: Insurance:	50,840	1.5476

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		16.0370
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0579
16: Budget Neutrality Adjustment:		40.6536

17: Prospective Rate: (Sum of Lines 8:16)	249.9800
18: Hold Harmless Rate:	237.4810
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.7113
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	270.6913

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 252034-00 - 2022/10

247.68

Avante At Ormond Beach Inc

Zip Code:	32174
Region:	North
Beds:	133
Medicaid Days FYE 12/31/18:	19,255
Total Patient Days FYE 12/31/20:	33,485
Medicaid Days FYE 12/31/20:	19,569
Medicaid Utilization:	58.44109%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,843,693	840,295	1,831,662
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	147.6859	43.6403	95.1265
3: Inflated Cost Per Diem (Line 2 x Inflation):	178.7059	52.2493	113.8921
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	47	39	0.86	32,459	11.0730

	Total	Per Diem
11: Taxes:	26,097	0.7794
12: Insurance:	52,013	1.5533

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	90	0.9198
15: Quality Assess-Medicaid Share:		17.6674
16: Budget Neutrality Adjustment:		40.5322

17: Prospective Rate: (Sum of Lines 8:16)	228.7291
18: Hold Harmless Rate:	228.0665
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.9506
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	247.6798

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 252042-00 - 2022/10

249.94

Avante At Mt Dora Inc

Zip Code:	32757
Region:	North
Beds:	116
Medicaid Days FYE 12/31/18:	24,534
Total Patient Days FYE 12/31/20:	35,546
Medicaid Days FYE 12/31/20:	20,295
Medicaid Utilization:	57.09503%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,970,082	790,292	1,361,481
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	121.0598	32.2121	55.4936
3: Inflated Cost Per Diem (Line 2 x Inflation):	146.4872	38.5666	66.4408
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	60	40	0.86	32,689	10.7448

	Total	Per Diem
11: Taxes:	36,225	1.0191
12: Insurance:	54,177	1.5241

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.7746
16: Budget Neutrality Adjustment:		40.5119

17: Prospective Rate: (Sum of Lines 8:16)	230.8191
18: Hold Harmless Rate:	204.6585
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1238
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	249.9429

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 253707-00 - 2022/10

251.68

Eden Springs Nursing And Rehab Center

Zip Code:	32326
Region:	North
Beds:	120
Medicaid Days FYE 1/31/18:	28,869
Total Patient Days FYE 1/31/22:	32,795
Medicaid Days FYE 1/31/22:	24,131
Medicaid Utilization:	73.58134%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,375,209	716,489	1,490,217
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	116.9146	24.8186	51.6199
3: Inflated Cost Per Diem (Line 2 x Inflation):	144.6471	30.4546	63.3422
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.5621	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	33.2127	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	48	17	0.86	40,293	18.2930

	Total	Per Diem
11: Taxes:	31,269	0.9535
12: Insurance:	83,679	2.5516

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/22):	0	0.0000
15: Quality Assess-Medicaid Share:		23.0241
16: Budget Neutrality Adjustment:		41.3658

17: Prospective Rate: (Sum of Lines 8:16)	232.4209
18: Hold Harmless Rate:	217.9395
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2565
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.6774

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 253723-00 - 2022/10

280.66

Jackson Plaza Nursing & Rehabilitation Center

Zip Code:	33136
Region:	South
Beds:	120
Medicaid Days FYE 2/28/18:	29,854
Total Patient Days FYE 2/28/21:	35,349
Medicaid Days FYE 2/28/21:	20,970
Medicaid Utilization:	59.32275%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23460082
Indirect Care	92%	92.5%	1.22472988
Operating	86%	N/A	1.22472988

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,816,188	1,065,518	1,771,828
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/18):	127.8283	35.6909	59.3497
3: Inflated Cost Per Diem (Line 2 x Inflation):	157.8170	43.7118	72.6874
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	9.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	58	40	0.86	51,257	12.9414

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	132,565	3.7502

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.8689
16: Budget Neutrality Adjustment:		44.4251

17: Prospective Rate: (Sum of Lines 8:16)	233.8695
18: Hold Harmless Rate:	259.1885
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.4743
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	280.6628

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 254177-00 - 2022/10

267.91

Manor Pines Convalescent Center, LLC

Zip Code:	33305
Region:	South
Beds:	206
Medicaid Days FYE 1/31/19:	31,203
Total Patient Days FYE 1/31/21:	45,029
Medicaid Days FYE 1/31/21:	25,169
Medicaid Utilization:	55.89509%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,007,513	814,411	1,577,376
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	128.4335	26.1004	50.5520
3: Inflated Cost Per Diem (Line 2 x Inflation):	155.0220	31.1856	60.4012
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	6.0414	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	34.2040	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	5	0.85	71,794	21.9937

	Total	Per Diem
11: Taxes:	223,965	4.9738
12: Insurance:	94,901	2.1076

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.8186
16: Budget Neutrality Adjustment:		45.5195

17: Prospective Rate: (Sum of Lines 8:16)	252.8729
18: Hold Harmless Rate:	213.9210
19: Cap on Gains*:	(5.4645)
20: Minimum Wage Increase: (8.2852%)	20.4982
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.9067

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 254291-00 - 2022/10

276.31

Arch Plaza Nursing & Rehabilitation Center

Zip Code:	33161
Region:	South
Beds:	98
Medicaid Days FYE 1/31/18:	23,917
Total Patient Days FYE 1/31/21:	32,179
Medicaid Days FYE 1/31/21:	23,263
Medicaid Utilization:	72.29249%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,042,125	1,142,240	1,496,620
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	127.1950	47.7584	62.5755
3: Inflated Cost Per Diem (Line 2 x Inflation):	157.3661	58.6038	76.7857
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	60	27	0.86	126,756	20.9481

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	92,342	2.8696

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.6468
16: Budget Neutrality Adjustment:		45.6549

17: Prospective Rate: (Sum of Lines 8:16)	255.1644
18: Hold Harmless Rate:	249.0520
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.1409
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	276.3053

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 254762-00 - 2022/10

250.62

Wrights Healthcare And Rehabilitation Center

Zip Code:	33778
Region:	North
Beds:	60
Medicaid Days FYE 12/31/17:	10,443
Total Patient Days FYE 12/31/21:	15,934
Medicaid Days FYE 12/31/21:	6,162
Medicaid Utilization:	38.67202%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,029,357	352,862	482,703
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	98.5690	33.7893	46.2226
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.2070	41.5423	56.8284
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.4927	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.7701	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	40	0.87	15,819	10.8607

	Total	Per Diem
11: Taxes:	16,200	1.0167
12: Insurance:	69,200	4.3429

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.4571
16: Budget Neutrality Adjustment:		40.5877

17: Prospective Rate: (Sum of Lines 8:16)	231.4460
18: Hold Harmless Rate:	204.9530
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1757
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.6218

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 254878-00 - 2022/10

246.10

EdgeWood Nursing Center, Inc.

Zip Code:	32208
Region:	North
Beds:	60
Medicaid Days FYE 12/31/17:	14,875
Total Patient Days FYE 12/31/21:	14,118
Medicaid Days FYE 12/31/21:	10,682
Medicaid Utilization:	75.66228%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,431,527	303,163	794,500
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	96.2371	20.3807	53.4117
3: Inflated Cost Per Diem (Line 2 x Inflation):	119.3157	25.0570	65.6670
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.3840	8.9597	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.8788	27.8151	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	34	0.85	32,088	16.4541

	Total	Per Diem
11: Taxes:	20,772	1.4713
12: Insurance:	35,736	2.5312

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.1626
16: Budget Neutrality Adjustment:		39.2737

17: Prospective Rate: (Sum of Lines 8:16)	227.2704
18: Hold Harmless Rate:	203.9840
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.8298
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	246.1001

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 256269-00 - 2022/10

258.71

Diamond Ridge Health And Rehabilitation Center

Zip Code:	34461
Region:	North
Beds:	142
Medicaid Days FYE 12/31/18:	21,295
Total Patient Days FYE 12/31/20:	37,602
Medicaid Days FYE 12/31/20:	20,803
Medicaid Utilization:	55.32418%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,575,409	907,281	894,981
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	120.9396	42.6053	42.0277
3: Inflated Cost Per Diem (Line 2 x Inflation):	146.3417	51.0101	50.3185
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	12	0.84	60,669	23.4606

	Total	Per Diem
11: Taxes:	89,237	2.3732
12: Insurance:	45,199	1.2020

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		17.4989
16: Budget Neutrality Adjustment:		42.8844

17: Prospective Rate: (Sum of Lines 8:16)	238.9187
18: Hold Harmless Rate:	218.3100
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7949
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.7136

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 256277-00 - 2022/10

272.18

Surrey Place Healthcare and Rehabilitation

Zip Code:	34209
Region:	North
Beds:	74
Medicaid Days FYE 12/31/17:	7,995
Total Patient Days FYE 12/31/20:	18,946
Medicaid Days FYE 12/31/20:	8,590
Medicaid Utilization:	45.33939%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,022,129	466,253	447,071
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	127.8460	58.3180	55.9188
3: Inflated Cost Per Diem (Line 2 x Inflation):	158.5048	71.6991	68.7493
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	29.5	23.3141

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	12	0.85	43,243	27.4883

	Total	Per Diem
11: Taxes:	83,106	4.3865
12: Insurance:	28,914	1.5261

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		16.0053
16: Budget Neutrality Adjustment:		43.9828

17: Prospective Rate: (Sum of Lines 8:16)	250.1997
18: Hold Harmless Rate:	251.3510
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.8249
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	272.1759

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 256757-00 - 2022/10

252.81

Lakeside Nursing And Rehabilitation Center

Zip Code:	32218
Region:	North
Beds:	122
Medicaid Days FYE 12/31/17:	20,805
Total Patient Days FYE 12/31/20:	36,928
Medicaid Days FYE 12/31/20:	24,677
Medicaid Utilization:	66.82463%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,066,404	625,624	866,523
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	99.3224	30.0708	41.6497
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.1410	36.9706	51.2062
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.5587	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.7041	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	14	0.85	47,417	21.0082

	Total	Per Diem
11: Taxes:	124,297	3.3659
12: Insurance:	25,417	0.6883

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.3873
16: Budget Neutrality Adjustment:		42.2749

17: Prospective Rate: (Sum of Lines 8:16)	234.9088
18: Hold Harmless Rate:	201.8655
19: Cap on Gains*:	(1.4431)
20: Minimum Wage Increase: (8.2852%)	19.3431
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.8088

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 256935-00 - 2022/10

269.62

Manor Oaks Nursing & Rehabilitation Center

Zip Code:	33308
Region:	South
Beds:	116
Medicaid Days FYE 2/28/19:	18,213
Total Patient Days FYE 2/28/22:	27,144
Medicaid Days FYE 2/28/22:	14,455
Medicaid Utilization:	53.25302%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,174,920	462,080	1,273,608
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	119.4158	25.3708	69.9285
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.7777	30.2522	83.3827
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	6.9748	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	33.2706	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	48	4	0.85	41,301	22.6722

	Total	Per Diem
11: Taxes:	135,607	4.9958
12: Insurance:	82,438	3.0371

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/22):	0	0.0000
15: Quality Assess-Medicaid Share:		18.9465
16: Budget Neutrality Adjustment:		45.6398

17: Prospective Rate: (Sum of Lines 8:16)	254.3676
18: Hold Harmless Rate:	215.2890
19: Cap on Gains*:	(5.3770)
20: Minimum Wage Increase: (8.2852%)	20.6293
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	269.6199

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 258342-00 - 2022/10

236.97

Oak Manor Healthcare and Rehabilitation Center

Zip Code:	33774
Region:	North
Beds:	180
Medicaid Days FYE 12/31/17:	34,049
Total Patient Days FYE 12/31/21:	41,966
Medicaid Days FYE 12/31/21:	18,925
Medicaid Utilization:	45.09603%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,539,858	1,071,058	1,366,012
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	103.9636	31.4563	40.1190
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.8952	38.6740	49.3243
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	51	33	0.87	47,675	13.1823

	Total	Per Diem
11: Taxes:	106,850	2.5461
12: Insurance:	166,977	3.9789

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.2870
16: Budget Neutrality Adjustment:		41.6197

17: Prospective Rate: (Sum of Lines 8:16)	218.8369
18: Hold Harmless Rate:	194.0945
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.1310
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.9679

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 258750-00 - 2022/10

257.27

Indigo Manor

Zip Code:	32114
Region:	North
Beds:	173
Medicaid Days FYE 1/31/19:	21,342
Total Patient Days FYE 1/31/21:	41,540
Medicaid Days FYE 1/31/21:	20,067
Medicaid Utilization:	48.30766%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,424,717	816,489	1,282,065
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	113.6124	38.2573	60.0723
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.1326	45.7111	71.7764
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	2	0.86	65,524	24.9678

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	77,781	1.8724

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.2818
16: Budget Neutrality Adjustment:		42.8506

17: Prospective Rate: (Sum of Lines 8:16)	237.5883
18: Hold Harmless Rate:	220.4190
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6846
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.2729

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 258831-00 - 2022/10

260.88

Haven of Our Lady of Peace

Zip Code:	32503
Region:	North
Beds:	120
Medicaid Days FYE 6/30/17:	17,556
Total Patient Days FYE 6/30/21:	30,154
Medicaid Days FYE 6/30/21:	15,721
Medicaid Utilization:	52.13570%

	Price	Floor	Inflation
Direct Care	100%	95%	1.25423868
Indirect Care	92%	92.5%	1.24640883
Operating	86%	N/A	1.24640883

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,413,350	617,062	1,113,227
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/17):	137.4658	35.1482	63.4100
3: Inflated Cost Per Diem (Line 2 x Inflation):	172.4150	43.8090	79.0349
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	21	15	0.87	72,487	26.7137

	Total	Per Diem
11: Taxes:	1,848	0.0613
12: Insurance:	0	0.00

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.9283
16: Budget Neutrality Adjustment:		42.8394

17: Prospective Rate: (Sum of Lines 8:16)	240.9226
18: Hold Harmless Rate:	227.9335
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9609
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.8835

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 259080-00 - 2022/10

287.62

Life Care Center at Inverrary

Zip Code:	33319
Region:	South
Beds:	120
Medicaid Days FYE 12/31/17:	18,508
Total Patient Days FYE 12/31/20:	35,509
Medicaid Days FYE 12/31/20:	17,823
Medicaid Utilization:	50.19291%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,359,358	660,202	1,242,499
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	127.4777	35.6711	67.1330
3: Inflated Cost Per Diem (Line 2 x Inflation):	158.0482	43.8559	82.5367
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21.5	16.9916

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	19	11	0.85	57,956	27.0432

	Total	Per Diem
11: Taxes:	259,627	7.3116
12: Insurance:	60,525	1.7045

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.3020
16: Budget Neutrality Adjustment:		47.7674

17: Prospective Rate: (Sum of Lines 8:16)	266.3196
18: Hold Harmless Rate:	229.6625
19: Cap on Gains*:	(0.7055)
20: Minimum Wage Increase: (8.2852%)	22.0066
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	287.6207

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 259331-00 - 2022/10

231.19

PruittHealth Santa Rosa

Zip Code:	32570
Region:	North
Beds:	120
Medicaid Days FYE 6/30/18:	26,865
Total Patient Days FYE 6/30/21:	35,601
Medicaid Days FYE 6/30/21:	24,310
Medicaid Utilization:	68.28460%

	Price	Floor	Inflation
Direct Care	100%	95%	1.22468602
Indirect Care	92%	92.5%	1.21395961
Operating	86%	N/A	1.21395961

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,691,311	713,313	1,251,761
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/18):	100.1790	26.5517	46.5944
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.6879	32.2328	56.5638
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.0118	1.7839	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.2510	34.9909	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	19	2	0.87	42,251	23.5927

	Total	Per Diem
11: Taxes:	52,600	1.4775
12: Insurance:	27,108	0.7614

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.5340
16: Budget Neutrality Adjustment:		42.0216

17: Prospective Rate: (Sum of Lines 8:16)	224.0107
18: Hold Harmless Rate:	184.6040
19: Cap on Gains*:	(10.5086)
20: Minimum Wage Increase: (8.2852%)	17.6890
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	231.1912

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 259357-00 - 2022/10

264.20

Life Care Center of New Port Richey

Zip Code:	34653
Region:	North
Beds:	113
Medicaid Days FYE 12/31/17:	12,697
Total Patient Days FYE 12/31/21:	40,876
Medicaid Days FYE 12/31/21:	27,530
Medicaid Utilization:	67.35003%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,546,751	512,296	692,956
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	121.8201	40.3477	54.5763
3: Inflated Cost Per Diem (Line 2 x Inflation):	151.0339	49.6056	67.0988
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	19	10	0.86	58,154	26.0682

	Total	Per Diem
11: Taxes:	89,849	2.1981
12: Insurance:	89,213	2.1825

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.1576
16: Budget Neutrality Adjustment:		43.4734

17: Prospective Rate: (Sum of Lines 8:16)	243.9820
18: Hold Harmless Rate:	217.2650
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2144
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	264.1964

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 259586-00 - 2022/10

276.07

Hamlin Place

Zip Code:	33462
Region:	South
Beds:	120
Medicaid Days FYE 8/31/18:	22,010
Total Patient Days FYE 8/31/21:	31,693
Medicaid Days FYE 8/31/21:	18,210
Medicaid Utilization:	57.45748%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21964207
Indirect Care	92%	92.5%	1.20747969
Operating	86%	N/A	1.20747969

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,933,337	1,126,952	1,359,538
2: Cost Per Diem (Line 1 ÷ Medicaid Days 8/31/18):	133.2729	51.2018	61.7691
3: Inflated Cost Per Diem (Line 2 x Inflation):	162.5453	61.8252	74.5849
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	11	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	11	0.82	40,903	19.3953

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	99,695	3.1456

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 8/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9698
16: Budget Neutrality Adjustment:		45.4345

17: Prospective Rate: (Sum of Lines 8:16)	239.8103
18: Hold Harmless Rate:	254.9515
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.1232
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	276.0747

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 259870-00 - 2022/10

246.06

Avante At St Cloud

Zip Code:	34769
Region:	North
Beds:	131
Medicaid Days FYE 12/31/18:	23,506
Total Patient Days FYE 12/31/20:	38,229
Medicaid Days FYE 12/31/20:	26,037
Medicaid Utilization:	68.10798%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,755,588	720,155	1,388,671
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	117.2291	30.6370	59.0772
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.8519	36.6808	70.7315
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	40	0.86	33,967	10.7448

	Total	Per Diem
11: Taxes:	42,485	1.1113
12: Insurance:	62,024	1.6224

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.9816
16: Budget Neutrality Adjustment:		40.5448

17: Prospective Rate: (Sum of Lines 8:16)	227.2323
18: Hold Harmless Rate:	224.4090
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.8266
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	246.0589

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 260371-00 - 2022/10

255.41

Bridgeview Center

Zip Code:	32174
Region:	North
Beds:	139
Medicaid Days FYE 12/31/17:	34,432
Total Patient Days FYE 12/31/20:	36,583
Medicaid Days FYE 12/31/20:	30,068
Medicaid Utilization:	82.19118%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,586,143	1,053,522	1,765,106
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	104.1514	30.5971	51.2635
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.1280	37.6177	63.0259
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	64	40	0.86	42,649	10.7448

	Total	Per Diem
11: Taxes:	50,166	1.3713
12: Insurance:	65,307	1.7852

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		25.3117
16: Budget Neutrality Adjustment:		40.6177

17: Prospective Rate: (Sum of Lines 8:16)	235.8637
18: Hold Harmless Rate:	225.3685
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5417
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.4054

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 260444-00 - 2022/10

256.31

Bayview Center

Zip Code:	32726
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	29,581
Total Patient Days FYE 12/31/20:	33,363
Medicaid Days FYE 12/31/20:	27,250
Medicaid Utilization:	81.67731%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,117,581	903,054	1,477,780
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	105.3913	30.5281	49.9570
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.5277	36.5505	59.8121
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	44	22	0.86	31,908	16.6521

	Total	Per Diem
11: Taxes:	58,372	1.7496
12: Insurance:	54,526	1.6343

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.2316
16: Budget Neutrality Adjustment:		41.6764

17: Prospective Rate: (Sum of Lines 8:16)	236.6984
18: Hold Harmless Rate:	218.5665
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6109
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.3093

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 260452-00 - 2022/10

254.29

Ruleme Center, LLC

Zip Code:	32726
Region:	North
Beds:	138
Medicaid Days FYE 12/31/18:	30,199
Total Patient Days FYE 12/31/21:	26,762
Medicaid Days FYE 12/31/21:	18,758
Medicaid Utilization:	70.09192%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,179,843	1,052,025	1,540,631
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	105.2963	34.8364	51.0159
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.4127	41.7086	61.0799
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	28	0.86	45,258	14.6830

	Total	Per Diem
11: Taxes:	57,096	2.1335
12: Insurance:	58,356	2.1806

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.6178
16: Budget Neutrality Adjustment:		41.4971

17: Prospective Rate: (Sum of Lines 8:16)	234.8298
18: Hold Harmless Rate:	219.9535
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4561
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.2859

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 260568-00 - 2022/10

258.94

Tierra Pines Center

Zip Code:	33771
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	38,088
Total Patient Days FYE 12/31/20:	36,376
Medicaid Days FYE 12/31/20:	31,842
Medicaid Utilization:	87.53574%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,802,102	1,176,787	1,765,307
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	99.8241	30.8965	46.3481
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.7912	36.9915	55.4912
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.9085	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.3543	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	7	0.87	37,168	21.8055

	Total	Per Diem
11: Taxes:	55,555	1.5272
12: Insurance:	51,978	1.4289

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.8029
16: Budget Neutrality Adjustment:		41.8174

17: Prospective Rate: (Sum of Lines 8:16)	239.1313
18: Hold Harmless Rate:	208.3920
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8125
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.9438

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 260576-00 - 2022/10

257.28

Highlands Lake Center, LLC

Zip Code:	33813
Region:	North
Beds:	179
Medicaid Days FYE 12/31/18:	38,394
Total Patient Days FYE 12/31/20:	36,184
Medicaid Days FYE 12/31/20:	24,282
Medicaid Utilization:	67.10701%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,126,432	1,374,784	1,762,840
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	107.4759	35.8072	45.9144
3: Inflated Cost Per Diem (Line 2 x Inflation):	130.0502	42.8709	54.9720
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	10	0.85	61,474	20.3702

	Total	Per Diem
11: Taxes:	119,329	3.2978
12: Insurance:	103,618	2.8636

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.5473
16: Budget Neutrality Adjustment:		42.7974

17: Prospective Rate: (Sum of Lines 8:16)	237.5984
18: Hold Harmless Rate:	210.6530
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6855
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.2839

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 260649-00 - 2022/10

267.02

Coquina Center

Zip Code:	32174
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	23,943
Total Patient Days FYE 12/31/21:	27,082
Medicaid Days FYE 12/31/21:	15,009
Medicaid Utilization:	55.42057%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,564,245	770,562	1,130,295
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	107.0978	32.1831	47.2077
3: Inflated Cost Per Diem (Line 2 x Inflation):	132.7811	39.5676	58.0395
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22.5	17.7819

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	10	0.86	49,200	23.8364

	Total	Per Diem
11: Taxes:	64,196	2.3704
12: Insurance:	74,786	2.7615

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.5946
16: Budget Neutrality Adjustment:		43.2179

17: Prospective Rate: (Sum of Lines 8:16)	246.5892
18: Hold Harmless Rate:	227.9620
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4304
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.0195

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 260657-00 - 2022/10

261.03

Island Lake Center, LLC

Zip Code:	32750
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	27,621
Total Patient Days FYE 12/31/21:	33,703
Medicaid Days FYE 12/31/21:	21,547
Medicaid Utilization:	63.93199%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,907,833	921,991	1,310,946
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	105.2761	33.3800	47.4619
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.3884	39.9649	56.8247
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	9	0.86	41,736	20.9185

	Total	Per Diem
11: Taxes:	86,143	2.5559
12: Insurance:	48,065	1.4261

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.9856
16: Budget Neutrality Adjustment:		42.5159

17: Prospective Rate: (Sum of Lines 8:16)	241.0581
18: Hold Harmless Rate:	216.0680
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9721
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	261.0302

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 260665-00 - 2022/10

257.21

Indian River Center

Zip Code:	32904
Region:	North
Beds:	179
Medicaid Days FYE 12/31/18:	49,290
Total Patient Days FYE 12/31/20:	55,532
Medicaid Days FYE 12/31/20:	42,524
Medicaid Utilization:	76.57567%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,268,470	1,470,305	2,277,753
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	106.8871	29.8296	46.2112
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.3378	35.7142	55.3273
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	17	0.89	64,705	19.4523

	Total	Per Diem
11: Taxes:	94,469	1.7012
12: Insurance:	90,278	1.6257

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.3788
16: Budget Neutrality Adjustment:		42.1498

17: Prospective Rate: (Sum of Lines 8:16)	237.5347
18: Hold Harmless Rate:	215.4980
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6802
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.2149

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 260673-00 - 2022/10

233.35

Riverwood Center

Zip Code:	32216
Region:	North
Beds:	240
Medicaid Days FYE 12/31/17:	71,284
Total Patient Days FYE 12/31/21:	55,280
Medicaid Days FYE 12/31/21:	45,004
Medicaid Utilization:	81.41100%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	7,056,473	2,044,702	3,081,381
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	98.9909	28.6838	43.2268
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.7300	35.2654	53.1452
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.9697	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.2931	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	59	37	0.85	65,386	11.6030

	Total	Per Diem
11: Taxes:	137,392	2.4854
12: Insurance:	93,488	1.6912

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		5.0229
16: Budget Neutrality Adjustment:		40.6019

17: Prospective Rate: (Sum of Lines 8:16)	215.4993
18: Hold Harmless Rate:	195.1680
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.8545
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	233.3538

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 260690-00 - 2022/10

261.59

Fairway Oaks Center, LLC

Zip Code:	33613
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	29,233
Total Patient Days FYE 12/31/20:	33,413
Medicaid Days FYE 12/31/20:	26,529
Medicaid Utilization:	79.39724%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,997,398	1,050,512	1,389,430
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	102.5347	35.9358	47.5295
3: Inflated Cost Per Diem (Line 2 x Inflation):	124.0711	43.0249	56.9056
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.6286	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.6342	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	45	16	0.86	32,876	18.6212

	Total	Per Diem
11: Taxes:	73,073	2.1870
12: Insurance:	58,350	1.7463

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.3870
16: Budget Neutrality Adjustment:		42.0026

17: Prospective Rate: (Sum of Lines 8:16)	241.5788
18: Hold Harmless Rate:	221.4545
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0153
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	261.5940

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 260771-00 - 2022/10

290.10

Sinai Plaza Nursing & Rehab Center

Zip Code:	33161
Region:	South
Beds:	150
Medicaid Days FYE 1/31/18:	37,555
Total Patient Days FYE 1/31/21:	45,838
Medicaid Days FYE 1/31/21:	32,091
Medicaid Utilization:	70.00960%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,954,661	1,375,770	2,207,801
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	131.9307	36.6334	58.7884
3: Inflated Cost Per Diem (Line 2 x Inflation):	163.2251	44.9525	72.1386
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	7	0.86	63,337	25.6687

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	106,345	2.3200

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		6.9154
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.6206
16: Budget Neutrality Adjustment:		46.3747

17: Prospective Rate: (Sum of Lines 8:16)	267.9000
18: Hold Harmless Rate:	254.5050
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.1960
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	290.0960

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 261254-00 - 2022/10

265.13

Alhambra Health And Rehabilitation Center

Zip Code:	33710
Region:	North
Beds:	60
Medicaid Days FYE 12/31/17:	8,937
Total Patient Days FYE 12/31/20:	19,045
Medicaid Days FYE 12/31/20:	11,518
Medicaid Utilization:	60.47782%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	971,715	336,687	596,667
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	108.7294	37.6733	66.7636
3: Inflated Cost Per Diem (Line 2 x Inflation):	134.8039	46.3175	82.0825
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	57	2	0.87	25,823	28.4189

	Total	Per Diem
11: Taxes:	24,463	1.2845
12: Insurance:	42,197	2.2156

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.1743
16: Budget Neutrality Adjustment:		43.7271

17: Prospective Rate: (Sum of Lines 8:16)	244.8444
18: Hold Harmless Rate:	219.8110
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2858
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.1302

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 261611-00 - 2022/10

248.73

Terra Vista Rehab And Health Center

Zip Code:	32806
Region:	North
Beds:	115
Medicaid Days FYE 12/31/18:	27,260
Total Patient Days FYE 12/31/18:	38,308
Medicaid Days FYE 12/31/18:	27,260
Medicaid Utilization:	71.16007%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,901,369	971,476	1,266,444
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	106.4331	35.6374	46.4579
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.7884	42.6676	55.6227
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	28	22.1286

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	50	36	0.86	23,366	11.8906

	Total	Per Diem
11: Taxes:	78,352	2.0453
12: Insurance:	36,376	0.9496

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/18):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0998
16: Budget Neutrality Adjustment:		40.7876

17: Prospective Rate: (Sum of Lines 8:16)	239.7886
18: Hold Harmless Rate:	198.6070
19: Cap on Gains*:	(10.0915)
20: Minimum Wage Increase: (8.2852%)	19.0308
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.7280

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 261629-00 - 2022/10

237.32

Avalon Healthcare Center

Zip Code:	32025
Region:	North
Beds:	95
Medicaid Days FYE 12/31/18:	25,461
Total Patient Days FYE 12/31/18:	33,339
Medicaid Days FYE 12/31/18:	25,461
Medicaid Utilization:	76.37002%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,231,282	1,080,855	1,055,289
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	87.6352	42.4513	41.4472
3: Inflated Cost Per Diem (Line 2 x Inflation):	106.0422	50.8258	49.6236
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.6575	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	112.6053	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	20	0.85	17,365	16.0283

	Total	Per Diem
11: Taxes:	38,949	1.1683
12: Insurance:	29,242	0.8771

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/18):	0	0.0000
15: Quality Assess-Medicaid Share:		23.7525
16: Budget Neutrality Adjustment:		38.1180

17: Prospective Rate: (Sum of Lines 8:16)	219.1580
18: Hold Harmless Rate:	197.8565
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.1576
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.3156

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 261637-00 - 2022/10

253.62

Emerald HealthCare Center

Zip Code:	34952
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	19,899
Total Patient Days FYE 12/31/20:	37,666
Medicaid Days FYE 12/31/20:	16,428
Medicaid Utilization:	43.61493%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,123,633	910,062	852,799
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	106.7205	45.7340	42.8563
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.1362	54.7560	51.3106
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	9	0.82	29,109	20.0239

	Total	Per Diem
11: Taxes:	119,550	3.1739
12: Insurance:	86,168	2.2877

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		15.6543
16: Budget Neutrality Adjustment:		42.6169

17: Prospective Rate: (Sum of Lines 8:16)	234.2108
18: Hold Harmless Rate:	218.9370
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4048
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.6156

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263389-00 - 2022/10

247.88

Atlantic Shores Nursing And Rehab

Zip Code:	32901
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	21,151
Total Patient Days FYE 12/31/20:	31,300
Medicaid Days FYE 12/31/20:	17,406
Medicaid Utilization:	55.61022%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,346,814	595,394	1,044,452
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	110.9552	28.1496	49.3807
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.0124	32.9281	57.7630
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.0886	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	35.6862	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	18	0.89	52,387	22.7761

	Total	Per Diem
11: Taxes:	90,421	2.8888
12: Insurance:	28,728	0.9178

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.0565
16: Budget Neutrality Adjustment:		42.6183

17: Prospective Rate: (Sum of Lines 8:16)	234.4589
18: Hold Harmless Rate:	197.9325
19: Cap on Gains*:	(5.5418)
20: Minimum Wage Increase: (8.2852%)	18.9662
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	247.8833

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263443-00 - 2022/10

227.37

Bonifay Nursing And Rehab

Zip Code:	32425
Region:	North
Beds:	180
Medicaid Days FYE 12/31/19:	48,550
Total Patient Days FYE 12/31/20:	58,810
Medicaid Days FYE 12/31/20:	42,396
Medicaid Utilization:	72.08978%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,518,413	1,146,033	1,843,111
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	93.0672	23.6052	37.9631
3: Inflated Cost Per Diem (Line 2 x Inflation):	109.8908	27.6122	44.4073
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.8089	6.4045	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	116.4539	30.3703	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	29	0.86	59,884	14.3548

	Total	Per Diem
11: Taxes:	40,244	0.6843
12: Insurance:	32,307	0.5493

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.1449
16: Budget Neutrality Adjustment:		37.2480

17: Prospective Rate: (Sum of Lines 8:16)	216.7502
18: Hold Harmless Rate:	181.5545
19: Cap on Gains*:	(6.7750)
20: Minimum Wage Increase: (8.2852%)	17.3968
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	227.3721

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263451-00 - 2022/10

260.27

Riviera Palms Rehabilitation Center

Zip Code:	34221
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	28,347
Total Patient Days FYE 12/31/21:	29,654
Medicaid Days FYE 12/31/21:	21,600
Medicaid Utilization:	72.84009%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,350,400	798,750	1,218,726
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	118.1924	28.1775	42.9931
3: Inflated Cost Per Diem (Line 2 x Inflation):	139.5578	32.9607	50.2911
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.0560	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	35.7188	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	29	0.85	56,208	18.6325

	Total	Per Diem
11: Taxes:	107,141	3.6130
12: Insurance:	42,411	1.4302

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9497
16: Budget Neutrality Adjustment:		42.1223

17: Prospective Rate: (Sum of Lines 8:16)	242.0865
18: Hold Harmless Rate:	207.8220
19: Cap on Gains*:	(1.7318)
20: Minimum Wage Increase: (8.2852%)	19.9138
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.2685

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263460-00 - 2022/10

249.93

Boynton Beach Rehabilitation Center

Zip Code:	33436
Region:	South
Beds:	168
Medicaid Days FYE 12/31/19:	36,766
Total Patient Days FYE 12/31/20:	45,332
Medicaid Days FYE 12/31/20:	27,261
Medicaid Utilization:	60.13633%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,956,093	1,001,484	1,494,449
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	107.6019	27.2394	40.6475
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.0529	31.8633	47.5475
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.2312	5.3637	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.1205	34.8817	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	17	0.82	74,992	21.9320

	Total	Per Diem
11: Taxes:	163,031	3.5964
12: Insurance:	47,015	1.0371

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.8035
16: Budget Neutrality Adjustment:		43.9555

17: Prospective Rate: (Sum of Lines 8:16)	242.6170
18: Hold Harmless Rate:	199.5665
19: Cap on Gains*:	(11.8101)
20: Minimum Wage Increase: (8.2852%)	19.1228
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	249.9296

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263478-00 - 2022/10

232.52

Arbor Trail Nursing and Rehabilitation

Zip Code:	34453
Region:	North
Beds:	116
Medicaid Days FYE 12/31/19:	23,062
Total Patient Days FYE 12/31/21:	32,579
Medicaid Days FYE 12/31/21:	16,811
Medicaid Utilization:	51.60072%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,589,235	772,513	1,174,874
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	112.2727	33.4972	50.9441
3: Inflated Cost Per Diem (Line 2 x Inflation):	132.5681	39.1833	59.5918
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20.5	16.2013

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	11	0.84	37,968	19.8287

	Total	Per Diem
11: Taxes:	80,384	2.4674
12: Insurance:	30,405	0.9333

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.5217
16: Budget Neutrality Adjustment:		42.2275

17: Prospective Rate: (Sum of Lines 8:16)	238.1872
18: Hold Harmless Rate:	185.6680
19: Cap on Gains*:	(23.4545)
20: Minimum Wage Increase: (8.2852%)	17.7910
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.5237

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263486-00 - 2022/10

261.42

Pinellas Point Nursing And Rehab Center

Zip Code:	33712
Region:	North
Beds:	60
Medicaid Days FYE 12/31/19:	15,683
Total Patient Days FYE 12/31/20:	16,744
Medicaid Days FYE 12/31/20:	11,166
Medicaid Utilization:	66.68657%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,698,697	525,084	798,108
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	108.3145	33.4810	50.8900
3: Inflated Cost Per Diem (Line 2 x Inflation):	127.8943	39.1645	59.5285
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	29	22.9189

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	62	32	0.87	16,333	13.5140

	Total	Per Diem
11: Taxes:	32,600	1.9470
12: Insurance:	38,720	2.3125

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.7199
16: Budget Neutrality Adjustment:		41.2859

17: Prospective Rate: (Sum of Lines 8:16)	242.5886
18: Hold Harmless Rate:	208.7435
19: Cap on Gains*:	(1.1681)
20: Minimum Wage Increase: (8.2852%)	20.0021
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	261.4226

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263494-00 - 2022/10

244.08

Jacksonville Nursing And Rehab

Zip Code:	32218
Region:	North
Beds:	163
Medicaid Days FYE 12/31/19:	43,633
Total Patient Days FYE 12/31/21:	43,445
Medicaid Days FYE 12/31/21:	31,334
Medicaid Utilization:	72.12337%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,511,857	1,026,399	1,761,926
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	103.4046	23.5234	40.3805
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.0969	27.5165	47.2351
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.6028	6.5002	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.6600	30.2746	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23.5	18.5722

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	22	0.85	51,529	16.4737

	Total	Per Diem
11: Taxes:	41,740	0.9608
12: Insurance:	27,383	0.6303

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.1442
16: Budget Neutrality Adjustment:		39.7653

17: Prospective Rate: (Sum of Lines 8:16)	230.3752
18: Hold Harmless Rate:	194.8925
19: Cap on Gains*:	(4.9740)
20: Minimum Wage Increase: (8.2852%)	18.6749
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	244.0761

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 263508-00 - 2022/10

250.83

Port Orange Nursing And Rehab

Zip Code:	32127
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	17,030
Total Patient Days FYE 12/31/21:	33,868
Medicaid Days FYE 12/31/21:	14,099
Medicaid Utilization:	41.62927%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,933,739	524,934	746,874
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	113.5489	30.8240	43.8563
3: Inflated Cost Per Diem (Line 2 x Inflation):	134.0750	36.0564	51.3009
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	14	0.86	45,353	20.6938

	Total	Per Diem
11: Taxes:	74,923	2.2122
12: Insurance:	35,944	1.0613

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		16.3104
16: Budget Neutrality Adjustment:		42.3548

17: Prospective Rate: (Sum of Lines 8:16)	231.6348
18: Hold Harmless Rate:	212.1540
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1914
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.8262

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 263516-00 - 2022/10

232.86

MacClenny Nursing and Rehab

Zip Code:	32063
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	28,800
Total Patient Days FYE 12/31/20:	33,422
Medicaid Days FYE 12/31/20:	24,684
Medicaid Utilization:	73.85554%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,785,162	705,122	1,206,374
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	96.7070	24.4834	41.8879
3: Inflated Cost Per Diem (Line 2 x Inflation):	114.1885	28.6394	48.9984
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.5112	5.3773	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	120.7516	31.3975	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	20	0.85	43,725	17.7704

	Total	Per Diem
11: Taxes:	57,057	1.7072
12: Insurance:	20,373	0.6096

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.6852
16: Budget Neutrality Adjustment:		38.9433

17: Prospective Rate: (Sum of Lines 8:16)	225.7896
18: Hold Harmless Rate:	185.9340
19: Cap on Gains*:	(10.7493)
20: Minimum Wage Increase: (8.2852%)	17.8165
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.8568

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 263524-00 - 2022/10

244.11

Medicana Nursing And Rehab Center

Zip Code:	33460
Region:	South
Beds:	117
Medicaid Days FYE 12/31/18:	22,710
Total Patient Days FYE 12/31/21:	29,596
Medicaid Days FYE 12/31/21:	21,675
Medicaid Utilization:	73.23625%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,424,673	570,106	1,137,677
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	106.7667	25.1037	50.0958
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.1920	30.0559	59.9782
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.0921	7.1711	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.2596	33.0743	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	28	0.82	26,927	14.0526

	Total	Per Diem
11: Taxes:	59,630	2.0148
12: Insurance:	16,657	0.5628

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.0665
16: Budget Neutrality Adjustment:		42.2982

17: Prospective Rate: (Sum of Lines 8:16)	238.8852
18: Hold Harmless Rate:	194.9210
19: Cap on Gains*:	(13.4511)
20: Minimum Wage Increase: (8.2852%)	18.6776
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	244.1118

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 263532-00 - 2022/10

245.13

Tiffany Hall Nursing And Rehab Center

Zip Code:	34952
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	26,471
Total Patient Days FYE 12/31/20:	30,439
Medicaid Days FYE 12/31/20:	19,482
Medicaid Utilization:	64.00342%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,899,021	742,260	1,218,750
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	109.5168	28.0404	46.0409
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.3140	32.8003	53.8563
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.2164	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	35.5584	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	16	0.82	41,973	17.8239

	Total	Per Diem
11: Taxes:	118,886	3.9057
12: Insurance:	21,782	0.7156

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.1534
16: Budget Neutrality Adjustment:		41.8823

17: Prospective Rate: (Sum of Lines 8:16)	236.7684
18: Hold Harmless Rate:	195.7380
19: Cap on Gains*:	(10.3894)
20: Minimum Wage Increase: (8.2852%)	18.7559
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.1350

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 263541-00 - 2022/10

257.48

Metrowest Nursing And Rehab

Zip Code:	32835
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	25,476
Total Patient Days FYE 12/31/20:	34,030
Medicaid Days FYE 12/31/20:	24,153
Medicaid Utilization:	70.97561%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,882,620	785,627	1,203,529
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	113.1504	30.8379	47.2416
3: Inflated Cost Per Diem (Line 2 x Inflation):	133.6044	36.0726	55.2609
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	20	0.86	59,322	23.8849

	Total	Per Diem
11: Taxes:	120,916	3.5532
12: Insurance:	24,862	0.7306

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.4182
16: Budget Neutrality Adjustment:		43.0799

17: Prospective Rate: (Sum of Lines 8:16)	242.7755
18: Hold Harmless Rate:	205.5990
19: Cap on Gains*:	(4.9918)
20: Minimum Wage Increase: (8.2852%)	19.7008
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.4845

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 263559-00 - 2022/10

254.43

Moultrie Creek Nursing And Rehab

Zip Code:	32086
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	21,696
Total Patient Days FYE 12/31/20:	35,105
Medicaid Days FYE 12/31/20:	20,132
Medicaid Utilization:	57.34796%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,579,744	661,213	1,017,668
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	118.9041	30.4762	46.9057
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.3982	35.6496	54.8680
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	24	0.85	45,000	16.8655

	Total	Per Diem
11: Taxes:	35,569	1.0132
12: Insurance:	27,995	0.7975

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.8794
16: Budget Neutrality Adjustment:		41.4417

17: Prospective Rate: (Sum of Lines 8:16)	234.9629
18: Hold Harmless Rate:	211.9260
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4671
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.4301

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 263567-00 - 2022/10

237.48

Orange City Nursing And Rehab

Zip Code:	32713
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	22,559
Total Patient Days FYE 12/31/21:	34,727
Medicaid Days FYE 12/31/21:	20,919
Medicaid Utilization:	60.23843%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,505,494	645,273	1,045,474
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	111.0640	28.6037	46.3439
3: Inflated Cost Per Diem (Line 2 x Inflation):	134.3919	34.2465	55.4862
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	20	0.86	43,800	17.9919

	Total	Per Diem
11: Taxes:	67,491	1.9435
12: Insurance:	21,739	0.6260

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.3337
16: Budget Neutrality Adjustment:		41.7671

17: Prospective Rate: (Sum of Lines 8:16)	235.1867
18: Hold Harmless Rate:	189.6295
19: Cap on Gains*:	(15.8724)
20: Minimum Wage Increase: (8.2852%)	18.1706
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.4849

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 263575-00 - 2022/10

234.62

Bayshore Pointe Nursing And Rehab Center

Zip Code:	33611
Region:	North
Beds:	117
Medicaid Days FYE 12/31/19:	22,496
Total Patient Days FYE 12/31/21:	35,737
Medicaid Days FYE 12/31/21:	19,145
Medicaid Utilization:	53.57193%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,669,227	747,650	1,030,976
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	118.6534	33.2347	45.8293
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.1021	38.8764	53.6088
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	51	39	0.86	56,234	14.9043

	Total	Per Diem
11: Taxes:	106,238	2.9728
12: Insurance:	33,021	0.9240

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.8655
16: Budget Neutrality Adjustment:		41.4633

17: Prospective Rate: (Sum of Lines 8:16)	216.6655
18: Hold Harmless Rate:	213.9400
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.9511
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	234.6166

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 263583-00 - 2022/10

243.65

Royal Oaks Nursing And Rehab Center

Zip Code:	32780
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	18,085
Total Patient Days FYE 12/31/20:	38,400
Medicaid Days FYE 12/31/20:	19,353
Medicaid Utilization:	50.39844%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,981,586	562,835	833,564
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	109.5706	31.1216	46.0914
3: Inflated Cost Per Diem (Line 2 x Inflation):	132.5849	37.2610	55.1839
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	18	0.86	45,000	19.1465

	Total	Per Diem
11: Taxes:	84,014	2.1879
12: Insurance:	28,826	0.7507

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		15.4493
16: Budget Neutrality Adjustment:		42.0300

17: Prospective Rate: (Sum of Lines 8:16)	233.5631
18: Hold Harmless Rate:	194.5505
19: Cap on Gains*:	(8.5574)
20: Minimum Wage Increase: (8.2852%)	18.6421
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.6478

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 263591-00 - 2022/10

257.81

Tuskawilla Nursing and Rehab

Zip Code:	32708
Region:	North
Beds:	98
Medicaid Days FYE 12/31/19:	16,108
Total Patient Days FYE 12/31/21:	30,053
Medicaid Days FYE 12/31/21:	14,886
Medicaid Utilization:	49.53249%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,950,050	548,842	787,899
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	121.0609	34.0726	48.9135
3: Inflated Cost Per Diem (Line 2 x Inflation):	142.9449	39.8564	57.2165
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	21	0.86	42,987	20.9431

	Total	Per Diem
11: Taxes:	70,727	2.3534
12: Insurance:	29,645	0.9864

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.6377
16: Budget Neutrality Adjustment:		42.4093

17: Prospective Rate: (Sum of Lines 8:16)	240.1507
18: Hold Harmless Rate:	205.8555
19: Cap on Gains*:	(2.0703)
20: Minimum Wage Increase: (8.2852%)	19.7254
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.8057

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263605-00 - 2022/10

275.18

Hunters Creek Nursing And Rehab Center

Zip Code:	32837
Region:	North
Beds:	116
Medicaid Days FYE 12/31/19:	25,344
Total Patient Days FYE 12/31/20:	36,005
Medicaid Days FYE 12/31/20:	24,068
Medicaid Utilization:	66.84627%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,825,651	1,130,167	1,083,125
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	111.4919	44.5930	42.7369
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.6461	52.1627	49.9915
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	24	11	0.86	58,553	28.2492

	Total	Per Diem
11: Taxes:	174,320	4.8415
12: Insurance:	34,248	0.9512

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	1208	10.0382
15: Quality Assess-Medicaid Share:		20.0338
16: Budget Neutrality Adjustment:		44.0935

17: Prospective Rate: (Sum of Lines 8:16)	254.1277
18: Hold Harmless Rate:	233.7855
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.0550
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	275.1826

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 263613-00 - 2022/10

242.33

Boulevard Rehabilitation Center

Zip Code:	33435
Region:	South
Beds:	167
Medicaid Days FYE 12/31/19:	36,216
Total Patient Days FYE 12/31/20:	46,857
Medicaid Days FYE 12/31/20:	32,306
Medicaid Utilization:	68.94594%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,996,229	1,067,482	1,731,195
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	110.3442	29.4754	47.8019
3: Inflated Cost Per Diem (Line 2 x Inflation):	130.2910	34.4788	55.9162
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.9931	2.7482	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.3586	37.4972	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	58	29	0.82	61,499	14.3976

	Total	Per Diem
11: Taxes:	169,757	3.6229
12: Insurance:	33,203	0.7086

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.3969
16: Budget Neutrality Adjustment:		43.6133

17: Prospective Rate: (Sum of Lines 8:16)	243.7310
18: Hold Harmless Rate:	193.4960
19: Cap on Gains*:	(19.9449)
20: Minimum Wage Increase: (8.2852%)	18.5411
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.3272

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 263621-00 - 2022/10

259.86

Palm City Nursing & Rehab Center

Zip Code:	34990
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	24,913
Total Patient Days FYE 12/31/20:	34,026
Medicaid Days FYE 12/31/20:	21,798
Medicaid Utilization:	64.06278%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,873,448	813,347	1,118,808
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	115.3393	32.6474	44.9086
3: Inflated Cost Per Diem (Line 2 x Inflation):	136.1889	38.1894	52.5318
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	12	0.82	52,890	23.6146

	Total	Per Diem
11: Taxes:	151,490	4.4522
12: Insurance:	29,334	0.8621

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.1537
16: Budget Neutrality Adjustment:		43.2111

17: Prospective Rate: (Sum of Lines 8:16)	239.9786
18: Hold Harmless Rate:	215.3745
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8827
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.8613

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263834-00 - 2022/10

253.57

Bay Pointe Nursing Pavilion

Zip Code:	33712
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	34,463
Total Patient Days FYE 12/31/21:	38,847
Medicaid Days FYE 12/31/21:	31,830
Medicaid Utilization:	81.93683%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,865,312	1,142,120	1,455,820
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	112.1583	33.1404	42.2429
3: Inflated Cost Per Diem (Line 2 x Inflation):	135.7160	39.6781	50.5762
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	22	0.87	34,240	16.8306

	Total	Per Diem
11: Taxes:	66,110	1.7018
12: Insurance:	72,772	1.8733

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.9773
16: Budget Neutrality Adjustment:		41.7402

17: Prospective Rate: (Sum of Lines 8:16)	234.1694
18: Hold Harmless Rate:	207.8790
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4014
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.5707

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263842-00 - 2022/10

244.21

Boca Raton Rehabilitation Center

Zip Code:	33486
Region:	South
Beds:	120
Medicaid Days FYE 12/31/18:	29,211
Total Patient Days FYE 12/31/21:	36,937
Medicaid Days FYE 12/31/21:	24,539
Medicaid Utilization:	66.43474%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,851,609	953,554	1,714,884
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	97.6210	32.6436	58.7067
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.1254	39.0833	70.2878
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.1587	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.1930	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	10	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	51	3	0.82	31,862	21.9096

	Total	Per Diem
11: Taxes:	85,678	2.3196
12: Insurance:	72,772	1.9702

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.6533
16: Budget Neutrality Adjustment:		43.2773

17: Prospective Rate: (Sum of Lines 8:16)	228.1506
18: Hold Harmless Rate:	194.9970
19: Cap on Gains*:	(2.6286)
20: Minimum Wage Increase: (8.2852%)	18.6849
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	244.2070

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263851-00 - 2022/10
240.21

Deerfield Beach Health and Rehabilitation Center

Zip Code:	33064
Region:	South
Beds:	194
Medicaid Days FYE 12/31/17:	38,611
Total Patient Days FYE 12/31/21:	60,130
Medicaid Days FYE 12/31/21:	44,942
Medicaid Utilization:	74.74139%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,720,011	1,314,528	1,433,893
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	96.3458	34.0454	37.1369
3: Inflated Cost Per Diem (Line 2 x Inflation):	119.4506	41.8571	45.6579
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.8335	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.5182	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	11	0.86	69,764	20.7738

	Total	Per Diem
11: Taxes:	221,023	3.6758
12: Insurance:	124,173	2.0651

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.7864
16: Budget Neutrality Adjustment:		43.5604

17: Prospective Rate: (Sum of Lines 8:16)	244.4473
18: Hold Harmless Rate:	191.8050
19: Cap on Gains*:	(22.6170)
20: Minimum Wage Increase: (8.2852%)	18.3791
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.2094

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263869-00 - 2022/10

257.10

Rehabilitation & Healthcare Center Of Cape Coral

Zip Code:	33904
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	22,998
Total Patient Days FYE 12/31/21:	38,566
Medicaid Days FYE 12/31/21:	23,048
Medicaid Utilization:	59.76249%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,497,803	1,039,389	1,050,392
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	108.6095	45.1947	45.6731
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.4219	54.1103	54.6831
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	43	10	0.84	36,720	20.1500

	Total	Per Diem
11: Taxes:	85,591	2.2193
12: Insurance:	83,907	2.1757

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.0690
16: Budget Neutrality Adjustment:		42.4545

17: Prospective Rate: (Sum of Lines 8:16)	237.4279
18: Hold Harmless Rate:	205.3140
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6713
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.0992

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263877-00 - 2022/10

244.45

Carrollwood Care Center

Zip Code:	33625
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	25,921
Total Patient Days FYE 12/31/20:	36,797
Medicaid Days FYE 12/31/20:	21,292
Medicaid Utilization:	57.86341%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,767,358	943,008	986,151
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	106.7612	36.3800	38.0444
3: Inflated Cost Per Diem (Line 2 x Inflation):	132.3637	44.7275	46.7738
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	8	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	1	0.86	45,239	25.2118

	Total	Per Diem
11: Taxes:	44,221	1.2018
12: Insurance:	69,571	1.8907

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.0812
16: Budget Neutrality Adjustment:		43.1033

17: Prospective Rate: (Sum of Lines 8:16)	225.7444
18: Hold Harmless Rate:	204.0315
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.7033
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	244.4478

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263885-00 - 2022/10

233.58

Casa Mora Rehabilitation and Extended Care

Zip Code:	34209
Region:	North
Beds:	240
Medicaid Days FYE 12/31/17:	59,736
Total Patient Days FYE 12/31/20:	65,542
Medicaid Days FYE 12/31/20:	53,401
Medicaid Utilization:	81.47600%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	6,622,824	1,607,542	2,474,942
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	110.8682	26.9107	41.4313
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.4555	33.0854	50.9377
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.9313	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	35.8435	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	44	18	0.85	68,631	17.7725

	Total	Per Diem
11: Taxes:	137,024	2.0906
12: Insurance:	130,354	1.9889

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		4.8254
16: Budget Neutrality Adjustment:		41.8291

17: Prospective Rate: (Sum of Lines 8:16)	217.6291
18: Hold Harmless Rate:	186.5135
19: Cap on Gains*:	(1.9185)
20: Minimum Wage Increase: (8.2852%)	17.8720
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	233.5825

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263893-00 - 2022/10

251.95

Evergreen Woods

Zip Code:	34608
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	18,946
Total Patient Days FYE 12/31/21:	37,640
Medicaid Days FYE 12/31/21:	20,292
Medicaid Utilization:	53.91073%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,172,940	865,297	788,706
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	114.6912	45.6717	41.6291
3: Inflated Cost Per Diem (Line 2 x Inflation):	138.7810	54.6814	49.8413
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	5	0.86	39,241	22.2313

	Total	Per Diem
11: Taxes:	99,788	2.6511
12: Insurance:	72,772	1.9334

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		14.5928
16: Budget Neutrality Adjustment:		42.8464

17: Prospective Rate: (Sum of Lines 8:16)	232.6693
18: Hold Harmless Rate:	202.6825
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2771
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.9464

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263907-00 - 2022/10

246.08

Highland Pines Rehabilitation Center

Zip Code:	33756
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	31,007
Total Patient Days FYE 12/31/20:	37,931
Medicaid Days FYE 12/31/20:	31,141
Medicaid Utilization:	82.09907%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,599,599	1,095,184	1,512,138
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	116.0898	35.3205	48.7676
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.4734	42.2882	58.3880
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	2.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	56	8	0.87	34,799	21.4738

	Total	Per Diem
11: Taxes:	60,564	1.5967
12: Insurance:	51,677	1.3624

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.7930
16: Budget Neutrality Adjustment:		42.4352

17: Prospective Rate: (Sum of Lines 8:16)	227.2530
18: Hold Harmless Rate:	206.3875
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.8283
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	246.0813

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263915-00 - 2022/10

270.20

The Rehabilitation Center Of The Palm Beaches

Zip Code:	33407
Region:	South
Beds:	109
Medicaid Days FYE 12/31/18:	19,078
Total Patient Days FYE 12/31/20:	36,073
Medicaid Days FYE 12/31/20:	17,719
Medicaid Utilization:	49.11984%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,968,419	846,120	958,878
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	103.1774	44.3505	50.2609
3: Inflated Cost Per Diem (Line 2 x Inflation):	124.8488	53.0996	60.1759
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	9.4353	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.9164	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	2	0.82	52,184	29.5658

	Total	Per Diem
11: Taxes:	201,751	5.5929
12: Insurance:	53,842	1.4926

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		16.8645
16: Budget Neutrality Adjustment:		46.2413

17: Prospective Rate: (Sum of Lines 8:16)	259.1212
18: Hold Harmless Rate:	215.7545
19: Cap on Gains*:	(9.5923)
20: Minimum Wage Increase: (8.2852%)	20.6739
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	270.2029

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263923-00 - 2022/10

254.36

Pompano Health and Rehabilitation Center

Zip Code:	33064
Region:	South
Beds:	127
Medicaid Days FYE 12/31/17:	31,971
Total Patient Days FYE 12/31/21:	40,654
Medicaid Days FYE 12/31/21:	33,161
Medicaid Utilization:	81.56885%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,982,564	967,743	1,332,949
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	93.2896	30.2694	41.6924
3: Inflated Cost Per Diem (Line 2 x Inflation):	115.6615	37.2147	51.2587
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.6226	0.0123	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.7291	40.2331	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	51	27	0.86	42,561	15.0112

	Total	Per Diem
11: Taxes:	126,678	3.1160
12: Insurance:	72,780	1.7902

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.7643
16: Budget Neutrality Adjustment:		41.7659

17: Prospective Rate: (Sum of Lines 8:16)	235.6600
18: Hold Harmless Rate:	203.1005
19: Cap on Gains*:	(0.7659)
20: Minimum Wage Increase: (8.2852%)	19.4614
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.3555

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263931-00 - 2022/10

237.84

Healthcare and Rehabilitation Center of Sanford

Zip Code:	32771
Region:	North
Beds:	114
Medicaid Days FYE 12/31/18:	27,832
Total Patient Days FYE 12/31/21:	34,530
Medicaid Days FYE 12/31/21:	28,063
Medicaid Utilization:	81.27136%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,954,847	830,550	1,275,370
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	106.1672	29.8415	45.8238
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.4666	35.7284	54.8635
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	8.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	32	0.86	34,020	13.3703

	Total	Per Diem
11: Taxes:	43,542	1.2610
12: Insurance:	82,365	2.3853

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.8695
16: Budget Neutrality Adjustment:		41.1553

17: Prospective Rate: (Sum of Lines 8:16)	220.1931
18: Hold Harmless Rate:	189.9145
19: Cap on Gains*:	(0.5491)
20: Minimum Wage Increase: (8.2852%)	18.1979
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.8418

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 263940-00 - 2022/10

250.33

Rehabilitation and Healthcare Center of Tampa

Zip Code:	33614
Region:	North
Beds:	174
Medicaid Days FYE 12/31/18:	44,752
Total Patient Days FYE 12/31/21:	56,149
Medicaid Days FYE 12/31/21:	38,984
Medicaid Utilization:	69.42955%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,677,904	1,658,871	2,018,840
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	104.5294	37.0680	45.1117
3: Inflated Cost Per Diem (Line 2 x Inflation):	126.4849	44.3805	54.0109
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	53	28	0.86	60,405	14.6830

	Total	Per Diem
11: Taxes:	132,020	2.3512
12: Insurance:	101,888	1.8146

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.6937
16: Budget Neutrality Adjustment:		41.4715

17: Prospective Rate: (Sum of Lines 8:16)	231.1782
18: Hold Harmless Rate:	207.9170
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1535
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.3317

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263958-00 - 2022/10

251.33

Abbey Rehabilitation And Nursing Center

Zip Code:	33702
Region:	North
Beds:	152
Medicaid Days FYE 12/31/18:	36,305
Total Patient Days FYE 12/31/21:	43,429
Medicaid Days FYE 12/31/21:	38,338
Medicaid Utilization:	88.27742%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,116,685	1,061,359	1,538,886
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	113.3916	29.2345	42.3877
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.2085	35.0016	50.7495
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	59	32	0.87	36,045	13.5140

	Total	Per Diem
11: Taxes:	57,224	1.3176
12: Insurance:	100,569	2.3157

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.6032
16: Budget Neutrality Adjustment:		41.1779

17: Prospective Rate: (Sum of Lines 8:16)	232.0992
18: Hold Harmless Rate:	212.2300
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2299
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.3291

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263966-00 - 2022/10

250.85

The Oaks At Avon Park

Zip Code:	33825
Region:	North
Beds:	104
Medicaid Days FYE 12/31/18:	21,096
Total Patient Days FYE 12/31/21:	30,732
Medicaid Days FYE 12/31/21:	18,643
Medicaid Utilization:	60.66315%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,066,041	850,249	853,079
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	97.9352	40.3038	40.4379
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.5055	48.2545	48.4151
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.1942	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.0686	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	9	0.85	38,744	21.9191

	Total	Per Diem
11: Taxes:	76,494	2.4891
12: Insurance:	58,227	1.8947

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.5233
16: Budget Neutrality Adjustment:		41.6889

17: Prospective Rate: (Sum of Lines 8:16)	239.9533
18: Hold Harmless Rate:	200.2980
19: Cap on Gains*:	(8.3005)
20: Minimum Wage Increase: (8.2852%)	19.1929
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.8457

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263974-00 - 2022/10

254.63

Titusville Rehabilitation and Nursing Center

Zip Code:	32796
Region:	North
Beds:	157
Medicaid Days FYE 12/31/17:	32,105
Total Patient Days FYE 12/31/21:	36,834
Medicaid Days FYE 12/31/21:	26,818
Medicaid Utilization:	72.80773%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,347,327	1,038,142	1,462,679
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	104.2618	32.3358	45.5592
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.2649	39.7553	56.0127
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	27	0.86	44,525	15.0112

	Total	Per Diem
11: Taxes:	52,611	1.4283
12: Insurance:	88,883	2.4131

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.7501
16: Budget Neutrality Adjustment:		41.4722

17: Prospective Rate: (Sum of Lines 8:16)	235.8183
18: Hold Harmless Rate:	203.3190
19: Cap on Gains*:	(0.6716)
20: Minimum Wage Increase: (8.2852%)	19.4823
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.6291

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263982-00 - 2022/10

253.01

Sarasota Health and Rehabilitation Center

Zip Code:	34239
Region:	North
Beds:	169
Medicaid Days FYE 12/31/17:	36,508
Total Patient Days FYE 12/31/20:	40,689
Medicaid Days FYE 12/31/20:	33,739
Medicaid Utilization:	82.91922%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,194,304	1,184,057	1,710,890
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	114.8872	32.4328	46.8634
3: Inflated Cost Per Diem (Line 2 x Inflation):	142.4384	39.8745	57.6162
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	34	0.85	28,067	12.5772

	Total	Per Diem
11: Taxes:	72,697	1.7866
12: Insurance:	91,457	2.2477

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.6631
16: Budget Neutrality Adjustment:		41.0854

17: Prospective Rate: (Sum of Lines 8:16)	238.8285
18: Hold Harmless Rate:	202.0270
19: Cap on Gains*:	(5.1760)
20: Minimum Wage Increase: (8.2852%)	19.3585
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.0111

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 263991-00 - 2022/10

244.03

Windsor Woods Rehab And Healthcare Center

Zip Code:	34667
Region:	North
Beds:	103
Medicaid Days FYE 12/31/19:	22,312
Total Patient Days FYE 12/31/21:	32,273
Medicaid Days FYE 12/31/21:	16,671
Medicaid Utilization:	51.65618%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,211,575	752,226	953,820
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	99.1204	33.7139	42.7491
3: Inflated Cost Per Diem (Line 2 x Inflation):	117.0382	39.4369	50.0058
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.6615	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.6013	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	15	0.86	26,002	18.9494

	Total	Per Diem
11: Taxes:	30,168	0.9348
12: Insurance:	74,734	2.3157

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.9272
16: Budget Neutrality Adjustment:		40.7277

17: Prospective Rate: (Sum of Lines 8:16)	226.2645
18: Hold Harmless Rate:	194.8545
19: Cap on Gains*:	(0.9073)
20: Minimum Wage Increase: (8.2852%)	18.6713
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	244.0285

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 264008-00 - 2022/10

240.35

Winkler Court

Zip Code:	33916
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	30,343
Total Patient Days FYE 12/31/21:	38,102
Medicaid Days FYE 12/31/21:	23,786
Medicaid Utilization:	62.42717%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,043,507	986,530	1,512,008
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	100.3034	32.5126	49.8305
3: Inflated Cost Per Diem (Line 2 x Inflation):	124.3572	39.9726	61.2641
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.3425	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.9203	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	10	0.84	34,339	20.1500

	Total	Per Diem
11: Taxes:	119,944	3.1480
12: Insurance:	75,030	1.9692

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.0979
16: Budget Neutrality Adjustment:		42.5201

17: Prospective Rate: (Sum of Lines 8:16)	221.9648
18: Hold Harmless Rate:	208.2020
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.3902
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.3550

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 264512-00 - 2022/10

260.95

Conway Lakes Health & Rehabilitation Center

Zip Code:	32812
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	12,306
Total Patient Days FYE 12/31/20:	38,054
Medicaid Days FYE 12/31/20:	14,946
Medicaid Utilization:	39.27577%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,377,994	651,992	744,589
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	111.9774	52.9816	60.5061
3: Inflated Cost Per Diem (Line 2 x Inflation):	138.8307	65.1382	74.3893
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22.5	17.7819

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	1	0.86	43,755	24.4477

	Total	Per Diem
11: Taxes:	75,404	1.9815
12: Insurance:	57,281	1.5053

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		16.8480
16: Budget Neutrality Adjustment:		43.0395

17: Prospective Rate: (Sum of Lines 8:16)	240.9871
18: Hold Harmless Rate:	225.6345
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9662
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.9533

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 264521-00 - 2022/10

259.78

Belleair Health Care Center

Zip Code:	33756
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	20,138
Total Patient Days FYE 12/31/21:	38,400
Medicaid Days FYE 12/31/21:	19,899
Medicaid Utilization:	51.82031%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,091,993	798,139	1,048,940
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	103.8828	39.6334	52.0875
3: Inflated Cost Per Diem (Line 2 x Inflation):	128.7950	48.7273	64.0390
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	9	0.87	41,314	21.1422

	Total	Per Diem
11: Taxes:	60,385	1.5725
12: Insurance:	140,849	3.6679

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		16.6489
16: Budget Neutrality Adjustment:		42.7717

17: Prospective Rate: (Sum of Lines 8:16)	239.8992
18: Hold Harmless Rate:	217.1320
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8761
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.7753

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 264539-00 - 2022/10

257.96

East Bay Rehabilitation Center

Zip Code:	33764
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	21,828
Total Patient Days FYE 12/31/20:	40,119
Medicaid Days FYE 12/31/20:	22,138
Medicaid Utilization:	55.18084%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,578,786	858,460	1,208,964
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	118.1411	39.3283	55.3859
3: Inflated Cost Per Diem (Line 2 x Inflation):	146.4726	48.3522	68.0942
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	3	0.87	34,711	22.7914

	Total	Per Diem
11: Taxes:	63,279	1.5773
12: Insurance:	69,923	1.7429

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.3539
16: Budget Neutrality Adjustment:		42.7249

17: Prospective Rate: (Sum of Lines 8:16)	238.2187
18: Hold Harmless Rate:	226.7175
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7369
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.9555

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 264547-00 - 2022/10

267.46

Melbourne Terrace Rehabilitation Center

Zip Code:	32901
Region:	North
Beds:	170
Medicaid Days FYE 12/31/17:	12,915
Total Patient Days FYE 12/31/21:	57,391
Medicaid Days FYE 12/31/21:	19,971
Medicaid Utilization:	34.79814%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,564,322	778,729	789,758
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	121.1244	60.2964	61.1504
3: Inflated Cost Per Diem (Line 2 x Inflation):	150.1713	74.1314	75.1814
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	2	0.89	90,208	32.5187

	Total	Per Diem
11: Taxes:	176,423	3.0741
12: Insurance:	199,662	3.4790

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		11.6665
16: Budget Neutrality Adjustment:		44.9615

17: Prospective Rate: (Sum of Lines 8:16)	246.9967
18: Hold Harmless Rate:	220.9890
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4641
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.4608

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 264563-00 - 2022/10

259.34

Centre Pointe Health and Rehab Center

Zip Code:	32308
Region:	North
Beds:	140
Medicaid Days FYE 12/31/17:	15,936
Total Patient Days FYE 12/31/20:	41,090
Medicaid Days FYE 12/31/20:	15,716
Medicaid Utilization:	38.24775%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,687,765	611,841	831,278
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	105.9089	38.3936	52.1635
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.3070	47.2030	64.1324
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	4	0.86	66,208	29.8393

	Total	Per Diem
11: Taxes:	114,351	2.7829
12: Insurance:	106,734	2.5976

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		11.7477
16: Budget Neutrality Adjustment:		44.2967

17: Prospective Rate: (Sum of Lines 8:16)	243.1004
18: Hold Harmless Rate:	207.0810
19: Cap on Gains*:	(3.6027)
20: Minimum Wage Increase: (8.2852%)	19.8428
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.3405

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 264571-00 - 2022/10

261.69

Spring Lake Rehabilitation Center

Zip Code:	33881
Region:	North
Beds:	132
Medicaid Days FYE 12/31/17:	9,999
Total Patient Days FYE 12/31/21:	44,415
Medicaid Days FYE 12/31/21:	12,435
Medicaid Utilization:	27.99730%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,164,784	515,832	550,718
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	116.4900	51.5883	55.0773
3: Inflated Cost Per Diem (Line 2 x Inflation):	144.4255	63.4253	67.7147
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	2	0.85	78,826	31.2431

	Total	Per Diem
11: Taxes:	178,913	4.0282
12: Insurance:	158,192	3.5617

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		11.2727
16: Budget Neutrality Adjustment:		44.9203

17: Prospective Rate: (Sum of Lines 8:16)	241.6635
18: Hold Harmless Rate:	232.1895
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0223
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	261.6858

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 265381-00 - 2022/10

269.33

Life Care Center of Estero

Zip Code:	33928
Region:	North
Beds:	155
Medicaid Days FYE 12/31/17:	23,566
Total Patient Days FYE 12/31/20:	43,427
Medicaid Days FYE 12/31/20:	22,373
Medicaid Utilization:	51.51864%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,909,141	680,934	1,208,923
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	123.4465	28.8947	51.2994
3: Inflated Cost Per Diem (Line 2 x Inflation):	153.0503	35.5246	63.0701
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	19	12	0.84	76,075	26.7132

	Total	Per Diem
11: Taxes:	122,743	2.8264
12: Insurance:	60,282	1.3881

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.1284
16: Budget Neutrality Adjustment:		43.5560

17: Prospective Rate: (Sum of Lines 8:16)	248.7200
18: Hold Harmless Rate:	231.0495
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.6069
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	269.3270

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 265560-00 - 2022/10

230.38

Valencia Hills Health and Rehabilitation Center

Zip Code:	33810
Region:	North
Beds:	249
Medicaid Days FYE 12/31/17:	55,695
Total Patient Days FYE 12/31/20:	69,232
Medicaid Days FYE 12/31/20:	46,287
Medicaid Utilization:	66.85781%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,916,573	1,751,132	2,431,488
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	106.2316	31.4414	43.6572
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.7071	38.6557	53.6743
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14.5	11.4595

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	45	29	0.85	85,606	14.2007

	Total	Per Diem
11: Taxes:	100,160	1.4467
12: Insurance:	62,137	0.8975

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		4.3616
16: Budget Neutrality Adjustment:		41.0739

17: Prospective Rate: (Sum of Lines 8:16)	212.7543
18: Hold Harmless Rate:	188.6605
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.6271
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	230.3814

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 265730-00 - 2022/10

249.54

Hialeah Nursing and Rehabilitation Center

Zip Code:	33010
Region:	South
Beds:	276
Medicaid Days FYE 12/31/17:	76,329
Total Patient Days FYE 12/31/20:	75,805
Medicaid Days FYE 12/31/20:	57,421
Medicaid Utilization:	75.74830%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	8,825,486	2,322,120	3,123,080
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	115.6242	30.4225	40.9160
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.3522	37.4029	50.3042
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22.5	17.7819

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	72	40	0.86	52,912	10.7448

	Total	Per Diem
11: Taxes:	121,975	1.6091
12: Insurance:	212,683	2.8057

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		4.4987
16: Budget Neutrality Adjustment:		44.1607

17: Prospective Rate: (Sum of Lines 8:16)	234.0135
18: Hold Harmless Rate:	199.2530
19: Cap on Gains*:	(3.5692)
20: Minimum Wage Increase: (8.2852%)	19.0927
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	249.5370

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 266108-00 - 2022/10

267.26

Life Care Center of Ocala

Zip Code:	34474
Region:	North
Beds:	120
Medicaid Days FYE 1/31/19:	19,697
Total Patient Days FYE 1/31/21:	37,534
Medicaid Days FYE 1/31/21:	20,690
Medicaid Utilization:	55.12335%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,424,082	731,657	1,025,317
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	123.0685	37.1456	52.0544
3: Inflated Cost Per Diem (Line 2 x Inflation):	148.5463	44.3828	62.1964
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	24	13	0.84	57,576	25.7204

	Total	Per Diem
11: Taxes:	91,101	2.4272
12: Insurance:	60,172	1.6031

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.4022
16: Budget Neutrality Adjustment:		43.3529

17: Prospective Rate: (Sum of Lines 8:16)	246.8103
18: Hold Harmless Rate:	225.9005
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4487
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.2590

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 266124-00 - 2022/10

276.85

Oasis Health and Rehabilitation Center

Zip Code:	33460
Region:	South
Beds:	120
Medicaid Days FYE 12/31/17:	27,532
Total Patient Days FYE 12/31/20:	32,237
Medicaid Days FYE 12/31/20:	19,304
Medicaid Utilization:	59.88150%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,097,712	919,074	1,291,855
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	112.5131	33.3820	46.9219
3: Inflated Cost Per Diem (Line 2 x Inflation):	139.4949	41.0415	57.6881
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	25	0.82	41,686	14.9954

	Total	Per Diem
11: Taxes:	114,554	3.5535
12: Insurance:	81,100	2.5157

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.2402
16: Budget Neutrality Adjustment:		45.1797

17: Prospective Rate: (Sum of Lines 8:16)	255.6653
18: Hold Harmless Rate:	226.0525
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.1824
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	276.8477

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 266612-00 - 2022/10

191.85

Whispering Oaks

Zip Code:	33610
Region:	North
Beds:	240
Medicaid Days FYE 12/31/18:	70,719
Total Patient Days FYE 12/31/20:	80,180
Medicaid Days FYE 12/31/20:	64,494
Medicaid Utilization:	80.43652%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	7,082,994	1,653,278	2,633,940
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	100.1568	23.3781	37.2451
3: Inflated Cost Per Diem (Line 2 x Inflation):	121.1938	27.9899	44.5925
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.5059	6.0268	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.7569	30.7480	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	49	34	0.86	53,609	12.5357

	Total	Per Diem
11: Taxes:	4,716	0.0588
12: Insurance:	107,759	1.3440

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		4.7053
16: Budget Neutrality Adjustment:		38.9790

17: Prospective Rate: (Sum of Lines 8:16)	209.7714
18: Hold Harmless Rate:	153.1875
19: Cap on Gains*:	(32.6037)
20: Minimum Wage Increase: (8.2852%)	14.6787
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	191.8463

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 267724-00 - 2022/10

255.81

The Springs at Boca Ciega Bay

Zip Code:	33707
Region:	North
Beds:	109
Medicaid Days FYE 12/31/17:	15,252
Total Patient Days FYE 12/31/20:	33,488
Medicaid Days FYE 12/31/20:	17,749
Medicaid Utilization:	53.00108%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,875,904	688,603	785,665
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	122.9939	45.1483	51.5122
3: Inflated Cost Per Diem (Line 2 x Inflation):	152.4892	55.5076	63.3317
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	48	29	0.87	51,011	19.0293

	Total	Per Diem
11: Taxes:	91,627	2.7361
12: Insurance:	80,339	2.3990

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		17.9849
16: Budget Neutrality Adjustment:		42.3889

17: Prospective Rate: (Sum of Lines 8:16)	236.2386
18: Hold Harmless Rate:	230.2990
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5728
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.8114

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 268062-00 - 2022/10

292.81

Susanna Wesley Health Center

Zip Code:	33012
Region:	South
Beds:	120
Medicaid Days FYE 12/31/19:	24,052
Total Patient Days FYE 12/31/21:	34,707
Medicaid Days FYE 12/31/21:	20,680
Medicaid Utilization:	59.58452%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,184,167	989,837	1,485,452
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	132.3867	41.1540	61.7600
3: Inflated Cost Per Diem (Line 2 x Inflation):	156.3181	48.1399	72.2437
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	28	22.1286

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	3	0.86	54,376	29.0840

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	216,959	6.2512

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.8524
16: Budget Neutrality Adjustment:		47.6425

17: Prospective Rate: (Sum of Lines 8:16)	270.4078
18: Hold Harmless Rate:	249.4700
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.4038
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	292.8116

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 268186-00 - 2022/10

255.02

Life Care Center of Palm Bay

Zip Code:	32907
Region:	North
Beds:	141
Medicaid Days FYE 12/31/18:	24,163
Total Patient Days FYE 12/31/20:	44,040
Medicaid Days FYE 12/31/20:	23,841
Medicaid Utilization:	54.13488%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,987,839	823,166	1,261,345
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	123.6534	34.0672	52.2015
3: Inflated Cost Per Diem (Line 2 x Inflation):	149.6256	40.7876	62.4993
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	18	14	0.89	63,334	25.0985

	Total	Per Diem
11: Taxes:	117,082	2.6585
12: Insurance:	36,398	0.8265

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.2323
16: Budget Neutrality Adjustment:		43.1515

17: Prospective Rate: (Sum of Lines 8:16)	241.5376
18: Hold Harmless Rate:	203.6325
19: Cap on Gains*:	(6.0283)
20: Minimum Wage Increase: (8.2852%)	19.5124
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.0217

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 268763-00 - 2022/10

256.95

Good Samaritan Center

Zip Code:	32060
Region:	North
Beds:	161
Medicaid Days FYE 6/30/18:	41,919
Total Patient Days FYE 6/30/21:	40,621
Medicaid Days FYE 6/30/21:	32,072
Medicaid Utilization:	78.95424%

	Price	Floor	Inflation
Direct Care	100%	95%	1.22468602
Indirect Care	92%	92.5%	1.21395961
Operating	86%	N/A	1.21395961
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,600,232	1,186,450	1,844,017
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/18):	109.7409	28.3033	43.9900
3: Inflated Cost Per Diem (Line 2 x Inflation):	134.3982	34.3592	53.4021
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	5	0.85	80,630	30.6478

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	33,057	0.8138

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		25.2444
16: Budget Neutrality Adjustment:		43.6482

17: Prospective Rate: (Sum of Lines 8:16)	249.1407
18: Hold Harmless Rate:	205.1715
19: Cap on Gains*:	(11.8514)
20: Minimum Wage Increase: (8.2852%)	19.6599
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.9491

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 268780-00 - 2022/10

270.96

The Springs At Lake Pointe Woods

Zip Code:	34231
Region:	North
Beds:	119
Medicaid Days FYE 12/31/17:	24,318
Total Patient Days FYE 12/31/20:	31,304
Medicaid Days FYE 12/31/20:	18,980
Medicaid Utilization:	60.63123%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,001,603	961,939	1,110,364
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	123.4313	39.5566	45.6601
3: Inflated Cost Per Diem (Line 2 x Inflation):	153.0314	48.6329	56.1369
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	6	0.85	55,403	28.2392

	Total	Per Diem
11: Taxes:	97,683	3.1205
12: Insurance:	44,586	1.4243

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.8943
16: Budget Neutrality Adjustment:		43.8764

17: Prospective Rate: (Sum of Lines 8:16)	250.2315
18: Hold Harmless Rate:	233.0255
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.7322
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	270.9637

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 269000-00 - 2022/10

248.47

Majestic Oaks Continuing Care Complex

Zip Code:	32736
Region:	North
Beds:	150
Medicaid Days FYE 12/31/18:	20,738
Total Patient Days FYE 12/31/20:	45,042
Medicaid Days FYE 12/31/20:	19,838
Medicaid Utilization:	44.04334%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,872,619	626,524	1,248,842
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	138.5195	30.2113	60.2199
3: Inflated Cost Per Diem (Line 2 x Inflation):	167.6142	36.1712	72.0996
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22.5	17.7819

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	19	7	0.86	93,656	30.0745

	Total	Per Diem
11: Taxes:	127,666	2.8344
12: Insurance:	65,710	1.4589

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		44.1497

17: Prospective Rate: (Sum of Lines 8:16)	229.4622
18: Hold Harmless Rate:	211.3940
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.0114
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.4736

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 269697-00 - 2022/10

245.15

Regents Park of Sunrise

Zip Code:	33351
Region:	South
Beds:	120
Medicaid Days FYE 12/31/17:	28,934
Total Patient Days FYE 12/31/21:	40,486
Medicaid Days FYE 12/31/21:	25,971
Medicaid Utilization:	64.14810%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,856,733	896,246	1,166,973
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	98.7327	30.9755	40.3322
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.4098	38.0828	49.5864
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.8743	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.4774	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	15	0.85	78,979	25.4461

	Total	Per Diem
11: Taxes:	174,363	4.3067
12: Insurance:	62,916	1.5540

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.8941
16: Budget Neutrality Adjustment:		44.8981

17: Prospective Rate: (Sum of Lines 8:16)	250.3882
18: Hold Harmless Rate:	195.7475
19: Cap on Gains*:	(23.9982)
20: Minimum Wage Increase: (8.2852%)	18.7568
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.1469

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 269719-00 - 2022/10

241.58

Regents Park of Winter Park

Zip Code:	32792
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	27,052
Total Patient Days FYE 12/31/20:	38,133
Medicaid Days FYE 12/31/20:	23,085
Medicaid Utilization:	60.53812%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,636,665	858,471	1,022,541
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	97.4665	31.7341	37.7990
3: Inflated Cost Per Diem (Line 2 x Inflation):	117.9384	37.9943	45.2557
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.7613	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.5015	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	10.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	20	0.86	72,408	24.1423

	Total	Per Diem
11: Taxes:	197,233	5.1722
12: Insurance:	52,746	1.3832

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0508
16: Budget Neutrality Adjustment:		42.3495

17: Prospective Rate: (Sum of Lines 8:16)	223.1000
18: Hold Harmless Rate:	197.8945
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.4843
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	241.5843

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 269727-00 - 2022/10

245.23

Regents Park of Jacksonville

Zip Code:	32256
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	26,614
Total Patient Days FYE 12/31/21:	33,108
Medicaid Days FYE 12/31/21:	22,686
Medicaid Utilization:	68.52120%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,721,276	890,381	1,026,345
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	102.2497	33.4553	38.5641
3: Inflated Cost Per Diem (Line 2 x Inflation):	126.7703	41.1317	47.4126
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	10	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	14	0.85	49,226	22.0879

	Total	Per Diem
11: Taxes:	102,398	3.0928
12: Insurance:	46,298	1.3984

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.5324
16: Budget Neutrality Adjustment:		42.8056

17: Prospective Rate: (Sum of Lines 8:16)	226.7682
18: Hold Harmless Rate:	195.8140
19: Cap on Gains*:	(0.3013)
20: Minimum Wage Increase: (8.2852%)	18.7632
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.2301

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 282464-00 - 2022/10

263.26

Ridgecrest Nursing And Rehabilitation Center

Zip Code:	32720
Region:	North
Beds:	146
Medicaid Days FYE 12/31/17:	31,551
Total Patient Days FYE 12/31/20:	47,758
Medicaid Days FYE 12/31/20:	28,611
Medicaid Utilization:	59.90829%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,201,449	1,062,506	1,851,383
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	101.4690	33.6758	58.6790
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.8023	41.4027	72.1429
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	8	0.86	61,499	25.2218

	Total	Per Diem
11: Taxes:	99,433	2.0820
12: Insurance:	72,571	1.5196

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	134	0.9367
15: Quality Assess-Medicaid Share:		20.8634
16: Budget Neutrality Adjustment:		43.1929

17: Prospective Rate: (Sum of Lines 8:16)	243.1184
18: Hold Harmless Rate:	217.1985
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1428
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.2612

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 282529-00 - 2022/10

254.69

Coral Reef Nursing & Rehabilitation Center

Zip Code:	33157
Region:	South
Beds:	180
Medicaid Days FYE 12/31/18:	29,978
Total Patient Days FYE 12/31/21:	24,519
Medicaid Days FYE 12/31/21:	13,900
Medicaid Utilization:	56.69073%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,814,426	870,761	1,443,079
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	127.2408	29.0466	48.1379
3: Inflated Cost Per Diem (Line 2 x Inflation):	153.9665	34.7767	57.6341
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	2.4503	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	37.7951	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	10	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	11	0.86	62,567	20.2622

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	67,730	2.7623

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.7739
16: Budget Neutrality Adjustment:		45.0951

17: Prospective Rate: (Sum of Lines 8:16)	233.9871
18: Hold Harmless Rate:	235.2010
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4868
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.6878

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 283193-00 - 2022/10

263.24

Life Care Center of Jacksonville

Zip Code:	32216
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	10,581
Total Patient Days FYE 12/31/20:	32,943
Medicaid Days FYE 12/31/20:	20,863
Medicaid Utilization:	63.33060%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,322,999	397,859	586,096
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	125.0353	37.6012	55.3913
3: Inflated Cost Per Diem (Line 2 x Inflation):	155.0201	46.2288	68.1009
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	18	15	0.85	58,444	25.4956

	Total	Per Diem
11: Taxes:	124,084	3.7666
12: Insurance:	52,060	1.5803

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.5039
16: Budget Neutrality Adjustment:		43.5413

17: Prospective Rate: (Sum of Lines 8:16)	243.0977
18: Hold Harmless Rate:	224.6655
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1411
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.2388

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 284289-00 - 2022/10

242.80

Life Care Center of Orange Park

Zip Code:	32073
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	31,034
Total Patient Days FYE 12/31/21:	57,366
Medicaid Days FYE 12/31/21:	35,730
Medicaid Utilization:	62.28428%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,423,209	973,864	1,472,997
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	110.3051	31.3805	47.4639
3: Inflated Cost Per Diem (Line 2 x Inflation):	133.4736	37.5710	56.8272
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	26	20	0.85	75,537	20.2594

	Total	Per Diem
11: Taxes:	116,875	2.0374
12: Insurance:	105,599	1.8408

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.3060
16: Budget Neutrality Adjustment:		42.3842

17: Prospective Rate: (Sum of Lines 8:16)	241.1180
18: Hold Harmless Rate:	193.8760
19: Cap on Gains*:	(16.8924)
20: Minimum Wage Increase: (8.2852%)	18.5775
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.8031

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 308251-00 - 2022/10

277.12

Ponce Plaza Nursing & Rehabilitation Center

Zip Code:	33130
Region:	South
Beds:	147
Medicaid Days FYE 1/31/18:	36,816
Total Patient Days FYE 1/31/21:	48,390
Medicaid Days FYE 1/31/21:	26,868
Medicaid Utilization:	55.52387%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,175,938	1,145,223	1,641,995
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	113.4272	31.1066	44.6000
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.3325	38.1706	54.7281
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16.5	13.0401

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	6	0.86	56,606	23.9205

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	177,838	3.6751

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.8537
16: Budget Neutrality Adjustment:		46.3068

17: Prospective Rate: (Sum of Lines 8:16)	255.9166
18: Hold Harmless Rate:	233.9090
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.2032
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	277.1198

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 310841-00 - 2022/10

252.39

St Mark Village, Inc.

Zip Code:	34684
Region:	North
Beds:	80
Medicaid Days FYE 12/31/18:	7,889
Total Patient Days FYE 12/31/21:	21,406
Medicaid Days FYE 12/31/21:	9,639
Medicaid Utilization:	45.02943%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,320,010	374,682	566,813
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	167.3228	47.4942	71.8485
3: Inflated Cost Per Diem (Line 2 x Inflation):	202.4673	56.8634	86.0220
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	5	0.86	22,691	22.2313

	Total	Per Diem
11: Taxes:	4,568	0.2134
12: Insurance:	44,824	2.0940

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.4534

17: Prospective Rate: (Sum of Lines 8:16)	221.7245
18: Hold Harmless Rate:	233.0825
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3113
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.3938

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 311685-00 - 2022/10

267.46

Life Care Center of Punta Gorda

Zip Code:	33950
Region:	North
Beds:	180
Medicaid Days FYE 2/28/18:	30,840
Total Patient Days FYE 2/28/22:	42,402
Medicaid Days FYE 2/28/22:	29,664
Medicaid Utilization:	69.95896%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23460082
Indirect Care	92%	92.5%	1.22472988
Operating	86%	N/A	1.22472988

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,891,774	955,539	1,604,907
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/18):	126.1924	30.9837	52.0397
3: Inflated Cost Per Diem (Line 2 x Inflation):	155.7973	37.9467	63.7347
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	27.5	21.7335

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	17	17	0.84	71,437	20.1045

	Total	Per Diem
11: Taxes:	145,791	3.4383
12: Insurance:	51,812	1.2219

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/22):	0	0.0000
15: Quality Assess-Medicaid Share:		21.5265
16: Budget Neutrality Adjustment:		42.4925

17: Prospective Rate: (Sum of Lines 8:16)	246.9944
18: Hold Harmless Rate:	237.1675
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4639
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.4584

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 312142-00 - 2022/10

234.40

Lakewood Nursing Center

Zip Code:	32112
Region:	North
Beds:	92
Medicaid Days FYE 12/31/17:	21,900
Total Patient Days FYE 12/31/19:	27,554
Medicaid Days FYE 12/31/19:	20,559
Medicaid Utilization:	74.61349%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,350,275	547,282	931,478
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	107.3184	24.9900	42.5332
3: Inflated Cost Per Diem (Line 2 x Inflation):	133.0545	30.7240	52.2925
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.2927	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	33.4821	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	9.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	53	40	0.86	44,260	14.4774

	Total	Per Diem
11: Taxes:	3,004	0.1090
12: Insurance:	13,584	0.4930

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/19):	0	0.0000
15: Quality Assess-Medicaid Share:		23.4726
16: Budget Neutrality Adjustment:		40.2528

17: Prospective Rate: (Sum of Lines 8:16)	216.4688
18: Hold Harmless Rate:	192.1660
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.9348
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	234.4037

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 312550-00 - 2022/10

242.75

Savannah Cove

Zip Code:	32751
Region:	North
Beds:	39
Medicaid Days FYE 12/31/18:	3,766
Total Patient Days FYE 12/31/19:	11,320
Medicaid Days FYE 12/31/19:	2,859
Medicaid Utilization:	25.25618%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	427,031	143,795	254,763
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	113.3911	38.1824	67.6481
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.2078	45.7147	80.9931
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	7	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	18	0.86	15,372	20.0519

	Total	Per Diem
11: Taxes:	18,690	1.6511
12: Insurance:	12,968	1.1456

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/19):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		42.1618

17: Prospective Rate: (Sum of Lines 8:16)	202.1490
18: Hold Harmless Rate:	224.1810
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.5738
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.7548

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 313718-00 - 2022/10

265.12

Lutheran Haven Nursing Home

Zip Code:	32765
Region:	North
Beds:	56
Medicaid Days FYE 8/31/19:	7,300
Total Patient Days FYE 8/31/21:	15,187
Medicaid Days FYE 8/31/21:	6,801
Medicaid Utilization:	44.78172%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18818314
Indirect Care	92%	92.5%	1.17737532
Operating	86%	N/A	1.17737532

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	877,963	346,562	553,705
2: Cost Per Diem (Line 1 ÷ Medicaid Days 8/31/19):	120.2689	47.4742	75.8500
3: Inflated Cost Per Diem (Line 2 x Inflation):	142.9015	55.8950	89.3039
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	17	13	0.86	26,760	26.1954

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	27,783	1.8294

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 8/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.0159
16: Budget Neutrality Adjustment:		43.0551

17: Prospective Rate: (Sum of Lines 8:16)	244.8347
18: Hold Harmless Rate:	229.2825
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2850
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.1197

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 315664-00 - 2022/10

261.79

Life Care Center of Pensacola

Zip Code:	32514
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	17,749
Total Patient Days FYE 12/31/20:	37,703
Medicaid Days FYE 12/31/20:	26,285
Medicaid Utilization:	69.71594%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,158,333	620,701	854,507
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	121.6030	34.9710	48.1439
3: Inflated Cost Per Diem (Line 2 x Inflation):	150.7647	42.9951	59.1905
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	16	11	0.87	60,700	28.5588

	Total	Per Diem
11: Taxes:	97,984	2.5988
12: Insurance:	59,662	1.5824

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.5689
16: Budget Neutrality Adjustment:		43.8688

17: Prospective Rate: (Sum of Lines 8:16)	241.7570
18: Hold Harmless Rate:	217.7780
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0300
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	261.7870

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 317349-00 - 2022/10

248.41

Darcy Hall of Life Care

Zip Code:	33409
Region:	South
Beds:	197
Medicaid Days FYE 12/31/17:	41,769
Total Patient Days FYE 12/31/20:	57,014
Medicaid Days FYE 12/31/20:	44,736
Medicaid Utilization:	78.46494%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,240,639	1,111,739	2,153,001
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	125.4671	26.6163	51.5454
3: Inflated Cost Per Diem (Line 2 x Inflation):	155.5555	32.7235	63.3725
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	4.5035	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	35.7419	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	58	23	0.82	58,400	15.6240

	Total	Per Diem
11: Taxes:	147,939	2.5948
12: Insurance:	36,932	0.6478

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		4.7354
16: Budget Neutrality Adjustment:		44.0232

17: Prospective Rate: (Sum of Lines 8:16)	228.4542
18: Hold Harmless Rate:	229.4060
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.0067
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.4127

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 319244-00 - 2022/10

275.45

Palmer Ranch Healthcare and Rehabilitation

Zip Code:	34238
Region:	North
Beds:	60
Medicaid Days FYE 12/31/17:	7,359
Total Patient Days FYE 12/31/20:	18,737
Medicaid Days FYE 12/31/20:	8,868
Medicaid Utilization:	47.32881%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	949,440	374,673	423,232
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	129.0175	50.9135	57.5121
3: Inflated Cost Per Diem (Line 2 x Inflation):	159.9572	62.5956	70.7083
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	1	0.85	26,863	29.2602

	Total	Per Diem
11: Taxes:	43,565	2.3251
12: Insurance:	29,223	1.5596

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.1686
16: Budget Neutrality Adjustment:		43.9387

17: Prospective Rate: (Sum of Lines 8:16)	228.8370
18: Hold Harmless Rate:	254.3720
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.0752
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	275.4472

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 319325-00 - 2022/10

259.91

Port Charlotte Rehabilitation Center

Zip Code:	33983
Region:	North
Beds:	152
Medicaid Days FYE 12/31/17:	18,420
Total Patient Days FYE 12/31/21:	44,860
Medicaid Days FYE 12/31/21:	16,816
Medicaid Utilization:	37.48551%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,033,927	889,426	996,030
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	110.4194	48.2858	54.0732
3: Inflated Cost Per Diem (Line 2 x Inflation):	136.8992	59.3650	66.4804
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	1	0.84	83,513	32.0939

	Total	Per Diem
11: Taxes:	116,203	2.5903
12: Insurance:	74,888	1.6694

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		13.2650
16: Budget Neutrality Adjustment:		44.4924

17: Prospective Rate: (Sum of Lines 8:16)	240.0237
18: Hold Harmless Rate:	229.7955
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8864
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.9101

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 320391-00 - 2022/10

251.08

Zephyr Haven Health & Rehab Center, Inc.

Zip Code:	33542
Region:	North
Beds:	120
Medicaid Days FYE 12/31/16:	30,723
Total Patient Days FYE 12/31/18:	40,722
Medicaid Days FYE 12/31/18:	28,859
Medicaid Utilization:	70.86833%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26989312
Indirect Care	92%	92.5%	1.26274294
Operating	86%	N/A	1.26274294
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,945,598	972,916	1,538,879
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	95.8759	31.6673	50.0888
3: Inflated Cost Per Diem (Line 2 x Inflation):	121.7523	39.9877	63.2493
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.9474	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.3154	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	57	1	0.86	43,893	23.7348

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	10,620	0.2608

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/18):	0	0.0000
15: Quality Assess-Medicaid Share:		21.2364
16: Budget Neutrality Adjustment:		41.8511

17: Prospective Rate: (Sum of Lines 8:16)	234.1455
18: Hold Harmless Rate:	200.4880
19: Cap on Gains*:	(2.2729)
20: Minimum Wage Increase: (8.2852%)	19.2111
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.0837

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 320404-00 - 2022/10

260.23

Zephyrhills Health & Rehab Center, Inc.

Zip Code:	33540
Region:	North
Beds:	103
Medicaid Days FYE 12/31/16:	18,779
Total Patient Days FYE 12/31/18:	34,845
Medicaid Days FYE 12/31/18:	19,361
Medicaid Utilization:	55.56321%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26698604
Indirect Care	92%	92.5%	1.26003289
Operating	86%	N/A	1.26003289

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,933,667	805,860	1,024,341
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	102.9696	42.9128	54.5471
3: Inflated Cost Per Diem (Line 2 x Inflation):	130.4611	54.0716	68.7312
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	10	0.86	56,312	27.8739

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	10,548	0.3027

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/18):	0	0.0000
15: Quality Assess-Medicaid Share:		18.3475
16: Budget Neutrality Adjustment:		43.0813

17: Prospective Rate: (Sum of Lines 8:16)	240.3161
18: Hold Harmless Rate:	217.1320
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9106
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.2267

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 320412-00 - 2022/10

259.19

Sunbelt Health & Rehab Center - Apopka, Inc.

Zip Code:	32703
Region:	North
Beds:	120
Medicaid Days FYE 12/31/16:	20,485
Total Patient Days FYE 12/31/18:	35,599
Medicaid Days FYE 12/31/18:	18,998
Medicaid Utilization:	53.36667%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26698604
Indirect Care	92%	92.5%	1.26003289
Operating	86%	N/A	1.26003289
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,017,759	777,825	1,049,506
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	98.4993	37.9704	51.2329
3: Inflated Cost Per Diem (Line 2 x Inflation):	124.7973	47.8440	64.5551
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	3	0.86	52,666	28.2278

	Total	Per Diem
11: Taxes:	144	0.0040
12: Insurance:	11,040	0.3101

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/18):	0	0.0000
15: Quality Assess-Medicaid Share:		19.8567
16: Budget Neutrality Adjustment:		43.1443

17: Prospective Rate: (Sum of Lines 8:16)	239.3615
18: Hold Harmless Rate:	207.4705
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8315
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.1931

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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0 320421-00 - 2022/10

287.69

East Orlando Health & Rehab Center, Inc.

Zip Code:	32825
Region:	North
Beds:	120
Medicaid Days FYE 12/31/16:	22,056
Total Patient Days FYE 12/31/18:	38,453
Medicaid Days FYE 12/31/18:	22,202
Medicaid Utilization:	57.73802%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26698604
Indirect Care	92%	92.5%	1.26003289
Operating	86%	N/A	1.26003289
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,468,562	1,114,371	1,239,607
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	111.9224	50.5246	56.2027
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.8042	63.6627	70.8173
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25.5	20.1529

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	2	0.86	118,683	32.3561

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	12,120	0.3152

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/18):	2097	18.8902
15: Quality Assess-Medicaid Share:		16.3568
16: Budget Neutrality Adjustment:		43.8569

17: Prospective Rate: (Sum of Lines 8:16)	265.6765
18: Hold Harmless Rate:	230.7835
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.0118
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	287.6883

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 320439-00 - 2022/10

257.02

Adventist Care Centers - Courtland, Inc.

Zip Code:	32804
Region:	North
Beds:	120
Medicaid Days FYE 12/31/16:	22,996
Total Patient Days FYE 12/31/18:	36,001
Medicaid Days FYE 12/31/18:	19,828
Medicaid Utilization:	55.07625%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26989312
Indirect Care	92%	92.5%	1.26274294
Operating	86%	N/A	1.26274294
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,296,668	823,985	1,104,353
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	99.8724	35.8316	48.0236
3: Inflated Cost Per Diem (Line 2 x Inflation):	126.8274	45.2462	60.6416
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	22	2	0.86	52,651	28.6243

	Total	Per Diem
11: Taxes:	400	0.0111
12: Insurance:	11,208	0.3113

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/18):	0	0.0000
15: Quality Assess-Medicaid Share:		21.7272
16: Budget Neutrality Adjustment:		43.2142

17: Prospective Rate: (Sum of Lines 8:16)	244.7282
18: Hold Harmless Rate:	205.2285
19: Cap on Gains*:	(7.3730)
20: Minimum Wage Increase: (8.2852%)	19.6653
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.0205

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

0 320463-00 - 2022/10

255.09

Florida Living Nursing Center

Zip Code:	32703
Region:	North
Beds:	202
Medicaid Days FYE 12/31/16:	36,920
Total Patient Days FYE 12/31/18:	70,487
Medicaid Days FYE 12/31/18:	48,498
Medicaid Utilization:	68.80418%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26698604
Indirect Care	92%	92.5%	1.26003289
Operating	86%	N/A	1.26003289

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,013,826	1,471,480	1,937,925
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	108.7168	39.8559	52.4898
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.7427	50.2198	66.1389
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	53	1	0.86	73,769	23.0483

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	13,332	0.1891

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/18):	2607	10.7510
15: Quality Assess-Medicaid Share:		22.3490
16: Budget Neutrality Adjustment:		42.2289

17: Prospective Rate: (Sum of Lines 8:16)	235.5707
18: Hold Harmless Rate:	219.7825
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5175
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.0882

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 320978-00 - 2022/10

268.76

Lehigh Acres Health & Rehabilitation Center

Zip Code:	33936
Region:	North
Beds:	128
Medicaid Days FYE 12/31/17:	25,705
Total Patient Days FYE 12/31/20:	42,274
Medicaid Days FYE 12/31/20:	26,900
Medicaid Utilization:	63.63249%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,836,362	1,082,229	1,670,219
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	110.3428	42.1018	64.9764
3: Inflated Cost Per Diem (Line 2 x Inflation):	136.8041	51.7621	79.8852
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	2	0.84	44,873	22.6941

	Total	Per Diem
11: Taxes:	49,151	1.1627
12: Insurance:	118,514	2.8035

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.8309
16: Budget Neutrality Adjustment:		42.8196

17: Prospective Rate: (Sum of Lines 8:16)	237.7788
18: Hold Harmless Rate:	248.1970
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5636
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	268.7606

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 323772-00 - 2022/10

254.87

Coral Gables Nursing and Rehabilitation

Zip Code:	33144
Region:	South
Beds:	87
Medicaid Days FYE 12/31/17:	22,597
Total Patient Days FYE 12/31/21:	28,417
Medicaid Days FYE 12/31/21:	22,553
Medicaid Utilization:	79.36446%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,113,409	735,760	1,103,019
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	93.5260	32.5600	48.8126
3: Inflated Cost Per Diem (Line 2 x Inflation):	115.9546	40.0310	60.0126
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.3295	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.0222	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	64	40	0.86	24,979	10.7448

	Total	Per Diem
11: Taxes:	79,923	2.8125
12: Insurance:	81,667	2.8739

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.7389
16: Budget Neutrality Adjustment:		41.2169

17: Prospective Rate: (Sum of Lines 8:16)	235.3736
18: Hold Harmless Rate:	220.9510
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5011
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.8747

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 323781-00 - 2022/10

252.33

Tarpon Point Nursing and Rehabilitation Center

Zip Code:	34235
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	26,959
Total Patient Days FYE 12/31/20:	35,734
Medicaid Days FYE 12/31/20:	27,097
Medicaid Utilization:	75.82974%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,920,265	904,419	1,464,789
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	108.3224	33.5479	54.3339
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.2728	44.2489	71.6652
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	9	0.85	44,120	21.6545

	Total	Per Diem
11: Taxes:	75,342	2.1084
12: Insurance:	84,221	2.3569

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		14.5479
16: Budget Neutrality Adjustment:		42.7263

17: Prospective Rate: (Sum of Lines 8:16)	232.0486
18: Hold Harmless Rate:	233.0255
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3066
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.3321

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 323799-00 - 2022/10

250.80

St. Andrew's Bay Skilled Nursing and Rehabilitation Center

Zip Code:	32405
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	22,991
Total Patient Days FYE 12/31/20:	37,367
Medicaid Days FYE 12/31/20:	22,485
Medicaid Utilization:	60.17342%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,092,725	679,078	946,347
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	91.0236	29.5366	41.1616
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.3925	38.9582	54.2912
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.3072	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.9556	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	19	0.86	40,691	17.6367

	Total	Per Diem
11: Taxes:	33,752	0.9033
12: Insurance:	74,221	1.9863

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.5433
16: Budget Neutrality Adjustment:		41.0177

17: Prospective Rate: (Sum of Lines 8:16)	236.6179
18: Hold Harmless Rate:	200.2600
19: Cap on Gains*:	(5.0090)
20: Minimum Wage Increase: (8.2852%)	19.1892
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.7981

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 324027-00 - 2022/10

294.71

Hampton Court Nursing Center

Zip Code:	33169
Region:	South
Beds:	120
Medicaid Days FYE 3/31/18:	21,459
Total Patient Days FYE 3/31/21:	37,213
Medicaid Days FYE 3/31/21:	22,584
Medicaid Utilization:	60.68847%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23200441
Indirect Care	92%	92.5%	1.22237711
Operating	86%	N/A	1.22237711

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,669,638	590,869	1,006,044
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/18):	124.4064	27.5347	46.5680
3: Inflated Cost Per Diem (Line 2 x Inflation):	153.2693	33.6579	57.3077
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.5691	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	36.6763	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	29	22.9189

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	3	0.86	37,936	22.8876

	Total	Per Diem
11: Taxes:	135,921	3.6525
12: Insurance:	157,059	4.2205

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/31/21):	954	8.4485
15: Quality Assess-Medicaid Share:		19.1093
16: Budget Neutrality Adjustment:		46.2371

17: Prospective Rate: (Sum of Lines 8:16)	272.1653
18: Hold Harmless Rate:	246.8195
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.5494
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	294.7146

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 324213-00 - 2022/10

240.13

Royal Care of Avon Park

Zip Code:	33825
Region:	North
Beds:	90
Medicaid Days FYE 12/31/17:	18,655
Total Patient Days FYE 12/31/21:	29,713
Medicaid Days FYE 12/31/21:	14,610
Medicaid Utilization:	49.17040%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,794,344	589,905	755,543
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	96.1856	31.6218	40.5008
3: Inflated Cost Per Diem (Line 2 x Inflation):	119.2520	38.8774	49.7937
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.4477	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.8151	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	1	0.85	26,648	23.1765

	Total	Per Diem
11: Taxes:	54,403	1.8309
12: Insurance:	95,819	3.2248

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.5574
16: Budget Neutrality Adjustment:		42.1507

17: Prospective Rate: (Sum of Lines 8:16)	235.4596
18: Hold Harmless Rate:	191.7385
19: Cap on Gains*:	(13.7062)
20: Minimum Wage Increase: (8.2852%)	18.3727
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.1261

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 324345-00 - 2022/10

245.87

Heritage Park Care and Rehabilitation Center

Zip Code:	34209
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	17,928
Total Patient Days FYE 12/31/21:	30,668
Medicaid Days FYE 12/31/21:	15,109
Medicaid Utilization:	49.26634%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,854,950	629,707	832,710
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	103.4666	35.1242	46.4474
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.1988	42.0532	55.6101
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	29	22.9189

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	21	0.85	44,699	17.7922

	Total	Per Diem
11: Taxes:	92,750	3.0243
12: Insurance:	29,620	0.9658

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		16.8004
16: Budget Neutrality Adjustment:		41.9778

17: Prospective Rate: (Sum of Lines 8:16)	240.9862
18: Hold Harmless Rate:	196.3270
19: Cap on Gains*:	(13.9259)
20: Minimum Wage Increase: (8.2852%)	18.8124
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.8726

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 324353-00 - 2022/10

234.93

Washington Rehabilitation & Nursing Center

Zip Code:	32428
Region:	North
Beds:	180
Medicaid Days FYE 12/31/17:	43,272
Total Patient Days FYE 12/31/21:	44,659
Medicaid Days FYE 12/31/21:	39,167
Medicaid Utilization:	87.70237%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,074,767	1,201,024	1,560,261
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	94.1663	27.7552	36.0570
3: Inflated Cost Per Diem (Line 2 x Inflation):	116.7484	34.1236	44.3303
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.9513	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.3115	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	27	21.3383

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	29	0.86	53,794	14.3548

	Total	Per Diem
11: Taxes:	42,934	0.9614
12: Insurance:	39,339	0.8809

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.9830
16: Budget Neutrality Adjustment:		39.6417

17: Prospective Rate: (Sum of Lines 8:16)	234.3877
18: Hold Harmless Rate:	187.5870
19: Cap on Gains*:	(17.4356)
20: Minimum Wage Increase: (8.2852%)	17.9749
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	234.9270

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 324361-00 - 2022/10

240.30

Chautauqua Rehabilitation & Nursing Center

Zip Code:	32433
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	31,086
Total Patient Days FYE 12/31/21:	44,713
Medicaid Days FYE 12/31/21:	31,135
Medicaid Utilization:	69.63299%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,026,505	856,077	1,316,214
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	97.3591	27.5389	42.3410
3: Inflated Cost Per Diem (Line 2 x Inflation):	117.8084	32.9716	50.6937
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.8913	1.0451	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.3715	35.7297	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24	18.9674

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	43	25	0.86	53,702	15.6676

	Total	Per Diem
11: Taxes:	25,808	0.5772
12: Insurance:	34,980	0.7823

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.3034
16: Budget Neutrality Adjustment:		39.7875

17: Prospective Rate: (Sum of Lines 8:16)	232.0363
18: Hold Harmless Rate:	191.8810
19: Cap on Gains*:	(10.1180)
20: Minimum Wage Increase: (8.2852%)	18.3863
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.3046

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 324370-00 - 2022/10

237.11

Signature HealthCARE of College Park

Zip Code:	33919
Region:	North
Beds:	107
Medicaid Days FYE 12/31/18:	22,382
Total Patient Days FYE 12/31/21:	34,391
Medicaid Days FYE 12/31/21:	17,425
Medicaid Utilization:	50.66733%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,041,454	693,456	1,196,187
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	91.2096	30.9827	53.4441
3: Inflated Cost Per Diem (Line 2 x Inflation):	110.3673	37.0947	63.9871
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.3324	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	116.9304	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	65	40	0.84	30,760	10.5130

	Total	Per Diem
11: Taxes:	39,337	1.1438
12: Insurance:	27,097	0.7879

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.9002
16: Budget Neutrality Adjustment:		37.8930

17: Prospective Rate: (Sum of Lines 8:16)	218.9687
18: Hold Harmless Rate:	204.3545
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.1420
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.1107

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2022 through 09/30/2023

0 324396-00 - 2022/10

236.50

Signature HealthCARE of North Florida

Zip Code:	32440
Region:	North
Beds:	180
Medicaid Days FYE 12/31/17:	43,190
Total Patient Days FYE 12/31/21:	46,445
Medicaid Days FYE 12/31/21:	38,693
Medicaid Utilization:	83.30929%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,605,216	1,166,856	1,467,314
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	83.4733	27.0168	33.9734
3: Inflated Cost Per Diem (Line 2 x Inflation):	103.4912	33.2158	41.7686
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	21.2085	0.8009	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	110.0543	35.9739	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	44	27	0.86	49,883	15.0112

	Total	Per Diem
11: Taxes:	28,564	0.6150
12: Insurance:	36,364	0.7829

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.0339
16: Budget Neutrality Adjustment:		37.2523

17: Prospective Rate: (Sum of Lines 8:16)	219.8208
18: Hold Harmless Rate:	188.8410
19: Cap on Gains*:	(1.4184)
20: Minimum Wage Increase: (8.2852%)	18.0950
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.4974

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 324400-00 - 2022/10

234.77

Signature HealthCARE Center of Waterford

Zip Code:	33016
Region:	South
Beds:	214
Medicaid Days FYE 12/31/18:	49,905
Total Patient Days FYE 12/31/21:	62,836
Medicaid Days FYE 12/31/21:	44,785
Medicaid Utilization:	71.27284%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	5,200,012	1,367,205	2,267,811
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	104.1982	27.3961	45.4425
3: Inflated Cost Per Diem (Line 2 x Inflation):	126.0840	32.8006	54.4070
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.2001	4.4264	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	133.1516	35.8190	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	25	0.86	59,928	15.6676

	Total	Per Diem
11: Taxes:	216,188	3.4405
12: Insurance:	57,591	0.9165

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		4.0654
16: Budget Neutrality Adjustment:		42.8212

17: Prospective Rate: (Sum of Lines 8:16)	229.9243
18: Hold Harmless Rate:	187.4635
19: Cap on Gains*:	(13.1151)
20: Minimum Wage Increase: (8.2852%)	17.9631
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	234.7723

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 324418-00 - 2022/10

252.91

Signature Healthcare of Brookwood Gardens

Zip Code:	33035
Region:	South
Beds:	180
Medicaid Days FYE 12/31/17:	21,162
Total Patient Days FYE 12/31/21:	38,583
Medicaid Days FYE 12/31/21:	26,404
Medicaid Utilization:	68.43428%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,903,514	548,158	1,019,546
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	89.9496	25.9029	48.1781
3: Inflated Cost Per Diem (Line 2 x Inflation):	111.5205	31.8463	59.2326
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	22.7636	5.3807	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	118.5881	34.8647	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	17	0.86	57,893	18.2930

	Total	Per Diem
11: Taxes:	160,539	4.1609
12: Insurance:	36,299	0.9408

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.4938
16: Budget Neutrality Adjustment:		40.7249

17: Prospective Rate: (Sum of Lines 8:16)	233.5595
18: Hold Harmless Rate:	207.4040
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3508
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.9104

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 324426-00 - 2022/10
250.60

Signature Healthcare at The Courtyard

Zip Code:	32446
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	30,655
Total Patient Days FYE 12/31/21:	35,789
Medicaid Days FYE 12/31/21:	25,894
Medicaid Utilization:	72.35184%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,792,407	896,364	1,478,500
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	91.0914	29.2403	48.2303
3: Inflated Cost Per Diem (Line 2 x Inflation):	110.2242	35.0086	57.7447
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.4755	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	116.7873	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	16	0.86	41,114	18.6212

	Total	Per Diem
11: Taxes:	40,994	1.1454
12: Insurance:	30,365	0.8484

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.5818
16: Budget Neutrality Adjustment:		39.2783

17: Prospective Rate: (Sum of Lines 8:16)	231.4535
18: Hold Harmless Rate:	200.0985
19: Cap on Gains*:	(0.0314)
20: Minimum Wage Increase: (8.2852%)	19.1738
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.5959

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 324434-00 - 2022/10

242.58

Signature HealthCARE of Orange Park

Zip Code:	32073
Region:	North
Beds:	105
Medicaid Days FYE 12/31/18:	21,615
Total Patient Days FYE 12/31/21:	31,530
Medicaid Days FYE 12/31/21:	21,268
Medicaid Utilization:	67.45322%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,013,820	644,740	981,988
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	93.1677	29.8283	45.4308
3: Inflated Cost Per Diem (Line 2 x Inflation):	112.7366	35.7126	54.3930
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.9631	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.2997	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	20	0.85	30,435	17.1231

	Total	Per Diem
11: Taxes:	44,887	1.4236
12: Insurance:	22,755	0.7217

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.0906
16: Budget Neutrality Adjustment:		39.4794

17: Prospective Rate: (Sum of Lines 8:16)	224.0237
18: Hold Harmless Rate:	200.3930
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.5608
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.5845

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 324442-00 - 2022/10

243.74

Signature HealthCARE of Ormond

Zip Code:	32174
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	9,775
Total Patient Days FYE 12/31/21:	17,165
Medicaid Days FYE 12/31/21:	9,571
Medicaid Utilization:	55.75881%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	924,224	338,117	550,600
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	94.5497	34.5899	56.3273
3: Inflated Cost Per Diem (Line 2 x Inflation):	114.4090	41.4135	67.4390
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.2907	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	120.9721	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	20	0.86	25,060	20.3913

	Total	Per Diem
11: Taxes:	34,738	2.0238
12: Insurance:	16,938	0.9868

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		16.3411
16: Budget Neutrality Adjustment:		40.4814

17: Prospective Rate: (Sum of Lines 8:16)	227.0296
18: Hold Harmless Rate:	194.6265
19: Cap on Gains*:	(1.9361)
20: Minimum Wage Increase: (8.2852%)	18.6494
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	243.7430

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 324477-00 - 2022/10

239.22

Signature HealthCARE of Port Charlotte

Zip Code:	33952
Region:	North
Beds:	164
Medicaid Days FYE 12/31/18:	31,607
Total Patient Days FYE 12/31/21:	46,139
Medicaid Days FYE 12/31/21:	32,128
Medicaid Utilization:	69.63307%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,218,610	938,118	1,661,254
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	101.8321	29.6807	52.5596
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.2210	35.5358	62.9281
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.4787	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.7841	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	44	12	0.84	46,748	19.5075

	Total	Per Diem
11: Taxes:	114,982	2.4921
12: Insurance:	36,294	0.7866

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0416
16: Budget Neutrality Adjustment:		41.8958

17: Prospective Rate: (Sum of Lines 8:16)	220.9155
18: Hold Harmless Rate:	211.6220
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.3033
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	239.2188

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 324507-00 - 2022/10

230.18

Peninsula Care and Rehabilitation Center

Zip Code:	34689
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	28,823
Total Patient Days FYE 12/31/21:	41,011
Medicaid Days FYE 12/31/21:	28,625
Medicaid Utilization:	69.79835%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,537,093	694,029	1,815,106
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	88.0232	24.0789	62.9742
3: Inflated Cost Per Diem (Line 2 x Inflation):	106.5116	28.8291	75.3971
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.1881	5.1876	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	113.0747	31.5872	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	23	0.86	27,061	15.6907

	Total	Per Diem
11: Taxes:	59,764	1.4573
12: Insurance:	33,683	0.8213

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.1515
16: Budget Neutrality Adjustment:		37.2857

17: Prospective Rate: (Sum of Lines 8:16)	212.5666
18: Hold Harmless Rate:	186.1335
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.6115
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	230.1781

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 325236-00 - 2022/10

240.86

Heartland Health Care Center-Jacksonville

Zip Code:	32221
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	16,589
Total Patient Days FYE 12/31/20:	30,342
Medicaid Days FYE 12/31/20:	16,789
Medicaid Utilization:	55.33254%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,913,456	562,487	741,062
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	115.3448	33.9072	44.6718
3: Inflated Cost Per Diem (Line 2 x Inflation):	139.5719	40.5961	53.4843
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	10	0.85	48,054	23.0678

	Total	Per Diem
11: Taxes:	52,380	1.7263
12: Insurance:	16,321	0.5379

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.2231
16: Budget Neutrality Adjustment:		42.5904

17: Prospective Rate: (Sum of Lines 8:16)	222.4271
18: Hold Harmless Rate:	216.3815
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.4285
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.8556

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 325261-00 - 2022/10

238.69

Heartland Health Care Center-Orange Park

Zip Code:	32073
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	20,691
Total Patient Days FYE 12/31/20:	30,778
Medicaid Days FYE 12/31/20:	18,871
Medicaid Utilization:	61.31328%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,058,479	652,917	814,417
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	99.4866	31.5556	39.3609
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.3446	38.7960	48.3923
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.3551	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.9077	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	6	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	14	0.85	37,483	19.0713

	Total	Per Diem
11: Taxes:	59,151	1.9219
12: Insurance:	15,817	0.5139

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.5112
16: Budget Neutrality Adjustment:		41.6964

17: Prospective Rate: (Sum of Lines 8:16)	220.4291
18: Hold Harmless Rate:	195.3485
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.2630
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	238.6920

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 325287-00 - 2022/10

250.19

Heartland Health Care Center of South Jacksonville

Zip Code:	32216
Region:	North
Beds:	117
Medicaid Days FYE 12/31/18:	19,365
Total Patient Days FYE 12/31/20:	30,104
Medicaid Days FYE 12/31/20:	17,698
Medicaid Utilization:	58.78953%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,354,123	639,668	1,146,403
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	121.5658	33.0321	59.1997
3: Inflated Cost Per Diem (Line 2 x Inflation):	147.0995	39.5484	70.8780
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	4	0.85	33,181	22.3184

	Total	Per Diem
11: Taxes:	40,961	1.3606
12: Insurance:	15,594	0.5180

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.6858
16: Budget Neutrality Adjustment:		42.3945

17: Prospective Rate: (Sum of Lines 8:16)	234.8052
18: Hold Harmless Rate:	199.7755
19: Cap on Gains*:	(3.7567)
20: Minimum Wage Increase: (8.2852%)	19.1428
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.1914

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 325309-00 - 2022/10

236.41

Heartland Health Care Center- Boynton Beach

Zip Code:	33436
Region:	South
Beds:	120
Medicaid Days FYE 12/31/18:	29,429
Total Patient Days FYE 12/31/20:	37,873
Medicaid Days FYE 12/31/20:	25,903
Medicaid Utilization:	68.39437%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,488,493	580,300	1,690,223
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	84.5592	19.7186	57.4339
3: Inflated Cost Per Diem (Line 2 x Inflation):	102.3200	23.6085	68.7639
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	31.9641	13.6185	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	109.3876	26.6269	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	13	0.82	46,713	20.6968

	Total	Per Diem
11: Taxes:	113,135	2.9872
12: Insurance:	21,328	0.5631

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.3483
16: Budget Neutrality Adjustment:		37.8626

17: Prospective Rate: (Sum of Lines 8:16)	218.3196
18: Hold Harmless Rate:	194.4745
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.0882
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.4078

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 325325-00 - 2022/10

253.68

Heartland Health Care Center-Ft. Myers

Zip Code:	33907
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	16,314
Total Patient Days FYE 12/31/21:	33,136
Medicaid Days FYE 12/31/21:	15,745
Medicaid Utilization:	47.51630%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,920,432	509,099	830,374
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	117.7168	31.2062	50.8994
3: Inflated Cost Per Diem (Line 2 x Inflation):	142.4420	37.3623	60.9404
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	10	0.84	45,565	21.7199

	Total	Per Diem
11: Taxes:	115,530	3.4865
12: Insurance:	21,659	0.6536

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		16.9843
16: Budget Neutrality Adjustment:		42.6815

17: Prospective Rate: (Sum of Lines 8:16)	234.2700
18: Hold Harmless Rate:	204.9055
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4097
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.6797

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 325341-00 - 2022/10

256.28

Heartland Health Care Center-Prosperity Oaks

Zip Code:	33410
Region:	South
Beds:	120
Medicaid Days FYE 12/31/17:	24,213
Total Patient Days FYE 12/31/20:	32,787
Medicaid Days FYE 12/31/20:	18,126
Medicaid Utilization:	55.28411%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,346,888	651,929	1,459,322
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	96.9267	26.9247	60.2701
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.1708	33.1026	74.0991
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.1133	4.1244	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.2384	36.1210	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	17	0.82	46,713	19.3117

	Total	Per Diem
11: Taxes:	98,841	3.0146
12: Insurance:	19,497	0.5947

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.5904
16: Budget Neutrality Adjustment:		42.3527

17: Prospective Rate: (Sum of Lines 8:16)	236.6709
18: Hold Harmless Rate:	207.8980
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6086
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.2795

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 325368-00 - 2022/10

242.87

Manor Care of Boca Raton FL, LLC

Zip Code:	33431
Region:	South
Beds:	180
Medicaid Days FYE 12/31/17:	36,457
Total Patient Days FYE 12/31/20:	57,288
Medicaid Days FYE 12/31/20:	40,004
Medicaid Utilization:	69.82963%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,437,557	919,136	1,841,583
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	94.2907	25.2115	50.5138
3: Inflated Cost Per Diem (Line 2 x Inflation):	116.9026	30.9963	62.1042
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	17.3815	6.2307	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.9702	34.0147	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	8	0.82	57,515	20.3382

	Total	Per Diem
11: Taxes:	159,212	2.7792
12: Insurance:	34,982	0.6106

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.7309
16: Budget Neutrality Adjustment:		41.5645

17: Prospective Rate: (Sum of Lines 8:16)	233.8708
18: Hold Harmless Rate:	193.9330
19: Cap on Gains*:	(9.5793)
20: Minimum Wage Increase: (8.2852%)	18.5830
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.8744

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 325376-00 - 2022/10

248.38

Manor Care of Boynton Beach FL, LLC

Zip Code:	33426
Region:	South
Beds:	180
Medicaid Days FYE 12/31/18:	31,881
Total Patient Days FYE 12/31/20:	50,104
Medicaid Days FYE 12/31/20:	27,305
Medicaid Utilization:	54.49665%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,445,249	819,616	1,631,304
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	108.0659	25.7086	51.1685
3: Inflated Cost Per Diem (Line 2 x Inflation):	130.7640	30.7801	61.2625
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.5201	6.4469	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.8316	33.7985	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	10	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	9	0.82	47,093	20.0239

	Total	Per Diem
11: Taxes:	183,053	3.6535
12: Insurance:	24,971	0.4984

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.4263
16: Budget Neutrality Adjustment:		43.9966

17: Prospective Rate: (Sum of Lines 8:16)	229.3725
18: Hold Harmless Rate:	207.3755
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.0039
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.3764

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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0 325384-00 - 2022/10

240.57

ManorCare Health Services

Zip Code:	33912
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	16,533
Total Patient Days FYE 12/31/21:	36,479
Medicaid Days FYE 12/31/21:	19,871
Medicaid Utilization:	54.47244%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,894,114	535,001	988,103
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	114.5656	32.3595	59.7654
3: Inflated Cost Per Diem (Line 2 x Inflation):	138.6290	38.7431	71.5554
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	8	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	22	11	0.84	52,090	24.2018

	Total	Per Diem
11: Taxes:	77,766	2.1318
12: Insurance:	26,170	0.7174

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.3075
16: Budget Neutrality Adjustment:		42.8870

17: Prospective Rate: (Sum of Lines 8:16)	223.9338
18: Hold Harmless Rate:	192.0900
19: Cap on Gains*:	(1.7738)
20: Minimum Wage Increase: (8.2852%)	18.4064
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.5663

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 325422-00 - 2022/10

238.33

Manor Care @ Lely Palms

Zip Code:	34113
Region:	North
Beds:	117
Medicaid Days FYE 12/31/18:	17,309
Total Patient Days FYE 12/31/20:	34,320
Medicaid Days FYE 12/31/20:	19,124
Medicaid Utilization:	55.72261%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,025,927	633,615	863,622
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	117.0447	36.6061	49.8943
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.6288	43.8274	59.7370
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	8.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	9	0.84	39,213	20.4712

	Total	Per Diem
11: Taxes:	40,557	1.1817
12: Insurance:	19,775	0.5762

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		16.9111
16: Budget Neutrality Adjustment:		42.0549

17: Prospective Rate: (Sum of Lines 8:16)	218.5476
18: Hold Harmless Rate:	220.0960
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.2354
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	238.3314

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 325449-00 - 2022/10

257.57

Manor Care Nursing and Rehabilitation Center

Zip Code:	34112
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	22,637
Total Patient Days FYE 12/31/20:	28,264
Medicaid Days FYE 12/31/20:	20,058
Medicaid Utilization:	70.96660%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,506,535	595,275	951,366
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	110.7273	26.2965	42.0270
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.2809	32.3303	51.6701
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.6864	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	35.0884	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	3	0.84	40,645	22.3986

	Total	Per Diem
11: Taxes:	35,025	1.2392
12: Insurance:	18,710	0.6620

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.1032
16: Budget Neutrality Adjustment:		42.1212

17: Prospective Rate: (Sum of Lines 8:16)	237.8639
18: Hold Harmless Rate:	229.2730
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7075
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.5713

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 325465-00 - 2022/10

236.25

ManorCare Health Services-Sarasota

Zip Code:	34231
Region:	North
Beds:	178
Medicaid Days FYE 12/31/17:	32,732
Total Patient Days FYE 12/31/20:	53,645
Medicaid Days FYE 12/31/20:	37,756
Medicaid Utilization:	70.38121%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,792,861	715,046	1,257,403
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	115.8762	21.8454	38.4150
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.6645	26.8579	47.2294
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	7.1588	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	29.6160	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	6	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	8	0.85	58,939	21.0196

	Total	Per Diem
11: Taxes:	79,217	1.4767
12: Insurance:	22,805	0.4251

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.8862
16: Budget Neutrality Adjustment:		40.9389

17: Prospective Rate: (Sum of Lines 8:16)	218.1721
18: Hold Harmless Rate:	206.3780
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.0760
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.2481

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 325473-00 - 2022/10

236.83

Manor Care Health Services

Zip Code:	34292
Region:	North
Beds:	129
Medicaid Days FYE 12/31/18:	17,945
Total Patient Days FYE 12/31/20:	34,462
Medicaid Days FYE 12/31/20:	16,053
Medicaid Utilization:	46.58174%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,278,456	508,974	1,300,912
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	126.9688	28.3629	72.4943
3: Inflated Cost Per Diem (Line 2 x Inflation):	153.6374	33.9582	86.7953
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0585	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7163	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	18	0.85	55,756	21.6135

	Total	Per Diem
11: Taxes:	96,431	2.7982
12: Insurance:	25,989	0.7541

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		14.6873
16: Budget Neutrality Adjustment:		42.5516

17: Prospective Rate: (Sum of Lines 8:16)	218.7053
18: Hold Harmless Rate:	210.6720
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.1201
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.8254

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 325481-00 - 2022/10

250.77

ManorCare Health Services-West Palm Beach

Zip Code:	33409
Region:	South
Beds:	120
Medicaid Days FYE 12/31/18:	22,288
Total Patient Days FYE 12/31/21:	35,011
Medicaid Days FYE 12/31/21:	19,011
Medicaid Utilization:	54.30008%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,214,173	724,786	1,340,062
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	99.3437	32.5191	60.1248
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.2099	38.9341	71.9856
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.0742	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.2775	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	26	13	0.82	56,185	24.5757

	Total	Per Diem
11: Taxes:	148,438	4.2398
12: Insurance:	25,563	0.7301

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.5962
16: Budget Neutrality Adjustment:		44.2145

17: Prospective Rate: (Sum of Lines 8:16)	231.5872
18: Hold Harmless Rate:	203.7940
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1874
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.7746

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 325490-00 - 2022/10

256.84

Heartland Health Care Center-North Sarasota

Zip Code:	34237
Region:	North
Beds:	87
Medicaid Days FYE 12/31/18:	16,214
Total Patient Days FYE 12/31/20:	26,820
Medicaid Days FYE 12/31/20:	18,189
Medicaid Utilization:	67.81879%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,123,050	557,504	991,794
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	130.9393	34.3841	61.1689
3: Inflated Cost Per Diem (Line 2 x Inflation):	158.4418	41.1671	73.2358
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	9	0.85	34,465	23.2015

	Total	Per Diem
11: Taxes:	45,332	1.6902
12: Insurance:	12,106	0.4514

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.7237
16: Budget Neutrality Adjustment:		42.5923

17: Prospective Rate: (Sum of Lines 8:16)	237.1866
18: Hold Harmless Rate:	216.0015
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6514
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.8380

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 325520-00 - 2022/10

232.92

ManorCare Health Services (Delray Beach)

Zip Code:	33446
Region:	South
Beds:	120
Medicaid Days FYE 12/31/18:	19,199
Total Patient Days FYE 12/31/21:	34,404
Medicaid Days FYE 12/31/21:	20,669
Medicaid Utilization:	60.07732%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,010,567	660,778	1,121,659
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	104.7224	34.4173	58.4227
3: Inflated Cost Per Diem (Line 2 x Inflation):	126.7184	41.2068	69.9478
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.5657	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	133.7860	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	9	0.82	48,704	22.9513

	Total	Per Diem
11: Taxes:	205,974	5.9869
12: Insurance:	26,124	0.7593

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.2521
16: Budget Neutrality Adjustment:		45.3639

17: Prospective Rate: (Sum of Lines 8:16)	236.7541
18: Hold Harmless Rate:	185.9815
19: Cap on Gains*:	(21.6588)
20: Minimum Wage Increase: (8.2852%)	17.8210
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.9163

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 325686-00 - 2022/10

248.42

Manor-Care Health Services-Dunedin

Zip Code:	34698
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	20,796
Total Patient Days FYE 12/31/20:	36,656
Medicaid Days FYE 12/31/20:	20,759
Medicaid Utilization:	56.63193%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,387,379	573,138	886,139
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	114.7999	27.5600	42.6110
3: Inflated Cost Per Diem (Line 2 x Inflation):	138.9125	32.9968	51.0169
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.0199	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	35.7549	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	5	0.86	52,615	27.3948

	Total	Per Diem
11: Taxes:	55,560	1.5157
12: Insurance:	22,730	0.6201

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		17.6082
16: Budget Neutrality Adjustment:		43.1389

17: Prospective Rate: (Sum of Lines 8:16)	237.0872
18: Hold Harmless Rate:	198.3600
19: Cap on Gains*:	(7.6757)
20: Minimum Wage Increase: (8.2852%)	19.0072
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.4187

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 325694-00 - 2022/10

230.67

ManorCare Health Services-Palm Harbor

Zip Code:	34684
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	31,877
Total Patient Days FYE 12/31/20:	58,572
Medicaid Days FYE 12/31/20:	35,411
Medicaid Utilization:	60.45722%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,486,334	696,429	1,425,510
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	109.3683	21.8473	44.7190
3: Inflated Cost Per Diem (Line 2 x Inflation):	132.3400	26.1572	53.5408
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	7.8595	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	28.9153	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	8	0.86	69,119	23.1439

	Total	Per Diem
11: Taxes:	98,619	1.6837
12: Insurance:	35,244	0.6017

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.0880
16: Budget Neutrality Adjustment:		41.2508

17: Prospective Rate: (Sum of Lines 8:16)	215.8693
18: Hold Harmless Rate:	184.1860
19: Cap on Gains*:	(2.8506)
20: Minimum Wage Increase: (8.2852%)	17.6490
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	230.6677

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

0 325708-00 - 2022/10

233.73

Heartland of Zephyrhills

Zip Code:	33540
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	24,650
Total Patient Days FYE 12/31/20:	31,864
Medicaid Days FYE 12/31/20:	19,338
Medicaid Utilization:	60.68918%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,876,430	800,086	1,298,107
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	116.6908	32.4578	52.6615
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.2006	38.8608	63.0501
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	18	0.86	36,000	17.9649

	Total	Per Diem
11: Taxes:	33,244	1.0433
12: Insurance:	17,603	0.5524

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.1813
16: Budget Neutrality Adjustment:		41.5944

17: Prospective Rate: (Sum of Lines 8:16)	232.8596
18: Hold Harmless Rate:	186.6275
19: Cap on Gains*:	(17.0173)
20: Minimum Wage Increase: (8.2852%)	17.8829
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	233.7253

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

0 326011-00 - 2022/10

253.47

Moosehaven, Inc.

Zip Code:	32073
Region:	North
Beds:	74
Medicaid Days FYE 4/30/19:	5,173
Total Patient Days FYE 4/30/21:	12,148
Medicaid Days FYE 4/30/21:	3,875
Medicaid Utilization:	31.89825%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19809034
Indirect Care	92%	92.5%	1.18730606
Operating	86%	N/A	1.18730606

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	895,455	377,462	758,924
2: Cost Per Diem (Line 1 ÷ Medicaid Days 4/30/19):	173.1016	72.9677	146.7086
3: Inflated Cost Per Diem (Line 2 x Inflation):	207.3915	86.6350	174.1881
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	28	22.1286

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	20	7	0.85	42,208	29.7451

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	60,126	4.9495

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 4/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		44.2061

17: Prospective Rate: (Sum of Lines 8:16)	234.0793
18: Hold Harmless Rate:	225.5395
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3939
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.4732

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 000022-00 - 2022/10

252.81

Martin Nursing and Rehabilitation

Zip Code:	34997
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	20,423
Total Patient Days FYE 12/31/20:	32,095
Medicaid Days FYE 12/31/20:	14,688
Medicaid Utilization:	45.76414%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,452,883	583,602	1,188,414
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	120.1040	28.5757	58.1900
3: Inflated Cost Per Diem (Line 2 x Inflation):	148.9061	35.1324	71.5416
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	8	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	25	18	0.82	53,698	21.5889

	Total	Per Diem
11: Taxes:	136,406	4.2501
12: Insurance:	43,255	1.3477

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.9835
16: Budget Neutrality Adjustment:		42.9104

17: Prospective Rate: (Sum of Lines 8:16)	225.7220
18: Hold Harmless Rate:	233.4625
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3428
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.8053

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 002711-00 - 2022/10

283.76

Crystal Health and Rehab

Zip Code:	33070
Region:	South
Beds:	120
Medicaid Days FYE 7/31/19:	19,423
Total Patient Days FYE 7/31/21:	28,266
Medicaid Days FYE 7/31/21:	20,078
Medicaid Utilization:	71.03234%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19023065
Indirect Care	92%	92.5%	1.17968113
Operating	86%	N/A	1.17968113

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,047,238	627,252	978,508
2: Cost Per Diem (Line 1 ÷ Medicaid Days 7/31/19):	105.4027	32.2942	50.3788
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.4536	38.0970	59.4310
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.8305	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.5212	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	3	0.86	45,576	24.6780

	Total	Per Diem
11: Taxes:	83,770	2.9636
12: Insurance:	245,984	8.7025

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 7/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9143
16: Budget Neutrality Adjustment:		46.2927

17: Prospective Rate: (Sum of Lines 8:16)	262.0464
18: Hold Harmless Rate:	235.1440
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.7110
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	283.7575

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 002777-00 - 2022/10

260.63

Northdale Rehabilitation Center

Zip Code:	33618
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	14,029
Total Patient Days FYE 12/31/21:	34,717
Medicaid Days FYE 12/31/21:	19,279
Medicaid Utilization:	55.53187%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,556,807	576,095	726,485
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	110.9706	41.0645	51.7845
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.5825	50.4868	63.6664
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	3	0.86	49,531	26.6582

	Total	Per Diem
11: Taxes:	142,900	4.1161
12: Insurance:	26,937	0.7759

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		16.3278
16: Budget Neutrality Adjustment:		43.6635

17: Prospective Rate: (Sum of Lines 8:16)	240.6926
18: Hold Harmless Rate:	217.0845
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9418
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.6345

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 002787-00 - 2022/10

246.04

Parkview Rehabilitation Center at Winter Park

Zip Code:	32792
Region:	North
Beds:	138
Medicaid Days FYE 12/31/19:	28,196
Total Patient Days FYE 12/31/21:	32,050
Medicaid Days FYE 12/31/21:	21,646
Medicaid Utilization:	67.53822%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18434599
Indirect Care	92%	92.5%	1.17329618
Operating	86%	N/A	1.17329618
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,188,651	795,599	1,348,002
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	113.0887	28.2167	47.8082
3: Inflated Cost Per Diem (Line 2 x Inflation):	133.9362	33.1066	56.0933
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.9101	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	35.8647	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	45	25	0.86	40,856	15.6676

	Total	Per Diem
11: Taxes:	64,755	2.0204
12: Insurance:	23,381	0.7295

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.1376
16: Budget Neutrality Adjustment:		41.2400

17: Prospective Rate: (Sum of Lines 8:16)	233.6976
18: Hold Harmless Rate:	196.4600
19: Cap on Gains*:	(6.4836)
20: Minimum Wage Increase: (8.2852%)	18.8251
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	246.0392

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

1 002969-00 - 2022/10

230.19

Nspire Healthcare Lauderhill

Zip Code:	33313
Region:	South
Beds:	109
Medicaid Days FYE 3/31/19:	15,353
Total Patient Days FYE 12/31/20:	17,626
Medicaid Days FYE 12/31/20:	8,004
Medicaid Utilization:	45.41019%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,546,685	328,487	825,647
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	100.7415	21.3956	53.7775
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.1123	25.2894	63.5646
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.1718	11.9376	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.1799	28.3078	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	7	0.85	37,676	21.3443

	Total	Per Diem
11: Taxes:	85,859	4.8712
12: Insurance:	30,038	1.7042

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.3547
16: Budget Neutrality Adjustment:		41.8569

17: Prospective Rate: (Sum of Lines 8:16)	236.6627
18: Hold Harmless Rate:	183.8060
19: Cap on Gains*:	(24.0836)
20: Minimum Wage Increase: (8.2852%)	17.6126
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	230.1918

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 002974-00 - 2022/10

263.97

Nspire Healthcare Miami Lakes

Zip Code:	33015
Region:	South
Beds:	120
Medicaid Days FYE 3/31/19:	7,051
Total Patient Days FYE 12/31/20:	20,159
Medicaid Days FYE 12/31/20:	6,544
Medicaid Utilization:	32.46193%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	909,171	240,008	432,430
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	128.9421	34.0388	61.3288
3: Inflated Cost Per Diem (Line 2 x Inflation):	153.7353	40.2336	72.4902
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	7	0.86	44,315	22.6680

	Total	Per Diem
11: Taxes:	139,662	6.9280
12: Insurance:	36,134	1.7925

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		11.1938
16: Budget Neutrality Adjustment:		46.9614

17: Prospective Rate: (Sum of Lines 8:16)	250.5805
18: Hold Harmless Rate:	210.7765
19: Cap on Gains*:	(6.8088)
20: Minimum Wage Increase: (8.2852%)	20.1969
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.9686

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 002982-00 - 2022/10

276.21

Nspire Healthcare Tamarac

Zip Code:	33321
Region:	South
Beds:	151
Medicaid Days FYE 3/31/19:	14,196
Total Patient Days FYE 12/31/20:	32,236
Medicaid Days FYE 12/31/20:	23,870
Medicaid Utilization:	74.04765%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,683,016	484,449	1,001,705
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	118.5556	34.1257	70.5624
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.3517	40.3363	83.4043
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	33	11	0.85	73,396	27.2063

	Total	Per Diem
11: Taxes:	129,803	4.0266
12: Insurance:	59,531	1.8467

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.5293
16: Budget Neutrality Adjustment:		47.2532

17: Prospective Rate: (Sum of Lines 8:16)	264.4766
18: Hold Harmless Rate:	220.5520
19: Cap on Gains*:	(9.3991)
20: Minimum Wage Increase: (8.2852%)	21.1336
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	276.2111

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 002991-00 - 2022/10

258.95

Nspire Healthcare Plantation

Zip Code:	33313
Region:	South
Beds:	120
Medicaid Days FYE 3/31/19:	12,923
Total Patient Days FYE 12/31/20:	26,584
Medicaid Days FYE 12/31/20:	15,487
Medicaid Utilization:	58.25685%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,492,149	368,070	835,359
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	115.4645	28.4817	64.6412
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.6663	33.6652	76.4054
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.5618	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	36.6836	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	10	0.85	44,431	21.4534

	Total	Per Diem
11: Taxes:	52,961	1.9922
12: Insurance:	39,340	1.4798

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0496
16: Budget Neutrality Adjustment:		45.2313

17: Prospective Rate: (Sum of Lines 8:16)	254.3027
18: Hold Harmless Rate:	206.7675
19: Cap on Gains*:	(15.1676)
20: Minimum Wage Increase: (8.2852%)	19.8128
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.9479

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 002999-00 - 2022/10

254.37

Nspire Healthcare Kendall

Zip Code:	33186
Region:	South
Beds:	120
Medicaid Days FYE 3/31/19:	6,699
Total Patient Days FYE 12/31/20:	28,547
Medicaid Days FYE 12/31/20:	15,082
Medicaid Utilization:	52.83217%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	765,195	258,265	389,564
2: Cost Per Diem (Line 1 ÷ Medicaid Days 3/31/19):	114.2252	38.5527	58.1525
3: Inflated Cost Per Diem (Line 2 x Inflation):	136.1887	45.5690	68.7358
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	3	0.86	56,445	30.1199

	Total	Per Diem
11: Taxes:	145,324	5.0907
12: Insurance:	54,735	1.9174

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		12.8930
16: Budget Neutrality Adjustment:		47.9519

17: Prospective Rate: (Sum of Lines 8:16)	255.4481
18: Hold Harmless Rate:	203.1100
19: Cap on Gains*:	(20.5430)
20: Minimum Wage Increase: (8.2852%)	19.4623
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.3674

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 004024-00 - 2022/10

268.28

Stratford Court of Boca Raton

Zip Code:	33433
Region:	South
Beds:	60
Medicaid Days FYE 12/31/17:	5,281
Total Patient Days FYE 12/31/20:	12,304
Medicaid Days FYE 12/31/20:	4,739
Medicaid Utilization:	38.51593%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	735,039	251,987	360,196
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	139.1855	47.7157	68.2031
3: Inflated Cost Per Diem (Line 2 x Inflation):	172.5637	58.6641	83.8558
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	24	0.82	17,721	15.3097

	Total	Per Diem
11: Taxes:	58,969	4.7927
12: Insurance:	22,637	1.8398

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		11.6136
16: Budget Neutrality Adjustment:		45.3312

17: Prospective Rate: (Sum of Lines 8:16)	243.5794
18: Hold Harmless Rate:	247.7505
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5266
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	268.2771

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 008120-00 - 2022/10

245.88

Westminster Saint Augustine

Zip Code:	32092
Region:	North
Beds:	30
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 8/31/19:	6,935
Medicaid Days FYE 8/31/19:	1,106
Medicaid Utilization:	15.94809%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	21	8	0.85	24,833	29.2937

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	18,450	2.6604

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 8/31/19):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.7332

17: Prospective Rate: (Sum of Lines 8:16)	227.0700
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.8132
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.8832

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

1 009647-00 - 2022/10

263.72

Fountain Inn Nursing & Rehabilitation Center, Inc.

Zip Code:	32778
Region:	North
Beds:	120
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 6/30/19:	16,502
Medicaid Days FYE 6/30/19:	7,689
Medicaid Utilization:	46.59435%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23.5	18.5722

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	4	2	0.86	85,539	32.3561

	Total	Per Diem
11: Taxes:	12,000	0.7272
12: Insurance:	0	0.00

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/19):	0	0.0000
15: Quality Assess-Medicaid Share:		14.3524
16: Budget Neutrality Adjustment:		43.9280

17: Prospective Rate: (Sum of Lines 8:16)	243.5421
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1779
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.7200

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2022 through 09/30/2023

1 009887-00 - 2022/10

263.90

Scott Lake Health and Rehabilitation Center

Zip Code:	33813
Region:	North
Beds:	120
Medicaid Days FYE 12/31/19:	8,494
Total Patient Days FYE 12/31/20:	24,090
Medicaid Days FYE 12/31/20:	12,798
Medicaid Utilization:	53.12578%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18434599
Indirect Care	92%	92.5%	1.17329618
Operating	86%	N/A	1.17329618

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,055,609	510,199	680,654
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	124.2770	60.0658	80.1335
3: Inflated Cost Per Diem (Line 2 x Inflation):	147.1870	70.4750	94.0203
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	4	4	0.85	75,690	31.0991

	Total	Per Diem
11: Taxes:	146,907	6.0983
12: Insurance:	33,886	1.4066

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		16.2725
16: Budget Neutrality Adjustment:		44.8808

17: Prospective Rate: (Sum of Lines 8:16)	243.7078
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1916
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.8994

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2022 through 09/30/2023

1 013748-00 - 2022/10

260.45

Page Rehabilitation and Healthcare Center

Zip Code:	33907
Region:	North
Beds:	180
Medicaid Days FYE 9/30/17:	34,156
Total Patient Days FYE 12/31/20:	52,136
Medicaid Days FYE 12/31/20:	30,963
Medicaid Utilization:	59.38891%

	Price	Floor	Inflation
Direct Care	100%	95%	1.24809237
Indirect Care	92%	92.5%	1.23808429
Operating	86%	N/A	1.23808429

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,569,822	1,364,209	1,758,738
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/17):	133.7926	39.9405	51.4913
3: Inflated Cost Per Diem (Line 2 x Inflation):	166.9856	49.4498	63.7506
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	11	0.84	70,306	21.9397

	Total	Per Diem
11: Taxes:	133,476	2.5602
12: Insurance:	85,783	1.6454

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.4229
16: Budget Neutrality Adjustment:		42.7307

17: Prospective Rate: (Sum of Lines 8:16)	240.5253
18: Hold Harmless Rate:	232.6455
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9280
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.4533

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 015069-00 - 2022/10

245.81

Lanier Rehabilitation Center

Zip Code:	32226
Region:	North
Beds:	120
Medicaid Days FYE 9/30/17:	32,762
Total Patient Days FYE 12/31/21:	28,164
Medicaid Days FYE 12/31/21:	21,922
Medicaid Utilization:	77.83695%

	Price	Floor	Inflation
Direct Care	100%	95%	1.24809237
Indirect Care	92%	92.5%	1.23808429
Operating	86%	N/A	1.23808429
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,889,579	803,262	1,549,712
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/17):	88.1991	24.5181	47.3021
3: Inflated Cost Per Diem (Line 2 x Inflation):	110.0806	30.3555	58.5640
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.6191	3.6612	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	116.6437	33.1136	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	25	19.7577

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	26	0.85	47,040	16.8533

	Total	Per Diem
11: Taxes:	52,316	1.8575
12: Insurance:	26,174	0.9293

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.8762
16: Budget Neutrality Adjustment:		38.4534

17: Prospective Rate: (Sum of Lines 8:16)	227.0027
18: Hold Harmless Rate:	201.7230
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.8076
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.8103

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 017621-00 - 2022/10

294.23

Water's Edge Health and Rehabilitation

Zip Code:	34990
Region:	North
Beds:	36
Medicaid Days FYE 11/19/18:	2,563
Total Patient Days FYE 12/31/20:	9,990
Medicaid Days FYE 12/31/20:	2,197
Medicaid Utilization:	21.99199%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21239794
Indirect Care	92%	92.5%	1.19959275
Operating	86%	N/A	1.19959275
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	560,146	162,299	503,554
2: Cost Per Diem (Line 1 ÷ Medicaid Days 11/19/18):	218.5509	63.3238	196.4705
3: Inflated Cost Per Diem (Line 2 x Inflation):	264.9707	75.9628	235.6846
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17.5	13.8304

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	29	5	0.82	21,498	29.6296

	Total	Per Diem
11: Taxes:	34,510	3.4545
12: Insurance:	64,192	6.4256

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		45.0371

17: Prospective Rate: (Sum of Lines 8:16)	229.7653
18: Hold Harmless Rate:	271.7190
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.5124
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	294.2314

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 019603-00 - 2022/10

247.66

Laurellwood Care Center

Zip Code:	33714
Region:	North
Beds:	60
Medicaid Days FYE 5/31/19:	8,201
Total Patient Days FYE 5/31/21:	16,291
Medicaid Days FYE 5/31/21:	13,972
Medicaid Utilization:	85.76515%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18818314
Indirect Care	92%	92.5%	1.17737532
Operating	86%	N/A	1.17737532
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	871,331	336,027	408,040
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	106.2469	40.9739	49.7549
3: Inflated Cost Per Diem (Line 2 x Inflation):	126.2408	48.2417	58.5802
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21.5	16.9916

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	23	0.87	14,467	16.4989

	Total	Per Diem
11: Taxes:	21,072	1.2935
12: Insurance:	62,053	3.8090

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	1	0.0143
15: Quality Assess-Medicaid Share:		23.6572
16: Budget Neutrality Adjustment:		41.9466

17: Prospective Rate: (Sum of Lines 8:16)	241.7803
18: Hold Harmless Rate:	197.7520
19: Cap on Gains*:	(13.0720)
20: Minimum Wage Increase: (8.2852%)	18.9489
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	247.6572

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 019618-00 - 2022/10

249.69

Harbourwood Care Center

Zip Code:	33759
Region:	North
Beds:	120
Medicaid Days FYE 5/31/19:	16,695
Total Patient Days FYE 5/31/21:	36,743
Medicaid Days FYE 5/31/21:	28,538
Medicaid Utilization:	77.66922%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18818314
Indirect Care	92%	92.5%	1.17737532
Operating	86%	N/A	1.17737532

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,658,952	462,234	848,600
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	99.3681	27.6869	50.8295
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.0676	32.5980	59.8455
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.6321	1.4187	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.6307	35.3561	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	26	8	0.87	49,165	24.8449

	Total	Per Diem
11: Taxes:	119,035	3.2397
12: Insurance:	119,169	3.2433

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.6364
16: Budget Neutrality Adjustment:		42.2357

17: Prospective Rate: (Sum of Lines 8:16)	237.5753
18: Hold Harmless Rate:	199.3765
19: Cap on Gains*:	(6.9882)
20: Minimum Wage Increase: (8.2852%)	19.1046
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	249.6917

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 019625-00 - 2022/10

233.89

Gateway Care Center

Zip Code:	33782
Region:	North
Beds:	120
Medicaid Days FYE 5/31/19:	16,902
Total Patient Days FYE 5/31/21:	38,114
Medicaid Days FYE 5/31/21:	31,815
Medicaid Utilization:	83.47326%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18818314
Indirect Care	92%	92.5%	1.17737532
Operating	86%	N/A	1.17737532

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,803,660	465,078	862,930
2: Cost Per Diem (Line 1 ÷ Medicaid Days 5/31/19):	106.7128	27.5161	51.0549
3: Inflated Cost Per Diem (Line 2 x Inflation):	126.7944	32.3968	60.1108
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.6199	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	35.1549	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	20	0.87	43,004	17.8795

	Total	Per Diem
11: Taxes:	67,853	1.7803
12: Insurance:	126,131	3.3093

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.0574
16: Budget Neutrality Adjustment:		41.9030

17: Prospective Rate: (Sum of Lines 8:16)	238.5865
18: Hold Harmless Rate:	186.7605
19: Cap on Gains*:	(22.5903)
20: Minimum Wage Increase: (8.2852%)	17.8957
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	233.8919

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 021302-00 - 2022/10

294.08

Kendall Lakes Health and Rehabilitation Center

Zip Code:	33185
Region:	South
Beds:	150
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 12/31/21:	52,938
Medicaid Days FYE 12/31/21:	30,526
Medicaid Utilization:	57.66368%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 x Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	24.5	19.3625

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	4	3	0.86	103,967	29.6925

	Total	Per Diem
11: Taxes:	440,787	8.3265
12: Insurance:	234,261	4.4252

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.9036
16: Budget Neutrality Adjustment:		48.8693

17: Prospective Rate: (Sum of Lines 8:16)	271.5751
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.5005
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	294.0756

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2022 through 09/30/2023

1 022071-00 - 2022/10

262.22

The Ponce Therapy Care Center

Zip Code:	32086
Region:	North
Beds:	120
Medicaid Days FYE 1/31/19:	16,496
Total Patient Days FYE 12/31/21:	33,479
Medicaid Days FYE 12/31/21:	20,125
Medicaid Utilization:	60.11231%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,976,488	670,527	1,145,688
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	119.8161	40.6478	69.4524
3: Inflated Cost Per Diem (Line 2 x Inflation):	144.6206	48.5674	82.9840
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	3	0.85	48,636	25.9270

	Total	Per Diem
11: Taxes:	63,833	1.9067
12: Insurance:	106,920	3.1936

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.0133
16: Budget Neutrality Adjustment:		43.5732

17: Prospective Rate: (Sum of Lines 8:16)	242.1551
18: Hold Harmless Rate:	235.7045
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.0630
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.2182

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 023109-00 - 2022/10

254.00

Barrington Terrace at Boynton Beach

Zip Code:	33426
Region:	South
Beds:	29
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 12/31/20:	7,742
Medicaid Days FYE 12/31/20:	283
Medicaid Utilization:	3.65539%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 x Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	28	0.82	6,698	14.0526

	Total	Per Diem
11: Taxes:	44,702	5.7740
12: Insurance:	44,387	5.7333

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		45.9555

17: Prospective Rate: (Sum of Lines 8:16)	234.5639
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4341
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.9980

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2022 through 09/30/2023

1 023546-00 - 2022/10

239.27

The Palms of Sebring

Zip Code:	33870
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	17,743
Total Patient Days FYE 6/30/21:	29,477
Medicaid Days FYE 6/30/21:	15,064
Medicaid Utilization:	51.10425%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,979,794	506,655	708,020
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	111.5820	28.5559	39.9241
3: Inflated Cost Per Diem (Line 2 x Inflation):	138.3401	35.1072	49.0602
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	51	9	0.85	43,910	21.5594

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	46,639	1.5822

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		18.5756
16: Budget Neutrality Adjustment:		42.2124

17: Prospective Rate: (Sum of Lines 8:16)	220.9672
18: Hold Harmless Rate:	194.5695
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.3075
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	239.2747

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

1 023745-00 - 2022/10

269.74

PruittHealth - Panama City

Zip Code:	32405
Region:	North
Beds:	77
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 6/30/21:	24,893
Medicaid Days FYE 6/30/21:	9,674
Medicaid Utilization:	38.86233%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23.5	18.5722

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	4	1	0.86	62,528	32.8124

	Total	Per Diem
11: Taxes:	157,750	6.3371
12: Insurance:	27,378	1.0998

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		13.9817
16: Budget Neutrality Adjustment:		45.1647

17: Prospective Rate: (Sum of Lines 8:16)	249.1008
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.6385
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	269.7393

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2022 through 09/30/2023

1 030069-00 - 2022/10

305.95

Aventura Rehab and Nursing Center

Zip Code:	33162
Region:	South
Beds:	86
Medicaid Days FYE 2/28/18:	21,310
Total Patient Days FYE 1/31/21:	27,112
Medicaid Days FYE 1/31/21:	17,672
Medicaid Utilization:	65.18147%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23460082
Indirect Care	92%	92.5%	1.22472988
Operating	86%	N/A	1.22472988

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,999,106	1,042,910	1,431,909
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/18):	140.7370	48.9399	67.1942
3: Inflated Cost Per Diem (Line 2 x Inflation):	173.7540	59.9382	82.2948
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	58	3	0.86	51,916	31.8998

	Total	Per Diem
11: Taxes:	93,218	3.4383
12: Insurance:	62,543	2.3068

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		14.4943
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.1114
16: Budget Neutrality Adjustment:		48.0411

17: Prospective Rate: (Sum of Lines 8:16)	282.5400
18: Hold Harmless Rate:	268.4130
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	23.4090
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	305.9490

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 030145-00 - 2022/10

255.75

Grace Healthcare of Lake Wales

Zip Code:	33853
Region:	North
Beds:	100
Medicaid Days FYE 12/31/16:	21,170
Total Patient Days FYE 12/31/20:	26,753
Medicaid Days FYE 12/31/20:	17,905
Medicaid Utilization:	66.92707%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26989312
Indirect Care	92%	92.5%	1.26274294
Operating	86%	N/A	1.26274294
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,028,306	478,597	1,113,409
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	95.8103	22.6073	52.5937
3: Inflated Cost Per Diem (Line 2 x Inflation):	121.6690	28.5472	66.4123
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.0307	5.4695	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.2321	31.3053	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	13	0.85	31,417	19.3960

	Total	Per Diem
11: Taxes:	72,771	2.7201
12: Insurance:	30,420	1.1371

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.5576
16: Budget Neutrality Adjustment:		40.7647

17: Prospective Rate: (Sum of Lines 8:16)	236.1853
18: Hold Harmless Rate:	204.8770
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5684
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.7537

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 031622-00 - 2022/10

250.90

Harmony Health Center

Zip Code:	33176
Region:	South
Beds:	203
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 12/31/20:	98,765
Medicaid Days FYE 12/31/20:	68,472
Medicaid Utilization:	69.32820%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 x Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	40	0.86	83,526	12.3426

	Total	Per Diem
11: Taxes:	303,065	3.0685
12: Insurance:	331,032	3.3517

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		4.3423
16: Budget Neutrality Adjustment:		44.7825

17: Prospective Rate: (Sum of Lines 8:16)	231.7016
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1969
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.8985

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 032432-00 - 2022/10

257.75

Adventhealth Care Center Celebration

Zip Code:	34747
Region:	North
Beds:	120
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 8/31/20:	16,675
Medicaid Days FYE 8/31/20:	7,698
Medicaid Utilization:	46.16492%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	3	2	0.86	85,337	32.3561

	Total	Per Diem
11: Taxes:	43,228	2.5924
12: Insurance:	10,745	0.6444

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 8/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		13.4818
16: Budget Neutrality Adjustment:		44.3611

17: Prospective Rate: (Sum of Lines 8:16)	238.0304
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7213
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.7517

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 032910-00 - 2022/10

263.78

Viera Del Mar Health and Rehabilitation Center

Zip Code:	32940
Region:	North
Beds:	131
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 12/31/20:	25,043
Medicaid Days FYE 12/31/20:	4,416
Medicaid Utilization:	17.63367%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	3	3	0.89	92,600	32.9477

	Total	Per Diem
11: Taxes:	213,646	8.5312
12: Insurance:	72,047	2.8769

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		9.0296
16: Budget Neutrality Adjustment:		45.8734

17: Prospective Rate: (Sum of Lines 8:16)	243.5949
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1823
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.7772

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

1 034242-00 - 2022/10

278.35

Addington Place at Wellington Green

Zip Code:	33414
Region:	South
Beds:	120
Medicaid Days FYE 4/30/12:	1
Total Patient Days FYE 4/30/12:	15,951
Medicaid Days FYE 4/30/12:	1
Medicaid Utilization:	0.00627%

	Price	Floor	Inflation
Direct Care	100%	95%	1.36024626
Indirect Care	92%	92.5%	1.37230361
Operating	86%	N/A	1.37230361

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	158	70	53
2: Cost Per Diem (Line 1 ÷ Medicaid Days 4/30/12):	157.9474	69.9776	53.0750
3: Inflated Cost Per Diem (Line 2 x Inflation):	214.8474	96.0305	72.8350
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	11	7	0.82	47,300	23.0387

	Total	Per Diem
11: Taxes:	184,035	11.5375
12: Insurance:	116,842	7.3251

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 4/30/12):	0	0.0000
15: Quality Assess-Medicaid Share:		8.9717
16: Budget Neutrality Adjustment:		48.7756

17: Prospective Rate: (Sum of Lines 8:16)	257.0570
18: Hold Harmless Rate:	245.4990
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.2977
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	278.3547

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

1 036022-00 - 2022/10

251.59

Fair Havens Center

Zip Code:	33166
Region:	South
Beds:	269
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 2/28/21:	76,078
Medicaid Days FYE 2/28/21:	50,147
Medicaid Utilization:	65.91524%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 x Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	98	40	0.86	94,794	10.8130

	Total	Per Diem
11: Taxes:	317,277	4.1704
12: Insurance:	272,842	3.5863

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		4.3529
16: Budget Neutrality Adjustment:		44.7492

17: Prospective Rate: (Sum of Lines 8:16)	232.3427
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2500
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.5928

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

1 036390-00 - 2022/10

251.40

Haines City Rehabilitation and Nursing Center

Zip Code:	33844
Region:	North
Beds:	120
Medicaid Days FYE 11/30/18:	25,168
Total Patient Days FYE 1/31/22:	37,161
Medicaid Days FYE 1/31/22:	29,253
Medicaid Utilization:	78.71963%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21239794
Indirect Care	92%	92.5%	1.19959275
Operating	86%	N/A	1.19959275
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,724,804	723,320	1,001,015
2: Cost Per Diem (Line 1 ÷ Medicaid Days 11/30/18):	108.2646	28.7396	39.7733
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.2598	34.4759	47.7118
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16.5	13.0401

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	32	0.85	39,750	13.2266

	Total	Per Diem
11: Taxes:	67,700	1.8218
12: Insurance:	75,749	2.0384

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/22):	0	0.0000
15: Quality Assess-Medicaid Share:		21.4759
16: Budget Neutrality Adjustment:		41.1674

17: Prospective Rate: (Sum of Lines 8:16)	231.8976
18: Hold Harmless Rate:	232.1610
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2350
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.3960

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

1 036398-00 - 2022/10

261.09

North Port Rehabilitation and Nursing Center

Zip Code:	34287
Region:	North
Beds:	120
Medicaid Days FYE 2/28/19:	24,067
Total Patient Days FYE 1/31/21:	26,684
Medicaid Days FYE 1/31/21:	17,403
Medicaid Utilization:	65.21886%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,094,740	762,502	1,147,035
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	128.5885	31.6824	47.6600
3: Inflated Cost Per Diem (Line 2 x Inflation):	154.8218	37.7782	56.8299
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	7	0.85	41,054	21.3443

	Total	Per Diem
11: Taxes:	74,544	2.7936
12: Insurance:	63,821	2.3917

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.6957
16: Budget Neutrality Adjustment:		42.7970

17: Prospective Rate: (Sum of Lines 8:16)	241.1161
18: Hold Harmless Rate:	237.6140
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9769
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	261.0930

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

1 036404-00 - 2022/10
254.91

Winter Garden Rehabilitation and Nursing

Zip Code:	34787
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	19,424
Total Patient Days FYE 1/31/21:	29,010
Medicaid Days FYE 1/31/21:	21,321
Medicaid Utilization:	73.49535%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,502,261	672,156	933,162
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	128.8231	34.6044	48.0417
3: Inflated Cost Per Diem (Line 2 x Inflation):	159.7162	42.5444	59.0648
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	33	0.86	29,922	13.0421

	Total	Per Diem
11: Taxes:	66,981	2.3089
12: Insurance:	57,653	1.9873

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.8918
16: Budget Neutrality Adjustment:		41.2109

17: Prospective Rate: (Sum of Lines 8:16)	231.7313
18: Hold Harmless Rate:	235.4100
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5042
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.9142

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

1 036415-00 - 2022/10

259.95

Fernandina Beach Rehabilitation and Nursing Center

Zip Code:	32034
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	22,229
Total Patient Days FYE 1/31/21:	34,665
Medicaid Days FYE 1/31/21:	21,078
Medicaid Utilization:	60.80485%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,490,281	699,519	922,739
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	112.0284	31.4687	41.5105
3: Inflated Cost Per Diem (Line 2 x Inflation):	135.5589	37.6766	49.6994
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	34	0.85	25,453	12.5772

	Total	Per Diem
11: Taxes:	135,178	3.8996
12: Insurance:	56,990	1.6440

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 1/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.2761
16: Budget Neutrality Adjustment:		41.3459

17: Prospective Rate: (Sum of Lines 8:16)	240.0612
18: Hold Harmless Rate:	209.3895
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8895
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.9507

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

1 037353-00 - 2022/10

253.59

TimberRidge Nursing and Rehabilitation Center

Zip Code:	34481
Region:	North
Beds:	180
Medicaid Days FYE 12/31/18:	27,182
Total Patient Days FYE 12/31/20:	69,478
Medicaid Days FYE 12/31/20:	36,771
Medicaid Utilization:	52.92467%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,598,547	1,153,356	1,098,669
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	132.3871	42.4308	40.4189
3: Inflated Cost Per Diem (Line 2 x Inflation):	160.1937	50.8012	48.3924
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	15	0.84	69,278	20.2414

	Total	Per Diem
11: Taxes:	146,239	2.1048
12: Insurance:	136,043	1.9581

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		18.1892
16: Budget Neutrality Adjustment:		42.4130

17: Prospective Rate: (Sum of Lines 8:16)	234.1877
18: Hold Harmless Rate:	228.2850
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4029
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.5905

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

1 038712-00 - 2022/10

263.56

PruittHealth - Fleming Island

Zip Code:	32003
Region:	North
Beds:	97
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 6/30/21:	27,886
Medicaid Days FYE 6/30/21:	12,861
Medicaid Utilization:	46.11992%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	3	3	0.85	71,492	31.5505

	Total	Per Diem
11: Taxes:	248,303	8.9042
12: Insurance:	34,310	1.2304

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		13.8062
16: Budget Neutrality Adjustment:		45.4125

17: Prospective Rate: (Sum of Lines 8:16)	243.3956
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1658
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.5614

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

1 045184-00 - 2022/10

265.47

Rehabilitation Center of Lake City, The

Zip Code:	32024
Region:	North
Beds:	113
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 12/31/20:	22,162
Medicaid Days FYE 12/31/20:	7,901
Medicaid Utilization:	35.65111%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20.5	16.2013

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	3	3	0.85	83,179	31.5505

	Total	Per Diem
11: Taxes:	144,735	6.5308
12: Insurance:	65,682	2.9637

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		11.7523
16: Budget Neutrality Adjustment:		45.3020

17: Prospective Rate: (Sum of Lines 8:16)	245.1588
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.3119
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.4706

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

1 046531-00 - 2022/10

258.40

Golden Glades Nursing and Rehabilitation Center

Zip Code:	33179
Region:	South
Beds:	180
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 11/30/20:	62,667
Medicaid Days FYE 11/30/20:	42,598
Medicaid Utilization:	67.97517%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 x Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	26	0.86	70,172	16.8263

	Total	Per Diem
11: Taxes:	134,099	2.1399
12: Insurance:	111,818	1.7843

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 11/30/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.2685
16: Budget Neutrality Adjustment:		45.1255

17: Prospective Rate: (Sum of Lines 8:16)	238.6275
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7707
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.3983

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2022 through 09/30/2023

1 046541-00 - 2022/10

254.46

South Dade Nursing and Rehabilitation Center

Zip Code:	33157
Region:	South
Beds:	180
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 5/31/21:	89,083
Medicaid Days FYE 5/31/21:	61,305
Medicaid Utilization:	68.81784%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 x Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	32	0.86	73,221	15.0426

	Total	Per Diem
11: Taxes:	263,133	2.9538
12: Insurance:	151,131	1.6965

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		4.4925
16: Budget Neutrality Adjustment:		44.9430

17: Prospective Rate: (Sum of Lines 8:16)	234.9923
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4696
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.4619

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 047077-00 - 2022/10

250.44

North Dade Nursing and Rehabilitation Center

Zip Code:	33161
Region:	South
Beds:	245
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 6/30/21:	107,964
Medicaid Days FYE 6/30/21:	81,571
Medicaid Utilization:	75.55389%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 x Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	57	31	0.86	48,730	13.6985

	Total	Per Diem
11: Taxes:	253,954	2.3522
12: Insurance:	278,984	2.5840

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		4.8180
16: Budget Neutrality Adjustment:		44.7604

17: Prospective Rate: (Sum of Lines 8:16)	231.2810
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1621
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.4431

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 049235-00 - 2022/10

252.50

Park Summit at Coral Springs

Zip Code:	33065
Region:	South
Beds:	35
Medicaid Days FYE 12/31/18:	5,168
Total Patient Days FYE 12/31/20:	8,976
Medicaid Days FYE 12/31/20:	3,558
Medicaid Utilization:	39.63904%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	717,349	351,558	270,840
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	138.8059	68.0259	52.4071
3: Inflated Cost Per Diem (Line 2 x Inflation):	167.9607	81.4454	62.7454
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	3	0.86	16,610	30.3720

	Total	Per Diem
11: Taxes:	31,162	3.4717
12: Insurance:	64,929	7.2336

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		48.6334

17: Prospective Rate: (Sum of Lines 8:16)	233.1780
18: Hold Harmless Rate:	220.2955
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3192
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.4972

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 049264-00 - 2022/10

290.26

SNF FLA Tenant LLC

Zip Code:	33069
Region:	South
Beds:	60
Medicaid Days FYE 12/31/18:	7,710
Total Patient Days FYE 12/31/20:	15,842
Medicaid Days FYE 12/31/20:	6,285
Medicaid Utilization:	39.67302%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,031,818	398,565	390,620
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	133.8285	51.6946	50.6641
3: Inflated Cost Per Diem (Line 2 x Inflation):	161.9379	61.8923	60.6586
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	3	0.86	26,693	28.5883

	Total	Per Diem
11: Taxes:	62,823	3.9656
12: Insurance:	171,818	10.8457

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.8919
16: Budget Neutrality Adjustment:		49.0342

17: Prospective Rate: (Sum of Lines 8:16)	268.0557
18: Hold Harmless Rate:	237.6805
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	22.2089
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	290.2646

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 049287-00 - 2022/10

284.03

Forum at Deer Creek

Zip Code:	33442
Region:	South
Beds:	60
Medicaid Days FYE 12/31/18:	4,947
Total Patient Days FYE 12/31/20:	14,451
Medicaid Days FYE 12/31/20:	6,087
Medicaid Utilization:	42.12165%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	765,572	324,220	286,317
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	154.7548	65.5387	57.8768
3: Inflated Cost Per Diem (Line 2 x Inflation):	187.2595	78.4675	69.2942
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	3	0.82	18,613	21.9096

	Total	Per Diem
11: Taxes:	61,439	4.2515
12: Insurance:	135,875	9.4025

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.8319
16: Budget Neutrality Adjustment:		47.6819

17: Prospective Rate: (Sum of Lines 8:16)	262.3023
18: Hold Harmless Rate:	259.5115
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.7322
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	284.0345

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 049565-00 - 2022/10

263.70

Orlando Health Center for Rehabilitation

Zip Code:	34761
Region:	North
Beds:	110
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 9/30/21:	24,303
Medicaid Days FYE 9/30/21:	12,489
Medicaid Utilization:	51.38872%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	3	3	0.86	79,197	31.8998

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	10,613	0.4367

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		16.9313
16: Budget Neutrality Adjustment:		43.7992

17: Prospective Rate: (Sum of Lines 8:16)	243.5273
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1767
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	263.7040

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 052140-00 - 2022/10

260.29

Century Center for Rehabilitation and Healing

Zip Code:	32535
Region:	North
Beds:	88
Medicaid Days FYE 12/31/17:	21,964
Total Patient Days FYE 12/31/20:	22,331
Medicaid Days FYE 12/31/20:	14,722
Medicaid Utilization:	65.92629%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,235,424	755,361	1,033,846
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	101.7767	34.3908	47.0700
3: Inflated Cost Per Diem (Line 2 x Inflation):	126.1838	42.2818	57.8702
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	28	21	0.87	34,538	19.0833

	Total	Per Diem
11: Taxes:	29,805	1.3347
12: Insurance:	26,958	1.2072

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.6416
16: Budget Neutrality Adjustment:		41.9507

17: Prospective Rate: (Sum of Lines 8:16)	240.3748
18: Hold Harmless Rate:	218.4715
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9155
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.2903

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 052155-00 - 2022/10

256.00

Sandy Ridge Center for Rehabilitation and Healing

Zip Code:	32570
Region:	North
Beds:	60
Medicaid Days FYE 12/31/18:	13,482
Total Patient Days FYE 12/31/21:	19,175
Medicaid Days FYE 12/31/21:	11,425
Medicaid Utilization:	59.58279%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,534,658	469,839	674,124
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	113.8301	34.8493	50.0017
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.7390	41.7241	59.8656
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19.5	15.4110

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	19	0.87	20,543	17.8256

	Total	Per Diem
11: Taxes:	19,261	1.0045
12: Insurance:	23,098	1.2046

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.1775
16: Budget Neutrality Adjustment:		41.6762

17: Prospective Rate: (Sum of Lines 8:16)	236.4092
18: Hold Harmless Rate:	223.6680
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5869
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	255.9962

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 052167-00 - 2022/10

256.06

Santa Rosa Center for Rehabilitation & Healing

Zip Code:	32570
Region:	North
Beds:	110
Medicaid Days FYE 12/31/18:	27,304
Total Patient Days FYE 12/31/20:	25,215
Medicaid Days FYE 12/31/20:	19,190
Medicaid Utilization:	76.10549%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,959,453	892,664	1,158,672
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	108.3889	32.6935	42.4359
3: Inflated Cost Per Diem (Line 2 x Inflation):	131.1550	39.1430	50.8073
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	51	21	0.87	31,824	17.1622

	Total	Per Diem
11: Taxes:	22,699	0.9002
12: Insurance:	41,040	1.6276

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.7073
16: Budget Neutrality Adjustment:		41.6167

17: Prospective Rate: (Sum of Lines 8:16)	236.4685
18: Hold Harmless Rate:	211.4510
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5919
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.0603

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 052176-00 - 2022/10

260.95

Northbrook Center for Rehabilitation and Health

Zip Code:	34601
Region:	North
Beds:	120
Medicaid Days FYE 4/30/18:	26,209
Total Patient Days FYE 12/31/20:	22,392
Medicaid Days FYE 12/31/20:	14,910
Medicaid Utilization:	66.58628%

	Price	Floor	Inflation
Direct Care	100%	95%	1.22956010
Indirect Care	92%	92.5%	1.21956481
Operating	86%	N/A	1.21956481

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,614,115	993,511	1,130,151
2: Cost Per Diem (Line 1 ÷ Medicaid Days 4/30/18):	99.7411	37.9072	43.1207
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.6377	46.2303	52.5885
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.0620	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.2008	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	2	0.86	37,349	23.2158

	Total	Per Diem
11: Taxes:	65,973	2.9463
12: Insurance:	37,281	1.6649

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.8040
16: Budget Neutrality Adjustment:		42.6651

17: Prospective Rate: (Sum of Lines 8:16)	240.9869
18: Hold Harmless Rate:	219.0035
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9662
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.9531

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 052186-00 - 2022/10

260.17

Ybor City Center for Rehabilitations & Healing

Zip Code:	33602
Region:	North
Beds:	80
Medicaid Days FYE 12/31/17:	22,096
Total Patient Days FYE 12/31/20:	18,455
Medicaid Days FYE 12/31/20:	15,064
Medicaid Utilization:	81.62558%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,329,931	767,698	1,068,971
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	105.4458	34.7437	48.3784
3: Inflated Cost Per Diem (Line 2 x Inflation):	130.7328	42.7157	59.4789
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22.5	17.7819

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	53	17	0.86	22,212	18.2930

	Total	Per Diem
11: Taxes:	21,970	1.1905
12: Insurance:	20,074	1.0877

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		22.2145
16: Budget Neutrality Adjustment:		41.7688

17: Prospective Rate: (Sum of Lines 8:16)	240.2612
18: Hold Harmless Rate:	212.8000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.9061
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	260.1672

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 054508-00 - 2022/10

217.36

Healthcare Center of Jacksonville

Zip Code:	32209
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	34,880
Total Patient Days FYE 12/31/20:	46,930
Medicaid Days FYE 12/31/20:	39,946
Medicaid Utilization:	85.11826%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,847,079	562,829	1,446,541
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	81.6249	16.1361	41.4719
3: Inflated Cost Per Diem (Line 2 x Inflation):	98.7695	19.3193	49.6531
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	25.9302	14.6974	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	105.3326	22.0774	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	30	0.85	32,259	12.6773

	Total	Per Diem
11: Taxes:	47,640	1.0151
12: Insurance:	59,459	1.2670

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.4951
16: Budget Neutrality Adjustment:		33.7890

17: Prospective Rate: (Sum of Lines 8:16)	200.7257
18: Hold Harmless Rate:	184.4900
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	16.6305
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	217.3562

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 059598-00 - 2022/10

267.09

De Luna Health and Rehabilitation Center

Zip Code:	32514
Region:	North
Beds:	90
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 2/20/21:	8,173
Medicaid Days FYE 2/20/21:	522
Medicaid Utilization:	6.38688%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	2	2	0.87	73,997	32.7104

	Total	Per Diem
11: Taxes:	132,000	16.1507
12: Insurance:	69,298	8.4789

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/20/21):	0	0.0000
15: Quality Assess-Medicaid Share:		1.7376
16: Budget Neutrality Adjustment:		48.1141

17: Prospective Rate: (Sum of Lines 8:16)	246.6513
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4355
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.0868

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 059993-00 - 2022/10

262.89

Dolphin Pointe Health Care Center

Zip Code:	32211
Region:	North
Beds:	146
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 12/31/21:	25,391
Medicaid Days FYE 12/31/21:	9,102
Medicaid Utilization:	35.84735%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	2	1	0.85	88,019	32.4532

	Total	Per Diem
11: Taxes:	248,099	9.7711
12: Insurance:	74,313	2.9267

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		7.9478
16: Budget Neutrality Adjustment:		46.0106

17: Prospective Rate: (Sum of Lines 8:16)	242.7760
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.1144
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	262.8904

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 060909-00 - 2022/10

268.71

The Preserve

Zip Code:	33912
Region:	North
Beds:	75
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 4/20/21:	11,547
Medicaid Days FYE 4/20/21:	3,922
Medicaid Utilization:	33.96553%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	3	3	0.84	81,351	31.2012

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	76,000	6.5818

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 4/20/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.9976
16: Budget Neutrality Adjustment:		44.7391

17: Prospective Rate: (Sum of Lines 8:16)	248.1486
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.5596
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	268.7082

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 064829-00 - 2022/10

273.77

Pruitthealth - Southwood

Zip Code:	32311
Region:	North
Beds:	101
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 6/30/21:	13,302
Medicaid Days FYE 6/30/21:	2,182
Medicaid Utilization:	16.40355%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	2	1	0.86	55,618	32.8124

	Total	Per Diem
11: Taxes:	111,151	8.3560
12: Insurance:	40,450	3.0409

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		16.4025
16: Budget Neutrality Adjustment:		45.8481

17: Prospective Rate: (Sum of Lines 8:16)	252.8224
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.9468
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	273.7692

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 065142-00 - 2022/10

228.66

Orchid Cove at Rockledge

Zip Code:	32955
Region:	North
Beds:	100
Medicaid Days FYE 1/31/18:	21,840
Total Patient Days FYE 12/31/20:	22,612
Medicaid Days FYE 12/31/20:	17,580
Medicaid Utilization:	77.74633%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,175,041	543,591	871,977
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	99.5897	24.8896	39.9256
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.2128	30.5418	48.9923
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.4869	3.4749	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.7759	33.2999	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	38	0.89	31,855	11.7697

	Total	Per Diem
11: Taxes:	37,486	1.6578
12: Insurance:	18,298	0.8092

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.3814
16: Budget Neutrality Adjustment:		39.8193

17: Prospective Rate: (Sum of Lines 8:16)	226.3636
18: Hold Harmless Rate:	182.5805
19: Cap on Gains*:	(15.2017)
20: Minimum Wage Increase: (8.2852%)	17.4952
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	228.6570

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 065143-00 - 2022/10

239.07

Orchid Cove at Naples

Zip Code:	34103
Region:	North
Beds:	120
Medicaid Days FYE 1/31/19:	29,640
Total Patient Days FYE 12/31/21:	25,732
Medicaid Days FYE 12/31/21:	18,398
Medicaid Utilization:	71.49852%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20702081
Indirect Care	92%	92.5%	1.19483217
Operating	86%	N/A	1.19483217

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,272,425	752,912	1,064,819
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/19):	110.4057	25.4018	35.9250
3: Inflated Cost Per Diem (Line 2 x Inflation):	133.2620	30.3510	42.9244
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.6657	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	33.1091	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	54	29	0.84	30,912	14.0466

	Total	Per Diem
11: Taxes:	72,076	2.8010
12: Insurance:	28,106	1.0923

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.9061
16: Budget Neutrality Adjustment:		40.6821

17: Prospective Rate: (Sum of Lines 8:16)	233.1860
18: Hold Harmless Rate:	190.8930
19: Cap on Gains*:	(12.4104)
20: Minimum Wage Increase: (8.2852%)	18.2917
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	239.0673

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 065145-00 - 2022/10

256.20

Orchid Cove at Venice

Zip Code:	34292
Region:	North
Beds:	120
Medicaid Days FYE 1/31/18:	23,845
Total Patient Days FYE 12/31/20:	24,104
Medicaid Days FYE 12/31/20:	15,103
Medicaid Utilization:	62.65765%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,719,441	690,559	892,723
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	114.0465	28.9603	37.4385
3: Inflated Cost Per Diem (Line 2 x Inflation):	141.0988	35.5368	45.9404
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	25	0.85	41,569	15.4995

	Total	Per Diem
11: Taxes:	42,906	1.7800
12: Insurance:	22,858	0.9483

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.6770
16: Budget Neutrality Adjustment:		41.3644

17: Prospective Rate: (Sum of Lines 8:16)	236.5993
18: Hold Harmless Rate:	216.5240
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6027
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.2020

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 065146-00 - 2022/10

256.44

Orchid Cove at Sarasota

Zip Code:	34234
Region:	North
Beds:	120
Medicaid Days FYE 1/31/18:	32,717
Total Patient Days FYE 12/31/21:	26,941
Medicaid Days FYE 12/31/21:	19,911
Medicaid Utilization:	73.90594%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,515,640	858,068	1,154,042
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	107.4560	26.2269	35.2734
3: Inflated Cost Per Diem (Line 2 x Inflation):	132.9449	32.1828	43.2836
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.8339	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	34.9409	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	26	0.85	39,369	15.1748

	Total	Per Diem
11: Taxes:	67,395	2.5016
12: Insurance:	27,749	1.0300

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.8068
16: Budget Neutrality Adjustment:		41.1305

17: Prospective Rate: (Sum of Lines 8:16)	236.8173
18: Hold Harmless Rate:	207.0050
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6208
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	256.4380

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 065544-00 - 2022/10

267.72

Chatham Glen Healthcare & Rehabilitation Center

Zip Code:	32162
Region:	North
Beds:	120
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 12/31/21:	22,878
Medicaid Days FYE 12/31/21:	5,255
Medicaid Utilization:	22.96967%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	2	2	0.86	77,000	32.3561

	Total	Per Diem
11: Taxes:	195,834	8.5599
12: Insurance:	59,272	2.5908

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		13.7637
16: Budget Neutrality Adjustment:		45.7269

17: Prospective Rate: (Sum of Lines 8:16)	247.2315
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4836
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.7150

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 065707-00 - 2022/10

236.30

Orchid Cove at Daytona

Zip Code:	32114
Region:	North
Beds:	99
Medicaid Days FYE 9/30/17:	11,985
Total Patient Days FYE 12/31/21:	28,110
Medicaid Days FYE 12/31/21:	19,819
Medicaid Utilization:	70.50516%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,419,753	419,860	842,916
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/17):	118.4608	35.0321	70.3309
3: Inflated Cost Per Diem (Line 2 x Inflation):	146.8689	43.0702	86.4683
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	60	40	0.86	36,748	11.3482

	Total	Per Diem
11: Taxes:	32,593	1.1595
12: Insurance:	49,467	1.7598

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.7519
16: Budget Neutrality Adjustment:		40.6809

17: Prospective Rate: (Sum of Lines 8:16)	232.4457
18: Hold Harmless Rate:	188.6795
19: Cap on Gains*:	(14.2301)
20: Minimum Wage Increase: (8.2852%)	18.0796
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.2952

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 075659-00 - 2022/10

257.70

Fountains Rehabilitation at Mill Cove

Zip Code:	32225
Region:	North
Beds:	84
Medicaid Days FYE 12/31/17:	7,549
Total Patient Days FYE 2/28/21:	12,863
Medicaid Days FYE 2/28/21:	6,114
Medicaid Utilization:	47.53168%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	762,706	268,738	350,993
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	101.0340	35.5991	46.4952
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.2630	43.7673	57.1636
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14.5	11.4595

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	26	11	0.85	43,139	27.9396

	Total	Per Diem
11: Taxes:	29,205	2.2705
12: Insurance:	19,978	1.5531

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		16.9934
16: Budget Neutrality Adjustment:		43.7002

17: Prospective Rate: (Sum of Lines 8:16)	237.9782
18: Hold Harmless Rate:	211.6030
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.7169
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.6951

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 078092-00 - 2022/10

274.83

River City Rehabilitation Center

Zip Code:	32218
Region:	North
Beds:	116
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 8/19/21:	26,249
Medicaid Days FYE 8/19/21:	13,362
Medicaid Utilization:	50.90480%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	2	2	0.85	81,076	32.0018

	Total	Per Diem
11: Taxes:	190,284	7.2492
12: Insurance:	190,526	7.2584

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 8/19/21):	0	0.0000
15: Quality Assess-Medicaid Share:		17.8522
16: Budget Neutrality Adjustment:		46.2450

17: Prospective Rate: (Sum of Lines 8:16)	253.8044
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.0282
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	274.8325

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 078570-00 - 2022/10

246.85

Lakes of Clermont Health and Rehabilitation

Zip Code:	34711
Region:	North
Beds:	80
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 3/12/21:	20,128
Medicaid Days FYE 3/12/21:	5,032
Medicaid Utilization:	25.00000%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	3	2	0.86	61,058	32.3561

	Total	Per Diem
11: Taxes:	84,600	4.2031
12: Insurance:	61,800	3.0703

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/12/21):	0	0.0000
15: Quality Assess-Medicaid Share:		11.9270
16: Budget Neutrality Adjustment:		45.0577

17: Prospective Rate: (Sum of Lines 8:16)	227.9611
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.8870
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	246.8481

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 078766-00 - 2022/10

276.29

Gardens Care Center

Zip Code:	33179
Region:	South
Beds:	120
Medicaid Days FYE 2/28/19:	32,166
Total Patient Days FYE 2/28/19:	35,810
Medicaid Days FYE 2/28/19:	32,166
Medicaid Utilization:	89.82407%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,611,385	373,490	1,776,528
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	143.3620	11.6113	55.2299
3: Inflated Cost Per Diem (Line 2 x Inflation):	172.6093	13.8453	65.8562
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	23.3817	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	16.8637	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	9.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	30	28	0.86	30,844	14.6830

	Total	Per Diem
11: Taxes:	49,240	1.3750
12: Insurance:	6,600	0.1843

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/19):	0	0.0000
15: Quality Assess-Medicaid Share:		22.6086
16: Budget Neutrality Adjustment:		40.3125

17: Prospective Rate: (Sum of Lines 8:16)	215.8909
18: Hold Harmless Rate:	255.1510
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.1397
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	276.2907

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 078899-00 - 2022/10

265.03

Breeze Care Center

Zip Code:	34234
Region:	North
Beds:	101
Medicaid Days FYE 2/28/19:	28,828
Total Patient Days FYE 2/28/19:	35,399
Medicaid Days FYE 2/28/19:	28,828
Medicaid Utilization:	81.43733%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,768,569	566,260	1,575,162
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	130.7259	19.6427	54.6400
3: Inflated Cost Per Diem (Line 2 x Inflation):	157.3953	23.4220	65.1527
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	10.5947	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	26.1801	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	10	0.85	43,679	23.2254

	Total	Per Diem
11: Taxes:	67,504	1.9069
12: Insurance:	6,274	0.1772

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/28/19):	0	0.0000
15: Quality Assess-Medicaid Share:		22.5556
16: Budget Neutrality Adjustment:		40.7581

17: Prospective Rate: (Sum of Lines 8:16)	232.9904
18: Hold Harmless Rate:	244.7485
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2779
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.0264

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 080823-00 - 2022/10

250.98

Saints Care Center

Zip Code:	32244
Region:	North
Beds:	120
Medicaid Days FYE 6/30/17:	23,275
Total Patient Days FYE 5/31/20:	49,126
Medicaid Days FYE 5/31/20:	38,701
Medicaid Utilization:	78.77906%

	Price	Floor	Inflation
Direct Care	100%	95%	1.25423868
Indirect Care	92%	92.5%	1.24640883
Operating	86%	N/A	1.24640883

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,669,585	275,877	1,069,486
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/17):	114.6975	11.8529	45.9499
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.8581	14.7736	57.2725
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	19.2431	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	17.5317	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	14	0.85	51,806	23.1649

	Total	Per Diem
11: Taxes:	149,946	3.0523
12: Insurance:	24,920	0.5073

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 5/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		21.2604
16: Budget Neutrality Adjustment:		39.5098

17: Prospective Rate: (Sum of Lines 8:16)	223.3391
18: Hold Harmless Rate:	231.7810
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2035
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.9845

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 081367-00 - 2022/10

258.99

Aidan Post-Acute and Rehab Center

Zip Code:	34947
Region:	North
Beds:	79
Medicaid Days FYE 12/31/18:	17,311
Total Patient Days FYE 12/31/21:	32,680
Medicaid Days FYE 12/31/21:	17,332
Medicaid Utilization:	53.03550%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,995,540	709,031	1,287,976
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	23.8832	40.9584	74.4021
3: Inflated Cost Per Diem (Line 2 x Inflation):	139.4884	49.0383	89.0795
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	48	9	0.82	35,563	25.1276

	Total	Per Diem
11: Taxes:	58,605	1.7933
12: Insurance:	38,433	1.1760

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		20.0574
16: Budget Neutrality Adjustment:		43.0675

17: Prospective Rate: (Sum of Lines 8:16)	237.6134
18: Hold Harmless Rate:	239.1720
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.8158
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	258.9878

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 082738-00 - 2022/10

267.28

Signature Healthcare of Middleburg Rehabilitation and Wellness Center

Zip Code:	32068
Region:	North
Beds:	120
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 12/31/21:	12,479
Medicaid Days FYE 12/31/21:	3,125
Medicaid Utilization:	25.04207%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	2	1	0.85	71,061	32.4532

	Total	Per Diem
11: Taxes:	146,677	11.7539
12: Insurance:	37,317	2.9904

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		10.3101
16: Budget Neutrality Adjustment:		46.3638

17: Prospective Rate: (Sum of Lines 8:16)	246.8316
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4505
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.2820

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 084762-00 - 2022/10

227.85

Windsor Care and Rehab

Zip Code:	32177
Region:	North
Beds:	65
Medicaid Days FYE 12/31/17:	12,945
Total Patient Days FYE 12/31/20:	6,850
Medicaid Days FYE 12/31/20:	4,505
Medicaid Utilization:	65.76642%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,292,628	245,536	728,305
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	99.8553	18.9676	56.2614
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.8017	23.3197	69.1706
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.8980	10.6970	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.3648	26.0778	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	8	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	64	40	0.86	54,502	15.0160

	Total	Per Diem
11: Taxes:	2,475	0.3613
12: Insurance:	8,276	1.2082

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.0449
16: Budget Neutrality Adjustment:		39.0799

17: Prospective Rate: (Sum of Lines 8:16)	210.4177
18: Hold Harmless Rate:	188.5560
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.4335
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	227.8512

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 085192-00 - 2022/10

257.27

The Luxe at Lutz Rehabilitation Center

Zip Code:	33548
Region:	North
Beds:	120
Medicaid Days FYE 6/30/18:	1,370
Total Patient Days FYE 6/30/19:	33,076
Medicaid Days FYE 6/30/19:	6,160
Medicaid Utilization:	18.62378%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21712788
Indirect Care	92%	92.5%	1.20425270
Operating	86%	N/A	1.20425270

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	259,401	77,638	85,192
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/18):	189.3437	56.6700	62.1839
3: Inflated Cost Per Diem (Line 2 x Inflation):	230.4556	68.2451	74.8852
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21.5	16.9916

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	11	9	0.86	55,227	26.9760

	Total	Per Diem
11: Taxes:	143,319	4.3330
12: Insurance:	98,371	2.9741

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/19):	0	0.0000
15: Quality Assess-Medicaid Share:		8.9848
16: Budget Neutrality Adjustment:		44.1351

17: Prospective Rate: (Sum of Lines 8:16)	237.5867
18: Hold Harmless Rate:	235.9420
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6845
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.2712

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 085549-00 - 2022/10

267.75

Apopka Health & Rehabilitation Center

Zip Code:	32703
Region:	North
Beds:	180
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 10/28/21:	20,355
Medicaid Days FYE 10/28/21:	11,216
Medicaid Utilization:	55.10194%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	3	3	0.86	101,943	31.8998

	Total	Per Diem
11: Taxes:	37,636	1.8490
12: Insurance:	46,692	2.2939

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 10/28/21):	0	0.0000
15: Quality Assess-Medicaid Share:		19.9720
16: Budget Neutrality Adjustment:		44.4387

17: Prospective Rate: (Sum of Lines 8:16)	247.2637
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.4863
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	267.7500

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 085659-00 - 2022/10

248.48

Seaside Health And Rehabilitation Center

Zip Code:	32114
Region:	North
Beds:	192
Medicaid Days FYE 12/31/17:	41,345
Total Patient Days FYE 12/31/21:	58,132
Medicaid Days FYE 12/31/21:	50,157
Medicaid Utilization:	86.28122%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,928,486	1,373,010	2,210,446
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	95.0171	33.2086	53.4634
3: Inflated Cost Per Diem (Line 2 x Inflation):	117.8033	40.8283	65.7306
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.8964	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.3664	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18.5	14.6207

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	61	40	0.86	52,300	10.7448

	Total	Per Diem
11: Taxes:	45,514	0.7829
12: Insurance:	105,935	1.8223

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		25.2612
16: Budget Neutrality Adjustment:		39.3324

17: Prospective Rate: (Sum of Lines 8:16)	228.4654
18: Hold Harmless Rate:	229.4725
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.0122
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	248.4847

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 085662-00 - 2022/10

246.54

Debary Health and Rehabilitation Center

Zip Code:	32713
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	22,803
Total Patient Days FYE 12/31/19:	42,253
Medicaid Days FYE 12/31/19:	26,503
Medicaid Utilization:	62.72454%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,479,540	921,522	1,138,695
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	108.7374	40.4123	49.9361
3: Inflated Cost Per Diem (Line 2 x Inflation):	134.8138	49.6849	61.3940
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	57	40	0.86	43,843	10.4324

	Total	Per Diem
11: Taxes:	52,889	1.2517
12: Insurance:	94,995	2.2482

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/19):	0	0.0000
15: Quality Assess-Medicaid Share:		21.0520
16: Budget Neutrality Adjustment:		40.6231

17: Prospective Rate: (Sum of Lines 8:16)	227.6781
18: Hold Harmless Rate:	221.6635
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.8636
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	246.5417

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 085667-00 - 2022/10

238.66

Parkside Health and Rehabilitation Center

Zip Code:	32724
Region:	North
Beds:	122
Medicaid Days FYE 12/31/17:	31,040
Total Patient Days FYE 12/31/21:	39,761
Medicaid Days FYE 12/31/21:	29,419
Medicaid Utilization:	73.98959%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,059,931	1,160,919	1,775,430
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	98.5802	37.4007	57.1981
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.2208	45.9823	70.3222
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.4789	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.7839	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	55	35	0.86	38,000	12.3857

	Total	Per Diem
11: Taxes:	46,620	1.1725
12: Insurance:	75,720	1.9044

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.5804
16: Budget Neutrality Adjustment:		40.4594

17: Prospective Rate: (Sum of Lines 8:16)	216.5670
18: Hold Harmless Rate:	220.4000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.2606
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	238.6606

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 085669-00 - 2022/10

247.16

Flagler Health And Rehabilitation Center

Zip Code:	32110
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	19,099
Total Patient Days FYE 12/31/19:	37,375
Medicaid Days FYE 12/31/19:	17,923
Medicaid Utilization:	47.95452%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,040,437	811,782	1,029,368
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	106.8347	42.5039	53.8964
3: Inflated Cost Per Diem (Line 2 x Inflation):	132.4548	52.2564	66.2629
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14	11.0643

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	23	0.86	36,226	16.3239

	Total	Per Diem
11: Taxes:	38,225	1.0227
12: Insurance:	99,900	2.6729

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/19):	0	0.0000
15: Quality Assess-Medicaid Share:		17.3787
16: Budget Neutrality Adjustment:		41.6736

17: Prospective Rate: (Sum of Lines 8:16)	228.2513
18: Hold Harmless Rate:	224.0670
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.9110
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	247.1624

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 085670-00 - 2022/10

254.89

Coastal Health and Rehab Ctr

Zip Code:	32117
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	28,241
Total Patient Days FYE 12/31/21:	38,470
Medicaid Days FYE 12/31/21:	28,676
Medicaid Utilization:	74.54120%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,754,936	936,091	1,295,527
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	97.5509	33.1465	45.8739
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.9446	40.7520	56.3997
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.7551	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.5077	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20.5	16.2013

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	35	22	0.86	44,216	17.4619

	Total	Per Diem
11: Taxes:	55,454	1.4415
12: Insurance:	83,994	2.1834

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.5982
16: Budget Neutrality Adjustment:		41.2097

17: Prospective Rate: (Sum of Lines 8:16)	235.3838
18: Hold Harmless Rate:	208.2400
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.5020
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.8857

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 085905-00 - 2022/10

251.61

Orchid Cove at Lake Placid

Zip Code:	33852
Region:	North
Beds:	180
Medicaid Days FYE 12/31/17:	37,226
Total Patient Days FYE 12/31/21:	45,426
Medicaid Days FYE 12/31/21:	31,587
Medicaid Utilization:	69.53507%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	4,004,874	1,475,348	1,703,415
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	107.5827	39.6321	45.7587
3: Inflated Cost Per Diem (Line 2 x Inflation):	133.3821	48.7258	56.2580
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	10	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	25	0.85	61,410	15.4995

	Total	Per Diem
11: Taxes:	120,742	2.6580
12: Insurance:	134,209	2.9545

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.6072
16: Budget Neutrality Adjustment:		41.8747

17: Prospective Rate: (Sum of Lines 8:16)	224.3067
18: Hold Harmless Rate:	232.3605
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.2515
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	251.6120

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 085910-00 - 2022/10

245.72

Windsor Health and Rehab Ctr

Zip Code:	32091
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	27,380
Total Patient Days FYE 12/31/21:	37,388
Medicaid Days FYE 12/31/21:	22,238
Medicaid Utilization:	59.47898%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,490,992	933,923	1,316,327
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	90.9785	34.1096	48.0762
3: Inflated Cost Per Diem (Line 2 x Inflation):	112.7961	41.9361	59.1073
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.9036	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.3592	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16.5	13.0401

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	32	22	0.85	43,355	16.9631

	Total	Per Diem
11: Taxes:	32,506	0.8694
12: Insurance:	110,075	2.9441

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.2953
16: Budget Neutrality Adjustment:		39.7500

17: Prospective Rate: (Sum of Lines 8:16)	226.9207
18: Hold Harmless Rate:	224.0195
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.8008
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.7215

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 085911-00 - 2022/10

249.86

Riverchase Health and Rehab Center

Zip Code:	32351
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	34,305
Total Patient Days FYE 12/31/21:	42,835
Medicaid Days FYE 12/31/21:	32,876
Medicaid Utilization:	76.75032%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,284,009	1,084,255	1,778,103
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	95.7297	31.6063	51.8321
3: Inflated Cost Per Diem (Line 2 x Inflation):	118.6867	38.8584	63.7250
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.0130	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.2498	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	32	0.86	36,622	13.3703

	Total	Per Diem
11: Taxes:	41,696	0.9734
12: Insurance:	95,611	2.2321

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.5309
16: Budget Neutrality Adjustment:		40.0416

17: Prospective Rate: (Sum of Lines 8:16)	230.7399
18: Hold Harmless Rate:	223.4020
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1172
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	249.8571

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 085913-00 - 2022/10

254.10

Brynwood Health and Rehab Center

Zip Code:	32344
Region:	North
Beds:	97
Medicaid Days FYE 12/31/17:	27,116
Total Patient Days FYE 12/31/21:	30,971
Medicaid Days FYE 12/31/21:	24,123
Medicaid Utilization:	77.88899%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,668,655	733,036	1,397,762
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	98.4162	27.0333	51.5474
3: Inflated Cost Per Diem (Line 2 x Inflation):	122.0175	33.2361	63.3750
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.6822	0.7806	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.5806	35.9942	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	29	0.86	29,828	14.3548

	Total	Per Diem
11: Taxes:	38,415	1.2404
12: Insurance:	85,060	2.7464

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.8213
16: Budget Neutrality Adjustment:		40.7864

17: Prospective Rate: (Sum of Lines 8:16)	220.3760
18: Hold Harmless Rate:	234.6595
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4420
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.1015

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

1 085914-00 - 2022/10

252.94

Orchid Cove at Longwood

Zip Code:	32750
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	26,920
Total Patient Days FYE 12/31/21:	41,234
Medicaid Days FYE 12/31/21:	25,567
Medicaid Utilization:	62.00466%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,694,007	963,671	1,306,369
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	100.0745	35.7975	48.5278
3: Inflated Cost Per Diem (Line 2 x Inflation):	124.0734	44.0113	59.6625
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.6263	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.6365	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	29	0.86	31,582	14.3548

	Total	Per Diem
11: Taxes:	71,281	1.7287
12: Insurance:	92,506	2.2434

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.4480
16: Budget Neutrality Adjustment:		41.2734

17: Prospective Rate: (Sum of Lines 8:16)	233.5874
18: Hold Harmless Rate:	227.7340
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3532
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.9405

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 085922-00 - 2022/10
287.11

Ventura Health and Rehabilitation Center

Zip Code:	33437
Region:	South
Beds:	99
Medicaid Days FYE 12/31/17:	11,368
Total Patient Days FYE 12/31/21:	27,463
Medicaid Days FYE 12/31/21:	14,110
Medicaid Utilization:	51.37822%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,277,279	480,549	606,929
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	112.3574	42.2720	53.3892
3: Inflated Cost Per Diem (Line 2 x Inflation):	139.3018	51.9714	65.6394
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	3	0.82	46,295	28.6480

	Total	Per Diem
11: Taxes:	153,100	5.5748
12: Insurance:	121,089	4.4092

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.3445
16: Budget Neutrality Adjustment:		48.2114

17: Prospective Rate: (Sum of Lines 8:16)	265.1440
18: Hold Harmless Rate:	250.1065
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.9677
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	287.1117

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 087283-00 - 2022/10

265.80

West Gables Health Care Center

Zip Code:	33155
Region:	South
Beds:	120
Medicaid Days FYE 12/31/14:	11,573
Total Patient Days FYE 12/31/19:	40,499
Medicaid Days FYE 12/31/19:	11,439
Medicaid Utilization:	28.24514%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,252,885	743,432	730,047
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	108.2593	64.2385	63.0819
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.1893	84.7290	83.2035
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	26	20.5480

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	20	0.86	39,199	16.8473

	Total	Per Diem
11: Taxes:	75,726	1.8698
12: Insurance:	27,763	0.6855

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/19):	0	0.0000
15: Quality Assess-Medicaid Share:		9.6708
16: Budget Neutrality Adjustment:		44.8929

17: Prospective Rate: (Sum of Lines 8:16)	245.4626
18: Hold Harmless Rate:	228.4180
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.3370
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.7997

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 087765-00 - 2022/10

209.48

Balanced Healthcare

Zip Code:	33709
Region:	North
Beds:	299
Medicaid Days FYE 12/31/16:	89,960
Total Patient Days FYE 12/31/21:	82,047
Medicaid Days FYE 12/31/21:	68,553
Medicaid Utilization:	83.55333%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26989312
Indirect Care	92%	92.5%	1.26274294
Operating	86%	N/A	1.26274294

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	8,529,149	1,803,861	3,786,056
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	94.8104	20.0518	42.0859
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.3992	25.3203	53.1438
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.3005	8.6964	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.9623	28.0784	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	19	15.0158

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	52	40	0.87	72,170	10.8607

	Total	Per Diem
11: Taxes:	101,640	1.2388
12: Insurance:	76,299	0.9299

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		4.6939
16: Budget Neutrality Adjustment:		38.2243

17: Prospective Rate: (Sum of Lines 8:16)	202.9803
18: Hold Harmless Rate:	167.2665
19: Cap on Gains*:	(9.5297)
20: Minimum Wage Increase: (8.2852%)	16.0277
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	209.4783

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 088821-00 - 2022/10

242.16

Gulf Shores Care Center

Zip Code:	32456
Region:	North
Beds:	120
Medicaid Days FYE 9/30/19:	14,419
Total Patient Days FYE 9/30/19:	18,347
Medicaid Days FYE 9/30/19:	14,419
Medicaid Utilization:	78.59051%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18613917
Indirect Care	92%	92.5%	1.17507401
Operating	86%	N/A	1.17507401

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,100,316	427,468	1,121,366
2: Cost Per Diem (Line 1 ÷ Medicaid Days 9/30/19):	145.6630	29.6461	77.7700
3: Inflated Cost Per Diem (Line 2 x Inflation):	172.7767	34.8364	91.3855
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	13.6419

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	24	0.86	39,728	15.9958

	Total	Per Diem
11: Taxes:	76,176	4.1520
12: Insurance:	38,154	2.0796

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/19):	0	0.0000
15: Quality Assess-Medicaid Share:		21.8106
16: Budget Neutrality Adjustment:		42.0546

17: Prospective Rate: (Sum of Lines 8:16)	237.0875
18: Hold Harmless Rate:	193.3630
19: Cap on Gains*:	(13.4552)
20: Minimum Wage Increase: (8.2852%)	18.5283
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.1606

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 090451-00 - 2022/10

236.02

Hardee Manor

Zip Code:	33873
Region:	North
Beds:	79
Medicaid Days FYE 12/31/18:	13,276
Total Patient Days FYE 12/31/21:	26,382
Medicaid Days FYE 12/31/21:	15,660
Medicaid Utilization:	59.35865%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,274,039	272,412	770,259
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	95.9655	20.5191	58.0189
3: Inflated Cost Per Diem (Line 2 x Inflation):	116.1221	24.5670	69.4643
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.5776	9.4497	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.6852	27.3251	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	20	0.85	18,828	17.1231

	Total	Per Diem
11: Taxes:	44,843	1.6998
12: Insurance:	14,464	0.5483

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		22.6846
16: Budget Neutrality Adjustment:		38.4506

17: Prospective Rate: (Sum of Lines 8:16)	219.6850
18: Hold Harmless Rate:	188.4610
19: Cap on Gains*:	(1.7221)
20: Minimum Wage Increase: (8.2852%)	14.2021
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.0215

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 096155-00 - 2022/10

232.67

Advinia Care at Venice

Zip Code:	34285
Region:	North
Beds:	45
Medicaid Days FYE 12/31/19:	3,788
Total Patient Days FYE 12/31/21:	7,878
Medicaid Days FYE 12/31/21:	2,379
Medicaid Utilization:	30.19802%

	Price	Floor	Inflation
Direct Care	100%	95%	1.18076778
Indirect Care	92%	92.5%	1.16974858
Operating	86%	N/A	1.16974858

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	500,030	230,777	300,181
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/19):	132.0036	60.9231	79.2452
3: Inflated Cost Per Diem (Line 2 x Inflation):	155.8657	71.2648	92.6970
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	12	0.85	10,042	19.7207

	Total	Per Diem
11: Taxes:	53,084	6.7383
12: Insurance:	32,037	4.0666

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.4866

17: Prospective Rate: (Sum of Lines 8:16)	208.5012
18: Hold Harmless Rate:	214.8710
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.8025
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.6735

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 096157-00 - 2022/10

279.86

Advinia Care at Naples

Zip Code:	34109
Region:	North
Beds:	40
Medicaid Days FYE 12/31/17:	2,698
Total Patient Days FYE 12/31/21:	8,955
Medicaid Days FYE 12/31/21:	1,775
Medicaid Utilization:	19.82133%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	363,512	156,577	214,111
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	134.7338	58.0344	79.3591
3: Inflated Cost Per Diem (Line 2 x Inflation):	167.0444	71.3504	97.5680
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14.5	11.4595

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	24	8	0.84	11,287	20.7924

	Total	Per Diem
11: Taxes:	54,726	6.1112
12: Insurance:	39,568	4.4185

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.6241

17: Prospective Rate: (Sum of Lines 8:16)	220.6198
18: Hold Harmless Rate:	258.4475
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.4129
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	279.8604

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 096802-00 - 2022/10

253.89

Orchid Cove at Vero Beach

Zip Code:	32960
Region:	North
Beds:	72
Medicaid Days FYE 12/31/16:	7,029
Total Patient Days FYE 12/31/21:	18,018
Medicaid Days FYE 12/31/21:	8,710
Medicaid Utilization:	48.34055%

	Price	Floor	Inflation
Direct Care	100%	95%	1.26989312
Indirect Care	92%	92.5%	1.26274294
Operating	86%	N/A	1.26274294

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	761,856	300,512	499,019
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/16):	108.3875	42.7531	70.9943
3: Inflated Cost Per Diem (Line 2 x Inflation):	137.6406	53.9863	89.6476
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	58	3	0.89	21,991	23.6212

	Total	Per Diem
11: Taxes:	41,862	2.3233
12: Insurance:	19,400	1.0767

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		15.4291
16: Budget Neutrality Adjustment:		42.8819

17: Prospective Rate: (Sum of Lines 8:16)	234.4660
18: Hold Harmless Rate:	229.7575
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4259
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.8919

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 097928-00 - 2022/10

259.60

Palm Vista Nursing and Rehab Ctr

Zip Code:	33040
Region:	South
Beds:	120
Medicaid Days FYE 6/30/20:	29,219
Total Patient Days FYE 12/31/21:	44,559
Medicaid Days FYE 12/31/21:	31,812
Medicaid Utilization:	71.39298%

	Price	Floor	Inflation
Direct Care	100%	95%	1.16682769
Indirect Care	92%	92.5%	1.15756717
Operating	86%	N/A	1.15756717
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,471,789	843,718	1,378,771
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/20):	118.8195	28.8756	47.1874
3: Inflated Cost Per Diem (Line 2 x Inflation):	138.6420	33.4255	54.6227
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.8015	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	36.4439	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	9	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	5	0.86	39,082	22.2313

	Total	Per Diem
11: Taxes:	17,277	0.3877
12: Insurance:	470,698	10.5635

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		21.9711
16: Budget Neutrality Adjustment:		46.6149

17: Prospective Rate: (Sum of Lines 8:16)	245.4712
18: Hold Harmless Rate:	207.2900
19: Cap on Gains*:	(5.7318)
20: Minimum Wage Increase: (8.2852%)	19.8629
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	259.6023

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 098770-00 - 2022/10

257.26

Hawthorne Center for Rehabilitation and Healing of Ocala

Zip Code:	34474
Region:	North
Beds:	120
Medicaid Days FYE 6/30/18:	18,515
Total Patient Days FYE 6/30/20:	36,577
Medicaid Days FYE 6/30/20:	21,337
Medicaid Utilization:	58.33447%

	Price	Floor	Inflation
Direct Care	100%	95%	1.22468602
Indirect Care	92%	92.5%	1.21395961
Operating	86%	N/A	1.21395961
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,291,507	579,983	930,585
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/18):	123.7648	31.3250	50.2611
3: Inflated Cost Per Diem (Line 2 x Inflation):	151.5731	38.0273	61.0150
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	23	18.1771

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	34	14	0.84	42,503	19.0726

	Total	Per Diem
11: Taxes:	0	0.0000
12: Insurance:	40,600	1.1100

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/20):	0	0.0000
15: Quality Assess-Medicaid Share:		19.4580
16: Budget Neutrality Adjustment:		41.7017

17: Prospective Rate: (Sum of Lines 8:16)	237.5781
18: Hold Harmless Rate:	206.9575
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.6838
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	257.2619

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 098821-00 - 2022/10

282.42

Lake Gibson Village Health and Rehabilitation Center

Zip Code:	33809
Region:	North
Beds:	120
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 3/16/22:	20,176
Medicaid Days FYE 3/16/22:	8,915
Medicaid Utilization:	44.18616%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	2	2	0.85	75,922	32.0018

	Total	Per Diem
11: Taxes:	370,000	18.3386
12: Insurance:	46,692	2.3142

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 3/16/22):	0	0.0000
15: Quality Assess-Medicaid Share:		19.7743
16: Budget Neutrality Adjustment:		47.3056

17: Prospective Rate: (Sum of Lines 8:16)	260.8112
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.6087
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	282.4199

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 101965-00 - 2022/10

284.87

Oak Hill Health & Rehabilitation

Zip Code:	34613
Region:	North
Beds:	109
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 9/30/21:	9,583
Medicaid Days FYE 9/30/21:	1,473
Medicaid Utilization:	15.37097%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	1	1	0.86	67,885	32.8124

	Total	Per Diem
11: Taxes:	284,767	29.7159
12: Insurance:	62,244	6.4953

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		8.4938
16: Budget Neutrality Adjustment:		50.1304

17: Prospective Rate: (Sum of Lines 8:16)	263.0747
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.7962
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	284.8709

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2022 through 09/30/2023

1 102178-00 - 2022/10

283.82

Village on the Green

Zip Code:	32779
Region:	North
Beds:	48
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 12/31/20:	17,587
Medicaid Days FYE 12/31/20:	1
Medicaid Utilization:	0.00000%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	1	1	0.86	99,706	29.4993

	Total	Per Diem
11: Taxes:	319,164	18.1477
12: Insurance:	485,424	27.6013

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		51.2046

17: Prospective Rate: (Sum of Lines 8:16)	262.1024
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.7157
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	283.8180

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 104832-00 - 2022/10

250.57

Lakeside Neurologic

Zip Code:	33873
Region:	North
Beds:	25
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 6/30/21:	4,092
Medicaid Days FYE 6/30/21:	1
Medicaid Utilization:	0.00000%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	16	16	0.85	3,496	18.4219

	Total	Per Diem
11: Taxes:	1,690	0.4130
12: Insurance:	90,726	22.1716

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		45.2954

17: Prospective Rate: (Sum of Lines 8:16)	231.3989
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.1718
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	250.5707

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 105166-00 - 2022/10

280.80

Blue Heron Health and Rehabilitation

Zip Code:	33544
Region:	North
Beds:	106
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 9/30/21:	17,286
Medicaid Days FYE 9/30/21:	3,482
Medicaid Utilization:	20.14347%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	1	1	0.86	67,189	32.8124

	Total	Per Diem
11: Taxes:	325,000	18.8013
12: Insurance:	73,927	4.2767

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/30/21):	0	0.0000
15: Quality Assess-Medicaid Share:		15.6005
16: Budget Neutrality Adjustment:		47.8640

17: Prospective Rate: (Sum of Lines 8:16)	259.3148
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.4847
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	280.7995

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 108305-00 - 2022/10

242.55

Winter Park Care and Rehabilitation

Zip Code:	32792
Region:	North
Beds:	103
Medicaid Days FYE 12/31/17:	22,061
Total Patient Days FYE 12/31/21:	29,777
Medicaid Days FYE 12/31/21:	20,638
Medicaid Utilization:	69.30853%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,042,704	709,551	990,932
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	92.5934	32.1631	44.9178
3: Inflated Cost Per Diem (Line 2 x Inflation):	114.7983	39.5429	55.2242
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	9.9014	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	121.3614	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	44	27	0.86	30,544	15.0112

	Total	Per Diem
11: Taxes:	45,767	1.5370
12: Insurance:	26,451	0.8883

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.4961
16: Budget Neutrality Adjustment:		39.5191

17: Prospective Rate: (Sum of Lines 8:16)	229.7806
18: Hold Harmless Rate:	193.6765
19: Cap on Gains*:	(5.7857)
20: Minimum Wage Increase: (8.2852%)	18.5584
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.5532

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 108317-00 - 2022/10
253.77

Orchid Cove at Stuart/Salerno Bay Operations LLC

Zip Code:	34997
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	25,909
Total Patient Days FYE 12/31/19:	41,235
Medicaid Days FYE 12/31/19:	27,875
Medicaid Utilization:	67.60034%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,623,801	921,538	1,490,354
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	101.2698	35.5682	57.5226
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.5554	43.7294	70.7211
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14.5	11.4595

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	37	28	0.82	41,715	13.4341

	Total	Per Diem
11: Taxes:	117,780	2.8563
12: Insurance:	81,827	1.9844

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/19):	0	0.0000
15: Quality Assess-Medicaid Share:		24.5312
16: Budget Neutrality Adjustment:		41.3725

17: Prospective Rate: (Sum of Lines 8:16)	234.3553
18: Hold Harmless Rate:	231.5720
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4168
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.7720

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 108325-00 - 2022/10

276.80

Royal Palm Beach Health and Rehab Ctr

Zip Code:	33411
Region:	South
Beds:	120
Medicaid Days FYE 12/31/17:	23,759
Total Patient Days FYE 12/31/21:	40,429
Medicaid Days FYE 12/31/21:	23,760
Medicaid Utilization:	58.76970%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,660,328	937,301	1,240,707
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	111.9713	39.4503	52.2205
3: Inflated Cost Per Diem (Line 2 x Inflation):	138.8232	48.5022	64.2024
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	16	12.6449

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	21	0.82	45,077	17.3455

	Total	Per Diem
11: Taxes:	153,519	3.7972
12: Insurance:	113,159	2.7990

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.9906
16: Budget Neutrality Adjustment:		45.6900

17: Prospective Rate: (Sum of Lines 8:16)	255.6214
18: Hold Harmless Rate:	231.3725
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.1787
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	276.8001

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 108328-00 - 2022/10

270.59

Orchid Cove at Labelle

Zip Code:	33935
Region:	North
Beds:	93
Medicaid Days FYE 12/31/17:	21,200
Total Patient Days FYE 12/31/19:	31,687
Medicaid Days FYE 12/31/19:	24,544
Medicaid Utilization:	77.45763%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,284,815	861,031	1,118,830
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	107.7742	40.6146	52.7750
3: Inflated Cost Per Diem (Line 2 x Inflation):	133.6197	49.9337	64.8842
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	21	16.5965

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	36	12	0.84	28,874	18.8079

	Total	Per Diem
11: Taxes:	41,729	1.3169
12: Insurance:	48,886	1.5428

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/19):	0	0.0000
15: Quality Assess-Medicaid Share:		23.9356
16: Budget Neutrality Adjustment:		41.9580

17: Prospective Rate: (Sum of Lines 8:16)	241.7038
18: Hold Harmless Rate:	249.8880
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.7037
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	270.5917

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 108336-00 - 2022/10

254.82

Orchid Cove at Kissimmee

Zip Code:	34741
Region:	North
Beds:	59
Medicaid Days FYE 12/31/17:	12,707
Total Patient Days FYE 12/31/21:	18,110
Medicaid Days FYE 12/31/21:	12,474
Medicaid Utilization:	68.87907%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,265,458	567,660	815,316
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	99.5874	44.6730	64.1627
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.4696	54.9232	78.8848
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.2301	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.0327	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	17	13.4352

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	50	29	0.86	14,037	14.3548

	Total	Per Diem
11: Taxes:	32,157	1.7756
12: Insurance:	56,238	3.1054

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.7579
16: Budget Neutrality Adjustment:		41.3384

17: Prospective Rate: (Sum of Lines 8:16)	235.3227
18: Hold Harmless Rate:	234.7165
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4969
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	254.8196

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 108440-00 - 2022/10

238.23

Orchid Cove at Palm Harbor

Zip Code:	34684
Region:	North
Beds:	120
Medicaid Days FYE 1/31/18:	26,562
Total Patient Days FYE 12/31/21:	34,770
Medicaid Days FYE 12/31/21:	28,682
Medicaid Utilization:	82.49065%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,015,352	796,975	1,086,132
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	113.5212	30.0043	40.8904
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.4488	36.8179	50.1761
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	13.6419

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	41	24	0.86	37,814	15.9958

	Total	Per Diem
11: Taxes:	97,154	2.7942
12: Insurance:	108,484	3.1200

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		25.1457
16: Budget Neutrality Adjustment:		41.9998

17: Prospective Rate: (Sum of Lines 8:16)	240.1600
18: Hold Harmless Rate:	190.2280
19: Cap on Gains*:	(20.1535)
20: Minimum Wage Increase: (8.2852%)	18.2279
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	238.2344

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 108442-00 - 2022/10

242.75

Gardens at Terracina Health and Rehab

Zip Code:	34104
Region:	North
Beds:	30
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 6/23/22:	8,679
Medicaid Days FYE 6/23/22:	1
Medicaid Utilization:	0.00000%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 x Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	3	3	0.84	4,200	22.3986

	Total	Per Diem
11: Taxes:	47,685	5.4943
12: Insurance:	38,019	4.3806

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/23/22):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.7883

17: Prospective Rate: (Sum of Lines 8:16)	224.1730
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.5732
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	242.7461

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 108468-00 - 2022/10

245.04

Orchid Cove at Dade City

Zip Code:	33525
Region:	North
Beds:	120
Medicaid Days FYE 12/31/17:	29,952
Total Patient Days FYE 12/31/21:	37,182
Medicaid Days FYE 12/31/21:	23,340
Medicaid Utilization:	62.77231%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,038,432	1,159,071	1,413,727
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	101.4433	38.6976	47.1997
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.7705	47.5767	58.0297
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	47	32	0.86		13.3703

	Total	Per Diem
11: Taxes:	53,284	1.4331
12: Insurance:	99,336	2.6716

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.9316
16: Budget Neutrality Adjustment:		41.2344

17: Prospective Rate: (Sum of Lines 8:16)	221.6343
18: Hold Harmless Rate:	226.2900
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.7485
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	245.0385

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 108473-00 - 2022/10

283.24

Orchid Cove at Gulfside

Zip Code:	33756
Region:	North
Beds:	76
Medicaid Days FYE 12/31/17:	23,311
Total Patient Days FYE 12/31/21:	22,163
Medicaid Days FYE 12/31/21:	18,756
Medicaid Utilization:	84.62753%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,543,097	720,490	1,275,408
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	109.0942	30.9077	54.7127
3: Inflated Cost Per Diem (Line 2 x Inflation):	135.2562	37.9995	67.2665
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	27	21.3383

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	61	40	0.87	26,371	10.8607

	Total	Per Diem
11: Taxes:	26,090	1.1772
12: Insurance:	77,557	3.4994

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		26.0275
16: Budget Neutrality Adjustment:		40.9000

17: Prospective Rate: (Sum of Lines 8:16)	243.4653
18: Hold Harmless Rate:	261.5730
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.6718
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	283.2448

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 108586-00 - 2022/10

277.58

Monticello Care Center

Zip Code:	32344
Region:	North
Beds:	60
Medicaid Days FYE 2/28/19:	15,468
Total Patient Days FYE 2/29/20:	16,327
Medicaid Days FYE 2/29/20:	14,781
Medicaid Utilization:	90.53102%

	Price	Floor	Inflation
Direct Care	100%	95%	1.20400929
Indirect Care	92%	92.5%	1.19239977
Operating	86%	N/A	1.19239977
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,973,023	440,317	1,051,824
2: Cost Per Diem (Line 1 ÷ Medicaid Days 2/28/19):	127.5551	28.4663	68.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	153.5776	33.9432	81.0832
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0735	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7013	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	42	21	0.86	26,961	21.4217

	Total	Per Diem
11: Taxes:	12,421	0.7608
12: Insurance:	9,890	0.6057

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 2/29/20):	0	0.0000
15: Quality Assess-Medicaid Share:		23.2835
16: Budget Neutrality Adjustment:		42.1387

17: Prospective Rate: (Sum of Lines 8:16)	225.3218
18: Hold Harmless Rate:	256.3385
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	21.2381
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	277.5766

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 108695-00 - 2022/10

240.34

Orchid Cove at Oldsmar

Zip Code:	34677
Region:	North
Beds:	120
Medicaid Days FYE 1/31/18:	27,374
Total Patient Days FYE 12/31/21:	27,311
Medicaid Days FYE 12/31/21:	21,750
Medicaid Utilization:	79.63824%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,742,626	616,914	1,020,325
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	100.1909	22.5364	37.2735
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.9565	27.6542	45.7378
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.7432	6.3625	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.5196	30.4123	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15.5	12.2498

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	40	25	0.86	37,705	15.6676

	Total	Per Diem
11: Taxes:	56,780	2.0790
12: Insurance:	86,865	3.1806

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.8449
16: Budget Neutrality Adjustment:		40.6039

17: Prospective Rate: (Sum of Lines 8:16)	231.7745
18: Hold Harmless Rate:	191.9095
19: Cap on Gains*:	(9.8233)
20: Minimum Wage Increase: (8.2852%)	18.3891
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.3403

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 108699-00 - 2022/10

232.75

Orchid Cove at New Port Richey

Zip Code:	34653
Region:	North
Beds:	120
Medicaid Days FYE 1/31/18:	25,865
Total Patient Days FYE 12/31/21:	38,509
Medicaid Days FYE 12/31/21:	24,927
Medicaid Utilization:	64.73032%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,526,068	703,968	1,013,539
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	97.6635	27.2170	39.1857
3: Inflated Cost Per Diem (Line 2 x Inflation):	120.8296	33.3976	48.0843
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.8701	0.6191	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.3927	36.1557	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	12.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	20	0.86	48,424	19.7474

	Total	Per Diem
11: Taxes:	109,830	2.8521
12: Insurance:	127,028	3.2987

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.0995
16: Budget Neutrality Adjustment:		41.9133

17: Prospective Rate: (Sum of Lines 8:16)	225.0574
18: Hold Harmless Rate:	185.8485
19: Cap on Gains*:	(10.1160)
20: Minimum Wage Increase: (8.2852%)	17.8083
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.7497

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 108709-00 - 2022/10

236.12

Orchid Cove at Clearwater

Zip Code:	33765
Region:	North
Beds:	120
Medicaid Days FYE 1/31/18:	23,932
Total Patient Days FYE 12/31/21:	33,806
Medicaid Days FYE 12/31/21:	23,572
Medicaid Utilization:	69.72727%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,318,262	482,646	946,630
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	96.8687	20.1673	39.5549
3: Inflated Cost Per Diem (Line 2 x Inflation):	119.8462	24.7471	48.5374
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.8535	9.2696	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.4093	27.5052	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	39	29	0.87	37,813	14.5090

	Total	Per Diem
11: Taxes:	81,799	2.4197
12: Insurance:	111,496	3.2981

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		25.1813
16: Budget Neutrality Adjustment:		39.2720

17: Prospective Rate: (Sum of Lines 8:16)	225.3298
18: Hold Harmless Rate:	188.5370
19: Cap on Gains*:	(7.2791)
20: Minimum Wage Increase: (8.2852%)	18.0659
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.1167

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 108713-00 - 2022/10

236.69

Arbor Springs Health and Rehabilitation Center

Zip Code:	34471
Region:	North
Beds:	180
Medicaid Days FYE 1/31/18:	40,298
Total Patient Days FYE 12/31/21:	44,385
Medicaid Days FYE 12/31/21:	30,243
Medicaid Utilization:	68.13788%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23720272
Indirect Care	92%	92.5%	1.22708718
Operating	86%	N/A	1.22708718
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	3,948,317	1,045,300	1,545,591
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/31/18):	97.9779	25.9392	38.3540
3: Inflated Cost Per Diem (Line 2 x Inflation):	121.2186	31.8297	47.0637
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.4811	2.1870	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.7817	34.5878	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	11.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	23	0.84	69,125	17.4030

	Total	Per Diem
11: Taxes:	141,872	3.1964
12: Insurance:	193,902	4.3686

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		23.5052
16: Budget Neutrality Adjustment:		41.5494

17: Prospective Rate: (Sum of Lines 8:16)	222.7181
18: Hold Harmless Rate:	188.9930
19: Cap on Gains*:	(4.1399)
20: Minimum Wage Increase: (8.2852%)	18.1096
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	236.6878

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 108917-00 - 2022/10

235.03

Gainesville Health and Rehabilitation Ctr

Zip Code:	32607
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	27,773
Total Patient Days FYE 12/31/21:	28,921
Medicaid Days FYE 12/31/21:	21,979
Medicaid Utilization:	75.99668%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,668,001	767,761	1,273,062
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	96.0645	27.6441	45.8381
3: Inflated Cost Per Diem (Line 2 x Inflation):	116.2419	33.0975	54.8806
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.4578	0.9192	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.8050	35.8556	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	22	17.3868

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	65	40	0.84	36,651	10.5130

	Total	Per Diem
11: Taxes:	173,821	6.0102
12: Insurance:	32,574	1.1263

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/21):	0	0.0000
15: Quality Assess-Medicaid Share:		24.0457
16: Budget Neutrality Adjustment:		39.6463

17: Prospective Rate: (Sum of Lines 8:16)	231.5210
18: Hold Harmless Rate:	187.6725
19: Cap on Gains*:	(14.4701)
20: Minimum Wage Increase: (8.2852%)	17.9831
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	235.0340

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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 Rate Semester 10/01/2022 through 09/30/2023

1 109202-00 - 2022/10

232.89

Anchor Care and Rehabilitation Ctr

Zip Code:	32905
Region:	North
Beds:	120
Medicaid Days FYE 12/31/18:	24,935
Total Patient Days FYE 12/31/20:	22,534
Medicaid Days FYE 12/31/20:	16,354
Medicaid Utilization:	72.57478%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,359,824	642,207	1,116,390
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	94.6390	25.7552	44.7720
3: Inflated Cost Per Diem (Line 2 x Inflation):	114.5170	30.8360	53.6042
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.1827	3.1807	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	121.0801	33.5941	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	38	20	0.89	31,168	17.8647

	Total	Per Diem
11: Taxes:	36,210	1.6069
12: Insurance:	22,130	0.9821

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		24.0290
16: Budget Neutrality Adjustment:		39.4423

17: Prospective Rate: (Sum of Lines 8:16)	228.9455
18: Hold Harmless Rate:	185.9625
19: Cap on Gains*:	(13.8722)
20: Minimum Wage Increase: (8.2852%)	17.8192
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	232.8925

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 113688-00 - 2022/10

253.70

St. Andrew Post-Acute and Rehab Center

Zip Code:	33618
Region:	North
Beds:	45
Medicaid Days FYE 12/31/17:	2,242
Total Patient Days FYE 12/31/20:	11,295
Medicaid Days FYE 12/31/20:	3,628
Medicaid Utilization:	32.12041%

	Price	Floor	Inflation
Direct Care	100%	95%	1.23981008
Indirect Care	92%	92.5%	1.22944902
Operating	86%	N/A	1.22944902
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	280,791	138,203	172,883
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/17):	125.2413	61.6427	77.1110
3: Inflated Cost Per Diem (Line 2 x Inflation):	155.2754	75.7866	94.8041
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	20	15.8062

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	23	23	0.86	10,674	16.3239

	Total	Per Diem
11: Taxes:	43,803	3.8781
12: Insurance:	16,869	1.4935

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		41.9628

17: Prospective Rate: (Sum of Lines 8:16)	217.0011
18: Hold Harmless Rate:	234.2890
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.4113
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	253.7003

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 117617-00 - 2022/10

301.15

The Luxe at Jupiter Rehabilitation Center

Zip Code:	33458
Region:	South
Beds:	129
Medicaid Days FYE 1/0/00:	0
Total Patient Days FYE 4/30/22:	20,285
Medicaid Days FYE 4/30/22:	5,250
Medicaid Utilization:	25.88119%

	Price	Floor	Inflation
Direct Care	100%	95%	0.00000000
Indirect Care	92%	92.5%	0.00000000
Operating	86%	N/A	0.00000000

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	0	0	0
2: Cost Per Diem (Line 1 ÷ Medicaid Days 1/0/00):	0.0000	0.0000	0.0000
3: Inflated Cost Per Diem (Line 2 x Inflation):	0.0000	0.0000	0.0000
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 x Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3517	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	3	3	0.82	145,452	30.5025

	Total	Per Diem
11: Taxes:	454,362	22.3989
12: Insurance:	175,226	8.6382

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 4/30/22):	0	0.0000
15: Quality Assess-Medicaid Share:		13.7885
16: Budget Neutrality Adjustment:		52.1803

17: Prospective Rate: (Sum of Lines 8:16)	278.1074
18: Hold Harmless Rate:	0.0000
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	23.0417
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	301.1491

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 121326-00 - 2022/10

230.11

Sebring FL Opco LLC

Zip Code:	33870
Region:	North
Beds:	104
Medicaid Days FYE 12/31/18:	15,928
Total Patient Days FYE 12/31/20:	27,364
Medicaid Days FYE 12/31/20:	17,755
Medicaid Utilization:	64.88452%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,412,052	470,265	672,827
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	88.6521	29.5244	42.2417
3: Inflated Cost Per Diem (Line 2 x Inflation):	107.2727	35.3487	50.5748
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	17.4270	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	113.8358	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	44	31	0.85	31,081	13.5513

	Total	Per Diem
11: Taxes:	64,781	2.3674
12: Insurance:	23,970	0.8760

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		17.9294
16: Budget Neutrality Adjustment:		38.1096

17: Prospective Rate: (Sum of Lines 8:16)	212.5044
18: Hold Harmless Rate:	188.9265
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	17.6064
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	230.1108

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



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1 121563-00 - 2022/10

265.10

Hawthorne Ctr for Rehab and Healing of Sarasota

Zip Code:	34235
Region:	North
Beds:	120
Medicaid Days FYE 6/30/19:	15,642
Total Patient Days FYE 6/30/20:	34,755
Medicaid Days FYE 6/30/20:	16,668
Medicaid Utilization:	47.95857%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	2,070,166	666,593	803,141
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/19):	132.3466	42.6155	51.3451
3: Inflated Cost Per Diem (Line 2 x Inflation):	157.7945	50.3713	60.6895
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	14.5	11.4595

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	10	10	0.85	82,006	28.3910

	Total	Per Diem
11: Taxes:	165,234	4.7543
12: Insurance:	65,892	1.8959

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/20):	0	0.0000
15: Quality Assess-Medicaid Share:		17.7969
16: Budget Neutrality Adjustment:		44.2659

17: Prospective Rate: (Sum of Lines 8:16)	241.4939
18: Hold Harmless Rate:	244.8150
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	20.2834
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	265.0984

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 122901-00 - 2022/10

252.80

Hawthorne Ctr for Rehab and Healing of Brandon

Zip Code:	33511
Region:	North
Beds:	132
Medicaid Days FYE 6/30/19:	16,290
Total Patient Days FYE 6/30/20:	38,618
Medicaid Days FYE 6/30/20:	15,604
Medicaid Utilization:	40.40603%

	Price	Floor	Inflation
Direct Care	100%	95%	1.19228168
Indirect Care	92%	92.5%	1.18199147
Operating	86%	N/A	1.18199147
2022 Cost per Square Foot:			\$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,969,369	533,929	770,582
2: Cost Per Diem (Line 1 ÷ Medicaid Days 6/30/19):	120.8943	32.7764	47.3039
3: Inflated Cost Per Diem (Line 2 x Inflation):	144.1401	38.7415	55.9129
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2628	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	15	11.8546

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	14	0.86	64,635	26.3561

	Total	Per Diem
11: Taxes:	2,685	0.0695
12: Insurance:	79,030	2.0465

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 6/30/20):	0	0.0000
15: Quality Assess-Medicaid Share:		14.7997
16: Budget Neutrality Adjustment:		43.1323

17: Prospective Rate: (Sum of Lines 8:16)	233.4564
18: Hold Harmless Rate:	205.9600
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	19.3423
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	252.7987

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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1 123562-00 - 2022/10

237.89

Colonial Skilled Nursing Facility LLC

Zip Code:	33401
Region:	South
Beds:	30
Medicaid Days FYE 12/31/18:	4,062
Total Patient Days FYE 12/31/20:	8,695
Medicaid Days FYE 12/31/20:	5,209
Medicaid Utilization:	59.90799%

	Price	Floor	Inflation
Direct Care	100%	95%	1.21003986
Indirect Care	92%	92.5%	1.19726953
Operating	86%	N/A	1.19726953

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	415,917	134,605	301,507
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/18):	102.3921	33.1376	74.2262
3: Inflated Cost Per Diem (Line 2 x Inflation):	123.8986	39.6747	88.8688
4: Median:	141.3517	43.7450	68.7639
5: Price (Line 4 × Price Percentage):	141.3517	40.2454	59.1370
6: Floor (Line 5 × Floor Percentage):	134.2841	37.2270	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.3855	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.9662	40.2454	59.1370

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	13	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	27	20	0.82	12,776	19.8625

	Total	Per Diem
11: Taxes:	29,128	3.3500
12: Insurance:	7,851	0.9029

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 12/31/20):	0	0.0000
15: Quality Assess-Medicaid Share:		0.0000
16: Budget Neutrality Adjustment:		43.9139

17: Prospective Rate: (Sum of Lines 8:16)	210.5500
18: Hold Harmless Rate:	219.6875
19: Cap on Gains*:	0.0000
20: Minimum Wage Increase: (8.2852%)	18.2015
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	237.8890

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2022 through 09/30/2023

1 128679-00 - 2022/10
240.63

Bridgewalk on Harden Health and Rehab LLC

Zip Code:	33803
Region:	North
Beds:	120
Medicaid Days FYE 12/31/14:	21,217
Total Patient Days FYE 9/9/21:	2,204
Medicaid Days FYE 9/9/21:	572
Medicaid Utilization:	25.95281%

	Price	Floor	Inflation
Direct Care	100%	95%	1.32265101
Indirect Care	92%	92.5%	1.31897594
Operating	86%	N/A	1.31897594

2022 Cost per Square Foot: \$272.10

Cost Component:	Direct Care	Indirect Care	Operating
1: Total Cost:	1,811,650	599,631	1,070,802
2: Cost Per Diem (Line 1 ÷ Medicaid Days 12/31/14):	85.3867	28.2618	50.4690
3: Inflated Cost Per Diem (Line 2 x Inflation):	112.9368	37.2767	66.5674
4: Median:	131.2628	39.9726	62.1217
5: Price (Line 4 × Price Percentage):	131.2628	36.7748	53.4247
6: Floor (Line 5 × Floor Percentage):	124.6997	34.0167	0.0000
7: Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.7629	0.0000	0.0000
8: Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.4999	36.7748	53.4247

Quality Component:	Total Points	Per Diem
9: Quality Incentive:	18	14.2255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
10: FRVS:	31	12	0.85	36,118	19.7207

	Total	Per Diem
11: Taxes:	57,424	26.0544
12: Insurance:	20,144	9.1397

Add-ons:	Vent. Days	Per Diem
13: Direct Care:		0.0000
14: Ventilator: (Vent. Days × \$200 ÷ Medicaid Days 9/9/21):	0	0.0000
15: Quality Assess-Medicaid Share:		6.4889
16: Budget Neutrality Adjustment:		45.6656

17: Prospective Rate: (Sum of Lines 8:16)	239.6631
18: Hold Harmless Rate:	192.1375
19: Cap on Gains*:	(17.4482)
20: Minimum Wage Increase: (8.2852%)	18.4109
21: Final Rate: (Greater of Line 17 or Line 18 + Line 19 + Line 20)	240.6258

*Final Rate must be less than or equal to 115.65411% of Hold Harmless Rate