



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

000169300 - 2023/07

RI: 376.21

NM: 0.00

St. Augustine Center for Living

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2021	11/30/2022	Unaudited Costs	202207
Prior Cost Report	12/1/2019	11/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	52.104	143.483	195.586	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.11081837	57.878	159.383	217.261	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.15514572	60.187	165.743	225.931	0.000	0.000	0.000
4.Current Period Cost	62.296	157.720	220.015	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	8.024		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	60.187	157.720	217.907	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	4.012	4.012	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.732	4.732	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.012	4.012	0.000	0.000	0.000
10.Final Incentive	0.000	4.012	4.012	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	60.187	161.731	221.919	0.000	0.000	0.000
12.Plus: Property Rate Component			14.503			0.000
13.Plus: ROE/Use Rate			2.089			0.000
14.Total Current Period Base			238.511			0.000
15.Prospective Rate: Line 11 x Inflation 1.07413561	64.650	173.721	238.371	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	64.650	173.721	238.371	0.000	0.000	0.000
19.Property Rate Component			14.503			0.000
20.ROE Component + ROE Interim Component			2.089			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			254.96			0.00
23.Medicaid Days			21,739			0
24.Resident Days			21,739			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			29.99			0.00
28.Plus: \$15 Wage Increase (0.08411136)			27.11			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			26.78			0.00
30.Final Per Diem After Adjustments			376.21			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

001069500 - 2023/07

RI: 595.65

NM: 711.53

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Miner North

Ownership:Private

Incentive Rating: Ineligible from 07/13/2022 - 08/22/2022 Days Eligible: 324 of 365

Eligibility Factor : 88.77%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2021	5/31/2022	Unaudited Costs	202207
Prior Cost Report	6/1/2020	5/31/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	127.079	201.310	328.390	127.079	278.538	405.617
2.Inflate Line 1 by Inflation Factor 1.05621528 *	134.223	212.627	346.850	134.223	322.446	456.669
3.Line 1 X 1.4000 X Inflation Factor 1.07870139 *	137.081	217.154	354.234	137.081	328.709	465.790
4.Current Period Cost	134.259	193.271	327.530	134.259	272.293	406.553
5.Incentive Basis (line 3 - line 4)	2.821	23.883		2.821	56.416	
6.Allowed Current Period Costs (Min of line 3 or 4)	134.259	193.271	327.530	134.259	272.293	406.553
7.Incentive Line 5 x Oper 50% Res 50%	1.411	11.942	13.352	1.411	28.208	29.619
8.Incentive - Line 4 x Oper 10% Res 3%	13.426	5.798	19.224	13.426	8.169	21.595
9.Incentive - Min of Line 7,8 x Eligibility factor 88.77%	1.252	5.147	6.399	1.252	7.251	8.503
10.Final Incentive	1.252	5.147	6.399	1.252	7.251	8.503
11.Current Period Base: (line 6 + line 10)	135.511	198.418	333.929	135.511	279.545	415.056
12.Plus: Property Rate Component			52.182			52.182
13.Plus: ROE/Use Rate			2.662			2.662
14.Total Current Period Base			388.773			469.900
15.Prospective Rate: Line 11 x Inflation 1.10992190	150.407	220.228	370.635	150.407	310.273	460.680
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	150.407	220.228	370.635	150.407	310.273	460.680
19.Property Rate Component			52.182			52.182
20.ROE Component + ROE Interim Component			2.662			2.662
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			425.48			515.52
23.Medicaid Days			17			8,420
24.Resident Days			17			8,420
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			47.48			56.71
28.Plus: \$15 Wage Increase (0.08411136)			42.92			51.27
29.Plus: Restore 7-2021 Reduction (0.076640205)			42.40			50.65
30.Final Per Diem After Adjustments			595.65			711.53

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

001071000 - 2023/07

RI: 622.91

NM: 747.58

Miner South

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2021	5/31/2022	Unaudited Costs	202207
Prior Cost Report	6/1/2020	5/31/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	124.771	186.066	310.837	124.771	272.147	396.919
2.Inflate Line 1 by Inflation Factor 1.05621528 *	131.785	226.946	358.731	131.785	329.106	460.891
3.Line 1 X 1.4000 X Inflation Factor 1.07870139 *	134.591	231.130	365.721	134.591	335.226	469.817
4.Current Period Cost *	129.804	212.843	342.647	129.804	297.581	427.385
5.Incentive Basis (line 3 - line 4)	4.787	18.286		4.787	37.644	
6.Allowed Current Period Costs (Min of line 3 or 4)	129.804	212.843	342.647	129.804	297.581	427.385
7.Incentive Line 5 x Oper 50% Res 50%	2.394	9.143	11.537	2.394	18.822	21.216
8.Incentive - Line 4 x Oper 10% Res 3%	12.980	6.385	19.366	12.980	8.927	21.908
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.394	6.385	8.779	2.394	8.927	11.321
10.Final Incentive	2.394	6.385	8.779	2.394	8.927	11.321
11.Current Period Base: (line 6 + line 10)	132.197	219.229	351.426	132.197	306.509	438.706
12.Plus: Property Rate Component			53.728			53.728
13.Plus: ROE/Use Rate			2.876			2.876
14.Total Current Period Base			408.030			495.310
15.Prospective Rate: Line 11 x Inflation 1.10992190	146.729	243.327	390.056	146.729	340.201	486.929
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	146.729	243.327	390.056	146.729	340.201	486.929
19.Property Rate Component			53.728			53.728
20.ROE Component + ROE Interim Component *			2.876			2.876
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			446.66			543.53
23.Medicaid Days		1,901			6,222	
24.Resident Days		1,901			6,222	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			49.65			59.58
28.Plus: \$15 Wage Increase (0.08411136)			44.89			53.87
29.Plus: Restore 7-2021 Reduction (0.076640205)			44.34			53.22
30.Final Per Diem After Adjustments			622.91			747.58

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0101963600 - 2023/07

RI: 642.79

NM: 851.97

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

New Horizons (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	2/1/2021	1/31/2022	Unaudited Costs	202207
Prior Cost Report	2/1/2020	1/31/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	119.997	250.657	370.654	119.997	404.576	524.572
2.Inflate Line 1 by Inflation Factor 1.04931274	125.914	263.018	388.932	125.914	424.526	550.440
3.Line 1 X 1.4000 X Inflation Factor 1.06903784	128.281	267.962	396.243	128.281	432.507	560.788
4.Current Period Cost	120.493	249.330	369.823	120.493	388.837	509.330
5.Incentive Basis (line 3 - line 4)	7.788	18.632		7.788	43.670	
6.Allowed Current Period Costs (Min of line 3 or 4)	120.493	249.330	369.823	120.493	388.837	509.330
7.Incentive Line 5 x Oper 50% Res 50%	3.894	9.316	13.210	3.894	21.835	25.729
8.Incentive - Line 4 x Oper 10% Res 3%	12.049	7.480	19.529	12.049	11.665	23.714
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.894	7.480	11.374	3.894	11.665	15.559
10.Final Incentive	3.894	7.480	11.374	3.894	11.665	15.559
11.Current Period Base: (line 6 + line 10)	124.387	256.810	381.197	124.387	400.502	524.889
12.Plus: Property Rate Component			30.535			30.535
13.Plus: ROE/Use Rate			0.357			0.357
14.Total Current Period Base			412.088			555.780
15.Prospective Rate: Line 11 x Inflation 1.13121358	140.708	290.507	431.215	140.708	453.053	593.761
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	140.708	290.507	431.215	140.708	453.053	593.761
19.Property Rate Component			30.535			30.535
20.ROE Component + ROE Interim Component			0.357			0.357
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			462.11			624.65
23.Medicaid Days		11,074			5,881	
24.Resident Days		11,074			5,881	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			51.23			67.90
28.Plus: \$15 Wage Increase (0.08411136)			46.32			61.40
29.Plus: Restore 7-2021 Reduction (0.076640205)			45.76			60.65
30.Final Per Diem After Adjustments			642.79			851.97



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0107650900 - 2023/07

RI: 618.56

NM: 789.49

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Sunrise Community, Inc. - Log Cabin

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	89.972	255.427	345.399	89.972	364.460	454.432
2.Inflate Line 1 by Inflation Factor 1.05754619 *	104.779	300.126	404.905	104.779	434.894	539.673
3.Line 1 X 1.4000 X Inflation Factor 1.08056467 *	106.850	306.006	412.856	106.850	443.283	550.133
4.Current Period Cost *	101.601	269.817	371.418	101.601	386.574	488.175
5.Incentive Basis (line 3 - line 4)	5.249	36.189		5.249	56.709	
6.Allowed Current Period Costs (Min of line 3 or 4)	101.601	269.817	371.418	101.601	386.574	488.175
7.Incentive Line 5 x Oper 50% Res 50%	2.625	18.095	20.719	2.625	28.355	30.979
8.Incentive - Line 4 x Oper 10% Res 3%	10.160	8.095	18.255	10.160	11.597	21.757
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.625	8.095	10.719	2.625	11.597	14.222
10.Final Incentive	2.625	8.095	10.719	2.625	11.597	14.222
11.Current Period Base: (line 6 + line 10)	104.226	277.911	382.137	104.226	398.171	502.396
12.Plus: Property Rate Component			18.476			18.476
13.Plus: ROE/Use Rate			2.763			2.763
14.Total Current Period Base			403.376			523.635
15.Prospective Rate: Line 11 x Inflation 1.10443554	115.110	306.935	422.046	115.110	439.754	554.864
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	115.110	306.935	422.046	115.110	439.754	554.864
19.Property Rate Component			18.476			18.476
20.ROE Component + ROE Interim Component *			2.763			2.763
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			443.28			576.10
23.Medicaid Days		22,851			19,652	
24.Resident Days		22,851			19,652	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			49.30			62.92
28.Plus: \$15 Wage Increase (0.08411136)			44.58			56.89
29.Plus: Restore 7-2021 Reduction (0.076640205)			44.03			56.20
30.Final Per Diem After Adjustments			618.56			789.49

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0108357500 - 2023/07

RI: 578.65

NM: 808.06

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Pensacola Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/23/2020	6/30/2022	Unaudited Costs	202207
Prior Cost Report	12/1/2020	11/30/2021	Budget	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	102.124	297.655	399.779	102.124	396.092	498.216
2.Inflate Line 1 by Inflation Factor 1.01940118	104.105	303.429	407.535	104.105	403.777	507.882
3.Line 1 X 1.4000 X Inflation Factor 1.02716165	104.898	305.739	410.637	104.898	406.851	511.748
4.Current Period Cost	106.040	237.502	343.542	106.040	400.516	506.556
5.Incentive Basis (line 3 - line 4)	0.000	68.237		0.000	6.334	
6.Allowed Current Period Costs (Min of line 3 or 4)	104.898	237.502	342.400	104.898	400.516	505.414
7.Incentive Line 5 x Oper 50% Res 50%	0.000	34.119	34.119	0.000	3.167	3.167
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.125	7.125	0.000	12.015	12.015
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	7.125	7.125	0.000	3.167	3.167
10.Final Incentive	0.000	7.125	7.125	0.000	3.167	3.167
11.Current Period Base: (line 6 + line 10)	104.898	244.627	349.525	104.898	403.683	508.581
12.Plus: Property Rate Component			19.067			19.067
13.Plus: ROE/Use Rate			1.476			1.476
14.Total Current Period Base			370.069			529.125
15.Prospective Rate: Line 11 x Inflation 1.12074329	117.564	274.164	391.728	117.564	452.426	569.989
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	117.564	274.164	391.728	117.564	452.426	569.989
19.Property Rate Component			19.067			19.067
20.ROE Component + ROE Interim Component			1.476			1.476
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			412.27			590.53
23.Medicaid Days			17,201			15,241
24.Resident Days			17,201			15,241
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			46.12			64.40
28.Plus: \$15 Wage Increase (0.08411136)			41.70			58.23
29.Plus: Restore 7-2021 Reduction (0.076640205)			41.19			57.52
30.Final Per Diem After Adjustments			578.65			808.06



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0108358400 - 2023/07

RI: 634.39

NM: 813.19

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Panama City Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/23/2020	6/30/2022	Unaudited Costs	202207
Prior Cost Report	12/1/2020	11/30/2021	Budget	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	109.395	289.706	399.101	109.395	384.621	494.016
2.Inflate Line 1 by Inflation Factor 1.01940118	111.517	295.326	406.844	111.517	392.083	503.601
3.Line 1 X 1.4000 X Inflation Factor 1.02716165	112.366	297.575	409.941	112.366	395.068	507.434
4.Current Period Cost	143.016	263.206	406.222	143.016	429.681	572.697
5.Incentive Basis (line 3 - line 4)	0.000	34.369		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	112.366	263.206	375.572	112.366	395.068	507.434
7.Incentive Line 5 x Oper 50% Res 50%	0.000	17.184	17.184	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.896	7.896	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	7.896	7.896	0.000	0.000	0.000
10.Final Incentive	0.000	7.896	7.896	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	112.366	271.102	383.468	112.366	395.068	507.434
12.Plus: Property Rate Component			23.018			23.018
13.Plus: ROE/Use Rate			2.798			2.798
14.Total Current Period Base			409.284			533.250
15.Prospective Rate: Line 11 x Inflation 1.12074329	125.934	303.836	429.769	125.934	442.770	568.704
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	125.934	303.836	429.769	125.934	442.770	568.704
19.Property Rate Component			23.018			23.018
20.ROE Component + ROE Interim Component			2.798			2.798
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			455.59			594.52
23.Medicaid Days			8,150			22,735
24.Resident Days			8,150			22,735
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			50.56			64.81
28.Plus: \$15 Wage Increase (0.08411136)			45.72			58.60
29.Plus: Restore 7-2021 Reduction (0.076640205)			45.16			57.89
30.Final Per Diem After Adjustments			634.39			813.19



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0108358800 - 2023/07

RI: 705.16

NM: 839.74

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Tallahassee Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/30/2020	6/30/2022	Unaudited Costs	202207
Prior Cost Report	12/1/2020	11/30/2021	Budget	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	126.279	293.429	419.707	126.279	384.272	510.550
2.Inflate Line 1 by Inflation Factor 1.01940118	128.729	299.121	427.850	128.729	391.727	520.455
3.Line 1 X 1.4000 X Inflation Factor 1.02716165	129.709	301.399	431.107	129.709	394.709	524.418
4.Current Period Cost	183.420	311.938	495.359	183.420	500.245	683.665
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	129.709	301.399	431.107	129.709	394.709	524.418
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	129.709	301.399	431.107	129.709	394.709	524.418
12.Plus: Property Rate Component			24.403			24.403
13.Plus: ROE/Use Rate			3.010			3.010
14.Total Current Period Base			458.520			551.831
15.Prospective Rate: Line 11 x Inflation 1.12074329	145.370	337.790	483.160	145.370	442.368	587.737
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	145.370	337.790	483.160	145.370	442.368	587.737
19.Property Rate Component			24.403			24.403
20.ROE Component + ROE Interim Component			3.010			3.010
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			510.57			615.15
23.Medicaid Days			13,663			17,957
24.Resident Days			13,663			17,957
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			56.20			66.93
28.Plus: \$15 Wage Increase (0.08411136)			50.82			60.51
29.Plus: Restore 7-2021 Reduction (0.076640205)			50.20			59.78
30.Final Per Diem After Adjustments			705.16			839.74



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

0108358900 - 2023/07

RI: 612.32

NM: 792.32

Ft. Walton Beach Developmental Ctr.

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/23/2020	6/30/2022	Unaudited Costs	202207
Prior Cost Report	12/1/2020	11/30/2021	Budget	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	110.745	284.274	395.018	110.745	365.476	476.220
2.Inflate Line 1 by Inflation Factor 1.01940118	112.893	289.789	402.682	112.893	372.566	485.460
3.Line 1 X 1.4000 X Inflation Factor 1.02716165	113.753	291.995	405.748	113.753	375.403	489.155
4.Current Period Cost	184.736	241.969	426.704	184.736	372.660	557.395
5.Incentive Basis (line 3 - line 4)	0.000	50.027		0.000	2.743	
6.Allowed Current Period Costs (Min of line 3 or 4)	113.753	241.969	355.721	113.753	372.660	486.412
7.Incentive Line 5 x Oper 50% Res 50%	0.000	25.013	25.013	0.000	1.372	1.372
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.259	7.259	0.000	11.180	11.180
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	7.259	7.259	0.000	1.372	1.372
10.Final Incentive	0.000	7.259	7.259	0.000	1.372	1.372
11.Current Period Base: (line 6 + line 10)	113.753	249.228	362.980	113.753	374.031	487.784
12.Plus: Property Rate Component			28.510			28.510
13.Plus: ROE/Use Rate			3.112			3.112
14.Total Current Period Base			394.602			519.406
15.Prospective Rate: Line 11 x Inflation 1.12074329	127.487	279.320	406.807	127.487	419.193	546.680
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	127.487	279.320	406.807	127.487	419.193	546.680
19.Property Rate Component			28.510			28.510
20.ROE Component + ROE Interim Component			3.112			3.112
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			438.43			578.30
23.Medicaid Days		10,214			20,087	
24.Resident Days		10,214			20,087	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			48.80			63.15
28.Plus: \$15 Wage Increase (0.08411136)			44.13			57.10
29.Plus: Restore 7-2021 Reduction (0.076640205)			43.59			56.40
30.Final Per Diem After Adjustments			612.32			792.32



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

0108366100 - 2023/07

RI: 640.68

NM: 786.65

Hillsborough County Developmental Ctr

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/23/2020	6/30/2022	Unaudited Costs	202207
Prior Cost Report	12/1/2020	11/30/2021	Budget	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	113.280	274.865	388.144	113.280	353.717	466.996
2.Inflate Line 1 by Inflation Factor 1.01940118	115.477	280.197	395.675	115.477	360.579	476.056
3.Line 1 X 1.4000 X Inflation Factor 1.02716165	116.356	282.330	398.687	116.356	363.324	479.680
4.Current Period Cost	157.253	254.480	411.733	157.253	399.513	556.766
5.Incentive Basis (line 3 - line 4)	0.000	27.850		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	116.356	254.480	370.836	116.356	363.324	479.680
7.Incentive Line 5 x Oper 50% Res 50%	0.000	13.925	13.925	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.634	7.634	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	7.634	7.634	0.000	0.000	0.000
10.Final Incentive	0.000	7.634	7.634	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	116.356	262.115	378.471	116.356	363.324	479.680
12.Plus: Property Rate Component			32.864			32.864
13.Plus: ROE/Use Rate			3.436			3.436
14.Total Current Period Base			414.771			515.981
15.Prospective Rate: Line 11 x Inflation 1.12074329	130.406	293.763	424.169	130.406	407.193	537.599
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	130.406	293.763	424.169	130.406	407.193	537.599
19.Property Rate Component			32.864			32.864
20.ROE Component + ROE Interim Component			3.436			3.436
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			460.47			573.90
23.Medicaid Days			7,864			22,946
24.Resident Days			7,864			22,946
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			51.06			62.70
28.Plus: \$15 Wage Increase (0.08411136)			46.17			56.69
29.Plus: Restore 7-2021 Reduction (0.076640205)			45.61			56.00
30.Final Per Diem After Adjustments			640.68			786.65



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

0110232000 - 2023/07

RI: 612.38

NM: 693.30

Sunrise Nettles Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Budget	202007
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	107.354	313.819	421.174	107.354	376.701	484.055
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	107.354	313.819	421.174	107.354	376.701	484.055
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	107.354	313.819	421.174	107.354	376.701	484.055
12.Plus: Property Rate Component			15.392			15.392
13.Plus: ROE/Use Rate			1.914			1.914
14.Total Current Period Base			438.480			501.361
15.Prospective Rate: Line 11 x Inflation 1.00000000	107.354	313.819	421.174	107.354	376.701	484.055
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	107.354	313.819	421.174	107.354	376.701	484.055
19.Property Rate Component			15.392			15.392
20.ROE Component + ROE Interim Component			1.914			1.914
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			438.48			501.36
23.Medicaid Days		365			1,825	
24.Resident Days		365			1,825	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			48.81			55.26
28.Plus: \$15 Wage Increase (0.08411136)			44.13			49.96
29.Plus: Restore 7-2021 Reduction (0.076640205)			43.59			49.35
30.Final Per Diem After Adjustments			612.38			693.30



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0111453600 - 2023/07

RI: 575.47

NM: 663.07

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Sunrise Observation Circle

Ownership:State Cluster

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/30/2020	6/30/2021	Budget	202007
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	76.587	306.069	382.656	76.587	374.138	450.725
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	76.587	306.069	382.656	76.587	374.138	450.725
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	76.587	306.069	382.656	76.587	374.138	450.725
12.Plus: Property Rate Component			24.969			24.969
13.Plus: ROE/Use Rate			2.175			2.175
14.Total Current Period Base			409.800			477.869
15.Prospective Rate: Line 11 x Inflation 1.00000000	76.587	306.069	382.656	76.587	374.138	450.725
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	76.587	306.069	382.656	76.587	374.138	450.725
19.Property Rate Component			24.969			24.969
20.ROE Component + ROE Interim Component			2.175			2.175
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			409.80			477.87
23.Medicaid Days			1,387			694
24.Resident Days			1,387			694
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			45.87			52.85
28.Plus: \$15 Wage Increase (0.08411136)			41.47			47.78
29.Plus: Restore 7-2021 Reduction (0.076640205)			40.96			47.20
30.Final Per Diem After Adjustments			575.47			663.07



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

0111470500 - 2023/07

RI: 580.93

NM: 668.95

Sunrise Southshore Circle

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	8/1/2020	7/31/2021	Budget	202007
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	76.587	307.050	383.636	76.587	375.445	452.032
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	76.587	307.050	383.636	76.587	375.445	452.032
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	76.587	307.050	383.636	76.587	375.445	452.032
12.Plus: Property Rate Component			27.717			27.717
13.Plus: ROE/Use Rate			2.685			2.685
14.Total Current Period Base			414.039			482.434
15.Prospective Rate: Line 11 x Inflation 1.00000000	76.587	307.050	383.636	76.587	375.445	452.032
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	76.587	307.050	383.636	76.587	375.445	452.032
19.Property Rate Component			27.717			27.717
20.ROE Component + ROE Interim Component			2.685			2.685
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			414.04			482.43
23.Medicaid Days			1,387			694
24.Resident Days			1,387			694
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			46.30			53.32
28.Plus: \$15 Wage Increase (0.08411136)			41.86			48.21
29.Plus: Restore 7-2021 Reduction (0.076640205)			41.35			47.62
30.Final Per Diem After Adjustments			580.93			668.95



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

0111473100 - 2023/07

RI: 578.46

NM: 666.06

Sunrise Lakeshore Drive

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	76.587	306.069	382.656	76.587	374.138	450.725
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	76.587	306.069	382.656	76.587	374.138	450.725
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	76.587	306.069	382.656	76.587	374.138	450.725
12.Plus: Property Rate Component			26.886			26.886
13.Plus: ROE/Use Rate			2.583			2.583
14.Total Current Period Base			412.126			480.194
15.Prospective Rate: Line 11 x Inflation 1.00000000	76.587	306.069	382.656	76.587	374.138	450.725
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	76.587	306.069	382.656	76.587	374.138	450.725
19.Property Rate Component			26.886			26.886
20.ROE Component + ROE Interim Component			2.583			2.583
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			412.13			480.19
23.Medicaid Days			1,387			694
24.Resident Days			1,387			694
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			46.11			53.09
28.Plus: \$15 Wage Increase (0.08411136)			41.69			48.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			41.18			47.41
30.Final Per Diem After Adjustments			578.46			666.06



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

0111976800 - 2023/07

RI: 621.61

NM: 720.21

Sunrise Eleazer Place

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	74.187	338.738	412.924	74.187	415.354	489.541
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	74.187	338.738	412.924	74.187	415.354	489.541
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	74.187	338.738	412.924	74.187	415.354	489.541
12.Plus: Property Rate Component			29.703			29.703
13.Plus: ROE/Use Rate			3.023			3.023
14.Total Current Period Base			445.650			522.266
15.Prospective Rate: Line 11 x Inflation 1.00000000	74.187	338.738	412.924	74.187	415.354	489.541
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.187	338.738	412.924	74.187	415.354	489.541
19.Property Rate Component			29.703			29.703
20.ROE Component + ROE Interim Component			3.023			3.023
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			445.65			522.27
23.Medicaid Days			1,281			632
24.Resident Days			1,284			632
25.Medicaid Utilization			99.77%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			49.54			57.40
28.Plus: \$15 Wage Increase (0.08411136)			44.79			51.90
29.Plus: Restore 7-2021 Reduction (0.076640205)			44.25			51.27
30.Final Per Diem After Adjustments			621.61			720.21



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

0113827900 - 2023/07

RI: 745.08

NM: 855.96

Sunrise - Kaul

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Budget	202007
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	118.333	411.182	529.515	118.333	497.342	615.675
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	118.333	411.182	529.515	118.333	497.342	615.675
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	118.333	411.182	529.515	118.333	497.342	615.675
12.Plus: Property Rate Component			11.583			11.583
13.Plus: ROE/Use Rate			0.498			0.498
14.Total Current Period Base			541.596			627.756
15.Prospective Rate: Line 11 x Inflation 1.00000000	118.333	411.182	529.515	118.333	497.342	615.675
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	118.333	411.182	529.515	118.333	497.342	615.675
19.Property Rate Component			11.583			11.583
20.ROE Component + ROE Interim Component			0.498			0.498
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			541.60			627.76
23.Medicaid Days			1,132			730
24.Resident Days			1,132			730
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			59.39			68.22
28.Plus: \$15 Wage Increase (0.08411136)			53.69			61.68
29.Plus: Restore 7-2021 Reduction (0.076640205)			53.04			60.93
30.Final Per Diem After Adjustments			745.08			855.96



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012037000 - 2023/07

RI: 544.70

NM: 629.34

Bayview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202207
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	108.181	202.566	310.747	108.181	255.441	363.622
2.Inflate Line 1 by Inflation Factor 1.10358184	119.386	223.548	342.934	119.386	281.900	401.286
3.Line 1 X 1.4000 X Inflation Factor 1.14501458	123.868	231.941	355.810	123.868	292.484	416.352
4.Current Period Cost	91.693	268.788	360.481	91.693	334.170	425.863
5.Incentive Basis (line 3 - line 4)	32.176	0.000		32.176	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	91.693	231.941	323.634	91.693	292.484	384.176
7.Incentive Line 5 x Oper 50% Res 50%	16.088	0.000	16.088	16.088	0.000	16.088
8.Incentive - Line 4 x Oper 10% Res 3%	9.169	0.000	9.169	9.169	0.000	9.169
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.169	0.000	9.169	9.169	0.000	9.169
10.Final Incentive	9.169	0.000	9.169	9.169	0.000	9.169
11.Current Period Base: (line 6 + line 10)	100.862	231.941	332.803	100.862	292.484	393.346
12.Plus: Property Rate Component			22.573			22.573
13.Plus: ROE/Use Rate			1.803			1.803
14.Total Current Period Base			357.179			417.722
15.Prospective Rate: Line 11 x Inflation 1.08627419	109.564	251.952	361.515	109.564	317.718	427.281
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	109.564	251.952	361.515	109.564	317.718	427.281
19.Property Rate Component			22.573			22.573
20.ROE Component + ROE Interim Component			1.803			1.803
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			385.89			451.66
23.Medicaid Days			1,828			365
24.Resident Days			1,828			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			43.41			50.16
28.Plus: \$15 Wage Increase (0.08411136)			39.25			45.35
29.Plus: Restore 7-2021 Reduction (0.076640205)			38.77			44.80
30.Final Per Diem After Adjustments			544.70			629.34



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012038000 - 2023/07

RI: 533.95

NM: 622.92

Seaview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202207
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	79.112	225.466	304.578	79.112	283.303	362.415
2.Inflate Line 1 by Inflation Factor 1.06180581	84.001	239.401	323.402	84.001	300.813	384.814
3.Line 1 X 1.4000 X Inflation Factor 1.08652813	85.957	244.975	330.932	85.957	307.817	393.774
4.Current Period Cost	87.219	240.429	327.648	87.219	304.868	392.086
5.Incentive Basis (line 3 - line 4)	0.000	4.546		0.000	2.949	
6.Allowed Current Period Costs (Min of line 3 or 4)	85.957	240.429	326.386	85.957	304.868	390.825
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.273	2.273	0.000	1.474	1.474
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.213	7.213	0.000	9.146	9.146
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.273	2.273	0.000	1.474	1.474
10.Final Incentive	0.000	2.273	2.273	0.000	1.474	1.474
11.Current Period Base: (line 6 + line 10)	85.957	242.702	328.659	85.957	306.342	392.299
12.Plus: Property Rate Component			19.047			19.047
13.Plus: ROE/Use Rate			1.478			1.478
14.Total Current Period Base			349.184			412.824
15.Prospective Rate: Line 11 x Inflation 1.08627419	93.373	263.641	357.014	93.373	332.772	426.145
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	93.373	263.641	357.014	93.373	332.772	426.145
19.Property Rate Component			19.047			19.047
20.ROE Component + ROE Interim Component			1.478			1.478
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			377.54			446.67
23.Medicaid Days		1,460			730	
24.Resident Days		1,460			730	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			42.56			49.65
28.Plus: \$15 Wage Increase (0.08411136)			38.48			44.89
29.Plus: Restore 7-2021 Reduction (0.076640205)			38.01			44.34
30.Final Per Diem After Adjustments			533.95			622.92



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012040300 - 2023/07

RI: 658.81

NM: 738.84

Gulfview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202207
Prior Cost Report	10/1/2019	10/7/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	97.362	218.284	315.646	97.362	268.286	365.648
2.Inflate Line 1 by Inflation Factor 1.10358184	107.447	240.894	348.341	107.447	296.075	403.522
3.Line 1 X 1.4000 X Inflation Factor 1.14501458	111.481	249.938	361.419	111.481	307.191	418.672
4.Current Period Cost	119.636	261.449	381.085	119.636	311.714	431.350
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	111.481	249.938	361.419	111.481	307.191	418.672
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	111.481	249.938	361.419	111.481	307.191	418.672
12.Plus: Property Rate Component			75.400			75.400
13.Plus: ROE/Use Rate			6.554			6.554
14.Total Current Period Base			443.374			500.626
15.Prospective Rate: Line 11 x Inflation 1.08627419	121.099	271.501	392.600	121.099	333.693	454.793
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	121.099	271.501	392.600	121.099	333.693	454.793
19.Property Rate Component			75.400			75.400
20.ROE Component + ROE Interim Component			6.554			6.554
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			474.55			536.75
23.Medicaid Days			350			175
24.Resident Days			350			175
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			52.51			58.89
28.Plus: \$15 Wage Increase (0.08411136)			47.48			53.24
29.Plus: Restore 7-2021 Reduction (0.076640205)			46.90			52.59
30.Final Per Diem After Adjustments			658.81			738.84



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012073200 - 2023/07

RI: 549.89

NM: 618.29

Suncoast - Suffridge Drive Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	94.476	268.295	362.771	94.476	321.449	415.925
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.476	268.295	362.771	94.476	321.449	415.925
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	94.476	268.295	362.771	94.476	321.449	415.925
12.Plus: Property Rate Component			27.140			27.140
13.Plus: ROE/Use Rate			0.009			0.009
14.Total Current Period Base			389.920			443.074
15.Prospective Rate: Line 11 x Inflation 1.00000000	94.476	268.295	362.771	94.476	321.449	415.925
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	94.476	268.295	362.771	94.476	321.449	415.925
19.Property Rate Component			27.140			27.140
20.ROE Component + ROE Interim Component			0.009			0.009
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			389.92			443.07
23.Medicaid Days			2,014			182
24.Resident Days			2,014			182
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			43.83			49.28
28.Plus: \$15 Wage Increase (0.08411136)			39.63			44.56
29.Plus: Restore 7-2021 Reduction (0.076640205)			39.14			44.01
30.Final Per Diem After Adjustments			549.89			618.29



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012074200 - 2023/07

RI: 546.58

NM: 622.26

Suncoast - Coletta Drive Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	128.950	232.132	361.082	128.950	290.942	419.891
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	128.950	232.132	361.082	128.950	290.942	419.891
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	128.950	232.132	361.082	128.950	290.942	419.891
12.Plus: Property Rate Component			26.256			26.256
13.Plus: ROE/Use Rate			0.010			0.010
14.Total Current Period Base			387.347			446.157
15.Prospective Rate: Line 11 x Inflation 1.00000000	128.950	232.132	361.082	128.950	290.942	419.891
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	128.950	232.132	361.082	128.950	290.942	419.891
19.Property Rate Component			26.256			26.256
20.ROE Component + ROE Interim Component			0.010			0.010
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			387.35			446.16
23.Medicaid Days			1,460			730
24.Resident Days			1,460			730
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			43.56			49.60
28.Plus: \$15 Wage Increase (0.08411136)			39.39			44.84
29.Plus: Restore 7-2021 Reduction (0.076640205)			38.91			44.30
30.Final Per Diem After Adjustments			546.58			622.26



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012074800 - 2023/07

RI: 596.36

NM: 665.53

Suncoast - Spring Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	128.892	262.823	391.715	128.892	316.574	445.465
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	128.892	262.823	391.715	128.892	316.574	445.465
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	128.892	262.823	391.715	128.892	316.574	445.465
12.Plus: Property Rate Component			34.282			34.282
13.Plus: ROE/Use Rate			0.032			0.032
14.Total Current Period Base			426.029			479.780
15.Prospective Rate: Line 11 x Inflation 1.00000000	128.892	262.823	391.715	128.892	316.574	445.465
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	128.892	262.823	391.715	128.892	316.574	445.465
19.Property Rate Component			34.282			34.282
20.ROE Component + ROE Interim Component			0.032			0.032
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			426.03			479.78
23.Medicaid Days			790			861
24.Resident Days			790			861
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			47.53			53.04
28.Plus: \$15 Wage Increase (0.08411136)			42.98			47.96
29.Plus: Restore 7-2021 Reduction (0.076640205)			42.45			47.38
30.Final Per Diem After Adjustments			596.36			665.53



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012075300 - 2023/07

RI: 575.33

NM: 628.96

Suncoast - Walnut Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	129.726	253.191	382.917	129.726	294.865	424.591
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	129.726	253.191	382.917	129.726	294.865	424.591
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	129.726	253.191	382.917	129.726	294.865	424.591
12.Plus: Property Rate Component			26.758			26.758
13.Plus: ROE/Use Rate			0.013			0.013
14.Total Current Period Base			409.688			451.362
15.Prospective Rate: Line 11 x Inflation 1.00000000	129.726	253.191	382.917	129.726	294.865	424.591
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	129.726	253.191	382.917	129.726	294.865	424.591
19.Property Rate Component			26.758			26.758
20.ROE Component + ROE Interim Component			0.013			0.013
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			409.69			451.36
23.Medicaid Days			1,825			365
24.Resident Days			1,825			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			45.86			50.13
28.Plus: \$15 Wage Increase (0.08411136)			41.46			45.32
29.Plus: Restore 7-2021 Reduction (0.076640205)			40.95			44.77
30.Final Per Diem After Adjustments			575.33			628.96



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012075700 - 2023/07

RI: 550.82

NM: 617.65

Suncoast - Bessent Road Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	128.688	231.571	360.259	128.688	283.505	412.193
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	128.688	231.571	360.259	128.688	283.505	412.193
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	128.688	231.571	360.259	128.688	283.505	412.193
12.Plus: Property Rate Component			30.376			30.376
13.Plus: ROE/Use Rate			0.010			0.010
14.Total Current Period Base			390.645			442.578
15.Prospective Rate: Line 11 x Inflation 1.00000000	128.688	231.571	360.259	128.688	283.505	412.193
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	128.688	231.571	360.259	128.688	283.505	412.193
19.Property Rate Component			30.376			30.376
20.ROE Component + ROE Interim Component			0.010			0.010
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			390.64			442.58
23.Medicaid Days			1,473			364
24.Resident Days			1,473			364
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			43.90			49.23
28.Plus: \$15 Wage Increase (0.08411136)			39.69			44.51
29.Plus: Restore 7-2021 Reduction (0.076640205)			39.21			43.97
30.Final Per Diem After Adjustments			550.82			617.65



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012075900 - 2023/07

RI: 550.85

NM: 612.43

Suncoast - Frederick Avenue Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	130.137	234.672	364.809	130.137	282.530	412.667
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	130.137	234.672	364.809	130.137	282.530	412.667
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	130.137	234.672	364.809	130.137	282.530	412.667
12.Plus: Property Rate Component			25.845			25.845
13.Plus: ROE/Use Rate			0.011			0.011
14.Total Current Period Base			390.664			438.522
15.Prospective Rate: Line 11 x Inflation 1.00000000	130.137	234.672	364.809	130.137	282.530	412.667
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	130.137	234.672	364.809	130.137	282.530	412.667
19.Property Rate Component			25.845			25.845
20.ROE Component + ROE Interim Component			0.011			0.011
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			390.66			438.52
23.Medicaid Days			1,825			365
24.Resident Days			1,825			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			43.90			48.81
28.Plus: \$15 Wage Increase (0.08411136)			39.70			44.13
29.Plus: Restore 7-2021 Reduction (0.076640205)			39.21			43.60
30.Final Per Diem After Adjustments			550.85			612.43



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012373500 - 2023/07

RI: 546.68

NM: 607.99

Suncoast - 107th Place Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	106.266	244.117	350.383	106.266	291.760	398.025
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	106.266	244.117	350.383	106.266	291.760	398.025
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	106.266	244.117	350.383	106.266	291.760	398.025
12.Plus: Property Rate Component			37.030			37.030
13.Plus: ROE/Use Rate			0.016			0.016
14.Total Current Period Base			387.429			435.072
15.Prospective Rate: Line 11 x Inflation 1.00000000	106.266	244.117	350.383	106.266	291.760	398.025
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	106.266	244.117	350.383	106.266	291.760	398.025
19.Property Rate Component			37.030			37.030
20.ROE Component + ROE Interim Component			0.016			0.016
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			387.43			435.07
23.Medicaid Days			1,443			153
24.Resident Days			1,443			153
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			43.57			48.46
28.Plus: \$15 Wage Increase (0.08411136)			39.40			43.81
29.Plus: Restore 7-2021 Reduction (0.076640205)			38.92			43.28
30.Final Per Diem After Adjustments			546.68			607.99



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012374200 - 2023/07

RI: 588.83

NM: 667.55

Suncoast - Second Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	113.666	279.595	393.261	113.666	340.762	454.428
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	113.666	279.595	393.261	113.666	340.762	454.428
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	113.666	279.595	393.261	113.666	340.762	454.428
12.Plus: Property Rate Component			26.916			26.916
13.Plus: ROE/Use Rate			0.007			0.007
14.Total Current Period Base			420.184			481.351
15.Prospective Rate: Line 11 x Inflation 1.00000000	113.666	279.595	393.261	113.666	340.762	454.428
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	113.666	279.595	393.261	113.666	340.762	454.428
19.Property Rate Component			26.916			26.916
20.ROE Component + ROE Interim Component			0.007			0.007
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			420.18			481.35
23.Medicaid Days			2,148			42
24.Resident Days			2,148			42
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			46.93			53.21
28.Plus: \$15 Wage Increase (0.08411136)			42.43			48.11
29.Plus: Restore 7-2021 Reduction (0.076640205)			41.92			47.52
30.Final Per Diem After Adjustments			588.83			667.55



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012374400 - 2023/07

RI: 599.38

NM: 0.00

Suncoast - Rosewood Avenue Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	105.716	290.474	396.189	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	105.716	290.474	396.189	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	105.716	290.474	396.189	0.000	0.000	0.000
12.Plus: Property Rate Component			32.172			0.000
13.Plus: ROE/Use Rate			0.013			0.000
14.Total Current Period Base			428.374			0.000
15.Prospective Rate: Line 11 x Inflation 1.00000000	105.716	290.474	396.189	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	105.716	290.474	396.189	0.000	0.000	0.000
19.Property Rate Component			32.172			0.000
20.ROE Component + ROE Interim Component			0.013			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			428.37			0.00
23.Medicaid Days			1,837			0
24.Resident Days			1,837			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			47.77			0.00
28.Plus: \$15 Wage Increase (0.08411136)			43.19			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			42.67			0.00
30.Final Per Diem After Adjustments			599.38			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012375400 - 2023/07

RI: 563.42

NM: 636.16

Suncoast - 19th Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	128.311	243.854	372.164	128.311	300.375	428.685
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	128.311	243.854	372.164	128.311	300.375	428.685
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	128.311	243.854	372.164	128.311	300.375	428.685
12.Plus: Property Rate Component			28.265			28.265
13.Plus: ROE/Use Rate			0.006			0.006
14.Total Current Period Base			400.435			456.957
15.Prospective Rate: Line 11 x Inflation 1.00000000	128.311	243.854	372.164	128.311	300.375	428.685
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	128.311	243.854	372.164	128.311	300.375	428.685
19.Property Rate Component			28.265			28.265
20.ROE Component + ROE Interim Component			0.006			0.006
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			400.44			456.96
23.Medicaid Days			1,460			730
24.Resident Days			1,460			730
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			44.91			50.70
28.Plus: \$15 Wage Increase (0.08411136)			40.60			45.84
29.Plus: Restore 7-2021 Reduction (0.076640205)			40.11			45.28
30.Final Per Diem After Adjustments			563.42			636.16



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012386400 - 2023/07

RI: 603.11

NM: 679.40

Suncoast - Tunis Street Group Home

Ownership:Private

Incentive Rating: Ineligible from 01/26/2023 - 03/23/2023 Days Eligible: 308 of 365

Eligibility Factor : 84.38%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	132.146	272.542	404.688	132.146	331.824	463.970
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	132.146	272.542	404.688	132.146	331.824	463.970
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 84.38%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	132.146	272.542	404.688	132.146	331.824	463.970
12.Plus: Property Rate Component			26.575			26.575
13.Plus: ROE/Use Rate			0.011			0.011
14.Total Current Period Base			431.274			490.556
15.Prospective Rate: Line 11 x Inflation 1.00000000	132.146	272.542	404.688	132.146	331.824	463.970
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	132.146	272.542	404.688	132.146	331.824	463.970
19.Property Rate Component			26.575			26.575
20.ROE Component + ROE Interim Component			0.011			0.011
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			431.27			490.56
23.Medicaid Days			2,074			122
24.Resident Days			2,074			122
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			48.07			54.15
28.Plus: \$15 Wage Increase (0.08411136)			43.46			48.96
29.Plus: Restore 7-2021 Reduction (0.076640205)			42.93			48.36
30.Final Per Diem After Adjustments			603.11			679.40



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012390800 - 2023/07

RI: 618.83

NM: 701.12

Suncoast - Plaza Oval Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	74.609	333.437	408.046	74.609	397.379	471.988
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	74.609	333.437	408.046	74.609	397.379	471.988
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	74.609	333.437	408.046	74.609	397.379	471.988
12.Plus: Property Rate Component			35.439			35.439
13.Plus: ROE/Use Rate			0.009			0.009
14.Total Current Period Base			443.494			507.437
15.Prospective Rate: Line 11 x Inflation 1.00000000	74.609	333.437	408.046	74.609	397.379	471.988
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.609	333.437	408.046	74.609	397.379	471.988
19.Property Rate Component			35.439			35.439
20.ROE Component + ROE Interim Component			0.009			0.009
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			443.49			507.44
23.Medicaid Days			1,662			310
24.Resident Days			1,662			310
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			49.32			55.88
28.Plus: \$15 Wage Increase (0.08411136)			44.59			50.52
29.Plus: Restore 7-2021 Reduction (0.076640205)			44.05			49.91
30.Final Per Diem After Adjustments			618.83			701.12



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012392700 - 2023/07

RI: 562.50

NM: 629.75

Suncoast - Claudia Drive Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	130.539	237.441	367.980	130.539	289.697	420.236
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	130.539	237.441	367.980	130.539	289.697	420.236
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	130.539	237.441	367.980	130.539	289.697	420.236
12.Plus: Property Rate Component			31.737			31.737
13.Plus: ROE/Use Rate			0.004			0.004
14.Total Current Period Base			399.721			451.977
15.Prospective Rate: Line 11 x Inflation 1.00000000	130.539	237.441	367.980	130.539	289.697	420.236
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	130.539	237.441	367.980	130.539	289.697	420.236
19.Property Rate Component			31.737			31.737
20.ROE Component + ROE Interim Component			0.004			0.004
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			399.72			451.98
23.Medicaid Days			1,318			519
24.Resident Days			1,318			519
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			44.83			50.19
28.Plus: \$15 Wage Increase (0.08411136)			40.54			45.38
29.Plus: Restore 7-2021 Reduction (0.076640205)			40.04			44.83
30.Final Per Diem After Adjustments			562.50			629.75



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

012410100 - 2023/07

RI: 597.25

NM: 0.00

Suncoast - High Desert Court Group Home

Ownership:Private

Incentive Rating: Ineligible from 11/01/2022 - 02/17/2023 Days Eligible: 256 of 365

Eligibility Factor : 70.14%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	129.361	271.187	400.548	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	129.361	271.187	400.548	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 70.14%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	129.361	271.187	400.548	0.000	0.000	0.000
12.Plus: Property Rate Component			26.164			0.000
13.Plus: ROE/Use Rate			0.011			0.000
14.Total Current Period Base			426.724			0.000
15.Prospective Rate: Line 11 x Inflation 1.00000000	129.361	271.187	400.548	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	129.361	271.187	400.548	0.000	0.000	0.000
19.Property Rate Component			26.164			0.000
20.ROE Component + ROE Interim Component			0.011			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			426.72			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			47.60			0.00
28.Plus: \$15 Wage Increase (0.08411136)			43.04			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			42.52			0.00
30.Final Per Diem After Adjustments			597.25			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028000300 - 2023/07

RI: 621.96

NM: 704.12

Sandy Park Development Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	5/1/2022	4/30/2023	Budget	202007
Prior Cost Report	1/1/2018	12/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	132.968	284.377	417.344	132.968	348.219	481.186
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	132.968	284.377	417.344	132.968	348.219	481.186
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	132.968	284.377	417.344	132.968	348.219	481.186
12.Plus: Property Rate Component			27.369			27.369
13.Plus: ROE/Use Rate			1.214			1.214
14.Total Current Period Base			445.927			509.769
15.Prospective Rate: Line 11 x Inflation 1.00000000	132.968	284.377	417.344	132.968	348.219	481.186
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	132.968	284.377	417.344	132.968	348.219	481.186
19.Property Rate Component			27.369			27.369
20.ROE Component + ROE Interim Component			1.214			1.214
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			445.93			509.77
23.Medicaid Days			16,708			5,708
24.Resident Days			16,708			5,708
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			49.57			56.12
28.Plus: \$15 Wage Increase (0.08411136)			44.82			50.74
29.Plus: Restore 7-2021 Reduction (0.076640205)			44.27			50.12
30.Final Per Diem After Adjustments			621.96			704.12



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028019401 - 2023/07

RI: 811.68

NM: 967.42

Laurel Hill Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202207
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	137.663	331.177	468.840	137.663	439.582	577.246
2.Inflate Line 1 by Inflation Factor 1.06180581	146.172	351.645	497.817	146.172	466.751	612.923
3.Line 1 X 1.4000 X Inflation Factor 1.08652813	149.575	359.833	509.408	149.575	477.618	627.193
4.Current Period Cost	157.965	359.915	517.880	157.965	464.859	622.824
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	12.760	
6.Allowed Current Period Costs (Min of line 3 or 4)	149.575	359.833	509.408	149.575	464.859	614.434
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	6.380	6.380
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	13.946	13.946
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	6.380	6.380
10.Final Incentive	0.000	0.000	0.000	0.000	6.380	6.380
11.Current Period Base: (line 6 + line 10)	149.575	359.833	509.408	149.575	471.239	620.814
12.Plus: Property Rate Component			37.121			37.121
13.Plus: ROE/Use Rate			2.872			2.872
14.Total Current Period Base			549.400			660.806
15.Prospective Rate: Line 11 x Inflation 1.08627419	162.480	390.877	553.356	162.480	511.894	674.374
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	162.480	390.877	553.356	162.480	511.894	674.374
19.Property Rate Component			37.121			37.121
20.ROE Component + ROE Interim Component			2.872			2.872
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			593.35			714.37
23.Medicaid Days			0			8,461
24.Resident Days			0			8,461
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			64.69			77.11
28.Plus: \$15 Wage Increase (0.08411136)			58.49			69.72
29.Plus: Restore 7-2021 Reduction (0.076640205)			57.78			68.87
30.Final Per Diem After Adjustments			811.68			967.42



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028020801 - 2023/07

RI: 677.63

NM: 923.34

McCauley Cluster (Sunrise)

Ownership:Private

Incentive Rating: Ineligible from 12/07/2022 - 03/09/2023 Days Eligible: 272 of 365

Eligibility Factor : 74.52%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	82.615	314.142	396.757	82.615	473.877	556.492
2.Inflate Line 1 by Inflation Factor 1.05754619 *	98.009	378.829	476.839	98.009	561.846	659.856
3.Line 1 X 1.4000 X Inflation Factor 1.08056467 *	99.911	386.060	485.971	99.911	572.754	672.665
4.Current Period Cost *	105.141	309.001	414.142	105.141	478.097	583.238
5.Incentive Basis (line 3 - line 4)	0.000	77.059		0.000	94.657	
6.Allowed Current Period Costs (Min of line 3 or 4)	99.911	309.001	408.912	99.911	478.097	578.008
7.Incentive Line 5 x Oper 50% Res 50%	0.000	38.530	38.530	0.000	47.329	47.329
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	9.270	9.270	0.000	14.343	14.343
9.Incentive - Min of Line 7,8 x Eligibility factor 74.52%	0.000	6.908	6.908	0.000	10.688	10.688
10.Final Incentive	0.000	6.908	6.908	0.000	10.688	10.688
11.Current Period Base: (line 6 + line 10)	99.911	315.909	415.820	99.911	488.785	588.696
12.Plus: Property Rate Component			25.187			25.187
13.Plus: ROE/Use Rate			4.747			4.747
14.Total Current Period Base			445.754			618.630
15.Prospective Rate: Line 11 x Inflation 1.10443554	110.345	348.902	459.247	110.345	539.832	650.177
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	110.345	348.902	459.247	110.345	539.832	650.177
19.Property Rate Component			25.187			25.187
20.ROE Component + ROE Interim Component *			4.747			4.747
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			489.18			680.11
23.Medicaid Days			2,008			6,399
24.Resident Days			2,008			6,399
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			54.01			73.59
28.Plus: \$15 Wage Increase (0.08411136)			48.83			66.54
29.Plus: Restore 7-2021 Reduction (0.076640205)			48.24			65.73
30.Final Per Diem After Adjustments			677.63			923.34

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028028301 - 2023/07

RI: 635.07

NM: 794.86

Greentree Court Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	101.253	257.027	358.280	101.253	368.687	469.940
2.Inflate Line 1 by Inflation Factor 1.05754619 *	109.779	307.008	416.787	109.779	448.884	558.663
3.Line 1 X 1.4000 X Inflation Factor 1.08056467 *	112.110	312.924	425.034	112.110	457.370	569.480
4.Current Period Cost *	139.448	273.409	412.857	139.448	382.560	522.008
5.Incentive Basis (line 3 - line 4)	0.000	39.515		0.000	74.810	
6.Allowed Current Period Costs (Min of line 3 or 4)	112.110	273.409	385.519	112.110	382.560	494.670
7.Incentive Line 5 x Oper 50% Res 50%	0.000	19.758	19.758	0.000	37.405	37.405
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	8.202	8.202	0.000	11.477	11.477
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	8.202	8.202	0.000	11.477	11.477
10.Final Incentive	0.000	8.202	8.202	0.000	11.477	11.477
11.Current Period Base: (line 6 + line 10)	112.110	281.611	393.721	112.110	394.037	506.147
12.Plus: Property Rate Component			17.206			17.206
13.Plus: ROE/Use Rate			4.065			4.065
14.Total Current Period Base			414.993			527.418
15.Prospective Rate: Line 11 x Inflation 1.10443554	123.818	311.021	434.840	123.818	435.188	559.007
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	123.818	311.021	434.840	123.818	435.188	559.007
19.Property Rate Component			17.206			17.206
20.ROE Component + ROE Interim Component *			4.065			4.065
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			456.11			580.28
23.Medicaid Days			93			7,668
24.Resident Days			93			7,793
25.Medicaid Utilization			100.00%			98.40%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			50.62			63.35
28.Plus: \$15 Wage Increase (0.08411136)			45.76			57.28
29.Plus: Restore 7-2021 Reduction (0.076640205)			45.21			56.58
30.Final Per Diem After Adjustments			635.07			794.86

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028029101 - 2023/07

RI: 583.02

NM: 788.22

Mahan Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	71.137	282.377	353.514	71.137	424.415	495.552
2.Inflate Line 1 by Inflation Factor 1.05754619 *	76.630	337.337	413.967	76.630	505.199	581.829
3.Line 1 X 1.4000 X Inflation Factor 1.08056467 *	78.268	343.837	422.105	78.268	514.968	593.236
4.Current Period Cost *	95.791	275.441	371.231	95.791	415.610	511.401
5.Incentive Basis (line 3 - line 4)	0.000	68.396		0.000	99.358	
6.Allowed Current Period Costs (Min of line 3 or 4)	78.268	275.441	353.708	78.268	415.610	493.878
7.Incentive Line 5 x Oper 50% Res 50%	0.000	34.198	34.198	0.000	49.679	49.679
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	8.263	8.263	0.000	12.468	12.468
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	8.263	8.263	0.000	12.468	12.468
10.Final Incentive	0.000	8.263	8.263	0.000	12.468	12.468
11.Current Period Base: (line 6 + line 10)	78.268	283.704	361.971	78.268	428.078	506.346
12.Plus: Property Rate Component			12.398			12.398
13.Plus: ROE/Use Rate			3.490			3.490
14.Total Current Period Base			377.860			522.234
15.Prospective Rate: Line 11 x Inflation 1.10443554	86.442	313.332	399.774	86.442	472.785	559.227
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	86.442	313.332	399.774	86.442	472.785	559.227
19.Property Rate Component			12.398			12.398
20.ROE Component + ROE Interim Component *			3.490			3.490
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			415.66			575.12
23.Medicaid Days			3,190			6,128
24.Resident Days			3,190			6,128
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			46.47			62.82
28.Plus: \$15 Wage Increase (0.08411136)			42.01			56.80
29.Plus: Restore 7-2021 Reduction (0.076640205)			41.50			56.11
30.Final Per Diem After Adjustments			583.02			788.22

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028030501 - 2023/07

RI: 423.32

NM: 509.69

Lake City Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	73.181	145.249	218.430	73.181	196.966	270.147
2.Inflate Line 1 by Inflation Factor 1.11689704	81.735	162.228	243.964	81.735	219.991	301.726
3.Line 1 X 1.4000 X Inflation Factor 1.16365586	85.157	169.020	254.177	85.157	229.201	314.358
4.Current Period Cost	82.674	167.842	250.516	82.674	238.856	321.530
5.Incentive Basis (line 3 - line 4)	2.483	1.178		2.483	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	82.674	167.842	250.516	82.674	229.201	311.875
7.Incentive Line 5 x Oper 50% Res 50%	1.242	0.589	1.831	1.242	0.000	1.242
8.Incentive - Line 4 x Oper 10% Res 3%	8.267	5.035	13.303	8.267	0.000	8.267
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.242	0.589	1.831	1.242	0.000	1.242
10.Final Incentive	1.242	0.589	1.831	1.242	0.000	1.242
11.Current Period Base: (line 6 + line 10)	83.916	168.431	252.347	83.916	229.201	313.116
12.Plus: Property Rate Component			8.494			8.494
13.Plus: ROE/Use Rate			4.376			4.376
14.Total Current Period Base			265.216			325.986
15.Prospective Rate: Line 11 x Inflation 1.10443554	92.679	186.021	278.701	92.679	253.137	345.817
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	92.679	186.021	278.701	92.679	253.137	345.817
19.Property Rate Component			8.494			8.494
20.ROE Component + ROE Interim Component			4.376			4.376
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			291.57			358.69
23.Medicaid Days			2,277			6,435
24.Resident Days			2,277			6,435
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			33.74			40.62
28.Plus: \$15 Wage Increase (0.08411136)			30.51			36.73
29.Plus: Restore 7-2021 Reduction (0.076640205)			30.13			36.28
30.Final Per Diem After Adjustments			423.32			509.69



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028032101 - 2023/07

RI: 419.00

NM: 509.01

Gainesville 39th Avenue Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	73.946	164.438	238.384	73.946	220.873	294.819
2.Inflate Line 1 by Inflation Factor 1.11689704	82.590	183.660	266.250	82.590	246.692	329.282
3.Line 1 X 1.4000 X Inflation Factor 1.16365586	86.047	191.349	277.396	86.047	257.020	343.067
4.Current Period Cost	73.431	162.832	236.263	73.431	224.318	297.749
5.Incentive Basis (line 3 - line 4)	12.616	28.517		12.616	32.702	
6.Allowed Current Period Costs (Min of line 3 or 4)	73.431	162.832	236.263	73.431	224.318	297.749
7.Incentive Line 5 x Oper 50% Res 50%	6.308	14.259	20.567	6.308	16.351	22.659
8.Incentive - Line 4 x Oper 10% Res 3%	7.343	4.885	12.228	7.343	6.730	14.073
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.308	4.885	11.193	6.308	6.730	13.038
10.Final Incentive	6.308	4.885	11.193	6.308	6.730	13.038
11.Current Period Base: (line 6 + line 10)	79.739	167.717	247.456	79.739	231.048	310.787
12.Plus: Property Rate Component			10.796			10.796
13.Plus: ROE/Use Rate			4.116			4.116
14.Total Current Period Base			262.367			325.698
15.Prospective Rate: Line 11 x Inflation 1.10443554	88.067	185.233	273.299	88.067	255.177	343.244
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	88.067	185.233	273.299	88.067	255.177	343.244
19.Property Rate Component			10.796			10.796
20.ROE Component + ROE Interim Component			4.116			4.116
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			288.21			358.16
23.Medicaid Days			1,085			7,136
24.Resident Days			1,085			7,136
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			33.40			40.57
28.Plus: \$15 Wage Increase (0.08411136)			30.19			36.68
29.Plus: Restore 7-2021 Reduction (0.076640205)			29.83			36.23
30.Final Per Diem After Adjustments			419.00			509.01



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028035600 - 2023/07

RI: 591.94

NM: 869.60

PARC Center Apartments

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202207
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	75.267	272.180	347.447	75.267	478.909	554.175
2.Inflate Line 1 by Inflation Factor 1.06180581	79.918	289.003	368.921	79.918	508.508	588.426
3.Line 1 X 1.4000 X Inflation Factor 1.08652813	81.779	295.732	377.511	81.779	520.348	602.127
4.Current Period Cost	118.768	300.211	418.979	118.768	479.949	598.717
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	40.399	
6.Allowed Current Period Costs (Min of line 3 or 4)	81.779	295.732	377.511	81.779	479.949	561.728
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	20.199	20.199
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	14.398	14.398
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	14.398	14.398
10.Final Incentive	0.000	0.000	0.000	0.000	14.398	14.398
11.Current Period Base: (line 6 + line 10)	81.779	295.732	377.511	81.779	494.347	576.127
12.Plus: Property Rate Component			11.595			11.595
13.Plus: ROE/Use Rate			0.924			0.924
14.Total Current Period Base			390.030			588.646
15.Prospective Rate: Line 11 x Inflation 1.08627419	88.835	321.246	410.080	88.835	536.997	625.831
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	88.835	321.246	410.080	88.835	536.997	625.831
19.Property Rate Component			11.595			11.595
20.ROE Component + ROE Interim Component			0.924			0.924
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			422.60			638.35
23.Medicaid Days		9,491			7,994	
24.Resident Days		9,491			7,994	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			47.18			69.31
28.Plus: \$15 Wage Increase (0.08411136)			42.66			62.67
29.Plus: Restore 7-2021 Reduction (0.076640205)			42.14			61.90
30.Final Per Diem After Adjustments			591.94			869.60



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028036401 - 2023/07

RI: 836.99

NM: 998.79

Skipper Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202207
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	142.534	351.633	494.166	142.534	461.342	603.875
2.Inflate Line 1 by Inflation Factor 1.06180581	151.343	373.366	524.708	151.343	489.856	641.198
3.Line 1 X 1.4000 X Inflation Factor 1.08652813	154.867	382.059	536.925	154.867	501.261	656.128
4.Current Period Cost	160.618	386.213	546.831	160.618	494.341	654.959
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	6.920	
6.Allowed Current Period Costs (Min of line 3 or 4)	154.867	382.059	536.925	154.867	494.341	649.208
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	3.460	3.460
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	14.830	14.830
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	3.460	3.460
10.Final Incentive	0.000	0.000	0.000	0.000	3.460	3.460
11.Current Period Base: (line 6 + line 10)	154.867	382.059	536.925	154.867	497.801	652.668
12.Plus: Property Rate Component			26.908			26.908
13.Plus: ROE/Use Rate			2.857			2.857
14.Total Current Period Base			566.690			682.432
15.Prospective Rate: Line 11 x Inflation 1.08627419	168.228	415.021	583.248	168.228	540.748	708.976
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	168.228	415.021	583.248	168.228	540.748	708.976
19.Property Rate Component			26.908			26.908
20.ROE Component + ROE Interim Component			2.857			2.857
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			613.01			738.74
23.Medicaid Days		0			7,974	
24.Resident Days		0			7,974	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			66.71			79.61
28.Plus: \$15 Wage Increase (0.08411136)			60.32			71.98
29.Plus: Restore 7-2021 Reduction (0.076640205)			59.58			71.10
30.Final Per Diem After Adjustments			836.99			998.79



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028037201 - 2023/07

RI: 457.88

NM: 569.11

Pembroke Pines Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	85.319	194.259	279.578	85.319	275.216	360.534
2.Inflate Line 1 by Inflation Factor 1.05754619	90.228	205.438	295.666	90.228	291.053	381.281
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	92.192	209.910	302.102	92.192	297.388	389.580
4.Current Period Cost	88.357	179.724	268.081	88.357	255.706	344.062
5.Incentive Basis (line 3 - line 4)	3.835	30.185		3.835	41.683	
6.Allowed Current Period Costs (Min of line 3 or 4)	88.357	179.724	268.081	88.357	255.706	344.062
7.Incentive Line 5 x Oper 50% Res 50%	1.918	15.093	17.010	1.918	20.841	22.759
8.Incentive - Line 4 x Oper 10% Res 3%	8.836	5.392	14.227	8.836	7.671	16.507
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.918	5.392	7.309	1.918	7.671	9.589
10.Final Incentive	1.918	5.392	7.309	1.918	7.671	9.589
11.Current Period Base: (line 6 + line 10)	90.275	185.116	275.391	90.275	263.377	353.651
12.Plus: Property Rate Component			14.273			14.273
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			289.664			367.924
15.Prospective Rate: Line 11 x Inflation 1.10443554	99.702	204.449	304.151	99.702	290.883	390.585
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	99.702	204.449	304.151	99.702	290.883	390.585
19.Property Rate Component			14.273			14.273
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			318.42			404.86
23.Medicaid Days			0			5,806
24.Resident Days			0			5,806
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			36.49			45.36
28.Plus: \$15 Wage Increase (0.08411136)			33.00			41.01
29.Plus: Restore 7-2021 Reduction (0.076640205)			32.59			40.51
30.Final Per Diem After Adjustments			457.88			569.11



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028038101 - 2023/07

RI: 384.96

NM: 479.89

Ocala Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	79.012	138.134	217.146	79.012	194.908	273.920
2.Inflate Line 1 by Inflation Factor 1.11689704	88.248	154.282	242.530	88.248	217.692	305.940
3.Line 1 X 1.4000 X Inflation Factor 1.16365586	91.943	160.741	252.683	91.943	226.806	318.748
4.Current Period Cost	75.815	134.725	210.539	75.815	199.565	275.380
5.Incentive Basis (line 3 - line 4)	16.128	26.016		16.128	27.240	
6.Allowed Current Period Costs (Min of line 3 or 4)	75.815	134.725	210.539	75.815	199.565	275.380
7.Incentive Line 5 x Oper 50% Res 50%	8.064	13.008	21.072	8.064	13.620	21.684
8.Incentive - Line 4 x Oper 10% Res 3%	7.581	4.042	11.623	7.581	5.987	13.568
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.581	4.042	11.623	7.581	5.987	13.568
10.Final Incentive	7.581	4.042	11.623	7.581	5.987	13.568
11.Current Period Base: (line 6 + line 10)	83.396	138.766	222.162	83.396	205.552	288.948
12.Plus: Property Rate Component			12.368			12.368
13.Plus: ROE/Use Rate			4.035			4.035
14.Total Current Period Base			238.565			305.351
15.Prospective Rate: Line 11 x Inflation 1.10443554	92.106	153.258	245.364	92.106	227.019	319.125
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	92.106	153.258	245.364	92.106	227.019	319.125
19.Property Rate Component			12.368			12.368
20.ROE Component + ROE Interim Component			4.035			4.035
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			261.77			335.53
23.Medicaid Days			132			8,471
24.Resident Days			132			8,471
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			30.68			38.25
28.Plus: \$15 Wage Increase (0.08411136)			27.74			34.58
29.Plus: Restore 7-2021 Reduction (0.076640205)			27.40			34.16
30.Final Per Diem After Adjustments			384.96			479.89



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028040201 - 2023/07

RI: 778.53

NM: 913.40

Williams Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202207
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	135.045	330.852	465.897	135.045	421.748	556.793
2.Inflate Line 1 by Inflation Factor 1.06180581	143.391	351.300	494.692	143.391	447.814	591.206
3.Line 1 X 1.4000 X Inflation Factor 1.08652813	146.730	359.480	506.210	146.730	458.241	604.971
4.Current Period Cost	143.245	345.840	489.085	143.245	440.042	583.287
5.Incentive Basis (line 3 - line 4)	3.485	13.640		3.485	18.199	
6.Allowed Current Period Costs (Min of line 3 or 4)	143.245	345.840	489.085	143.245	440.042	583.287
7.Incentive Line 5 x Oper 50% Res 50%	1.743	6.820	8.563	1.743	9.099	10.842
8.Incentive - Line 4 x Oper 10% Res 3%	14.324	10.375	24.700	14.324	13.201	27.526
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.743	6.820	8.563	1.743	9.099	10.842
10.Final Incentive	1.743	6.820	8.563	1.743	9.099	10.842
11.Current Period Base: (line 6 + line 10)	144.987	352.660	497.647	144.987	449.141	594.129
12.Plus: Property Rate Component			24.418			24.418
13.Plus: ROE/Use Rate			2.586			2.586
14.Total Current Period Base			524.651			621.133
15.Prospective Rate: Line 11 x Inflation 1.08627419	157.496	383.085	540.582	157.496	487.891	645.387
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	157.496	383.085	540.582	157.496	487.891	645.387
19.Property Rate Component			24.418			24.418
20.ROE Component + ROE Interim Component			2.586			2.586
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			567.59			672.39
23.Medicaid Days		365			8,372	
24.Resident Days		365			8,372	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			62.05			72.80
28.Plus: \$15 Wage Increase (0.08411136)			56.10			65.82
29.Plus: Restore 7-2021 Reduction (0.076640205)			55.42			65.02
30.Final Per Diem After Adjustments			778.53			913.40



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028041101 - 2023/07

RI: 663.11

NM: 924.65

MCP 80th Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	101.672	251.198	352.870	141.802	411.627	553.429
2.Inflate Line 1 by Inflation Factor 1.04583078	106.332	262.710	369.042	148.301	430.492	578.793
3.Line 1 X 1.4000 X Inflation Factor 1.06416309	108.196	267.315	375.511	150.901	438.038	588.939
4.Current Period Cost	138.657	291.851	430.508	138.657	395.079	533.736
5.Incentive Basis (line 3 - line 4)	0.000	0.000		12.244	42.959	
6.Allowed Current Period Costs (Min of line 3 or 4)	108.196	267.315	375.511	138.657	395.079	533.736
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	6.122	21.479	27.601
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	13.866	11.852	25.718
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	6.122	11.852	17.974
10.Final Incentive	0.000	0.000	0.000	6.122	11.852	17.974
11.Current Period Base: (line 6 + line 10)	108.196	267.315	375.511	144.779	406.931	551.710
12.Plus: Property Rate Component			43.389			43.389
13.Plus: ROE/Use Rate			1.389			1.389
14.Total Current Period Base			420.289			596.488
15.Prospective Rate: Line 11 x Inflation 1.15341224	124.794	308.325	433.119	166.990	469.360	636.349
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	124.794	308.325	433.119	166.990	469.360	636.349
19.Property Rate Component			43.389			43.389
20.ROE Component + ROE Interim Component			1.389			1.389
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			477.90			681.13
23.Medicaid Days		0			7,040	
24.Resident Days		0			7,040	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			52.85			73.70
28.Plus: \$15 Wage Increase (0.08411136)			47.79			66.63
29.Plus: Restore 7-2021 Reduction (0.076640205)			47.20			65.82
30.Final Per Diem After Adjustments			663.11			924.65



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028045301 - 2023/07

RI: 730.18

NM: 1123.25

MCP Braddock

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	107.878	282.126	390.003	168.208	563.199	731.406
2.Inflate Line 1 by Inflation Factor 1.03277629	111.414	291.373	402.786	173.721	581.658	755.379
3.Line 1 X 1.4000 X Inflation Factor 1.04588681	112.828	295.071	407.899	175.926	589.042	764.968
4.Current Period Cost	149.425	380.570	529.996	149.425	491.971	641.396
5.Incentive Basis (line 3 - line 4)	0.000	0.000		26.501	97.071	
6.Allowed Current Period Costs (Min of line 3 or 4)	112.828	295.071	407.899	149.425	491.971	641.396
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	13.250	48.536	61.786
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	14.943	14.759	29.702
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	13.250	14.759	28.010
10.Final Incentive	0.000	0.000	0.000	13.250	14.759	28.010
11.Current Period Base: (line 6 + line 10)	112.828	295.071	407.899	162.676	506.730	669.406
12.Plus: Property Rate Component			51.982			51.982
13.Plus: ROE/Use Rate			1.611			1.611
14.Total Current Period Base			461.493			722.999
15.Prospective Rate: Line 11 x Inflation 1.16799161	131.782	344.641	476.423	190.004	591.856	781.860
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	131.782	344.641	476.423	190.004	591.856	781.860
19.Property Rate Component			51.982			51.982
20.ROE Component + ROE Interim Component			1.611			1.611
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			530.02			835.45
23.Medicaid Days			0			7,621
24.Resident Days			0			7,621
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			58.20			89.53
28.Plus: \$15 Wage Increase (0.08411136)			52.62			80.94
29.Plus: Restore 7-2021 Reduction (0.076640205)			51.98			79.96
30.Final Per Diem After Adjustments			730.18			1123.25



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028046101 - 2023/07

RI: 697.88

NM: 1002.03

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

MCP 2nd Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	106.024	275.984	382.008	163.444	425.892	589.337
2.Inflate Line 1 by Inflation Factor 1.03277629	109.499	285.030	394.529	168.802	439.852	608.653
3.Line 1 X 1.4000 X Inflation Factor 1.04588681	110.890	288.648	399.537	170.944	445.435	616.380
4.Current Period Cost	142.229	342.080	484.309	142.229	467.095	609.323
5.Incentive Basis (line 3 - line 4)	0.000	0.000		28.716	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	110.890	288.648	399.537	142.229	445.435	587.664
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	14.358	0.000	14.358
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	14.223	0.000	14.223
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	14.223	0.000	14.223
10.Final Incentive	0.000	0.000	0.000	14.223	0.000	14.223
11.Current Period Base: (line 6 + line 10)	110.890	288.648	399.537	156.451	445.435	601.887
12.Plus: Property Rate Component			36.727			36.727
13.Plus: ROE/Use Rate			1.531			1.531
14.Total Current Period Base			437.795			640.144
15.Prospective Rate: Line 11 x Inflation 1.16799161	129.518	337.138	466.656	182.734	520.265	702.998
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	129.518	337.138	466.656	182.734	520.265	702.998
19.Property Rate Component			36.727			36.727
20.ROE Component + ROE Interim Component			1.531			1.531
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			504.91			741.26
23.Medicaid Days			0			7,852
24.Resident Days			0			7,852
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			55.62			79.86
28.Plus: \$15 Wage Increase (0.08411136)			50.29			72.21
29.Plus: Restore 7-2021 Reduction (0.076640205)			49.68			71.33
30.Final Per Diem After Adjustments			697.88			1002.03



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028048801 - 2023/07

RI: 680.47

NM: 976.31

MCP Sunset

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	105.145	264.378	369.523	159.815	418.785	578.600
2.Inflate Line 1 by Inflation Factor 1.03277629	108.591	273.043	381.634	165.053	432.511	597.564
3.Line 1 X 1.4000 X Inflation Factor 1.04588681	109.970	276.509	386.479	167.149	438.002	605.150
4.Current Period Cost	132.090	326.004	458.094	132.090	453.201	585.291
5.Incentive Basis (line 3 - line 4)	0.000	0.000		35.059	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	109.970	276.509	386.479	132.090	438.002	570.092
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	17.529	0.000	17.529
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	13.209	0.000	13.209
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	13.209	0.000	13.209
10.Final Incentive	0.000	0.000	0.000	13.209	0.000	13.209
11.Current Period Base: (line 6 + line 10)	109.970	276.509	386.479	145.299	438.002	583.300
12.Plus: Property Rate Component			38.665			38.665
13.Plus: ROE/Use Rate			1.320			1.320
14.Total Current Period Base			426.464			623.285
15.Prospective Rate: Line 11 x Inflation 1.16799161	128.444	322.960	451.404	169.708	511.582	681.290
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	128.444	322.960	451.404	169.708	511.582	681.290
19.Property Rate Component			38.665			38.665
20.ROE Component + ROE Interim Component			1.320			1.320
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			491.39			721.27
23.Medicaid Days			0			8,563
24.Resident Days			0			8,563
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			54.24			77.82
28.Plus: \$15 Wage Increase (0.08411136)			49.04			70.36
29.Plus: Restore 7-2021 Reduction (0.076640205)			48.44			69.50
30.Final Per Diem After Adjustments			680.47			976.31



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028049601 - 2023/07

RI: 640.43

NM: 842.64

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Dorchester Cluster (Sunrise)

Ownership:Private

Incentive Rating: Ineligible from 12/21/2022 - 03/15/2023 Days Eligible: 280 of 365

Eligibility Factor : 76.71%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	79.403	298.466	377.869	79.403	427.870	507.273
2.Inflate Line 1 by Inflation Factor 1.05754619 *	85.652	358.172	443.824	85.652	506.392	592.044
3.Line 1 X 1.4000 X Inflation Factor 1.08056467 *	87.480	365.042	452.522	87.480	516.241	603.721
4.Current Period Cost *	90.357	309.172	399.529	90.357	448.237	538.594
5.Incentive Basis (line 3 - line 4)	0.000	55.870		0.000	68.004	
6.Allowed Current Period Costs (Min of line 3 or 4)	87.480	309.172	396.652	87.480	448.237	535.717
7.Incentive Line 5 x Oper 50% Res 50%	0.000	27.935	27.935	0.000	34.002	34.002
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	9.275	9.275	0.000	13.447	13.447
9.Incentive - Min of Line 7,8 x Eligibility factor 76.71%	0.000	7.115	7.115	0.000	10.316	10.316
10.Final Incentive	0.000	7.115	7.115	0.000	10.316	10.316
11.Current Period Base: (line 6 + line 10)	87.480	316.287	403.767	87.480	458.553	546.033
12.Plus: Property Rate Component			10.829			10.829
13.Plus: ROE/Use Rate			3.513			3.513
14.Total Current Period Base			418.108			560.374
15.Prospective Rate: Line 11 x Inflation 1.10443554	96.616	349.318	445.935	96.616	506.442	603.058
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	96.616	349.318	445.935	96.616	506.442	603.058
19.Property Rate Component			10.829			10.829
20.ROE Component + ROE Interim Component *			3.513			3.513
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			460.28			617.40
23.Medicaid Days			2,459			5,623
24.Resident Days			2,459			5,623
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			51.04			67.16
28.Plus: \$15 Wage Increase (0.08411136)			46.15			60.72
29.Plus: Restore 7-2021 Reduction (0.076640205)			45.59			59.98
30.Final Per Diem After Adjustments			640.43			842.64

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028059300 - 2023/07

RI: 434.96

NM: 0.00

146th Place Grp Home #10 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	43.608	199.504	243.111	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05754619	46.117	210.984	257.101	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	47.121	215.577	262.697	0.000	0.000	0.000
4.Current Period Cost	42.808	218.603	261.411	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	4.313	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	42.808	215.577	258.385	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.156	0.000	2.156	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.281	0.000	4.281	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.156	0.000	2.156	0.000	0.000	0.000
10.Final Incentive	2.156	0.000	2.156	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	44.964	215.577	260.541	0.000	0.000	0.000
12.Plus: Property Rate Component			11.197			0.000
13.Plus: ROE/Use Rate			1.669			0.000
14.Total Current Period Base			273.407			0.000
15.Prospective Rate: Line 11 x Inflation 1.10443554	49.660	238.091	287.751	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	49.660	238.091	287.751	0.000	0.000	0.000
19.Property Rate Component			11.197			0.000
20.ROE Component + ROE Interim Component			1.669			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			300.62			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			34.67			0.00
28.Plus: \$15 Wage Increase (0.08411136)			31.34			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			30.96			0.00
30.Final Per Diem After Adjustments			434.96			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028062300 - 2023/07

RI: 504.63

NM: 591.24

119th Street Grp Home #11 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	52.113	225.669	277.782	52.113	282.062	334.176
2.Inflate Line 1 by Inflation Factor 1.05754619	55.112	238.655	293.768	55.112	298.294	353.406
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	56.312	243.850	300.162	56.312	304.787	361.098
4.Current Period Cost	53.328	247.126	300.454	53.328	314.513	367.840
5.Incentive Basis (line 3 - line 4)	2.984	0.000		2.984	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	53.328	243.850	297.178	53.328	304.787	358.114
7.Incentive Line 5 x Oper 50% Res 50%	1.492	0.000	1.492	1.492	0.000	1.492
8.Incentive - Line 4 x Oper 10% Res 3%	5.333	0.000	5.333	5.333	0.000	5.333
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.492	0.000	1.492	1.492	0.000	1.492
10.Final Incentive	1.492	0.000	1.492	1.492	0.000	1.492
11.Current Period Base: (line 6 + line 10)	54.820	243.850	298.670	54.820	304.787	359.606
12.Plus: Property Rate Component			22.131			22.131
13.Plus: ROE/Use Rate			2.760			2.760
14.Total Current Period Base			323.560			384.497
15.Prospective Rate: Line 11 x Inflation 1.10443554	60.545	269.317	329.861	60.545	336.617	397.162
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	60.545	269.317	329.861	60.545	336.617	397.162
19.Property Rate Component			22.131			22.131
20.ROE Component + ROE Interim Component			2.760			2.760
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			354.75			422.05
23.Medicaid Days			1,095			718
24.Resident Days			1,095			718
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			40.22			47.12
28.Plus: \$15 Wage Increase (0.08411136)			36.36			42.61
29.Plus: Restore 7-2021 Reduction (0.076640205)			35.92			42.09
30.Final Per Diem After Adjustments			504.63			591.24



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028065800 - 2023/07

RI: 522.63

NM: 0.00

22nd Street Grp Home #6 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	48.823	226.173	274.996	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05754619 *	51.633	269.318	320.951	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467 *	52.757	274.524	327.281	0.000	0.000	0.000
4.Current Period Cost *	55.592	260.159	315.751	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	14.365		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	52.757	260.159	312.916	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	7.182	7.182	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.805	7.805	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	7.182	7.182	0.000	0.000	0.000
10.Final Incentive	0.000	7.182	7.182	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	52.757	267.342	320.098	0.000	0.000	0.000
12.Plus: Property Rate Component			12.806			0.000
13.Plus: ROE/Use Rate			2.405			0.000
14.Total Current Period Base			335.310			0.000
15.Prospective Rate: Line 11 x Inflation 1.10443554	58.266	295.262	353.528	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	58.266	295.262	353.528	0.000	0.000	0.000
19.Property Rate Component			12.806			0.000
20.ROE Component + ROE Interim Component *			2.405			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			368.74			0.00
23.Medicaid Days			1,807			0
24.Resident Days			1,807			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			41.66			0.00
28.Plus: \$15 Wage Increase (0.08411136)			37.66			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			37.20			0.00
30.Final Per Diem After Adjustments			522.63			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028427100 - 2023/07

RI: 423.65

NM: 531.58

Fern Park Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	3/1/2021	2/28/2022	Unaudited Costs	202207
Prior Cost Report	3/1/2020	2/28/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	73.163	148.776	221.940	73.163	219.617	292.781
2.Inflate Line 1 by Inflation Factor 1.05134232	76.920	156.415	233.334	76.920	230.893	307.813
3.Line 1 X 1.4000 X Inflation Factor 1.07187925	78.422	159.470	237.892	78.422	235.403	313.825
4.Current Period Cost	75.003	152.828	227.831	75.003	225.881	300.883
5.Incentive Basis (line 3 - line 4)	3.420	6.642		3.420	9.522	
6.Allowed Current Period Costs (Min of line 3 or 4)	75.003	152.828	227.831	75.003	225.881	300.883
7.Incentive Line 5 x Oper 50% Res 50%	1.710	3.321	5.031	1.710	4.761	6.471
8.Incentive - Line 4 x Oper 10% Res 3%	7.500	4.585	12.085	7.500	6.776	14.277
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.710	3.321	5.031	1.710	4.761	6.471
10.Final Incentive	1.710	3.321	5.031	1.710	4.761	6.471
11.Current Period Base: (line 6 + line 10)	76.712	156.149	232.861	76.712	230.642	307.354
12.Plus: Property Rate Component			29.470			29.470
13.Plus: ROE/Use Rate			0.194			0.194
14.Total Current Period Base			262.526			337.019
15.Prospective Rate: Line 11 x Inflation 1.12583987	86.366	175.799	262.165	86.366	259.666	346.032
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	86.366	175.799	262.165	86.366	259.666	346.032
19.Property Rate Component			29.470			29.470
20.ROE Component + ROE Interim Component			0.194			0.194
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			291.83			375.70
23.Medicaid Days		6,564			16,038	
24.Resident Days		6,564			16,038	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			33.77			42.37
28.Plus: \$15 Wage Increase (0.08411136)			30.53			38.31
29.Plus: Restore 7-2021 Reduction (0.076640205)			30.16			37.84
30.Final Per Diem After Adjustments			423.65			531.58



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028500500 - 2023/07

RI: 525.34

NM: 0.00

Naranja Group Home (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	43.227	213.282	256.509	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05754619 *	45.715	259.805	305.520	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467 *	46.710	264.715	311.425	0.000	0.000	0.000
4.Current Period Cost *	47.806	226.680	274.486	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	38.035		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	46.710	226.680	273.390	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	19.017	19.017	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.800	6.800	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.800	6.800	0.000	0.000	0.000
10.Final Incentive	0.000	6.800	6.800	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	46.710	233.481	280.190	0.000	0.000	0.000
12.Plus: Property Rate Component			38.919			0.000
13.Plus: ROE/Use Rate			22.474			0.000
14.Total Current Period Base			341.584			0.000
15.Prospective Rate: Line 11 x Inflation 1.10443554	51.588	257.864	309.452	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	51.588	257.864	309.452	0.000	0.000	0.000
19.Property Rate Component			38.919			0.000
20.ROE Component + ROE Interim Component *			22.474			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			370.85			0.00
23.Medicaid Days		4,380			0	
24.Resident Days		4,380			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			41.87			0.00
28.Plus: \$15 Wage Increase (0.08411136)			37.86			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			37.40			0.00
30.Final Per Diem After Adjustments			525.34			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028505600 - 2023/07

RI: 581.87

NM: 879.67

PARC Cottage

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202207
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	73.295	259.766	333.061	73.295	455.828	529.123
2.Inflate Line 1 by Inflation Factor 1.06180581	77.825	275.821	353.646	77.825	484.001	561.826
3.Line 1 X 1.4000 X Inflation Factor 1.08652813	79.637	282.243	361.880	79.637	495.270	574.907
4.Current Period Cost	141.069	366.392	507.461	141.069	617.789	758.858
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	79.637	282.243	361.880	79.637	495.270	574.907
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	79.637	282.243	361.880	79.637	495.270	574.907
12.Plus: Property Rate Component			19.676			19.676
13.Plus: ROE/Use Rate			1.993			1.993
14.Total Current Period Base			383.548			596.575
15.Prospective Rate: Line 11 x Inflation 1.08627419	86.508	306.593	393.101	86.508	537.999	624.507
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	86.508	306.593	393.101	86.508	537.999	624.507
19.Property Rate Component			19.676			19.676
20.ROE Component + ROE Interim Component			1.993			1.993
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			414.77			646.18
23.Medicaid Days			3,219			2,312
24.Resident Days			3,219			2,312
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			46.38			70.11
28.Plus: \$15 Wage Increase (0.08411136)			41.93			63.39
29.Plus: Restore 7-2021 Reduction (0.076640205)			41.42			62.62
30.Final Per Diem After Adjustments			581.87			879.67



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028512900 - 2023/07

RI: 452.92

NM: 0.00

MACtown, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	202107
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	38.548	188.294	226.842	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05278193	40.583	198.233	238.815	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07389470	41.396	202.208	243.605	0.000	0.000	0.000
4.Current Period Cost	73.568	220.915	294.483	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.396	202.208	243.605	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	41.396	202.208	243.605	0.000	0.000	0.000
12.Plus: Property Rate Component			7.965			0.000
13.Plus: ROE/Use Rate			0.398			0.000
14.Total Current Period Base			251.968			0.000
15.Prospective Rate: Line 11 x Inflation 1.25699236	52.035	254.174	306.209	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	52.035	254.174	306.209	0.000	0.000	0.000
19.Property Rate Component			7.965			0.000
20.ROE Component + ROE Interim Component			0.398			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			314.57			0.00
23.Medicaid Days		19,050			0	
24.Resident Days		19,050			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			36.10			0.00
28.Plus: \$15 Wage Increase (0.08411136)			32.64			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			32.24			0.00
30.Final Per Diem After Adjustments			452.92			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028513700 - 2023/07

RI: 472.33

NM: 543.18

New Horizons of NW Florida, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202207
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	99.057	180.226	279.283	99.057	243.926	342.983
2.Inflate Line 1 by Inflation Factor 1.06355454	105.353	191.680	297.033	105.353	259.428	364.781
3.Line 1 X 1.4000 X Inflation Factor 1.08897636	107.871	196.262	304.133	107.871	265.629	373.500
4.Current Period Cost	181.565	166.828	348.393	181.565	213.165	394.729
5.Incentive Basis (line 3 - line 4)	0.000	29.434		0.000	52.465	
6.Allowed Current Period Costs (Min of line 3 or 4)	107.871	166.828	274.699	107.871	213.165	321.035
7.Incentive Line 5 x Oper 50% Res 50%	0.000	14.717	14.717	0.000	26.232	26.232
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.005	5.005	0.000	6.395	6.395
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.005	5.005	0.000	6.395	6.395
10.Final Incentive	0.000	5.005	5.005	0.000	6.395	6.395
11.Current Period Base: (line 6 + line 10)	107.871	171.833	279.704	107.871	219.560	327.430
12.Plus: Property Rate Component			6.376			6.376
13.Plus: ROE/Use Rate			0.668			0.668
14.Total Current Period Base			286.748			334.474
15.Prospective Rate: Line 11 x Inflation 1.15341224	124.419	198.194	322.614	124.419	253.243	377.662
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	124.419	198.194	322.614	124.419	253.243	377.662
19.Property Rate Component			6.376			6.376
20.ROE Component + ROE Interim Component			0.668			0.668
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			329.66			384.71
23.Medicaid Days			2,190			8,668
24.Resident Days			2,190			8,668
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			37.65			43.29
28.Plus: \$15 Wage Increase (0.08411136)			34.04			39.14
29.Plus: Restore 7-2021 Reduction (0.076640205)			33.62			38.67
30.Final Per Diem After Adjustments			472.33			543.18



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028519600 - 2023/07

RI: 600.27

NM: 0.00

BARC Housing, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	103.106	228.276	331.382	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03934432 *	108.933	249.217	358.149	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.05508205 *	110.555	252.809	363.365	0.000	0.000	0.000
4.Current Period Cost *	106.036	242.892	348.928	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	4.519	9.917		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	106.036	242.892	348.928	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.260	4.958	7.218	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	10.604	7.287	17.890	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.260	4.958	7.218	0.000	0.000	0.000
10.Final Incentive	2.260	4.958	7.218	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	108.296	247.851	356.146	0.000	0.000	0.000
12.Plus: Property Rate Component			17.757			0.000
13.Plus: ROE/Use Rate			0.532			0.000
14.Total Current Period Base			374.435			0.000
15.Prospective Rate: Line 11 x Inflation 1.15341224	124.909	285.874	410.784	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	124.909	285.874	410.784	0.000	0.000	0.000
19.Property Rate Component			17.757			0.000
20.ROE Component + ROE Interim Component *			0.532			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			429.07			0.00
23.Medicaid Days		12,835			0	
24.Resident Days		12,835			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			47.84			0.00
28.Plus: \$15 Wage Increase (0.08411136)			43.26			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			42.73			0.00
30.Final Per Diem After Adjustments			600.27			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028521800 - 2023/07

RI: 502.53

NM: 654.58

Ann Storck Center, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202207
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.253	207.338	276.591	69.253	302.330	371.583
2.Inflate Line 1 by Inflation Factor 1.10358184	76.426	228.815	305.241	76.426	333.645	410.072
3.Line 1 X 1.4000 X Inflation Factor 1.14501458	79.296	237.405	316.701	79.296	346.172	425.467
4.Current Period Cost	68.328	266.037	334.365	68.328	362.014	430.342
5.Incentive Basis (line 3 - line 4)	10.968	0.000		10.968	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	68.328	237.405	305.733	68.328	346.172	414.500
7.Incentive Line 5 x Oper 50% Res 50%	5.484	0.000	5.484	5.484	0.000	5.484
8.Incentive - Line 4 x Oper 10% Res 3%	6.833	0.000	6.833	6.833	0.000	6.833
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.484	0.000	5.484	5.484	0.000	5.484
10.Final Incentive	5.484	0.000	5.484	5.484	0.000	5.484
11.Current Period Base: (line 6 + line 10)	73.812	237.405	311.217	73.812	346.172	419.984
12.Plus: Property Rate Component			15.057			15.057
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			326.274			435.040
15.Prospective Rate: Line 11 x Inflation 1.08627419	80.180	257.887	338.067	80.180	376.037	456.217
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	80.180	257.887	338.067	80.180	376.037	456.217
19.Property Rate Component			15.057			15.057
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			353.12			471.27
23.Medicaid Days			1,034			14,785
24.Resident Days			1,034			14,785
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			40.05			52.17
28.Plus: \$15 Wage Increase (0.08411136)			36.21			47.17
29.Plus: Restore 7-2021 Reduction (0.076640205)			35.77			46.60
30.Final Per Diem After Adjustments			502.53			654.58



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028531500 - 2023/07

RI: 595.00

NM: 758.64

Woodhouse, Inc

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	131.013	229.836	360.849	131.013	332.639	463.652
2.Inflate Line 1 by Inflation Factor 1.05754619	138.552	243.063	381.615	138.552	351.781	490.333
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	141.568	248.353	389.921	141.568	359.438	501.006
4.Current Period Cost	143.122	217.367	360.489	143.122	329.144	472.266
5.Incentive Basis (line 3 - line 4)	0.000	30.986		0.000	30.294	
6.Allowed Current Period Costs (Min of line 3 or 4)	141.568	217.367	358.935	141.568	329.144	470.712
7.Incentive Line 5 x Oper 50% Res 50%	0.000	15.493	15.493	0.000	15.147	15.147
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.521	6.521	0.000	9.874	9.874
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.521	6.521	0.000	9.874	9.874
10.Final Incentive	0.000	6.521	6.521	0.000	9.874	9.874
11.Current Period Base: (line 6 + line 10)	141.568	223.888	365.456	141.568	339.018	480.586
12.Plus: Property Rate Component			18.859			18.859
13.Plus: ROE/Use Rate			2.496			2.496
14.Total Current Period Base			386.811			501.941
15.Prospective Rate: Line 11 x Inflation 1.10443554	156.352	247.270	403.623	156.352	374.424	530.776
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	156.352	247.270	403.623	156.352	374.424	530.776
19.Property Rate Component			18.859			18.859
20.ROE Component + ROE Interim Component			2.496			2.496
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			424.98			552.13
23.Medicaid Days		1,271			5,479	
24.Resident Days		1,271			5,479	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			47.42			60.47
28.Plus: \$15 Wage Increase (0.08411136)			42.88			54.67
29.Plus: Restore 7-2021 Reduction (0.076640205)			42.36			54.00
30.Final Per Diem After Adjustments			595.00			758.64



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028533100 - 2023/07

RI: 650.60

NM: 841.07

Cape Coral Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	105.223	228.497	333.720	105.223	340.104	445.328
2.Inflate Line 1 by Inflation Factor 1.05754619 *	112.349	277.126	389.475	112.349	421.746	534.095
3.Line 1 X 1.4000 X Inflation Factor 1.08056467 *	114.771	282.386	397.156	114.771	429.575	544.345
4.Current Period Cost *	142.174	288.538	430.711	142.174	404.263	546.437
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	25.312	
6.Allowed Current Period Costs (Min of line 3 or 4)	114.771	282.386	397.156	114.771	404.263	519.033
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	12.656	12.656
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	12.128	12.128
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	12.128	12.128
10.Final Incentive	0.000	0.000	0.000	0.000	12.128	12.128
11.Current Period Base: (line 6 + line 10)	114.771	282.386	397.156	114.771	416.391	531.161
12.Plus: Property Rate Component			25.051			25.051
13.Plus: ROE/Use Rate			4.496			4.496
14.Total Current Period Base			426.703			560.708
15.Prospective Rate: Line 11 x Inflation 1.10443554	126.757	311.877	438.634	126.757	459.877	586.633
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	126.757	311.877	438.634	126.757	459.877	586.633
19.Property Rate Component			25.051			25.051
20.ROE Component + ROE Interim Component *			4.496			4.496
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			468.18			616.18
23.Medicaid Days		467			7,140	
24.Resident Days		467			7,140	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			51.85			67.04
28.Plus: \$15 Wage Increase (0.08411136)			46.88			60.61
29.Plus: Restore 7-2021 Reduction (0.076640205)			46.31			59.87
30.Final Per Diem After Adjustments			650.60			841.07

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028536600 - 2023/07

RI: 445.33

NM: 498.37

Squire Court Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	45.222	173.686	218.908	45.222	205.754	250.977
2.Inflate Line 1 by Inflation Factor 1.11689704	50.509	193.989	244.497	50.509	229.806	280.315
3.Line 1 X 1.4000 X Inflation Factor 1.16365586	52.623	202.110	254.733	52.623	239.427	292.050
4.Current Period Cost	61.028	209.236	270.264	61.028	243.564	304.591
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	52.623	202.110	254.733	52.623	239.427	292.050
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	52.623	202.110	254.733	52.623	239.427	292.050
12.Plus: Property Rate Component			26.319			26.319
13.Plus: ROE/Use Rate			1.022			1.022
14.Total Current Period Base			282.074			319.391
15.Prospective Rate: Line 11 x Inflation 1.10443554	58.119	223.218	281.337	58.119	264.432	322.551
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	58.119	223.218	281.337	58.119	264.432	322.551
19.Property Rate Component			26.319			26.319
20.ROE Component + ROE Interim Component			1.022			1.022
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			308.68			349.89
23.Medicaid Days			717			1,467
24.Resident Days			717			1,467
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			35.49			39.72
28.Plus: \$15 Wage Increase (0.08411136)			32.09			35.91
29.Plus: Restore 7-2021 Reduction (0.076640205)			31.70			35.48
30.Final Per Diem After Adjustments			445.33			498.37



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028537400 - 2023/07

RI: 461.56

NM: 0.00

Bayview Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	46.500	185.645	232.145	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.11689704	51.935	207.346	259.282	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.16365586	54.110	216.027	270.137	0.000	0.000	0.000
4.Current Period Cost	61.458	217.250	278.709	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	54.110	216.027	270.137	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	54.110	216.027	270.137	0.000	0.000	0.000
12.Plus: Property Rate Component			21.488			0.000
13.Plus: ROE/Use Rate			1.446			0.000
14.Total Current Period Base			293.071			0.000
15.Prospective Rate: Line 11 x Inflation 1.10443554	59.761	238.588	298.349	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	59.761	238.588	298.349	0.000	0.000	0.000
19.Property Rate Component			21.488			0.000
20.ROE Component + ROE Interim Component			1.446			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			321.28			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			36.79			0.00
28.Plus: \$15 Wage Increase (0.08411136)			33.26			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			32.86			0.00
30.Final Per Diem After Adjustments			461.56			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028539100 - 2023/07

RI: 658.94

NM: 809.98

Hendricks

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2021	5/31/2022	Unaudited Costs	202207
Prior Cost Report	6/1/2020	5/31/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	127.481	222.509	349.990	127.481	323.313	450.794
2.Inflate Line 1 by Inflation Factor 1.05621528 *	134.647	265.377	400.024	134.647	371.848	506.495
3.Line 1 X 1.4000 X Inflation Factor 1.07870139 *	137.514	270.381	407.894	137.514	379.118	516.632
4.Current Period Cost *	130.247	225.958	356.205	130.247	328.624	458.870
5.Incentive Basis (line 3 - line 4)	7.267	44.423		7.267	50.495	
6.Allowed Current Period Costs (Min of line 3 or 4)	130.247	225.958	356.205	130.247	328.624	458.870
7.Incentive Line 5 x Oper 50% Res 50%	3.633	22.211	25.845	3.633	25.247	28.881
8.Incentive - Line 4 x Oper 10% Res 3%	13.025	6.779	19.803	13.025	9.859	22.883
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.633	6.779	10.412	3.633	9.859	13.492
10.Final Incentive	3.633	6.779	10.412	3.633	9.859	13.492
11.Current Period Base: (line 6 + line 10)	133.880	232.737	366.617	133.880	338.482	472.362
12.Plus: Property Rate Component			64.989			64.989
13.Plus: ROE/Use Rate			2.754			2.754
14.Total Current Period Base			434.359			540.105
15.Prospective Rate: Line 11 x Inflation 1.10992190	148.597	258.319	406.916	148.597	375.689	524.285
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	148.597	258.319	406.916	148.597	375.689	524.285
19.Property Rate Component			64.989			64.989
20.ROE Component + ROE Interim Component *			2.754			2.754
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			474.66			592.03
23.Medicaid Days			3,007			5,389
24.Resident Days			3,007			5,389
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			52.52			64.56
28.Plus: \$15 Wage Increase (0.08411136)			47.48			58.37
29.Plus: Restore 7-2021 Reduction (0.076640205)			46.91			57.66
30.Final Per Diem After Adjustments			658.94			809.98

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028541200 - 2023/07

RI: 421.53

NM: 476.18

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Twin Lane Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.519	172.722	214.242	41.519	205.767	247.286
2.Inflate Line 1 by Inflation Factor 1.11689704	46.373	192.913	239.286	46.373	229.820	276.193
3.Line 1 X 1.4000 X Inflation Factor 1.16365586	48.314	200.989	249.303	48.314	239.441	287.755
4.Current Period Cost	60.020	238.229	298.248	60.020	283.926	343.946
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	48.314	200.989	249.303	48.314	239.441	287.755
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	48.314	200.989	249.303	48.314	239.441	287.755
12.Plus: Property Rate Component			12.732			12.732
13.Plus: ROE/Use Rate			2.106			2.106
14.Total Current Period Base			264.141			302.593
15.Prospective Rate: Line 11 x Inflation 1.10443554	53.360	221.980	275.340	53.360	264.448	317.807
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	53.360	221.980	275.340	53.360	264.448	317.807
19.Property Rate Component			12.732			12.732
20.ROE Component + ROE Interim Component			2.106			2.106
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			290.18			332.64
23.Medicaid Days		1,719			471	
24.Resident Days		1,719			471	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			33.60			37.95
28.Plus: \$15 Wage Increase (0.08411136)			30.38			34.31
29.Plus: Restore 7-2021 Reduction (0.076640205)			30.01			33.90
30.Final Per Diem After Adjustments			421.53			476.18



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028547100 - 2023/07

RI: 445.83

NM: 0.00

62nd Place Grp Home #17 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	49.061	196.068	245.129	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05754619	51.885	207.351	259.235	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	53.014	211.864	264.878	0.000	0.000	0.000
4.Current Period Cost	50.565	242.759	293.324	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.449	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	50.565	211.864	262.429	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.224	0.000	1.224	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	5.057	0.000	5.057	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.224	0.000	1.224	0.000	0.000	0.000
10.Final Incentive	1.224	0.000	1.224	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	51.790	211.864	263.654	0.000	0.000	0.000
12.Plus: Property Rate Component			15.547			0.000
13.Plus: ROE/Use Rate			2.324			0.000
14.Total Current Period Base			281.525			0.000
15.Prospective Rate: Line 11 x Inflation 1.10443554	57.198	233.990	291.188	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	57.198	233.990	291.188	0.000	0.000	0.000
19.Property Rate Component			15.547			0.000
20.ROE Component + ROE Interim Component			2.324			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			309.06			0.00
23.Medicaid Days		1,985			0	
24.Resident Days		1,985			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			35.53			0.00
28.Plus: \$15 Wage Increase (0.08411136)			32.13			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			31.74			0.00
30.Final Per Diem After Adjustments			445.83			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028548000 - 2023/07

RI: 435.21

NM: 569.47

138th Court Grp Home #16 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	50.269	189.297	239.566	50.269	276.716	326.985
2.Inflate Line 1 by Inflation Factor 1.05754619	53.161	200.190	253.352	53.161	292.640	345.801
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	54.318	204.548	258.866	54.318	299.010	353.328
4.Current Period Cost	57.049	238.638	295.687	57.049	306.994	364.043
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	54.318	204.548	258.866	54.318	299.010	353.328
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	54.318	204.548	258.866	54.318	299.010	353.328
12.Plus: Property Rate Component			12.344			12.344
13.Plus: ROE/Use Rate			2.563			2.563
14.Total Current Period Base			273.773			368.235
15.Prospective Rate: Line 11 x Inflation 1.10443554	59.991	225.910	285.901	59.991	330.237	390.228
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	59.991	225.910	285.901	59.991	330.237	390.228
19.Property Rate Component			12.344			12.344
20.ROE Component + ROE Interim Component			2.563			2.563
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			300.81			405.14
23.Medicaid Days			1,505			365
24.Resident Days			1,505			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			34.69			45.39
28.Plus: \$15 Wage Increase (0.08411136)			31.36			41.04
29.Plus: Restore 7-2021 Reduction (0.076640205)			30.98			40.54
30.Final Per Diem After Adjustments			435.21			569.47



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028552800 - 2023/07

RI: 391.20

NM: 461.06

26th Terrace Grp Home #12 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	51.571	169.129	220.700	51.571	217.671	269.242
2.Inflate Line 1 by Inflation Factor 1.05754619 *	54.539	203.691	258.230	54.539	263.297	317.836
3.Line 1 X 1.4000 X Inflation Factor 1.08056467 *	55.726	207.584	263.310	55.726	268.307	324.033
4.Current Period Cost *	65.023	171.462	236.485	65.023	219.187	284.210
5.Incentive Basis (line 3 - line 4)	0.000	36.122		0.000	49.120	
6.Allowed Current Period Costs (Min of line 3 or 4)	55.726	171.462	227.188	55.726	219.187	274.913
7.Incentive Line 5 x Oper 50% Res 50%	0.000	18.061	18.061	0.000	24.560	24.560
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.144	5.144	0.000	6.576	6.576
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.144	5.144	0.000	6.576	6.576
10.Final Incentive	0.000	5.144	5.144	0.000	6.576	6.576
11.Current Period Base: (line 6 + line 10)	55.726	176.606	232.332	55.726	225.763	281.488
12.Plus: Property Rate Component			7.603			7.603
13.Plus: ROE/Use Rate			2.410			2.410
14.Total Current Period Base			242.344			291.501
15.Prospective Rate: Line 11 x Inflation 1.10443554	61.545	195.050	256.595	61.545	249.340	310.886
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	61.545	195.050	256.595	61.545	249.340	310.886
19.Property Rate Component			7.603			7.603
20.ROE Component + ROE Interim Component *			2.410			2.410
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			266.61			320.90
23.Medicaid Days		800			1,221	
24.Resident Days		800			1,221	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			31.18			36.75
28.Plus: \$15 Wage Increase (0.08411136)			28.19			33.23
29.Plus: Restore 7-2021 Reduction (0.076640205)			27.85			32.82
30.Final Per Diem After Adjustments			391.20			461.06

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028553600 - 2023/07

RI: 520.99

NM: 0.00

Country Meadows Grp Home #13 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	51.520	216.968	268.488	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05754619	54.484	229.454	283.938	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	55.670	234.448	290.118	0.000	0.000	0.000
4.Current Period Cost	70.441	250.709	321.151	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	55.670	234.448	290.118	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	55.670	234.448	290.118	0.000	0.000	0.000
12.Plus: Property Rate Component			14.419			0.000
13.Plus: ROE/Use Rate			3.021			0.000
14.Total Current Period Base			307.558			0.000
15.Prospective Rate: Line 11 x Inflation 1.10443554	61.484	258.933	320.417	0.000	0.000	0.000
16.Interim Rate Component: *	1.840	27.770	29.610	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	63.324	286.703	350.027	0.000	0.000	0.000
19.Property Rate Component			14.419			0.000
20.ROE Component + ROE Interim Component *			3.021			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			367.47			0.00
23.Medicaid Days			1,944			0
24.Resident Days			1,944			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			41.52			0.00
28.Plus: \$15 Wage Increase (0.08411136)			37.54			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			37.09			0.00
30.Final Per Diem After Adjustments			520.99			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028557900 - 2023/07

RI: 431.41

NM: 0.00

148th Court Grp Home #20 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	43.735	194.748	238.483	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05754619	46.251	205.955	252.206	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	47.258	210.437	257.696	0.000	0.000	0.000
4.Current Period Cost	45.503	223.003	268.505	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.756	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	45.503	210.437	255.940	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.878	0.000	0.878	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.550	0.000	4.550	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.878	0.000	0.878	0.000	0.000	0.000
10.Final Incentive	0.878	0.000	0.878	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	46.380	210.437	256.818	0.000	0.000	0.000
12.Plus: Property Rate Component			12.324			0.000
13.Plus: ROE/Use Rate			1.897			0.000
14.Total Current Period Base			271.039			0.000
15.Prospective Rate: Line 11 x Inflation 1.10443554	51.224	232.415	283.639	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	51.224	232.415	283.639	0.000	0.000	0.000
19.Property Rate Component			12.324			0.000
20.ROE Component + ROE Interim Component			1.897			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			297.86			0.00
23.Medicaid Days		1,938			0	
24.Resident Days		1,938			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			34.38			0.00
28.Plus: \$15 Wage Increase (0.08411136)			31.09			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			30.71			0.00
30.Final Per Diem After Adjustments			431.41			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028558700 - 2023/07

RI: 485.24

NM: 0.00

Sunrise Oakmont

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	50.731	221.006	271.737	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05754619	53.651	233.724	287.374	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	54.819	238.811	293.629	0.000	0.000	0.000
4.Current Period Cost	47.191	243.212	290.403	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	7.627	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	47.191	238.811	286.002	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	3.814	0.000	3.814	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.719	0.000	4.719	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.814	0.000	3.814	0.000	0.000	0.000
10.Final Incentive	3.814	0.000	3.814	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	51.005	238.811	289.816	0.000	0.000	0.000
12.Plus: Property Rate Component			17.000			0.000
13.Plus: ROE/Use Rate			2.607			0.000
14.Total Current Period Base			309.422			0.000
15.Prospective Rate: Line 11 x Inflation 1.10443554	56.332	263.751	320.083	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	56.332	263.751	320.083	0.000	0.000	0.000
19.Property Rate Component			17.000			0.000
20.ROE Component + ROE Interim Component			2.607			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			339.69			0.00
23.Medicaid Days		2,132			0	
24.Resident Days		2,132			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			38.68			0.00
28.Plus: \$15 Wage Increase (0.08411136)			34.97			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			34.54			0.00
30.Final Per Diem After Adjustments			485.24			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028559500 - 2023/07

RI: 450.13

NM: 0.00

53rd Court Grp Home #9 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	50.420	231.082	281.503	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05754619	53.322	244.380	297.702	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	54.482	249.699	304.182	0.000	0.000	0.000
4.Current Period Cost	42.955	219.003	261.958	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	11.527	30.696		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	42.955	219.003	261.958	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	5.764	15.348	21.112	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.296	6.570	10.866	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.296	6.570	10.866	0.000	0.000	0.000
10.Final Incentive	4.296	6.570	10.866	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	47.251	225.573	272.824	0.000	0.000	0.000
12.Plus: Property Rate Component			8.076			0.000
13.Plus: ROE/Use Rate			3.011			0.000
14.Total Current Period Base			283.910			0.000
15.Prospective Rate: Line 11 x Inflation 1.10443554	52.185	249.131	301.317	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	52.185	249.131	301.317	0.000	0.000	0.000
19.Property Rate Component			8.076			0.000
20.ROE Component + ROE Interim Component			3.011			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			312.40			0.00
23.Medicaid Days			2,159			0
24.Resident Days			2,159			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			35.88			0.00
28.Plus: \$15 Wage Increase (0.08411136)			32.44			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			32.04			0.00
30.Final Per Diem After Adjustments			450.13			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028560900 - 2023/07

RI: 457.24

NM: 0.00

55th Court Grp Home #15 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.510	221.194	268.703	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05754619	50.244	233.922	284.166	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	51.337	239.014	290.351	0.000	0.000	0.000
4.Current Period Cost	43.860	224.401	268.261	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	7.478	14.613		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	43.860	224.401	268.261	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	3.739	7.306	11.045	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.386	6.732	11.118	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.739	6.732	10.471	0.000	0.000	0.000
10.Final Incentive	3.739	6.732	10.471	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	47.599	231.133	278.731	0.000	0.000	0.000
12.Plus: Property Rate Component			7.703			0.000
13.Plus: ROE/Use Rate			2.382			0.000
14.Total Current Period Base			288.817			0.000
15.Prospective Rate: Line 11 x Inflation 1.10443554	52.570	255.271	307.841	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	52.570	255.271	307.841	0.000	0.000	0.000
19.Property Rate Component			7.703			0.000
20.ROE Component + ROE Interim Component			2.382			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			317.93			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			36.44			0.00
28.Plus: \$15 Wage Increase (0.08411136)			32.95			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			32.55			0.00
30.Final Per Diem After Adjustments			457.24			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028561700 - 2023/07

RI: 499.18

NM: 0.00

Wentworth Drive Grp Home #18 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	51.558	257.252	308.810	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05754619	54.525	272.055	326.581	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	55.712	277.977	333.689	0.000	0.000	0.000
4.Current Period Cost	47.554	249.429	296.984	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	8.158	28.548		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	47.554	249.429	296.984	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	4.079	14.274	18.353	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.755	7.483	12.238	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.079	7.483	11.562	0.000	0.000	0.000
10.Final Incentive	4.079	7.483	11.562	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	51.633	256.912	308.545	0.000	0.000	0.000
12.Plus: Property Rate Component			6.730			0.000
13.Plus: ROE/Use Rate			3.022			0.000
14.Total Current Period Base			318.297			0.000
15.Prospective Rate: Line 11 x Inflation 1.10443554	57.026	283.743	340.768	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	57.026	283.743	340.768	0.000	0.000	0.000
19.Property Rate Component			6.730			0.000
20.ROE Component + ROE Interim Component			3.022			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			350.52			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			39.79			0.00
28.Plus: \$15 Wage Increase (0.08411136)			35.97			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			35.53			0.00
30.Final Per Diem After Adjustments			499.18			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028565000 - 2023/07

RI: 612.29

NM: 755.07

Lakeview Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Unaudited Costs	202107
Prior Cost Report	12/1/2019	11/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	92.449	241.756	334.205	92.449	330.923	423.372
2.Inflate Line 1 by Inflation Factor 1.04436158 *	100.580	280.580	381.161	100.580	389.434	490.014
3.Line 1 X 1.4000 X Inflation Factor 1.06210621 *	102.221	284.870	387.091	102.221	395.306	497.526
4.Current Period Cost *	99.147	257.019	356.166	99.147	351.305	450.452
5.Incentive Basis (line 3 - line 4)	3.074	27.851		3.074	44.001	
6.Allowed Current Period Costs (Min of line 3 or 4)	99.147	257.019	356.166	99.147	351.305	450.452
7.Incentive Line 5 x Oper 50% Res 50%	1.537	13.926	15.463	1.537	22.000	23.537
8.Incentive - Line 4 x Oper 10% Res 3%	9.915	7.711	17.625	9.915	10.539	20.454
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.537	7.711	9.248	1.537	10.539	12.076
10.Final Incentive	1.537	7.711	9.248	1.537	10.539	12.076
11.Current Period Base: (line 6 + line 10)	100.684	264.730	365.413	100.684	361.844	462.528
12.Plus: Property Rate Component			20.917			20.917
13.Plus: ROE/Use Rate			0.011			0.011
14.Total Current Period Base			386.341			483.456
15.Prospective Rate: Line 11 x Inflation 1.14248703	115.030	302.450	417.480	115.030	413.402	528.432
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	115.030	302.450	417.480	115.030	413.402	528.432
19.Property Rate Component			20.917			20.917
20.ROE Component + ROE Interim Component *			0.011			0.011
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			438.41			549.36
23.Medicaid Days		10,190			12,238	
24.Resident Days		10,190			12,238	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			48.80			60.18
28.Plus: \$15 Wage Increase (0.08411136)			44.12			54.41
29.Plus: Restore 7-2021 Reduction (0.076640205)			43.59			53.75
30.Final Per Diem After Adjustments			612.29			755.07

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028566800 - 2023/07

RI: 605.45

NM: 707.49

Washington Square

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Unaudited Costs	202107
Prior Cost Report	12/1/2019	11/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	94.816	228.355	323.170	94.816	294.029	388.845
2.Inflate Line 1 by Inflation Factor 1.04436158 *	103.382	263.825	367.207	103.382	342.633	446.015
3.Line 1 X 1.4000 X Inflation Factor 1.06210621 *	105.064	267.877	372.941	105.064	347.850	452.915
4.Current Period Cost *	98.928	250.101	349.029	98.928	317.486	416.414
5.Incentive Basis (line 3 - line 4)	6.136	17.775		6.136	30.364	
6.Allowed Current Period Costs (Min of line 3 or 4)	98.928	250.101	349.029	98.928	317.486	416.414
7.Incentive Line 5 x Oper 50% Res 50%	3.068	8.888	11.956	3.068	15.182	18.250
8.Incentive - Line 4 x Oper 10% Res 3%	9.893	7.503	17.396	9.893	9.525	19.417
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.068	7.503	10.571	3.068	9.525	12.593
10.Final Incentive	3.068	7.503	10.571	3.068	9.525	12.593
11.Current Period Base: (line 6 + line 10)	101.996	257.604	359.600	101.996	327.011	429.007
12.Plus: Property Rate Component			22.080			22.080
13.Plus: ROE/Use Rate			0.175			0.175
14.Total Current Period Base			381.855			451.261
15.Prospective Rate: Line 11 x Inflation 1.14248703	116.529	294.310	410.839	116.529	373.605	490.135
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	116.529	294.310	410.839	116.529	373.605	490.135
19.Property Rate Component			22.080			22.080
20.ROE Component + ROE Interim Component *			0.175			0.175
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			433.09			512.39
23.Medicaid Days		2,908			17,991	
24.Resident Days		2,908			17,991	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			48.26			56.39
28.Plus: \$15 Wage Increase (0.08411136)			43.63			50.98
29.Plus: Restore 7-2021 Reduction (0.076640205)			43.10			50.36
30.Final Per Diem After Adjustments			605.45			707.49

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028567600 - 2023/07

RI: 597.93

NM: 731.24

Howell Branch Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Unaudited Costs	202107
Prior Cost Report	12/1/2019	11/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	90.919	227.595	318.514	90.919	304.305	395.224
2.Inflate Line 1 by Inflation Factor 1.04436158 *	98.613	267.581	366.194	98.613	361.964	460.577
3.Line 1 X 1.4000 X Inflation Factor 1.06210621 *	100.226	271.620	371.846	100.226	367.364	467.590
4.Current Period Cost *	94.758	249.625	344.383	94.758	337.654	432.411
5.Incentive Basis (line 3 - line 4)	5.468	21.995		5.468	29.710	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.758	249.625	344.383	94.758	337.654	432.411
7.Incentive Line 5 x Oper 50% Res 50%	2.734	10.997	13.732	2.734	14.855	17.589
8.Incentive - Line 4 x Oper 10% Res 3%	9.476	7.489	16.965	9.476	10.130	19.605
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.734	7.489	10.223	2.734	10.130	12.864
10.Final Incentive	2.734	7.489	10.223	2.734	10.130	12.864
11.Current Period Base: (line 6 + line 10)	97.492	257.114	354.606	97.492	347.783	445.275
12.Plus: Property Rate Component			22.052			22.052
13.Plus: ROE/Use Rate			0.070			0.070
14.Total Current Period Base			376.728			467.397
15.Prospective Rate: Line 11 x Inflation 1.14248703	111.383	293.749	405.133	111.383	397.338	508.721
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	111.383	293.749	405.133	111.383	397.338	508.721
19.Property Rate Component			22.052			22.052
20.ROE Component + ROE Interim Component *			0.070			0.070
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			427.25			530.84
23.Medicaid Days		5,615			16,713	
24.Resident Days		5,615			16,713	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			47.66			58.28
28.Plus: \$15 Wage Increase (0.08411136)			43.09			52.70
29.Plus: Restore 7-2021 Reduction (0.076640205)			42.56			52.05
30.Final Per Diem After Adjustments			597.93			731.24

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028568400 - 2023/07

RI: 456.11

NM: 0.00

157th Terrace (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	46.386	210.979	257.364	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05754619	49.055	223.120	272.175	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	50.123	227.976	278.099	0.000	0.000	0.000
4.Current Period Cost	46.826	219.660	266.486	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.297	8.316		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	46.826	219.660	266.486	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.648	4.158	5.807	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.683	6.590	11.272	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.648	4.158	5.807	0.000	0.000	0.000
10.Final Incentive	1.648	4.158	5.807	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	48.474	223.818	272.292	0.000	0.000	0.000
12.Plus: Property Rate Component			13.261			0.000
13.Plus: ROE/Use Rate			3.060			0.000
14.Total Current Period Base			288.614			0.000
15.Prospective Rate: Line 11 x Inflation 1.10443554	53.536	247.193	300.729	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	53.536	247.193	300.729	0.000	0.000	0.000
19.Property Rate Component			13.261			0.000
20.ROE Component + ROE Interim Component			3.060			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			317.05			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$37.37)			37.37			0.00
27.Plus: Buy Back QAF (0.102571320)			36.35			0.00
28.Plus: \$15 Wage Increase (0.08411136)			32.87			0.00
29.Plus: Restore 7-2021 Reduction (0.076640205)			32.47			0.00
30.Final Per Diem After Adjustments			456.11			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028569200 - 2023/07

RI: 411.20

NM: 593.08

145th Street Group Home (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	61.099	156.925	218.024	61.099	278.225	339.324
2.Inflate Line 1 by Inflation Factor 1.05754619 *	64.615	165.955	230.570	64.615	329.416	394.031
3.Line 1 X 1.4000 X Inflation Factor 1.08056467 *	66.022	169.567	235.589	66.022	335.820	401.842
4.Current Period Cost *	55.967	165.480	221.446	55.967	286.886	342.853
5.Incentive Basis (line 3 - line 4)	10.055	4.087		10.055	48.934	
6.Allowed Current Period Costs (Min of line 3 or 4)	55.967	165.480	221.446	55.967	286.886	342.853
7.Incentive Line 5 x Oper 50% Res 50%	5.028	2.044	7.071	5.028	24.467	29.495
8.Incentive - Line 4 x Oper 10% Res 3%	5.597	4.964	10.561	5.597	8.607	14.203
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.028	2.044	7.071	5.028	8.607	13.634
10.Final Incentive	5.028	2.044	7.071	5.028	8.607	13.634
11.Current Period Base: (line 6 + line 10)	60.994	167.523	228.517	60.994	295.493	356.487
12.Plus: Property Rate Component			25.723			25.723
13.Plus: ROE/Use Rate			4.044			4.044
14.Total Current Period Base			258.284			386.253
15.Prospective Rate: Line 11 x Inflation 1.10443554	67.364	185.019	252.383	67.364	326.353	393.717
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	67.364	185.019	252.383	67.364	326.353	393.717
19.Property Rate Component			25.723			25.723
20.ROE Component + ROE Interim Component *			4.044			4.044
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			282.15			423.48
23.Medicaid Days			0			2,186
24.Resident Days			0			2,186
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			32.77			47.27
28.Plus: \$15 Wage Increase (0.08411136)			29.63			42.74
29.Plus: Restore 7-2021 Reduction (0.076640205)			29.27			42.22
30.Final Per Diem After Adjustments			411.20			593.08

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

031256800 - 2023/07

RI: 613.64

NM: 757.41

Avon Park Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202207
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	108.265	239.781	348.046	131.838	337.929	469.767
2.Inflate Line 1 by Inflation Factor 1.03934432	112.525	249.215	361.740	137.025	351.225	488.249
3.Line 1 X 1.4000 X Inflation Factor 1.05508205	114.229	252.989	367.217	139.099	356.543	495.643
4.Current Period Cost	113.241	242.049	355.290	113.241	323.828	437.069
5.Incentive Basis (line 3 - line 4)	0.988	10.940		25.859	32.715	
6.Allowed Current Period Costs (Min of line 3 or 4)	113.241	242.049	355.290	113.241	323.828	437.069
7.Incentive Line 5 x Oper 50% Res 50%	0.494	5.470	5.964	12.929	16.357	29.287
8.Incentive - Line 4 x Oper 10% Res 3%	11.324	7.261	18.586	11.324	9.715	21.039
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.494	5.470	5.964	11.324	9.715	21.039
10.Final Incentive	0.494	5.470	5.964	11.324	9.715	21.039
11.Current Period Base: (line 6 + line 10)	113.735	247.519	361.253	124.565	333.543	458.108
12.Plus: Property Rate Component			21.861			21.861
13.Plus: ROE/Use Rate			0.923			0.923
14.Total Current Period Base			384.038			480.893
15.Prospective Rate: Line 11 x Inflation 1.15341224	131.183	285.491	416.674	143.675	384.713	528.387
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	131.183	285.491	416.674	143.675	384.713	528.387
19.Property Rate Component			21.861			21.861
20.ROE Component + ROE Interim Component			0.923			0.923
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			439.46			551.17
23.Medicaid Days			0			8,197
24.Resident Days			0			8,197
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			48.91			60.37
28.Plus: \$15 Wage Increase (0.08411136)			44.22			54.58
29.Plus: Restore 7-2021 Reduction (0.076640205)			43.68			53.92
30.Final Per Diem After Adjustments			613.64			757.41



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

031257600 - 2023/07

RI: 906.93

NM: 1018.97

Eagle Watch Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 08/03/2022 - 09/12/2022 Days Eligible: 324 of 365

Eligibility Factor : 88.77%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202207
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	98.411	266.498	364.909	98.411	442.599	541.010
2.Inflate Line 1 by Inflation Factor 1.03934432 *	102.282	465.463	567.746	102.282	623.783	726.065
3.Line 1 X 1.4000 X Inflation Factor 1.05508205 *	103.831	469.657	573.489	103.831	630.748	734.580
4.Current Period Cost *	145.893	450.537	596.430	145.893	520.641	666.534
5.Incentive Basis (line 3 - line 4)	0.000	19.120		0.000	110.107	
6.Allowed Current Period Costs (Min of line 3 or 4)	103.831	450.537	554.368	103.831	520.641	624.472
7.Incentive Line 5 x Oper 50% Res 50%	0.000	9.560	9.560	0.000	55.054	55.054
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	13.516	13.516	0.000	15.619	15.619
9.Incentive - Min of Line 7,8 x Eligibility factor 88.77%	0.000	8.486	8.486	0.000	13.865	13.865
10.Final Incentive	0.000	8.486	8.486	0.000	13.865	13.865
11.Current Period Base: (line 6 + line 10)	103.831	459.023	562.855	103.831	534.506	638.337
12.Plus: Property Rate Component			17.383			17.383
13.Plus: ROE/Use Rate			0.772			0.772
14.Total Current Period Base			581.010			656.493
15.Prospective Rate: Line 11 x Inflation 1.15341224	119.760	529.443	649.203	119.760	616.506	736.266
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	119.760	529.443	649.203	119.760	616.506	736.266
19.Property Rate Component			17.383			17.383
20.ROE Component + ROE Interim Component *			0.772			0.772
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			667.36			754.42
23.Medicaid Days		1,466			6,602	
24.Resident Days		1,466			6,602	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			72.28			81.22
28.Plus: \$15 Wage Increase (0.08411136)			65.36			73.43
29.Plus: Restore 7-2021 Reduction (0.076640205)			64.56			72.54
30.Final Per Diem After Adjustments			906.93			1018.97

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031258400 - 2023/07

RI: 603.81

NM: 742.69

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Point West Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	141.030	202.490	343.521	141.030	291.170	432.201
2.Inflate Line 1 by Inflation Factor 1.03934432	146.579	210.457	357.036	146.579	302.626	449.205
3.Line 1 X 1.4000 X Inflation Factor 1.05508205	148.799	213.644	362.442	148.799	307.209	456.007
4.Current Period Cost	126.106	260.469	386.575	126.106	336.365	462.471
5.Incentive Basis (line 3 - line 4)	22.693	0.000		22.693	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	126.106	213.644	339.749	126.106	307.209	433.314
7.Incentive Line 5 x Oper 50% Res 50%	11.347	0.000	11.347	11.347	0.000	11.347
8.Incentive - Line 4 x Oper 10% Res 3%	12.611	0.000	12.611	12.611	0.000	12.611
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	11.347	0.000	11.347	11.347	0.000	11.347
10.Final Incentive	11.347	0.000	11.347	11.347	0.000	11.347
11.Current Period Base: (line 6 + line 10)	137.452	213.644	351.096	137.452	307.209	444.661
12.Plus: Property Rate Component			25.832			25.832
13.Plus: ROE/Use Rate			1.027			1.027
14.Total Current Period Base			377.954			471.519
15.Prospective Rate: Line 11 x Inflation 1.15341224	158.539	246.419	404.958	158.539	354.338	512.877
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	158.539	246.419	404.958	158.539	354.338	512.877
19.Property Rate Component			25.832			25.832
20.ROE Component + ROE Interim Component			1.027			1.027
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			431.82			539.74
23.Medicaid Days		430			8,179	
24.Resident Days		430			8,179	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			48.13			59.19
28.Plus: \$15 Wage Increase (0.08411136)			43.51			53.52
29.Plus: Restore 7-2021 Reduction (0.076640205)			42.98			52.87
30.Final Per Diem After Adjustments			603.81			742.69



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

031259200 - 2023/07

RI: 608.06

NM: 762.97

Hodges Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202207
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	110.513	222.352	332.865	110.513	319.127	429.640
2.Inflate Line 1 by Inflation Factor 1.10358184	121.960	245.383	367.343	121.960	352.183	474.143
3.Line 1 X 1.4000 X Inflation Factor 1.14501458	126.539	254.596	381.135	126.539	365.405	491.944
4.Current Period Cost	136.147	366.991	503.139	136.147	465.613	601.760
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	126.539	254.596	381.135	126.539	365.405	491.944
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	126.539	254.596	381.135	126.539	365.405	491.944
12.Plus: Property Rate Component			20.028			20.028
13.Plus: ROE/Use Rate			1.080			1.080
14.Total Current Period Base			402.242			513.052
15.Prospective Rate: Line 11 x Inflation 1.08627419	137.456	276.561	414.017	137.456	396.930	534.386
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	137.456	276.561	414.017	137.456	396.930	534.386
19.Property Rate Component			20.028			20.028
20.ROE Component + ROE Interim Component			1.080			1.080
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			435.12			555.49
23.Medicaid Days		328			7,894	
24.Resident Days		328			7,894	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			48.46			60.81
28.Plus: \$15 Wage Increase (0.08411136)			43.82			54.98
29.Plus: Restore 7-2021 Reduction (0.076640205)			43.28			54.31
30.Final Per Diem After Adjustments			608.06			762.97



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

031260600 - 2023/07

RI: 578.87

NM: 718.78

Kinkaid Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	101.028	204.815	305.843	101.028	287.033	388.061
2.Inflate Line 1 by Inflation Factor 1.06355454 *	107.448	242.232	349.681	107.448	329.675	437.124
3.Line 1 X 1.4000 X Inflation Factor 1.08897636 *	110.017	247.439	357.456	110.017	336.972	446.989
4.Current Period Cost *	122.645	218.383	341.029	122.645	309.898	432.544
5.Incentive Basis (line 3 - line 4)	0.000	29.056		0.000	27.074	
6.Allowed Current Period Costs (Min of line 3 or 4)	110.017	218.383	328.400	110.017	309.898	419.915
7.Incentive Line 5 x Oper 50% Res 50%	0.000	14.528	14.528	0.000	13.537	13.537
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.551	6.551	0.000	9.297	9.297
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.551	6.551	0.000	9.297	9.297
10.Final Incentive	0.000	6.551	6.551	0.000	9.297	9.297
11.Current Period Base: (line 6 + line 10)	110.017	224.935	334.951	110.017	319.195	429.212
12.Plus: Property Rate Component			24.810			24.810
13.Plus: ROE/Use Rate			1.292			1.292
14.Total Current Period Base			361.053			455.314
15.Prospective Rate: Line 11 x Inflation 1.15341224	126.894	259.442	386.337	126.894	368.164	495.058
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	126.894	259.442	386.337	126.894	368.164	495.058
19.Property Rate Component			24.810			24.810
20.ROE Component + ROE Interim Component *			1.292			1.292
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			412.44			521.16
23.Medicaid Days			2,166			6,314
24.Resident Days			2,166			6,314
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			46.14			57.29
28.Plus: \$15 Wage Increase (0.08411136)			41.71			51.80
29.Plus: Restore 7-2021 Reduction (0.076640205)			41.21			51.17
30.Final Per Diem After Adjustments			578.87			718.78

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031261400 - 2023/07

RI: 677.70

NM: 902.23

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Flamingo Drive Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202107
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	129.089	251.148	380.238	129.089	391.424	520.513
2.Inflate Line 1 by Inflation Factor 1.10358184	142.460	277.163	419.623	142.460	431.968	574.428
3.Line 1 X 1.4000 X Inflation Factor 1.14501458	147.809	287.568	435.377	147.809	448.186	595.995
4.Current Period Cost	141.108	338.912	480.020	141.108	456.729	597.837
5.Incentive Basis (line 3 - line 4)	6.701	0.000		6.701	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	141.108	287.568	428.677	141.108	448.186	589.294
7.Incentive Line 5 x Oper 50% Res 50%	3.350	0.000	3.350	3.350	0.000	3.350
8.Incentive - Line 4 x Oper 10% Res 3%	14.111	0.000	14.111	14.111	0.000	14.111
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.350	0.000	3.350	3.350	0.000	3.350
10.Final Incentive	3.350	0.000	3.350	3.350	0.000	3.350
11.Current Period Base: (line 6 + line 10)	144.459	287.568	432.027	144.459	448.186	592.644
12.Plus: Property Rate Component			18.616			18.616
13.Plus: ROE/Use Rate			1.321			1.321
14.Total Current Period Base			451.963			612.581
15.Prospective Rate: Line 11 x Inflation 1.08627419	156.922	312.378	469.300	156.922	486.853	643.774
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	156.922	312.378	469.300	156.922	486.853	643.774
19.Property Rate Component			18.616			18.616
20.ROE Component + ROE Interim Component			1.321			1.321
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			489.24			663.71
23.Medicaid Days		68			7,590	
24.Resident Days		68			7,590	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			54.01			71.91
28.Plus: \$15 Wage Increase (0.08411136)			48.84			65.02
29.Plus: Restore 7-2021 Reduction (0.076640205)			48.24			64.23
30.Final Per Diem After Adjustments			677.70			902.23



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

031262200 - 2023/07

RI: 504.61

NM: 601.67

Barranger Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	59.577	193.339	252.917	59.408	250.233	309.641
2.Inflate Line 1 by Inflation Factor 1.03934432 *	61.921	244.386	306.307	61.745	317.999	379.744
3.Line 1 X 1.4000 X Inflation Factor 1.05508205 *	62.859	247.429	310.288	62.680	321.937	384.617
4.Current Period Cost *	71.512	211.685	283.197	71.512	275.347	346.860
5.Incentive Basis (line 3 - line 4)	0.000	35.744		0.000	46.589	
6.Allowed Current Period Costs (Min of line 3 or 4)	62.859	211.685	274.544	62.680	275.347	338.027
7.Incentive Line 5 x Oper 50% Res 50%	0.000	17.872	17.872	0.000	23.295	23.295
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.351	6.351	0.000	8.260	8.260
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.351	6.351	0.000	8.260	8.260
10.Final Incentive	0.000	6.351	6.351	0.000	8.260	8.260
11.Current Period Base: (line 6 + line 10)	62.859	218.035	280.894	62.680	283.608	346.288
12.Plus: Property Rate Component			30.748			30.748
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			311.643			377.036
15.Prospective Rate: Line 11 x Inflation 1.15341224	72.502	251.485	323.987	72.296	327.117	399.412
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	72.502	251.485	323.987	72.296	327.117	399.412
19.Property Rate Component			30.748			30.748
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			354.74			430.16
23.Medicaid Days			1,825			365
24.Resident Days			1,825			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			40.22			47.96
28.Plus: \$15 Wage Increase (0.08411136)			36.36			43.36
29.Plus: Restore 7-2021 Reduction (0.076640205)			35.92			42.83
30.Final Per Diem After Adjustments			504.61			601.67

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

031263100 - 2023/07

RI: 439.82

NM: 546.82

Greenridge Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202207
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	47.267	154.369	201.637	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03934432 *	49.127	185.333	234.460	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.05508205 *	49.871	187.762	237.633	0.000	0.000	0.000
4.Current Period Cost *	68.371	184.172	252.543	68.371	239.551	307.923
5.Incentive Basis (line 3 - line 4)	0.000	3.590		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	49.871	184.172	234.043	68.371	239.551	307.923
7.Incentive Line 5 x Oper 50% Res 50%	0.000	1.795	1.795	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.525	5.525	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.795	1.795	0.000	0.000	0.000
10.Final Incentive	0.000	1.795	1.795	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	49.871	185.967	235.838	68.371	239.551	307.923
12.Plus: Property Rate Component			32.371			32.371
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			268.209			340.294
15.Prospective Rate: Line 11 x Inflation 1.15341224	57.522	214.497	272.018	78.860	276.301	355.162
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	57.522	214.497	272.018	78.860	276.301	355.162
19.Property Rate Component			32.371			32.371
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			304.39			387.53
23.Medicaid Days		1,825			213	
24.Resident Days		1,825			213	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			35.05			43.58
28.Plus: \$15 Wage Increase (0.08411136)			31.69			39.41
29.Plus: Restore 7-2021 Reduction (0.076640205)			31.31			38.92
30.Final Per Diem After Adjustments			439.82			546.82

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

031264900 - 2023/07

RI: 601.48

NM: 727.94

Pensacola Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202207
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	113.172	209.896	323.068	113.172	288.901	402.073
2.Inflate Line 1 by Inflation Factor 1.10358184	124.894	231.638	356.532	124.894	318.826	443.720
3.Line 1 X 1.4000 X Inflation Factor 1.14501458	129.583	240.334	369.917	129.583	330.796	460.379
4.Current Period Cost	147.367	315.338	462.706	147.367	397.504	544.872
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	129.583	240.334	369.917	129.583	330.796	460.379
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	129.583	240.334	369.917	129.583	330.796	460.379
12.Plus: Property Rate Component			27.026			27.026
13.Plus: ROE/Use Rate			1.154			1.154
14.Total Current Period Base			398.096			488.559
15.Prospective Rate: Line 11 x Inflation 1.08627419	140.763	261.069	401.832	140.763	359.335	500.098
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	140.763	261.069	401.832	140.763	359.335	500.098
19.Property Rate Component			27.026			27.026
20.ROE Component + ROE Interim Component			1.154			1.154
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			430.01			528.28
23.Medicaid Days		365			8,374	
24.Resident Days		365			8,374	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			47.94			58.02
28.Plus: \$15 Wage Increase (0.08411136)			43.34			52.46
29.Plus: Restore 7-2021 Reduction (0.076640205)			42.82			51.82
30.Final Per Diem After Adjustments			601.48			727.94



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

031265700 - 2023/07

RI: 554.47

NM: 632.96

Caprona Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	71.183	214.831	286.014	73.474	269.825	343.299
2.Inflate Line 1 by Inflation Factor 1.06355454 *	75.707	237.634	313.341	78.144	296.124	374.267
3.Line 1 X 1.4000 X Inflation Factor 1.08897636 *	77.517	243.095	320.612	80.011	302.983	382.994
4.Current Period Cost *	88.432	220.579	309.010	88.432	269.493	357.924
5.Incentive Basis (line 3 - line 4)	0.000	22.517		0.000	33.490	
6.Allowed Current Period Costs (Min of line 3 or 4)	77.517	220.579	298.096	80.011	269.493	349.504
7.Incentive Line 5 x Oper 50% Res 50%	0.000	11.258	11.258	0.000	16.745	16.745
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.617	6.617	0.000	8.085	8.085
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.617	6.617	0.000	8.085	8.085
10.Final Incentive	0.000	6.617	6.617	0.000	8.085	8.085
11.Current Period Base: (line 6 + line 10)	77.517	227.196	304.713	80.011	277.577	357.589
12.Plus: Property Rate Component			42.023			42.023
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			346.735			399.611
15.Prospective Rate: Line 11 x Inflation 1.15341224	89.409	262.051	351.460	92.286	320.161	412.447
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	89.409	262.051	351.460	92.286	320.161	412.447
19.Property Rate Component			42.023			42.023
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			393.48			454.47
23.Medicaid Days			730			1,089
24.Resident Days			730			1,089
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			44.19			50.45
28.Plus: \$15 Wage Increase (0.08411136)			39.96			45.61
29.Plus: Restore 7-2021 Reduction (0.076640205)			39.47			45.06
30.Final Per Diem After Adjustments			554.47			632.96

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

031266500 - 2023/07

RI: 415.04

NM: 490.56

Rich Street Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	58.718	149.289	208.007	58.888	223.246	282.134
2.Inflate Line 1 by Inflation Factor 1.03934432	61.029	155.162	216.191	61.205	232.029	293.234
3.Line 1 X 1.4000 X Inflation Factor 1.05508205	61.953	157.512	219.464	62.132	235.543	297.675
4.Current Period Cost	68.123	161.567	229.689	68.123	202.142	270.265
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	33.401	
6.Allowed Current Period Costs (Min of line 3 or 4)	61.953	157.512	219.464	62.132	202.142	264.273
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	16.701	16.701
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	6.064	6.064
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	6.064	6.064
10.Final Incentive	0.000	0.000	0.000	0.000	6.064	6.064
11.Current Period Base: (line 6 + line 10)	61.953	157.512	219.464	62.132	208.206	270.338
12.Plus: Property Rate Component			32.006			32.006
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			251.470			302.344
15.Prospective Rate: Line 11 x Inflation 1.15341224	71.457	181.676	253.133	71.664	240.147	311.811
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	71.457	181.676	253.133	71.664	240.147	311.811
19.Property Rate Component			32.006			32.006
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			285.14			343.82
23.Medicaid Days		1,642			416	
24.Resident Days		1,642			416	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			33.08			39.10
28.Plus: \$15 Wage Increase (0.08411136)			29.91			35.35
29.Plus: Restore 7-2021 Reduction (0.076640205)			29.54			34.92
30.Final Per Diem After Adjustments			415.04			490.56



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

031267300 - 2023/07

RI: 624.97

NM: 791.12

Sandpiper Cluster (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202207
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	106.876	252.198	359.074	106.876	417.748	524.623
2.Inflate Line 1 by Inflation Factor 1.03934432	111.081	262.121	373.201	111.081	434.183	545.264
3.Line 1 X 1.4000 X Inflation Factor 1.05508205	112.763	266.090	378.852	112.763	440.758	553.521
4.Current Period Cost	120.989	250.409	371.397	120.989	359.082	480.071
5.Incentive Basis (line 3 - line 4)	0.000	15.681		0.000	81.676	
6.Allowed Current Period Costs (Min of line 3 or 4)	112.763	250.409	363.171	112.763	359.082	471.845
7.Incentive Line 5 x Oper 50% Res 50%	0.000	7.840	7.840	0.000	40.838	40.838
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.512	7.512	0.000	10.772	10.772
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	7.512	7.512	0.000	10.772	10.772
10.Final Incentive	0.000	7.512	7.512	0.000	10.772	10.772
11.Current Period Base: (line 6 + line 10)	112.763	257.921	370.684	112.763	369.855	482.618
12.Plus: Property Rate Component			19.291			19.291
13.Plus: ROE/Use Rate			1.424			1.424
14.Total Current Period Base			391.399			503.333
15.Prospective Rate: Line 11 x Inflation 1.15341224	130.062	297.489	427.551	130.062	426.595	556.657
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	130.062	297.489	427.551	130.062	426.595	556.657
19.Property Rate Component			19.291			19.291
20.ROE Component + ROE Interim Component			1.424			1.424
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			448.27			577.37
23.Medicaid Days			1,632			6,176
24.Resident Days			1,632			6,176
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$37.37)			37.37			37.37
27.Plus: Buy Back QAF (0.102571320)			49.81			63.05
28.Plus: \$15 Wage Increase (0.08411136)			45.04			57.01
29.Plus: Restore 7-2021 Reduction (0.076640205)			44.49			56.32
30.Final Per Diem After Adjustments			624.97			791.12