



Florida Agency For Health Care Administration

000169300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

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

Cost Report Entered By : Hatcher, Toriano

Provider Number: 00169300

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 12/1/2021 - 11/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	21,739	0	21,739
2. Operating Expenses component			
A. Administration			932,065
B. Plant Operation			372,764
C. Laundry			39,365
D. Housekeeping			10,047
E. Operating Expense Component & Per Diem	62.2955		1,354,241
3. Resident Care			
A. Dietary			436,959
B. Other			0
C. Nursing			531,200
D. Resident Care & Per Diem	44.5356		968,159
4. Prop Exp & Per Diem	14.5032		315,284
5. ROE/Use Per Diem	2.0891		45,416
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,869.50	0.00	10,869.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	2,108,912.00	0.00	2,108,912.00
5. Direct Care Expense Per Diem	97.0105	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	21,739	0	21,739
2. Additional Services	351,595	0	351,595
3. Additional Services Exp & Per Diem	16.1735	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	62.2955	0.0000	1,354,241
2. Resident Care Component	157.7196	0.0000	3,428,666
3. Property Cost Component	14.5032	0.0000	315,284
4. ROE/Use Allow Component	2.0891	0.0000	45,416
5. Total Cost Per Diem	236.6074	0.0000	5,143,607

Resident Care Component Per-Diem Calculation

Facility Name: St. Augustine Center for Living

Provider Number: 00169300

FYE: 11/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	44.5356	0.0000	A3D Allowable Resident Care Exp	968,159
B5 Allocation of D/C Expenses	97.0105	0.0000	B4 Allocation of D/C Expenses	2,108,912
C3 Additional Services per Diem	16.1735	0.0000	C2 Additional Services per Diem	351,595
Total Resident Care Component	157.7196	0.0000	Total Resident Care Component	3,428,666

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Florida Agency For Health Care Administration

001069500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Miner North**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 01069500

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 6/1/2021 - 5/31/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	17	8,420	8,437
2. Operating Expenses component			
A. Administration			703,598
B. Plant Operation			342,571
C. Laundry			5,051
D. Housekeeping			81,525
E. Operating Expense Component & Per Diem	134.2592	134.2592	1,132,745
3. Resident Care			
A. Dietary			367,839
B. Other			0
C. Nursing			363,800
D. Resident Care & Per Diem	86.7179	86.7179	731,639
4. Prop Exp & Per Diem	52.1817	52.1817	440,257
5. ROE/Use Per Diem	2.6623	2.6623	22,462
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	8.50	8,420.00	8,428.50
3. Staffing Percent	0.0010	0.9990	1.0000
4. Allocation of Direct Care	1,343.40	1,330,758.60	1,332,102.00
5. Direct Care Expense Per Diem	79.0234	158.0473	
C. Additional Services Expense			
1. Medicaid Inpatient Days	17	8,420	8,437
2. Additional Services	468	231,787	232,255
3. Additional Services Exp & Per Diem	27.5294	27.5281	
D. Medicaid Per Diem Cost			
1.Operating Component	134.2592	134.2592	1,132,745
2. Resident Care Component	193.2707	272.2933	2,295,996
3. Property Cost Component	52.1817	52.1817	440,257
4. ROE/Use Allow Component	2.6623	2.6623	22,462
5. Total Cost Per Diem	382.3739	461.3965	3,891,460

Resident Care Component Per-Diem Calculation

Facility Name: Miner North

Provider Number: 01069500

FYE: 05/31/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	86.7179	86.7179	A3D Allowable Resident Care Exp	731,639
B5 Allocation of D/C Expenses	79.0234	158.0473	B4 Allocation of D/C Expenses	1,332,102
C3 Additional Services per Diem	27.5294	27.5281	C2 Additional Services per Diem	232,255
Total Resident Care Component	193.2707	272.2933	Total Resident Care Component	2,295,996

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Florida Agency For Health Care Administration

001071000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Miner South**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 01071000

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 6/1/2021 - 5/31/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,901	6,222	8,123
2. Operating Expenses component			
A. Administration			681,408
B. Plant Operation			341,438
C. Laundry			6,924
D. Housekeeping			24,627
E. Operating Expense Component & Per Diem	129.8039	129.8039	1,054,397
3. Resident Care			
A. Dietary			379,249
B. Other			0
C. Nursing			390,756
D. Resident Care & Per Diem	94.7932	94.7932	770,005
4. Prop Exp & Per Diem	53.7282	53.7282	436,434
5. ROE/Use Per Diem	2.8757	2.8757	23,359
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	950.50	6,222.00	7,172.50
3. Staffing Percent	0.1325	0.8675	1.0000
4. Allocation of Direct Care	161,086.46	1,054,476.54	1,215,563.00
5. Direct Care Expense Per Diem	84.7377	169.4755	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,901	6,222	8,123
2. Additional Services	63,327	207,270	270,597
3. Additional Services Exp & Per Diem	33.3125	33.3124	
D. Medicaid Per Diem Cost			
1.Operating Component	129.8039	129.8039	1,054,397
2. Resident Care Component	212.8434	297.5811	2,256,165
3. Property Cost Component	53.7282	53.7282	436,434
4. ROE/Use Allow Component	2.8757	2.8757	23,359
5. Total Cost Per Diem	399.2512	483.9889	3,770,355

Resident Care Component Per-Diem Calculation

Facility Name: Miner South

Provider Number: 01071000
FYE: 05/31/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	94.7932	94.7932	A3D Allowable Resident Care Exp	770,005
B5 Allocation of D/C Expenses	84.7377	169.4755	B4 Allocation of D/C Expenses	1,215,563
C3 Additional Services per Diem	33.3125	33.3124	C2 Additional Services per Diem	270,597
Total Resident Care Component	212.8434	297.5811	Total Resident Care Component	2,256,165

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	New Horizons (Mentor)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	101963600	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	2/1/2021 - 1/31/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	11,074	5,881	16,955
2. Operating Expenses component			
A. Administration			1,703,946
B. Plant Operation			301,607
C. Laundry			0
D. Housekeeping			37,401
E. Operating Expense Component & Per Diem	120.4927	120.4927	2,042,954
3. Resident Care			
A. Dietary			500,030
B. Other			0
C. Nursing			1,191,730
D. Resident Care & Per Diem	99.7794	99.7794	1,691,760
4. Prop Exp & Per Diem	30.5346	30.5346	517,714
5. ROE/Use Per Diem	0.3568	0.3568	6,050
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	5,537.00	5,881.00	11,418.00
3. Staffing Percent	0.4849	0.5151	1.0000
4. Allocation of Direct Care	1,544,895.27	1,640,875.73	3,185,771.00
5. Direct Care Expense Per Diem	139.5065	279.0130	
C. Additional Services Expense			
1. Medicaid Inpatient Days	11,074	5,881	16,955
2. Additional Services	111,232	59,071	170,303
3. Additional Services Exp & Per Diem	10.0444	10.0444	
D. Medicaid Per Diem Cost			
1.Operating Component	120.4927	120.4927	2,042,954
2. Resident Care Component	249.3303	388.8368	5,047,834
3. Property Cost Component	30.5346	30.5346	517,714
4. ROE/Use Allow Component	0.3568	0.3568	6,050
5. Total Cost Per Diem	400.7144	540.2209	7,614,552

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons (Mentor)

Provider Number: 101963600

FYE: 01/31/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	99.7794	99.7794	A3D Allowable Resident Care Exp	1,691,760
B5 Allocation of D/C Expenses	139.5065	279.0130	B4 Allocation of D/C Expenses	3,185,771
C3 Additional Services per Diem	10.0444	10.0444	C2 Additional Services per Diem	170,303
Total Resident Care Component	249.3303	388.8368	Total Resident Care Component	5,047,834

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	Sunrise Community, Inc. - Log Cabin	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	107650900	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	120

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	22,851	19,652	42,503
2. Operating Expenses component			
A. Administration			2,516,972
B. Plant Operation			1,504,296
C. Laundry			8,689
D. Housekeeping			288,391
E. Operating Expense Component & Per Diem	101.6010	101.6010	4,318,348
3. Resident Care			
A. Dietary			1,545,851
B. Other			856,091
C. Nursing			3,171,658
D. Resident Care & Per Diem	131.1343	131.1343	5,573,600
4. Prop Exp & Per Diem	18.4758	18.4758	785,276
5. ROE/Use Per Diem	2.7631	2.7631	117,438
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	11,425.50	19,652.00	31,077.50
3. Staffing Percent	0.3676	0.6324	1.0000
4. Allocation of Direct Care	2,668,011.12	4,589,011.88	7,257,023.00
5. Direct Care Expense Per Diem	116.7569	233.5137	
C. Additional Services Expense			
1. Medicaid Inpatient Days	22,851	19,652	42,503
2. Additional Services	501,022	430,882	931,904
3. Additional Services Exp & Per Diem	21.9256	21.9256	
D. Medicaid Per Diem Cost			
1. Operating Component	101.6010	101.6010	4,318,348
2. Resident Care Component	269.8168	386.5736	13,762,527
3. Property Cost Component	18.4758	18.4758	785,276
4. ROE/Use Allow Component	2.7631	2.7631	117,438
5. Total Cost Per Diem	392.6567	509.4135	18,983,589

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Community, Inc. - Log Cabin

Provider Number: 107650900

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	131.1343	131.1343	A3D Allowable Resident Care Exp	5,573,600
B5 Allocation of D/C Expenses	116.7569	233.5137	B4 Allocation of D/C Expenses	7,257,023
C3 Additional Services per Diem	21.9256	21.9256	C2 Additional Services per Diem	931,904
Total Resident Care Component	269.8168	386.5736	Total Resident Care Component	13,762,527

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Florida Agency For Health Care Administration

0108357500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Pensacola Developmental Center**
 Provider Number: 108357500
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 12/23/2020 - 6/30/2022
 Days In Reporting Period: 555
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	17,201	15,241	32,442
2. Operating Expenses component			
A. Administration			2,182,077
B. Plant Operation			1,079,359
C. Laundry			0
D. Housekeeping			178,715
E. Operating Expense Component & Per Diem	106.0400	106.0400	3,440,151
3. Resident Care			
A. Dietary			535,971
B. Other			0
C. Nursing			1,480,485
D. Resident Care & Per Diem	62.1557	62.1557	2,016,456
4. Prop Exp & Per Diem	19.0674	19.0674	618,586
5. ROE/Use Per Diem	1.4763	1.4763	47,894
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	8,600.50	15,241.00	23,841.50
3. Staffing Percent	0.3607	0.6393	1.0000
4. Allocation of Direct Care	2,804,005.05	4,968,994.95	7,773,000.00
5. Direct Care Expense Per Diem	163.0141	326.0281	
C. Additional Services Expense			
1. Medicaid Inpatient Days	17,201	15,241	32,442
2. Additional Services	212,132	187,960	400,092
3. Additional Services Exp & Per Diem	12.3325	12.3325	
D. Medicaid Per Diem Cost			
1.Operating Component	106.0400	106.0400	3,440,151
2. Resident Care Component	237.5023	400.5163	10,189,548
3. Property Cost Component	19.0674	19.0674	618,586
4. ROE/Use Allow Component	1.4763	1.4763	47,894
5. Total Cost Per Diem	364.0860	527.1000	14,296,179

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Developmental Center

Provider Number: 108357500

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	62.1557	62.1557	A3D Allowable Resident Care Exp	2,016,456
B5 Allocation of D/C Expenses	163.0141	326.0281	B4 Allocation of D/C Expenses	7,773,000
C3 Additional Services per Diem	12.3325	12.3325	C2 Additional Services per Diem	400,092
Total Resident Care Component	237.5023	400.5163	Total Resident Care Component	10,189,548

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Florida Agency For Health Care Administration

0108358400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	Panama City Developmental Center	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	108358400	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	12/23/2020 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	555
		Number of Beds:	64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	8,150	22,735	30,885
2. Operating Expenses component			
A. Administration			2,850,852
B. Plant Operation			1,281,690
C. Laundry			0
D. Housekeeping			284,500
E. Operating Expense Component & Per Diem	143.0158	143.0158	4,417,042
3. Resident Care			
A. Dietary			747,349
B. Other			0
C. Nursing			1,972,261
D. Resident Care & Per Diem	88.0560	88.0560	2,719,610
4. Prop Exp & Per Diem	23.0175	23.0175	710,896
5. ROE/Use Per Diem	2.7983	2.7983	86,426
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	4,075.00	22,735.00	26,810.00
3. Staffing Percent	0.1520	0.8480	1.0000
4. Allocation of Direct Care	1,356,773.57	7,569,631.43	8,926,405.00
5. Direct Care Expense Per Diem	166.4753	332.9506	
C. Additional Services Expense			
1. Medicaid Inpatient Days	8,150	22,735	30,885
2. Additional Services	70,697	197,215	267,912
3. Additional Services Exp & Per Diem	8.6745	8.6745	
D. Medicaid Per Diem Cost			
1.Operating Component	143.0158	143.0158	4,417,042
2. Resident Care Component	263.2058	429.6811	11,913,927
3. Property Cost Component	23.0175	23.0175	710,896
4. ROE/Use Allow Component	2.7983	2.7983	86,426
5. Total Cost Per Diem	432.0374	598.5127	17,128,291

Resident Care Component Per-Diem Calculation

Facility Name: Panama City Developmental Center

Provider Number: 108358400

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	88.0560	88.0560	A3D Allowable Resident Care Exp	2,719,610
B5 Allocation of D/C Expenses	166.4753	332.9506	B4 Allocation of D/C Expenses	8,926,405
C3 Additional Services per Diem	8.6745	8.6745	C2 Additional Services per Diem	267,912
Total Resident Care Component	263.2058	429.6811	Total Resident Care Component	11,913,927

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Florida Agency For Health Care Administration

0108358800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Tallahassee Developmental Center**
 Provider Number: 108358800
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 12/30/2020 - 6/30/2022
 Days In Reporting Period: 548
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	13,663	17,957	31,620
2. Operating Expenses component			
A. Administration			3,817,349
B. Plant Operation			1,479,493
C. Laundry			0
D. Housekeeping			502,907
E. Operating Expense Component & Per Diem	183.4203	183.4203	5,799,749
3. Resident Care			
A. Dietary			717,556
B. Other			0
C. Nursing			2,887,340
D. Resident Care & Per Diem	114.0068	114.0068	3,604,896
4. Prop Exp & Per Diem	24.4034	24.4034	771,637
5. ROE/Use Per Diem	3.0099	3.0099	95,172
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,831.50	17,957.00	24,788.50
3. Staffing Percent	0.2756	0.7244	1.0000
4. Allocation of Direct Care	2,572,833.50	6,762,844.50	9,335,678.00
5. Direct Care Expense Per Diem	188.3066	376.6133	
C. Additional Services Expense			
1. Medicaid Inpatient Days	13,663	17,957	31,620
2. Additional Services	131,506	172,836	304,342
3. Additional Services Exp & Per Diem	9.6250	9.6250	
D. Medicaid Per Diem Cost			
1. Operating Component	183.4203	183.4203	5,799,749
2. Resident Care Component	311.9384	500.2451	13,244,916
3. Property Cost Component	24.4034	24.4034	771,637
4. ROE/Use Allow Component	3.0099	3.0099	95,172
5. Total Cost Per Diem	522.7720	711.0787	19,911,474

Resident Care Component Per-Diem Calculation

Facility Name: Tallahassee Developmental Center

Provider Number: 108358800

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	114.0068	114.0068	A3D Allowable Resident Care Exp	3,604,896
B5 Allocation of D/C Expenses	188.3066	376.6133	B4 Allocation of D/C Expenses	9,335,678
C3 Additional Services per Diem	9.6250	9.6250	C2 Additional Services per Diem	304,342
Total Resident Care Component	311.9384	500.2451	Total Resident Care Component	13,244,916

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	Ft. Walton Beach Developmental Ctr.	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	108358900	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	12/23/2020 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	555
		Number of Beds:	63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	10,214	20,087	30,301
2. Operating Expenses component			
A. Administration			2,883,678
B. Plant Operation			2,517,173
C. Laundry			0
D. Housekeeping			196,819
E. Operating Expense Component & Per Diem	184.7355	184.7355	5,597,670
3. Resident Care			
A. Dietary			1,482,332
B. Other			0
C. Nursing			1,562,728
D. Resident Care & Per Diem	100.4937	100.4937	3,045,060
4. Prop Exp & Per Diem	28.5100	28.5100	863,881
5. ROE/Use Per Diem	3.1121	3.1121	94,300
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	5,107.00	20,087.00	25,194.00
3. Staffing Percent	0.2027	0.7973	1.0000
4. Allocation of Direct Care	1,334,878.03	5,250,380.97	6,585,259.00
5. Direct Care Expense Per Diem	130.6910	261.3820	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,214	20,087	30,301
2. Additional Services	110,146	216,615	326,761
3. Additional Services Exp & Per Diem	10.7838	10.7838	
D. Medicaid Per Diem Cost			
1.Operating Component	184.7355	184.7355	5,597,670
2. Resident Care Component	241.9685	372.6595	9,957,080
3. Property Cost Component	28.5100	28.5100	863,881
4. ROE/Use Allow Component	3.1121	3.1121	94,300
5. Total Cost Per Diem	458.3261	589.0171	16,512,931

Resident Care Component Per-Diem Calculation

Facility Name: Ft. Walton Beach Developmental Ctr.

Provider Number: 108358900

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	100.4937	100.4937	A3D Allowable Resident Care Exp	3,045,060
B5 Allocation of D/C Expenses	130.6910	261.3820	B4 Allocation of D/C Expenses	6,585,259
C3 Additional Services per Diem	10.7838	10.7838	C2 Additional Services per Diem	326,761
Total Resident Care Component	241.9685	372.6595	Total Resident Care Component	9,957,080

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	Hillsborough County Developmental Ctr	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	108366100	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	12/23/2020 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	555
		Number of Beds:	64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	7,864	22,946	30,810
2. Operating Expenses component			
A. Administration			3,127,698
B. Plant Operation			1,502,799
C. Laundry			0
D. Housekeeping			214,474
E. Operating Expense Component & Per Diem	157.2532	157.2532	4,844,971
3. Resident Care			
A. Dietary			689,931
B. Other			0
C. Nursing			2,193,290
D. Resident Care & Per Diem	93.5807	93.5807	2,883,221
4. Prop Exp & Per Diem	32.8639	32.8639	1,012,537
5. ROE/Use Per Diem	3.4363	3.4363	105,873
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	3,932.00	22,946.00	26,878.00
3. Staffing Percent	0.1463	0.8537	1.0000
4. Allocation of Direct Care	1,140,535.60	6,655,831.40	7,796,367.00
5. Direct Care Expense Per Diem	145.0325	290.0650	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	7,864	22,946	30,810
2. Additional Services	124,777	364,081	488,858
3. Additional Services Exp & Per Diem	15.8669	15.8669	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	157.2532	157.2532	4,844,971
2. Resident Care Component	254.4801	399.5126	11,168,446
3. Property Cost Component	32.8639	32.8639	1,012,537
4. ROE/Use Allow Component	3.4363	3.4363	105,873
5. Total Cost Per Diem	448.0335	593.0660	17,131,827

Resident Care Component Per-Diem Calculation

Facility Name: Hillsborough County Developmental Ctr

Provider Number: 108366100

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	93.5807	93.5807	A3D Allowable Resident Care Exp	2,883,221
B5 Allocation of D/C Expenses	145.0325	290.0650	B4 Allocation of D/C Expenses	7,796,367
C3 Additional Services per Diem	15.8669	15.8669	C2 Additional Services per Diem	488,858
Total Resident Care Component	254.4801	399.5126	Total Resident Care Component	11,168,446

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Sunrise Nettles Group Home**
 Provider Number: 110232000
 Audit Status: Budget
 Date: 7/12/2023

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2023
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Nettles Group Home

Provider Number: 110232000

FYE: 06/30/2020

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Sunrise Observation Circle**
 Provider Number: 111453600
 Audit Status: Budget
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 7/30/2020 - 6/30/2021
 Days In Reporting Period: 336
 Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Observation Circle

Provider Number: 111453600

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Sunrise Southshore Circle**

Cost Report Entered By : Samuel, Rydell

Provider Number: 111470500

Rate Semester : July, 2023

Audit Status: Budget

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

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Southshore Circle

Provider Number: 111470500

FYE: 07/31/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Sunrise Lakeshore Drive**

Cost Report Entered By : Samuel, Rydell

Provider Number: 111473100

Rate Semester : July, 2023

Audit Status: Budget

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

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Lakeshore Drive

Provider Number: 111473100

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Sunrise Eleazer Place**
 Provider Number: 111976800
 Audit Status: Budget
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Eleazer Place

Provider Number: 111976800

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Sunrise - Kaul**
 Provider Number: 113827900
 Audit Status: Budget
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise - Kaul

Provider Number: 113827900

FYE: 06/30/2020

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Bayview (Mentor)**
 Provider Number: 12037000
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 10/1/2021 - 9/30/2022
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,828	365	2,193
2. Operating Expenses component			
A. Administration			162,033
B. Plant Operation			33,490
C. Laundry			0
D. Housekeeping			5,559
E. Operating Expense Component & Per Diem	91.6927	91.6927	201,082
3. Resident Care			
A. Dietary			16,440
B. Other			0
C. Nursing			60,629
D. Resident Care & Per Diem	35.1432	35.1432	77,069
4. Prop Exp & Per Diem	22.5732	22.5732	49,503
5. ROE/Use Per Diem	1.8026	1.8026	3,953
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,371.00	365.00	1,736.00
3. Staffing Percent	0.7897	0.2103	1.0000
4. Allocation of Direct Care	358,551.25	95,456.75	454,008.00
5. Direct Care Expense Per Diem	196.1440	261.5254	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,828	365	2,193
2. Additional Services	68,552	13,688	82,240
3. Additional Services Exp & Per Diem	37.5011	37.5014	
D. Medicaid Per Diem Cost			
1.Operating Component	91.6927	91.6927	201,082
2. Resident Care Component	268.7883	334.1700	613,317
3. Property Cost Component	22.5732	22.5732	49,503
4. ROE/Use Allow Component	1.8026	1.8026	3,953
5. Total Cost Per Diem	384.8568	450.2385	867,855

Resident Care Component Per-Diem Calculation

Facility Name: Bayview (Mentor)

Provider Number: 12037000
FYE: 09/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	35.1432	35.1432	A3D Allowable Resident Care Exp	77,069
B5 Allocation of D/C Expenses	196.1440	261.5254	B4 Allocation of D/C Expenses	454,008
C3 Additional Services per Diem	37.5011	37.5014	C2 Additional Services per Diem	82,240
Total Resident Care Component	268.7883	334.1700	Total Resident Care Component	613,317

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Seaview (Mentor)**
 Provider Number: 12038000
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 10/1/2021 - 9/30/2022
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,460	730	2,190
2. Operating Expenses component			
A. Administration			154,091
B. Plant Operation			32,693
C. Laundry			0
D. Housekeeping			4,225
E. Operating Expense Component & Per Diem	87.2187	87.2187	191,009
3. Resident Care			
A. Dietary			13,310
B. Other			0
C. Nursing			41,598
D. Resident Care & Per Diem	25.0721	25.0721	54,908
4. Prop Exp & Per Diem	19.0466	19.0466	41,712
5. ROE/Use Per Diem	1.4781	1.4781	3,237
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	0.6000	0.4000	1.0000
4. Allocation of Direct Care	282,238.20	188,158.80	470,397.00
5. Direct Care Expense Per Diem	193.3138	257.7518	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	32,183	16,092	48,275
3. Additional Services Exp & Per Diem	22.0432	22.0438	
D. Medicaid Per Diem Cost			
1.Operating Component	87.2187	87.2187	191,009
2. Resident Care Component	240.4291	304.8677	573,580
3. Property Cost Component	19.0466	19.0466	41,712
4. ROE/Use Allow Component	1.4781	1.4781	3,237
5. Total Cost Per Diem	348.1725	412.6111	809,538

Resident Care Component Per-Diem Calculation

Facility Name: Seaview (Mentor)

Provider Number: 12038000

FYE: 09/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	25.0721	25.0721	A3D Allowable Resident Care Exp	54,908
B5 Allocation of D/C Expenses	193.3138	257.7518	B4 Allocation of D/C Expenses	470,397
C3 Additional Services per Diem	22.0432	22.0438	C2 Additional Services per Diem	48,275
Total Resident Care Component	240.4291	304.8677	Total Resident Care Component	573,580

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Florida Agency For Health Care Administration

012040300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Gulfview (Mentor)**
 Provider Number: 12040300
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 10/1/2021 - 9/30/2022
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	350	175	525
2. Operating Expenses component			
A. Administration			39,465
B. Plant Operation			21,805
C. Laundry			0
D. Housekeeping			1,539
E. Operating Expense Component & Per Diem	119.6362	119.6362	62,809
3. Resident Care			
A. Dietary			4,431
B. Other			0
C. Nursing			23,869
D. Resident Care & Per Diem	53.9048	53.9048	28,300
4. Prop Exp & Per Diem	75.4000	75.4000	39,585
5. ROE/Use Per Diem	6.5543	6.5543	3,441
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	262.50	175.00	437.50
3. Staffing Percent	0.6000	0.4000	1.0000
4. Allocation of Direct Care	52,781.40	35,187.60	87,969.00
5. Direct Care Expense Per Diem	150.8040	201.0720	
C. Additional Services Expense			
1. Medicaid Inpatient Days	350	175	525
2. Additional Services	19,859	9,929	29,788
3. Additional Services Exp & Per Diem	56.7400	56.7371	
D. Medicaid Per Diem Cost			
1.Operating Component	119.6362	119.6362	62,809
2. Resident Care Component	261.4488	311.7139	146,057
3. Property Cost Component	75.4000	75.4000	39,585
4. ROE/Use Allow Component	6.5543	6.5543	3,441
5. Total Cost Per Diem	463.0393	513.3044	251,892

Resident Care Component Per-Diem Calculation

Facility Name: Gulfview (Mentor)

Provider Number: 12040300
FYE: 09/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	53.9048	53.9048	A3D Allowable Resident Care Exp	28,300
B5 Allocation of D/C Expenses	150.8040	201.0720	B4 Allocation of D/C Expenses	87,969
C3 Additional Services per Diem	56.7400	56.7371	C2 Additional Services per Diem	29,788
Total Resident Care Component	261.4488	311.7139	Total Resident Care Component	146,057

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012073200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Suncoast - Suffridge Drive Group Home** Cost Report Entered By : Samuel, Rydell
 Provider Number: 12073200 Rate Semester : July, 2023
 Audit Status: Budget Cost Report : 7/1/2020 - 6/30/2021
 Date: 7/12/2023 Days In Reporting Period: 365
 Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Suffridge Drive Group Home

Provider Number: 12073200

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name:	Suncoast - Coletta Drive Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12074200	Rate Semester :	July, 2023
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Coletta Drive Group Home

Provider Number: 12074200

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name:	Suncoast - Spring Street Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12074800	Rate Semester :	July, 2023
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Spring Street Group Home

Provider Number: 12074800

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name:	Suncoast - Walnut Street Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12075300	Rate Semester :	July, 2023
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Walnut Street Group Home

Provider Number: 12075300

FYE: 06/30/2021

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

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012075700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Suncoast - Bessent Road Group Home** Cost Report Entered By : Samuel, Rydell
 Provider Number: 12075700 Rate Semester : July, 2023
 Audit Status: Budget Cost Report : 7/1/2020 - 6/30/2021
 Date: 7/12/2023 Days In Reporting Period: 365
 Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Bessent Road Group Home

Provider Number: 12075700

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Suncoast - Frederick Avenue Group Home**

Cost Report Entered By : Samuel, Rydell

Provider Number: 12075900

Rate Semester : July, 2023

Audit Status: Budget

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

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Frederick Avenue Group Home

Provider Number: 12075900

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name:	Suncoast - 107th Place Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12373500	Rate Semester :	July, 2023
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - 107th Place Group Home

Provider Number: 12373500

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name:	Suncoast - Second Street Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12374200	Rate Semester :	July, 2023
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Second Street Group Home

Provider Number: 12374200

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Suncoast - Rosewood Avenue Group Home**

Cost Report Entered By : Samuel, Rydell

Provider Number: 12374400

Rate Semester : July, 2023

Audit Status: Budget

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

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Rosewood Avenue Group Home

Provider Number: 12374400

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name:	Suncoast - 19th Street Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12375400	Rate Semester :	July, 2023
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - 19th Street Group Home

Provider Number: 12375400
FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name:	Suncoast - Tunis Street Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12386400	Rate Semester :	July, 2023
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Tunis Street Group Home

Provider Number: 12386400

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Suncoast - Plaza Oval Group Home**

Cost Report Entered By : Samuel, Rydell

Provider Number: 12390800

Rate Semester : July, 2023

Audit Status: Budget

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

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Plaza Oval Group Home

Provider Number: 12390800

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name:	Suncoast - Claudia Drive Group Home	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12392700	Rate Semester :	July, 2023
Audit Status:	Budget	Cost Report :	7/1/2020 - 6/30/2021
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Claudia Drive Group Home

Provider Number: 12392700

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Suncoast - High Desert Court Group Home**
 Provider Number: 12410100
 Audit Status: Budget
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - High Desert Court Group Home

Provider Number: 12410100

FYE: 06/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2023

Provider Name: **Sandy Park Development Center**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28000300

Rate Semester : July, 2023

Audit Status: Budget

Cost Report : 5/1/2022 - 4/30/2023

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 64

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

Resident Care Component Per-Diem Calculation

Facility Name: Sandy Park Development Center

Provider Number: 28000300

FYE: 04/30/2023

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Laurel Hill Cluster**
 Provider Number: 28019401
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 10/1/2021 - 9/30/2022
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,461	8,461
2. Operating Expenses component			
A. Administration			1,036,327
B. Plant Operation			249,411
C. Laundry			4,580
D. Housekeeping			46,226
E. Operating Expense Component & Per Diem	157.9653	157.9653	1,336,544
3. Resident Care			
A. Dietary			218,166
B. Other			537,611
C. Nursing			1,388,668
D. Resident Care & Per Diem	253.4505	253.4505	2,144,445
4. Prop Exp & Per Diem	37.1207	37.1207	314,078
5. ROE/Use Per Diem	2.8718	2.8718	24,298
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,461.00	8,461.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,775,860.00	1,775,860.00
5. Direct Care Expense Per Diem	104.9439	209.8877	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,461	8,461
2. Additional Services	0	12,866	12,866
3. Additional Services Exp & Per Diem	1.5206	1.5206	
D. Medicaid Per Diem Cost			
1.Operating Component	157.9653	157.9653	1,336,544
2. Resident Care Component	359.9150	464.8588	3,933,171
3. Property Cost Component	37.1207	37.1207	314,078
4. ROE/Use Allow Component	2.8718	2.8718	24,298
5. Total Cost Per Diem	557.8728	662.8166	5,608,091

Resident Care Component Per-Diem Calculation

Facility Name: Laurel Hill Cluster

Provider Number: 28019401
FYE: 09/30/2022

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	253.4505	253.4505	A3D Allowable Resident Care Exp	2,144,445
B5 Allocation of D/C Expenses	104.9439	209.8877	B4 Allocation of D/C Expenses	1,775,860
C3 Additional Services per Diem	1.5206	1.5206	C2 Additional Services per Diem	12,866
Total Resident Care Component	359.9150	464.8588	Total Resident Care Component	3,933,171

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

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

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28020801

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 7/1/2021 - 6/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,008	6,399	8,407
2. Operating Expenses component			
A. Administration			636,678
B. Plant Operation			201,954
C. Laundry			160
D. Housekeeping			45,127
E. Operating Expense Component & Per Diem	105.1408	105.1408	883,919
3. Resident Care			
A. Dietary			163,256
B. Other			106,280
C. Nursing			775,256
D. Resident Care & Per Diem	124.2764	124.2764	1,044,792
4. Prop Exp & Per Diem	25.1870	25.1870	211,747
5. ROE/Use Per Diem	4.7470	4.7470	39,908
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,004.00	6,399.00	7,403.00
3. Staffing Percent	0.1356	0.8644	1.0000
4. Allocation of Direct Care	339,543.76	2,164,084.24	2,503,628.00
5. Direct Care Expense Per Diem	169.0955	338.1910	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,008	6,399	8,407
2. Additional Services	31,384	100,013	131,397
3. Additional Services Exp & Per Diem	15.6295	15.6295	
D. Medicaid Per Diem Cost			
1. Operating Component	105.1408	105.1408	883,919
2. Resident Care Component	309.0014	478.0969	3,679,817
3. Property Cost Component	25.1870	25.1870	211,747
4. ROE/Use Allow Component	4.7470	4.7470	39,908
5. Total Cost Per Diem	444.0762	613.1717	4,815,391

Resident Care Component Per-Diem Calculation

Facility Name: McCauley Cluster (Sunrise)

Provider Number: 28020801

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	124.2764	124.2764	A3D Allowable Resident Care Exp	1,044,792
B5 Allocation of D/C Expenses	169.0955	338.1910	B4 Allocation of D/C Expenses	2,503,628
C3 Additional Services per Diem	15.6295	15.6295	C2 Additional Services per Diem	131,397
Total Resident Care Component	309.0014	478.0969	Total Resident Care Component	3,679,817

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Florida Agency For Health Care Administration

028028301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	Greentree Court Cluster (Sunrise)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28028301	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	93	7,793	7,886
2. Operating Expenses component			
A. Administration			693,937
B. Plant Operation			321,607
C. Laundry			1,248
D. Housekeeping			82,894
E. Operating Expense Component & Per Diem	139.4479	139.4479	1,099,686
3. Resident Care			
A. Dietary			227,410
B. Other			133,163
C. Nursing			810,728
D. Resident Care & Per Diem	148.5292	148.5292	1,171,301
4. Prop Exp & Per Diem	17.2059	17.2059	135,686
5. ROE/Use Per Diem	4.0654	4.0654	32,060
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	46.50	7,793.00	7,839.50
3. Staffing Percent	0.0059	0.9941	1.0000
4. Allocation of Direct Care	10,150.82	1,701,190.18	1,711,341.00
5. Direct Care Expense Per Diem	109.1486	218.2972	
C. Additional Services Expense			
1. Medicaid Inpatient Days	93	7,668	7,761
2. Additional Services	1,463	120,646	122,109
3. Additional Services Exp & Per Diem	15.7312	15.7337	
D. Medicaid Per Diem Cost			
1.Operating Component	139.4479	139.4479	1,099,686
2. Resident Care Component	273.4090	382.5601	3,004,751
3. Property Cost Component	17.2059	17.2059	135,686
4. ROE/Use Allow Component	4.0654	4.0654	32,060
5. Total Cost Per Diem	434.1282	543.2793	4,272,183

Resident Care Component Per-Diem Calculation

Facility Name: Greentree Court Cluster (Sunrise)

Provider Number: 28028301

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	148.5292	148.5292	A3D Allowable Resident Care Exp	1,171,301
B5 Allocation of D/C Expenses	109.1486	218.2972	B4 Allocation of D/C Expenses	1,711,341
C3 Additional Services per Diem	15.7312	15.7337	C2 Additional Services per Diem	122,109
Total Resident Care Component	273.4090	382.5601	Total Resident Care Component	3,004,751

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028029101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

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

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28029101

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 7/1/2021 - 6/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	3,190	6,128	9,318
2. Operating Expenses component			
A. Administration			572,965
B. Plant Operation			269,588
C. Laundry			8,706
D. Housekeeping			41,318
E. Operating Expense Component & Per Diem	95.7906	95.7906	892,577
3. Resident Care			
A. Dietary			147,697
B. Other			195,828
C. Nursing			793,994
D. Resident Care & Per Diem	122.0776	122.0776	1,137,519
4. Prop Exp & Per Diem	12.3982	12.3982	115,526
5. ROE/Use Per Diem	3.4903	3.4903	32,523
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,595.00	6,128.00	7,723.00
3. Staffing Percent	0.2065	0.7935	1.0000
4. Allocation of Direct Care	447,141.71	1,717,921.29	2,165,063.00
5. Direct Care Expense Per Diem	140.1698	280.3396	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,190	6,128	9,318
2. Additional Services	42,086	80,846	122,932
3. Additional Services Exp & Per Diem	13.1931	13.1929	
D. Medicaid Per Diem Cost			
1.Operating Component	95.7906	95.7906	892,577
2. Resident Care Component	275.4405	415.6101	3,425,514
3. Property Cost Component	12.3982	12.3982	115,526
4. ROE/Use Allow Component	3.4903	3.4903	32,523
5. Total Cost Per Diem	387.1196	527.2892	4,466,140

Resident Care Component Per-Diem Calculation

Facility Name: Mahan Cluster (Sunrise)

Provider Number: 28029101
FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	122.0776	122.0776	A3D Allowable Resident Care Exp	1,137,519
B5 Allocation of D/C Expenses	140.1698	280.3396	B4 Allocation of D/C Expenses	2,165,063
C3 Additional Services per Diem	13.1931	13.1929	C2 Additional Services per Diem	122,932
Total Resident Care Component	275.4405	415.6101	Total Resident Care Component	3,425,514

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Lake City Cluster**
 Provider Number: 28030501
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,277	6,435	8,712
2. Operating Expenses component			
A. Administration			443,212
B. Plant Operation			178,791
C. Laundry			93,031
D. Housekeeping			5,221
E. Operating Expense Component & Per Diem	82.6739	82.6739	720,255
3. Resident Care			
A. Dietary			183,719
B. Other			0
C. Nursing			492,524
D. Resident Care & Per Diem	77.6220	77.6220	676,243
4. Prop Exp & Per Diem	8.4939	8.4939	73,999
5. ROE/Use Per Diem	4.3757	4.3757	38,121
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,138.50	6,435.00	7,573.50
3. Staffing Percent	0.1503	0.8497	1.0000
4. Allocation of Direct Care	161,706.99	913,996.01	1,075,703.00
5. Direct Care Expense Per Diem	71.0176	142.0351	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,277	6,435	8,712
2. Additional Services	43,724	123,544	167,268
3. Additional Services Exp & Per Diem	19.2025	19.1988	
D. Medicaid Per Diem Cost			
1.Operating Component	82.6739	82.6739	720,255
2. Resident Care Component	167.8421	238.8559	1,919,214
3. Property Cost Component	8.4939	8.4939	73,999
4. ROE/Use Allow Component	4.3757	4.3757	38,121
5. Total Cost Per Diem	263.3856	334.3994	2,751,589

Resident Care Component Per-Diem Calculation

Facility Name: Lake City Cluster

Provider Number: 28030501

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	77.6220	77.6220	A3D Allowable Resident Care Exp	676,243
B5 Allocation of D/C Expenses	71.0176	142.0351	B4 Allocation of D/C Expenses	1,075,703
C3 Additional Services per Diem	19.2025	19.1988	C2 Additional Services per Diem	167,268
Total Resident Care Component	167.8421	238.8559	Total Resident Care Component	1,919,214

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

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

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28032101

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 7/1/2021 - 6/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,085	7,136	8,221
2. Operating Expenses component			
A. Administration			414,300
B. Plant Operation			178,981
C. Laundry			6,615
D. Housekeeping			3,779
E. Operating Expense Component & Per Diem	73.4308	73.4308	603,675
3. Resident Care			
A. Dietary			158,747
B. Other			0
C. Nursing			508,907
D. Resident Care & Per Diem	81.2132	81.2132	667,654
4. Prop Exp & Per Diem	10.7955	10.7955	88,750
5. ROE/Use Per Diem	4.1157	4.1157	33,835
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	542.50	7,136.00	7,678.50
3. Staffing Percent	0.0707	0.9293	1.0000
4. Allocation of Direct Care	66,716.51	877,583.49	944,300.00
5. Direct Care Expense Per Diem	61.4899	122.9797	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,085	7,136	8,221
2. Additional Services	21,840	143,615	165,455
3. Additional Services Exp & Per Diem	20.1290	20.1254	
D. Medicaid Per Diem Cost			
1.Operating Component	73.4308	73.4308	603,675
2. Resident Care Component	162.8321	224.3183	1,777,409
3. Property Cost Component	10.7955	10.7955	88,750
4. ROE/Use Allow Component	4.1157	4.1157	33,835
5. Total Cost Per Diem	251.1741	312.6603	2,503,669

Resident Care Component Per-Diem Calculation

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

Provider Number: 28032101

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	81.2132	81.2132	A3D Allowable Resident Care Exp	667,654
B5 Allocation of D/C Expenses	61.4899	122.9797	B4 Allocation of D/C Expenses	944,300
C3 Additional Services per Diem	20.1290	20.1254	C2 Additional Services per Diem	165,455
Total Resident Care Component	162.8321	224.3183	Total Resident Care Component	1,777,409

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **PARC Center Apartments**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28035600

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 10/1/2021 - 9/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	9,491	7,994	17,485
2. Operating Expenses component			
A. Administration			1,803,826
B. Plant Operation			196,247
C. Laundry			13,844
D. Housekeeping			62,741
E. Operating Expense Component & Per Diem	118.7680	118.7680	2,076,658
3. Resident Care			
A. Dietary			439,198
B. Other			0
C. Nursing			1,279,494
D. Resident Care & Per Diem	98.2952	98.2952	1,718,692
4. Prop Exp & Per Diem	11.5949	11.5949	202,737
5. ROE/Use Per Diem	0.9241	0.9241	16,158
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	4,745.50	7,994.00	12,739.50
3. Staffing Percent	0.3725	0.6275	1.0000
4. Allocation of Direct Care	1,705,891.33	2,873,647.67	4,579,539.00
5. Direct Care Expense Per Diem	179.7378	359.4756	
C. Additional Services Expense			
1. Medicaid Inpatient Days	9,491	7,994	17,485
2. Additional Services	210,492	177,292	387,784
3. Additional Services Exp & Per Diem	22.1781	22.1781	
D. Medicaid Per Diem Cost			
1.Operating Component	118.7680	118.7680	2,076,658
2. Resident Care Component	300.2111	479.9489	6,686,015
3. Property Cost Component	11.5949	11.5949	202,737
4. ROE/Use Allow Component	0.9241	0.9241	16,158
5. Total Cost Per Diem	431.4981	611.2359	8,981,568

Resident Care Component Per-Diem Calculation

Facility Name: PARC Center Apartments

Provider Number: 28035600
FYE: 09/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	98.2952	98.2952	A3D Allowable Resident Care Exp	1,718,692
B5 Allocation of D/C Expenses	179.7378	359.4756	B4 Allocation of D/C Expenses	4,579,539
C3 Additional Services per Diem	22.1781	22.1781	C2 Additional Services per Diem	387,784
Total Resident Care Component	300.2111	479.9489	Total Resident Care Component	6,686,015

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Skipper Road Cluster**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28036401

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 10/1/2021 - 9/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,974	7,974
2. Operating Expenses component			
A. Administration			982,169
B. Plant Operation			269,347
C. Laundry			3,006
D. Housekeeping			26,247
E. Operating Expense Component & Per Diem	160.6181	160.6181	1,280,769
3. Resident Care			
A. Dietary			172,270
B. Other			541,074
C. Nursing			1,452,640
D. Resident Care & Per Diem	271.6308	271.6308	2,165,984
4. Prop Exp & Per Diem	26.9078	26.9078	214,563
5. ROE/Use Per Diem	2.8567	2.8567	22,779
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	7,974.00	7,974.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,724,422.00	1,724,422.00
5. Direct Care Expense Per Diem	108.1278	216.2556	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,974	7,974
2. Additional Services	0	51,469	51,469
3. Additional Services Exp & Per Diem	6.4546	6.4546	
D. Medicaid Per Diem Cost			
1.Operating Component	160.6181	160.6181	1,280,769
2. Resident Care Component	386.2132	494.3410	3,941,875
3. Property Cost Component	26.9078	26.9078	214,563
4. ROE/Use Allow Component	2.8567	2.8567	22,779
5. Total Cost Per Diem	576.5958	684.7236	5,459,986

Resident Care Component Per-Diem Calculation

Facility Name: Skipper Road Cluster

Provider Number: 28036401

FYE: 09/30/2022

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	271.6308	271.6308	A3D Allowable Resident Care Exp	2,165,984
B5 Allocation of D/C Expenses	108.1278	216.2556	B4 Allocation of D/C Expenses	1,724,422
C3 Additional Services per Diem	6.4546	6.4546	C2 Additional Services per Diem	51,469
Total Resident Care Component	386.2132	494.3410	Total Resident Care Component	3,941,875

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Pembroke Pines Cluster**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28037201

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 7/1/2021 - 6/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	5,806	5,806
2. Operating Expenses component			
A. Administration			260,939
B. Plant Operation			201,822
C. Laundry			0
D. Housekeeping			50,239
E. Operating Expense Component & Per Diem	88.3569	88.3569	513,000
3. Resident Care			
A. Dietary			129,767
B. Other			0
C. Nursing			436,559
D. Resident Care & Per Diem	97.5415	97.5415	566,326
4. Prop Exp & Per Diem	14.2732	14.2732	82,870
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	5,806.00	5,806.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	882,294.00	882,294.00
5. Direct Care Expense Per Diem	75.9813	151.9625	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	5,806	5,806
2. Additional Services	0	36,006	36,006
3. Additional Services Exp & Per Diem	6.2015	6.2015	
D. Medicaid Per Diem Cost			
1.Operating Component	88.3569	88.3569	513,000
2. Resident Care Component	179.7243	255.7055	1,484,626
3. Property Cost Component	14.2732	14.2732	82,870
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	282.3544	358.3356	2,080,496

Resident Care Component Per-Diem Calculation

Facility Name: Pembroke Pines Cluster

Provider Number: 28037201
FYE: 06/30/2022

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	97.5415	97.5415	A3D Allowable Resident Care Exp	566,326
B5 Allocation of D/C Expenses	75.9813	151.9625	B4 Allocation of D/C Expenses	882,294
C3 Additional Services per Diem	6.2015	6.2015	C2 Additional Services per Diem	36,006
Total Resident Care Component	179.7243	255.7055	Total Resident Care Component	1,484,626

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Ocala Cluster (Res-Care)**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28038101

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 7/1/2021 - 6/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	132	8,471	8,603
2. Operating Expenses component			
A. Administration			412,829
B. Plant Operation			159,739
C. Laundry			73,028
D. Housekeeping			6,637
E. Operating Expense Component & Per Diem	75.8146	75.8146	652,233
3. Resident Care			
A. Dietary			77,893
B. Other			0
C. Nursing			366,708
D. Resident Care & Per Diem	51.6798	51.6798	444,601
4. Prop Exp & Per Diem	12.3678	12.3678	106,400
5. ROE/Use Per Diem	4.0346	4.0346	34,710
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	66.00	8,471.00	8,537.00
3. Staffing Percent	0.0077	0.9923	1.0000
4. Allocation of Direct Care	8,551.91	1,097,625.09	1,106,177.00
5. Direct Care Expense Per Diem	64.7872	129.5744	
C. Additional Services Expense			
1. Medicaid Inpatient Days	132	8,471	8,603
2. Additional Services	2,410	155,114	157,524
3. Additional Services Exp & Per Diem	18.2576	18.3112	
D. Medicaid Per Diem Cost			
1. Operating Component	75.8146	75.8146	652,233
2. Resident Care Component	134.7246	199.5654	1,708,302
3. Property Cost Component	12.3678	12.3678	106,400
4. ROE/Use Allow Component	4.0346	4.0346	34,710
5. Total Cost Per Diem	226.9416	291.7824	2,501,645

Resident Care Component Per-Diem Calculation

Facility Name: Ocala Cluster (Res-Care)

Provider Number: 28038101
FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	51.6798	51.6798	A3D Allowable Resident Care Exp	444,601
B5 Allocation of D/C Expenses	64.7872	129.5744	B4 Allocation of D/C Expenses	1,106,177
C3 Additional Services per Diem	18.2576	18.3112	C2 Additional Services per Diem	157,524
Total Resident Care Component	134.7246	199.5654	Total Resident Care Component	1,708,302

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Florida Agency For Health Care Administration

028040201

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Williams Road Cluster**
 Provider Number: 28040201
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 10/1/2021 - 9/30/2022
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	8,372	8,737
2. Operating Expenses component			
A. Administration			940,019
B. Plant Operation			257,699
C. Laundry			3,931
D. Housekeeping			49,880
E. Operating Expense Component & Per Diem	143.2447	143.2447	1,251,529
3. Resident Care			
A. Dietary			180,556
B. Other			588,928
C. Nursing			1,378,082
D. Resident Care & Per Diem	245.8013	245.8013	2,147,566
4. Prop Exp & Per Diem	24.4180	24.4180	213,340
5. ROE/Use Per Diem	2.5858	2.5858	22,592
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	182.50	8,372.00	8,554.50
3. Staffing Percent	0.0213	0.9787	1.0000
4. Allocation of Direct Care	34,384.15	1,577,337.85	1,611,722.00
5. Direct Care Expense Per Diem	94.2032	188.4063	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	8,372	8,737
2. Additional Services	2,130	48,846	50,976
3. Additional Services Exp & Per Diem	5.8356	5.8344	
D. Medicaid Per Diem Cost			
1.Operating Component	143.2447	143.2447	1,251,529
2. Resident Care Component	345.8401	440.0420	3,810,264
3. Property Cost Component	24.4180	24.4180	213,340
4. ROE/Use Allow Component	2.5858	2.5858	22,592
5. Total Cost Per Diem	516.0886	610.2905	5,297,725

Resident Care Component Per-Diem Calculation

Facility Name: Williams Road Cluster

Provider Number: 28040201

FYE: 09/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	245.8013	245.8013	A3D Allowable Resident Care Exp	2,147,566
B5 Allocation of D/C Expenses	94.2032	188.4063	B4 Allocation of D/C Expenses	1,611,722
C3 Additional Services per Diem	5.8356	5.8344	C2 Additional Services per Diem	50,976
Total Resident Care Component	345.8401	440.0420	Total Resident Care Component	3,810,264

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Florida Agency For Health Care Administration

028041101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 24

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

Resident Care Component Per-Diem Calculation

Facility Name: MCP 80th Street

Provider Number: 28041101

FYE: 09/30/2021

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

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Florida Agency For Health Care Administration

028045301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

Provider Name: **MCP Braddock**
 Provider Number: 28045301
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 24

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

Resident Care Component Per-Diem Calculation

Facility Name: MCP Braddock

Provider Number: 28045301
FYE: 06/30/2021

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

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Florida Agency For Health Care Administration

028046101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 7/1/2020 - 6/30/2021
 Days In Reporting Period: 365
 Number of Beds: 24

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

Resident Care Component Per-Diem Calculation

Facility Name: MCP 2nd Street

Provider Number: 28046101

FYE: 06/30/2021

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

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Florida Agency For Health Care Administration

028048801

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

Provider Name: **MCP Sunset**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28048801

Rate Semester : July, 2023

Audit Status: Unaudited Costs

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

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

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

Resident Care Component Per-Diem Calculation

Facility Name: MCP Sunset

Provider Number: 28048801
FYE: 06/30/2021

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

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Florida Agency For Health Care Administration

028049601

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	Dorchester Cluster (Sunrise)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28049601	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,459	5,623	8,082
2. Operating Expenses component			
A. Administration			531,112
B. Plant Operation			153,576
C. Laundry			955
D. Housekeeping			44,623
E. Operating Expense Component & Per Diem	90.3571	90.3571	730,266
3. Resident Care			
A. Dietary			195,317
B. Other			165,102
C. Nursing			890,437
D. Resident Care & Per Diem	154.7706	154.7706	1,250,856
4. Prop Exp & Per Diem	10.8286	10.8286	87,517
5. ROE/Use Per Diem	3.5127	3.5127	28,390
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,229.50	5,623.00	6,852.50
3. Staffing Percent	0.1794	0.8206	1.0000
4. Allocation of Direct Care	341,962.31	1,563,931.69	1,905,894.00
5. Direct Care Expense Per Diem	139.0656	278.1312	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,459	5,623	8,082
2. Additional Services	37,710	86,231	123,941
3. Additional Services Exp & Per Diem	15.3355	15.3354	
D. Medicaid Per Diem Cost			
1.Operating Component	90.3571	90.3571	730,266
2. Resident Care Component	309.1717	448.2372	3,280,691
3. Property Cost Component	10.8286	10.8286	87,517
4. ROE/Use Allow Component	3.5127	3.5127	28,390
5. Total Cost Per Diem	413.8701	552.9356	4,126,864

Resident Care Component Per-Diem Calculation

Facility Name: Dorchester Cluster (Sunrise)

Provider Number: 28049601

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	154.7706	154.7706	A3D Allowable Resident Care Exp	1,250,856
B5 Allocation of D/C Expenses	139.0656	278.1312	B4 Allocation of D/C Expenses	1,905,894
C3 Additional Services per Diem	15.3355	15.3354	C2 Additional Services per Diem	123,941
Total Resident Care Component	309.1717	448.2372	Total Resident Care Component	3,280,691

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Florida Agency For Health Care Administration

028059300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	146th Place Grp Home #10 (Sunrise)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28059300	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			69,924
B. Plant Operation			20,690
C. Laundry			114
D. Housekeeping			3,022
E. Operating Expense Component & Per Diem	42.8082		93,750
3. Resident Care			
A. Dietary			15,481
B. Other			51,135
C. Nursing			0
D. Resident Care & Per Diem	30.4183		66,616
4. Prop Exp & Per Diem	11.1968		24,521
5. ROE/Use Per Diem	1.6689		3,655
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	408,887.00	0.00	408,887.00
5. Direct Care Expense Per Diem	186.7064	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	3,237	0	3,237
3. Additional Services Exp & Per Diem	1.4781	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	42.8082	0.0000	93,750
2. Resident Care Component	218.6028	0.0000	478,740
3. Property Cost Component	11.1968	0.0000	24,521
4. ROE/Use Allow Component	1.6689	0.0000	3,655
5. Total Cost Per Diem	274.2767	0.0000	600,666

Resident Care Component Per-Diem Calculation

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

Provider Number: 28059300
FYE: 06/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	30.4183	0.0000	A3D Allowable Resident Care Exp	66,616
B5 Allocation of D/C Expenses	186.7064	0.0000	B4 Allocation of D/C Expenses	408,887
C3 Additional Services per Diem	1.4781	0.0000	C2 Additional Services per Diem	3,237
Total Resident Care Component	218.6028	0.0000	Total Resident Care Component	478,740

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Florida Agency For Health Care Administration

028062300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	119th Street Grp Home #11 (Sunrise)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28062300	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,095	718	1,813
2. Operating Expenses component			
A. Administration			73,898
B. Plant Operation			20,440
C. Laundry			104
D. Housekeeping			2,241
E. Operating Expense Component & Per Diem	53.3276	53.3276	96,683
3. Resident Care			
A. Dietary			17,504
B. Other			43,186
C. Nursing			1
D. Resident Care & Per Diem	33.4755	33.4755	60,691
4. Prop Exp & Per Diem	22.1307	22.1307	40,123
5. ROE/Use Per Diem	2.7595	2.7595	5,003
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	821.25	718.00	1,539.25
3. Staffing Percent	0.5335	0.4665	1.0000
4. Allocation of Direct Care	221,364.29	193,533.71	414,898.00
5. Direct Care Expense Per Diem	202.1592	269.5456	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,095	718	1,813
2. Additional Services	12,583	8,251	20,834
3. Additional Services Exp & Per Diem	11.4913	11.4916	
D. Medicaid Per Diem Cost			
1.Operating Component	53.3276	53.3276	96,683
2. Resident Care Component	247.1260	314.5127	496,423
3. Property Cost Component	22.1307	22.1307	40,123
4. ROE/Use Allow Component	2.7595	2.7595	5,003
5. Total Cost Per Diem	325.3438	392.7305	638,232

Resident Care Component Per-Diem Calculation

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

Provider Number: 28062300
FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	33.4755	33.4755	A3D Allowable Resident Care Exp	60,691
B5 Allocation of D/C Expenses	202.1592	269.5456	B4 Allocation of D/C Expenses	414,898
C3 Additional Services per Diem	11.4913	11.4916	C2 Additional Services per Diem	20,834
Total Resident Care Component	247.1260	314.5127	Total Resident Care Component	496,423

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Florida Agency For Health Care Administration

028065800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	22nd Street Grp Home #6 (Sunrise)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28065800	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,807	0	1,807
2. Operating Expenses component			
A. Administration			65,413
B. Plant Operation			31,397
C. Laundry			393
D. Housekeeping			3,251
E. Operating Expense Component & Per Diem	55.5916		100,454
3. Resident Care			
A. Dietary			18,708
B. Other			39,064
C. Nursing			506
D. Resident Care & Per Diem	32.2512		58,278
4. Prop Exp & Per Diem	12.8063		23,141
5. ROE/Use Per Diem	2.4051		4,346
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,355.25	0.00	1,355.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	399,242.00	0.00	399,242.00
5. Direct Care Expense Per Diem	220.9419	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,807	0	1,807
2. Additional Services	12,588	0	12,588
3. Additional Services Exp & Per Diem	6.9662	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	55.5916	0.0000	100,454
2. Resident Care Component	260.1593	0.0000	470,108
3. Property Cost Component	12.8063	0.0000	23,141
4. ROE/Use Allow Component	2.4051	0.0000	4,346
5. Total Cost Per Diem	330.9623	0.0000	598,049

Resident Care Component Per-Diem Calculation

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

Provider Number: 28065800

FYE: 06/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	32.2512	0.0000	A3D Allowable Resident Care Exp	58,278
B5 Allocation of D/C Expenses	220.9419	0.0000	B4 Allocation of D/C Expenses	399,242
C3 Additional Services per Diem	6.9662	0.0000	C2 Additional Services per Diem	12,588
Total Resident Care Component	260.1593	0.0000	Total Resident Care Component	470,108

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Florida Agency For Health Care Administration

028427100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Fern Park Developmental Center**
 Provider Number: 28427100
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 3/1/2021 - 2/28/2022
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	6,564	16,038	22,602
2. Operating Expenses component			
A. Administration			1,212,937
B. Plant Operation			315,022
C. Laundry			8,478
D. Housekeeping			158,771
E. Operating Expense Component & Per Diem	75.0026	75.0026	1,695,208
3. Resident Care			
A. Dietary			548,760
B. Other			0
C. Nursing			1,106,397
D. Resident Care & Per Diem	73.2306	73.2306	1,655,157
4. Prop Exp & Per Diem	29.4703	29.4703	666,088
5. ROE/Use Per Diem	0.1940	0.1940	4,385
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	3,282.00	16,038.00	19,320.00
3. Staffing Percent	0.1699	0.8301	1.0000
4. Allocation of Direct Care	479,519.07	2,343,243.93	2,822,763.00
5. Direct Care Expense Per Diem	73.0529	146.1057	
C. Additional Services Expense			
1. Medicaid Inpatient Days	6,564	16,038	22,602
2. Additional Services	42,958	104,961	147,919
3. Additional Services Exp & Per Diem	6.5445	6.5445	
D. Medicaid Per Diem Cost			
1.Operating Component	75.0026	75.0026	1,695,208
2. Resident Care Component	152.8280	225.8808	4,625,839
3. Property Cost Component	29.4703	29.4703	666,088
4. ROE/Use Allow Component	0.1940	0.1940	4,385
5. Total Cost Per Diem	257.4949	330.5477	6,991,520

Resident Care Component Per-Diem Calculation

Facility Name: Fern Park Developmental Center

Provider Number: 28427100

FYE: 02/28/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	73.2306	73.2306	A3D Allowable Resident Care Exp	1,655,157
B5 Allocation of D/C Expenses	73.0529	146.1057	B4 Allocation of D/C Expenses	2,822,763
C3 Additional Services per Diem	6.5445	6.5445	C2 Additional Services per Diem	147,919
Total Resident Care Component	152.8280	225.8808	Total Resident Care Component	4,625,839

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Florida Agency For Health Care Administration

028500500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

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

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28500500

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 7/1/2021 - 6/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 12

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	4,380	0	4,380
2. Operating Expenses component			
A. Administration			149,905
B. Plant Operation			55,656
C. Laundry			(298)
D. Housekeeping			4,127
E. Operating Expense Component & Per Diem	47.8059		209,390
3. Resident Care			
A. Dietary			31,609
B. Other			93,310
C. Nursing			3,966
D. Resident Care & Per Diem	29.4258		128,885
4. Prop Exp & Per Diem	38.9189		170,465
5. ROE/Use Per Diem	22.4744		98,438
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	2,190.00	0.00	2,190.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	859,288.00	0.00	859,288.00
5. Direct Care Expense Per Diem	196.1845	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,380	0	4,380
2. Additional Services	4,686	0	4,686
3. Additional Services Exp & Per Diem	1.0699	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	47.8059	0.0000	209,390
2. Resident Care Component	226.6802	0.0000	992,859
3. Property Cost Component	38.9189	0.0000	170,465
4. ROE/Use Allow Component	22.4744	0.0000	98,438
5. Total Cost Per Diem	335.8794	0.0000	1,471,152

Resident Care Component Per-Diem Calculation

Facility Name: Naranja Group Home (Sunrise)

Provider Number: 28500500

FYE: 06/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	29.4258	0.0000	A3D Allowable Resident Care Exp	128,885
B5 Allocation of D/C Expenses	196.1845	0.0000	B4 Allocation of D/C Expenses	859,288
C3 Additional Services per Diem	1.0699	0.0000	C2 Additional Services per Diem	4,686
Total Resident Care Component	226.6802	0.0000	Total Resident Care Component	992,859

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Florida Agency For Health Care Administration

028505600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **PARC Cottage**
 Provider Number: 28505600
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 10/1/2021 - 9/30/2022
 Days In Reporting Period: 365
 Number of Beds: 16

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	3,219	2,312	5,531
2. Operating Expenses component			
A. Administration			698,321
B. Plant Operation			53,001
C. Laundry			5,029
D. Housekeeping			23,902
E. Operating Expense Component & Per Diem	141.0691	141.0691	780,253
3. Resident Care			
A. Dietary			152,919
B. Other			0
C. Nursing			324,692
D. Resident Care & Per Diem	86.3517	86.3517	477,611
4. Prop Exp & Per Diem	19.6758	19.6758	108,827
5. ROE/Use Per Diem	1.9926	1.9926	11,021
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,609.50	2,312.00	3,921.50
3. Staffing Percent	0.4104	0.5896	1.0000
4. Allocation of Direct Care	810,823.53	1,164,724.47	1,975,548.00
5. Direct Care Expense Per Diem	251.8868	503.7736	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,219	2,312	5,531
2. Additional Services	90,625	63,958	154,583
3. Additional Services Exp & Per Diem	28.1532	27.6635	
D. Medicaid Per Diem Cost			
1.Operating Component	141.0691	141.0691	780,253
2. Resident Care Component	366.3917	617.7888	2,607,742
3. Property Cost Component	19.6758	19.6758	108,827
4. ROE/Use Allow Component	1.9926	1.9926	11,021
5. Total Cost Per Diem	529.1292	780.5263	3,507,843

Resident Care Component Per-Diem Calculation

Facility Name: PARC Cottage

Provider Number: 28505600

FYE: 09/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	86.3517	86.3517	A3D Allowable Resident Care Exp	477,611
B5 Allocation of D/C Expenses	251.8868	503.7736	B4 Allocation of D/C Expenses	1,975,548
C3 Additional Services per Diem	28.1532	27.6635	C2 Additional Services per Diem	154,583
Total Resident Care Component	366.3917	617.7888	Total Resident Care Component	2,607,742

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028512900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

Provider Name: **MACtown, Inc.**
 Provider Number: 28512900
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 10/1/2017 - 9/30/2018
 Days In Reporting Period: 365
 Number of Beds: 56

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

Resident Care Component Per-Diem Calculation

Facility Name: MACtown, Inc.

Provider Number: 28512900
FYE: 09/30/2018

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

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Florida Agency For Health Care Administration

028513700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **New Horizons of NW Florida, Inc.**
 Provider Number: 28513700
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 30

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	8,668	10,858
2. Operating Expenses component			
A. Administration			1,517,369
B. Plant Operation			238,912
C. Laundry			83,801
D. Housekeeping			131,347
E. Operating Expense Component & Per Diem	181.5647	181.5647	1,971,429
3. Resident Care			
A. Dietary			320,076
B. Other			82,099
C. Nursing			619,838
D. Resident Care & Per Diem	94.1253	94.1253	1,022,013
4. Prop Exp & Per Diem	6.3755	6.3755	69,225
5. ROE/Use Per Diem	0.6684	0.6684	7,257
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,095.00	8,668.00	9,763.00
3. Staffing Percent	0.1122	0.8878	1.0000
4. Allocation of Direct Care	112,596.46	891,311.54	1,003,908.00
5. Direct Care Expense Per Diem	51.4139	102.8278	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	8,668	10,858
2. Additional Services	46,623	140,521	187,144
3. Additional Services Exp & Per Diem	21.2890	16.2115	
D. Medicaid Per Diem Cost			
1.Operating Component	181.5647	181.5647	1,971,429
2. Resident Care Component	166.8282	213.1646	2,213,065
3. Property Cost Component	6.3755	6.3755	69,225
4. ROE/Use Allow Component	0.6684	0.6684	7,257
5. Total Cost Per Diem	355.4368	401.7732	4,260,976

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons of NW Florida, Inc.

Provider Number: 28513700
FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	94.1253	94.1253	A3D Allowable Resident Care Exp	1,022,013
B5 Allocation of D/C Expenses	51.4139	102.8278	B4 Allocation of D/C Expenses	1,003,908
C3 Additional Services per Diem	21.2890	16.2115	C2 Additional Services per Diem	187,144
Total Resident Care Component	166.8282	213.1646	Total Resident Care Component	2,213,065

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Florida Agency For Health Care Administration

028519600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

Provider Name: **BARC Housing, Inc.**
 Provider Number: 28519600
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 36

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

Resident Care Component Per-Diem Calculation

Facility Name: BARC Housing, Inc.

Provider Number: 28519600
FYE: 09/30/2021

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

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Florida Agency For Health Care Administration

028521800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

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

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28521800

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 10/1/2021 - 9/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,034	14,785	15,819
2. Operating Expenses component			
A. Administration			427,263
B. Plant Operation			555,837
C. Laundry			5,059
D. Housekeeping			92,722
E. Operating Expense Component & Per Diem	68.3280	68.3280	1,080,881
3. Resident Care			
A. Dietary			240,970
B. Other			0
C. Nursing			1,530,388
D. Resident Care & Per Diem	111.9766	111.9766	1,771,358
4. Prop Exp & Per Diem	15.0569	15.0569	238,185
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	517.00	14,785.00	15,302.00
3. Staffing Percent	0.0338	0.9662	1.0000
4. Allocation of Direct Care	99,241.05	2,838,063.95	2,937,305.00
5. Direct Care Expense Per Diem	95.9778	191.9556	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,034	14,785	15,819
2. Additional Services	60,057	858,744	918,801
3. Additional Services Exp & Per Diem	58.0822	58.0821	
D. Medicaid Per Diem Cost			
1.Operating Component	68.3280	68.3280	1,080,881
2. Resident Care Component	266.0366	362.0143	5,627,464
3. Property Cost Component	15.0569	15.0569	238,185
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	349.4215	445.3992	6,946,530

Resident Care Component Per-Diem Calculation

Facility Name: Ann Storck Center, Inc.

Provider Number: 28521800
FYE: 09/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	111.9766	111.9766	A3D Allowable Resident Care Exp	1,771,358
B5 Allocation of D/C Expenses	95.9778	191.9556	B4 Allocation of D/C Expenses	2,937,305
C3 Additional Services per Diem	58.0822	58.0821	C2 Additional Services per Diem	918,801
Total Resident Care Component	266.0366	362.0143	Total Resident Care Component	5,627,464

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Florida Agency For Health Care Administration

028531500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Woodhouse, Inc**
 Provider Number: 28531500
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,271	5,479	6,750
2. Operating Expenses component			
A. Administration			502,630
B. Plant Operation			342,489
C. Laundry			0
D. Housekeeping			120,953
E. Operating Expense Component & Per Diem	143.1218	143.1218	966,072
3. Resident Care			
A. Dietary			143,057
B. Other			0
C. Nursing			516,395
D. Resident Care & Per Diem	97.6966	97.6966	659,452
4. Prop Exp & Per Diem	18.8593	18.8593	127,300
5. ROE/Use Per Diem	2.4959	2.4959	16,847
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	635.50	5,479.00	6,114.50
3. Staffing Percent	0.1039	0.8961	1.0000
4. Allocation of Direct Care	142,067.53	1,224,843.47	1,366,911.00
5. Direct Care Expense Per Diem	111.7762	223.5524	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,271	5,479	6,750
2. Additional Services	10,034	43,256	53,290
3. Additional Services Exp & Per Diem	7.8946	7.8949	
D. Medicaid Per Diem Cost			
1.Operating Component	143.1218	143.1218	966,072
2. Resident Care Component	217.3674	329.1439	2,079,653
3. Property Cost Component	18.8593	18.8593	127,300
4. ROE/Use Allow Component	2.4959	2.4959	16,847
5. Total Cost Per Diem	381.8444	493.6209	3,189,872

Resident Care Component Per-Diem Calculation

Facility Name: Woodhouse, Inc

Provider Number: 28531500

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	97.6966	97.6966	A3D Allowable Resident Care Exp	659,452
B5 Allocation of D/C Expenses	111.7762	223.5524	B4 Allocation of D/C Expenses	1,366,911
C3 Additional Services per Diem	7.8946	7.8949	C2 Additional Services per Diem	53,290
Total Resident Care Component	217.3674	329.1439	Total Resident Care Component	2,079,653

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Florida Agency For Health Care Administration

028533100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	Cape Coral Cluster (Sunrise)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28533100	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	467	7,140	7,607
2. Operating Expenses component			
A. Administration			733,193
B. Plant Operation			262,241
C. Laundry			1,431
D. Housekeeping			84,650
E. Operating Expense Component & Per Diem	142.1737	142.1737	1,081,515
3. Resident Care			
A. Dietary			197,558
B. Other			103,535
C. Nursing			869,328
D. Resident Care & Per Diem	153.8610	153.8610	1,170,421
4. Prop Exp & Per Diem	25.0507	25.0507	190,561
5. ROE/Use Per Diem	4.4956	4.4956	34,198
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	233.50	7,140.00	7,373.50
3. Staffing Percent	0.0317	0.9683	1.0000
4. Allocation of Direct Care	54,044.00	1,652,566.00	1,706,610.00
5. Direct Care Expense Per Diem	115.7259	231.4518	
C. Additional Services Expense			
1. Medicaid Inpatient Days	467	7,140	7,607
2. Additional Services	8,850	135,303	144,153
3. Additional Services Exp & Per Diem	18.9507	18.9500	
D. Medicaid Per Diem Cost			
1.Operating Component	142.1737	142.1737	1,081,515
2. Resident Care Component	288.5376	404.2628	3,021,184
3. Property Cost Component	25.0507	25.0507	190,561
4. ROE/Use Allow Component	4.4956	4.4956	34,198
5. Total Cost Per Diem	460.2576	575.9828	4,327,458

Resident Care Component Per-Diem Calculation

Facility Name: Cape Coral Cluster (Sunrise)

Provider Number: 28533100

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	153.8610	153.8610	A3D Allowable Resident Care Exp	1,170,421
B5 Allocation of D/C Expenses	115.7259	231.4518	B4 Allocation of D/C Expenses	1,706,610
C3 Additional Services per Diem	18.9507	18.9500	C2 Additional Services per Diem	144,153
Total Resident Care Component	288.5376	404.2628	Total Resident Care Component	3,021,184

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Florida Agency For Health Care Administration

028536600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Squire Court Community Home (Res-Care)**
 Provider Number: 28536600
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	717	1,467	2,184
2. Operating Expenses component			
A. Administration			88,498
B. Plant Operation			39,791
C. Laundry			1,026
D. Housekeeping			3,970
E. Operating Expense Component & Per Diem	61.0279	61.0279	133,285
3. Resident Care			
A. Dietary			23,790
B. Other			0
C. Nursing			46,686
D. Resident Care & Per Diem	32.2692	32.2692	70,476
4. Prop Exp & Per Diem	26.3191	26.3191	57,481
5. ROE/Use Per Diem	1.0215	1.0215	2,231
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	537.75	1,467.00	2,004.75
3. Staffing Percent	0.2682	0.7318	1.0000
4. Allocation of Direct Care	73,841.34	201,441.66	275,283.00
5. Direct Care Expense Per Diem	102.9865	137.3154	
C. Additional Services Expense			
1. Medicaid Inpatient Days	717	1,467	2,184
2. Additional Services	53,044	108,527	161,571
3. Additional Services Exp & Per Diem	73.9805	73.9789	
D. Medicaid Per Diem Cost			
1. Operating Component	61.0279	61.0279	133,285
2. Resident Care Component	209.2362	243.5635	507,330
3. Property Cost Component	26.3191	26.3191	57,481
4. ROE/Use Allow Component	1.0215	1.0215	2,231
5. Total Cost Per Diem	297.6047	331.9320	700,327

Resident Care Component Per-Diem Calculation

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

Provider Number: 28536600

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	32.2692	32.2692	A3D Allowable Resident Care Exp	70,476
B5 Allocation of D/C Expenses	102.9865	137.3154	B4 Allocation of D/C Expenses	275,283
C3 Additional Services per Diem	73.9805	73.9789	C2 Additional Services per Diem	161,571
Total Resident Care Component	209.2362	243.5635	Total Resident Care Component	507,330

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Florida Agency For Health Care Administration

028537400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	Bayview Community Home (Res-Care)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28537400	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			84,931
B. Plant Operation			44,785
C. Laundry			863
D. Housekeeping			4,015
E. Operating Expense Component & Per Diem	61.4584		134,594
3. Resident Care			
A. Dietary			20,390
B. Other			0
C. Nursing			43,467
D. Resident Care & Per Diem	29.1584		63,857
4. Prop Exp & Per Diem	21.4881		47,059
5. ROE/Use Per Diem	1.4461		3,167
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	259,804.00	0.00	259,804.00
5. Direct Care Expense Per Diem	118.6320	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	152,117	0	152,117
3. Additional Services Exp & Per Diem	69.4598	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	61.4584	0.0000	134,594
2. Resident Care Component	217.2502	0.0000	475,778
3. Property Cost Component	21.4881	0.0000	47,059
4. ROE/Use Allow Component	1.4461	0.0000	3,167
5. Total Cost Per Diem	301.6428	0.0000	660,598

Resident Care Component Per-Diem Calculation

Facility Name: Bayview Community Home (Res-Care)

Provider Number: 28537400

FYE: 06/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	29.1584	0.0000	A3D Allowable Resident Care Exp	63,857
B5 Allocation of D/C Expenses	118.6320	0.0000	B4 Allocation of D/C Expenses	259,804
C3 Additional Services per Diem	69.4598	0.0000	C2 Additional Services per Diem	152,117
Total Resident Care Component	217.2502	0.0000	Total Resident Care Component	475,778

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028539100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Hendricks**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28539100

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 6/1/2021 - 5/31/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	3,007	5,389	8,396
2. Operating Expenses component			
A. Administration			682,324
B. Plant Operation			293,999
C. Laundry			5,505
D. Housekeeping			111,725
E. Operating Expense Component & Per Diem	130.2469	130.2469	1,093,553
3. Resident Care			
A. Dietary			400,801
B. Other			0
C. Nursing			409,773
D. Resident Care & Per Diem	96.5429	96.5429	810,574
4. Prop Exp & Per Diem	64.9886	64.9886	545,644
5. ROE/Use Per Diem	2.7540	2.7540	23,123
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,503.50	5,389.00	6,892.50
3. Staffing Percent	0.2181	0.7819	1.0000
4. Allocation of Direct Care	308,715.61	1,106,530.39	1,415,246.00
5. Direct Care Expense Per Diem	102.6656	205.3313	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,007	5,389	8,396
2. Additional Services	80,435	144,152	224,587
3. Additional Services Exp & Per Diem	26.7493	26.7493	
D. Medicaid Per Diem Cost			
1.Operating Component	130.2469	130.2469	1,093,553
2. Resident Care Component	225.9578	328.6235	2,450,407
3. Property Cost Component	64.9886	64.9886	545,644
4. ROE/Use Allow Component	2.7540	2.7540	23,123
5. Total Cost Per Diem	423.9473	526.6130	4,112,727

Resident Care Component Per-Diem Calculation

Facility Name: Hendricks

Provider Number: 28539100
FYE: 05/31/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	96.5429	96.5429	A3D Allowable Resident Care Exp	810,574
B5 Allocation of D/C Expenses	102.6656	205.3313	B4 Allocation of D/C Expenses	1,415,246
C3 Additional Services per Diem	26.7493	26.7493	C2 Additional Services per Diem	224,587
Total Resident Care Component	225.9578	328.6235	Total Resident Care Component	2,450,407

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Twin Lane Community Home (Res-Care)** Cost Report Entered By : Hatcher, Toriano
 Provider Number: 28541200 Rate Semester : July, 2023
 Audit Status: Unaudited Costs Cost Report : 7/1/2021 - 6/30/2022
 Date: 7/12/2023 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,719	471	2,190
2. Operating Expenses component			
A. Administration			85,545
B. Plant Operation			41,421
C. Laundry			1,106
D. Housekeeping			3,371
E. Operating Expense Component & Per Diem	60.0196	60.0196	131,443
3. Resident Care			
A. Dietary			22,804
B. Other			0
C. Nursing			43,794
D. Resident Care & Per Diem	30.4100	30.4100	66,598
4. Prop Exp & Per Diem	12.7315	12.7315	27,882
5. ROE/Use Per Diem	2.1059	2.1059	4,612
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,289.25	471.00	1,760.25
3. Staffing Percent	0.7324	0.2676	1.0000
4. Allocation of Direct Care	235,598.95	86,071.05	321,670.00
5. Direct Care Expense Per Diem	137.0558	182.7411	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,719	471	2,190
2. Additional Services	121,641	33,335	154,976
3. Additional Services Exp & Per Diem	70.7627	70.7749	
D. Medicaid Per Diem Cost			
1. Operating Component	60.0196	60.0196	131,443
2. Resident Care Component	238.2285	283.9260	543,244
3. Property Cost Component	12.7315	12.7315	27,882
4. ROE/Use Allow Component	2.1059	2.1059	4,612
5. Total Cost Per Diem	313.0855	358.7830	707,181

Resident Care Component Per-Diem Calculation

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

Provider Number: 28541200

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	30.4100	30.4100	A3D Allowable Resident Care Exp	66,598
B5 Allocation of D/C Expenses	137.0558	182.7411	B4 Allocation of D/C Expenses	321,670
C3 Additional Services per Diem	70.7627	70.7749	C2 Additional Services per Diem	154,976
Total Resident Care Component	238.2285	283.9260	Total Resident Care Component	543,244

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028547100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	62nd Place Grp Home #17 (Sunrise)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28547100	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,985	0	1,985
2. Operating Expenses component			
A. Administration			70,952
B. Plant Operation			26,700
C. Laundry			119
D. Housekeeping			2,601
E. Operating Expense Component & Per Diem	50.5652		100,372
3. Resident Care			
A. Dietary			25,073
B. Other			41,054
C. Nursing			15,157
D. Resident Care & Per Diem	40.9491		81,284
4. Prop Exp & Per Diem	15.5471		30,861
5. ROE/Use Per Diem	2.3244		4,614
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,488.75	0.00	1,488.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	400,418.00	0.00	400,418.00
5. Direct Care Expense Per Diem	201.7219	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,985	0	1,985
2. Additional Services	175	0	175
3. Additional Services Exp & Per Diem	0.0882	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	50.5652	0.0000	100,372
2. Resident Care Component	242.7592	0.0000	481,877
3. Property Cost Component	15.5471	0.0000	30,861
4. ROE/Use Allow Component	2.3244	0.0000	4,614
5. Total Cost Per Diem	311.1959	0.0000	617,724

Resident Care Component Per-Diem Calculation

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

Provider Number: 28547100

FYE: 06/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	40.9491	0.0000	A3D Allowable Resident Care Exp	81,284
B5 Allocation of D/C Expenses	201.7219	0.0000	B4 Allocation of D/C Expenses	400,418
C3 Additional Services per Diem	0.0882	0.0000	C2 Additional Services per Diem	175
Total Resident Care Component	242.7592	0.0000	Total Resident Care Component	481,877

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028548000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	138th Court Grp Home #16 (Sunrise)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28548000	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,505	365	1,870
2. Operating Expenses component			
A. Administration			67,628
B. Plant Operation			34,861
C. Laundry			210
D. Housekeeping			3,982
E. Operating Expense Component & Per Diem	57.0487	57.0487	106,681
3. Resident Care			
A. Dietary			17,565
B. Other			38,128
C. Nursing			0
D. Resident Care & Per Diem	29.7824	29.7824	55,693
4. Prop Exp & Per Diem	12.3444	12.3444	23,084
5. ROE/Use Per Diem	2.5626	2.5626	4,792
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,128.75	365.00	1,493.75
3. Staffing Percent	0.7556	0.2444	1.0000
4. Allocation of Direct Care	308,628.78	99,800.22	408,429.00
5. Direct Care Expense Per Diem	205.0690	273.4253	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,505	365	1,870
2. Additional Services	5,699	1,382	7,081
3. Additional Services Exp & Per Diem	3.7867	3.7863	
D. Medicaid Per Diem Cost			
1.Operating Component	57.0487	57.0487	106,681
2. Resident Care Component	238.6381	306.9940	471,203
3. Property Cost Component	12.3444	12.3444	23,084
4. ROE/Use Allow Component	2.5626	2.5626	4,792
5. Total Cost Per Diem	310.5938	378.9497	605,760

Resident Care Component Per-Diem Calculation

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

Provider Number: 28548000

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	29.7824	29.7824	A3D Allowable Resident Care Exp	55,693
B5 Allocation of D/C Expenses	205.0690	273.4253	B4 Allocation of D/C Expenses	408,429
C3 Additional Services per Diem	3.7867	3.7863	C2 Additional Services per Diem	7,081
Total Resident Care Component	238.6381	306.9940	Total Resident Care Component	471,203

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Florida Agency For Health Care Administration

028552800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	26th Terrace Grp Home #12 (Sunrise)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28552800	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	800	1,221	2,021
2. Operating Expenses component			
A. Administration			98,042
B. Plant Operation			31,574
C. Laundry			103
D. Housekeeping			1,692
E. Operating Expense Component & Per Diem	65.0228	65.0228	131,411
3. Resident Care			
A. Dietary			15,532
B. Other			28,048
C. Nursing			0
D. Resident Care & Per Diem	21.5636	21.5636	43,580
4. Prop Exp & Per Diem	7.6027	7.6027	15,365
5. ROE/Use Per Diem	2.4102	2.4102	4,871
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	600.00	1,221.00	1,821.00
3. Staffing Percent	0.3295	0.6705	1.0000
4. Allocation of Direct Care	114,539.70	233,088.30	347,628.00
5. Direct Care Expense Per Diem	143.1746	190.8995	
C. Additional Services Expense			
1. Medicaid Inpatient Days	800	1,221	2,021
2. Additional Services	5,379	8,210	13,589
3. Additional Services Exp & Per Diem	6.7238	6.7240	
D. Medicaid Per Diem Cost			
1.Operating Component	65.0228	65.0228	131,411
2. Resident Care Component	171.4620	219.1871	404,797
3. Property Cost Component	7.6027	7.6027	15,365
4. ROE/Use Allow Component	2.4102	2.4102	4,871
5. Total Cost Per Diem	246.4977	294.2228	556,444

Resident Care Component Per-Diem Calculation

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

Provider Number: 28552800
FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	21.5636	21.5636	A3D Allowable Resident Care Exp	43,580
B5 Allocation of D/C Expenses	143.1746	190.8995	B4 Allocation of D/C Expenses	347,628
C3 Additional Services per Diem	6.7238	6.7240	C2 Additional Services per Diem	13,589
Total Resident Care Component	171.4620	219.1871	Total Resident Care Component	404,797

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028553600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Country Meadows Grp Home #13 (Sunrise)**
 Provider Number: 28553600
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,944	0	1,944
2. Operating Expenses component			
A. Administration			104,391
B. Plant Operation			31,171
C. Laundry			50
D. Housekeeping			1,326
E. Operating Expense Component & Per Diem	70.4414		136,938
3. Resident Care			
A. Dietary			13,243
B. Other			47,767
C. Nursing			0
D. Resident Care & Per Diem	31.3837		61,010
4. Prop Exp & Per Diem	14.4192		28,031
5. ROE/Use Per Diem	3.0206		5,872
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,458.00	0.00	1,458.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	422,333.00	0.00	422,333.00
5. Direct Care Expense Per Diem	217.2495	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,944	0	1,944
2. Additional Services	4,036	0	4,036
3. Additional Services Exp & Per Diem	2.0761	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	70.4414	0.0000	136,938
2. Resident Care Component	250.7093	0.0000	487,379
3. Property Cost Component	14.4192	0.0000	28,031
4. ROE/Use Allow Component	3.0206	0.0000	5,872
5. Total Cost Per Diem	338.5905	0.0000	658,220

Resident Care Component Per-Diem Calculation

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

Provider Number: 28553600

FYE: 06/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	31.3837	0.0000	A3D Allowable Resident Care Exp	61,010
B5 Allocation of D/C Expenses	217.2495	0.0000	B4 Allocation of D/C Expenses	422,333
C3 Additional Services per Diem	2.0761	0.0000	C2 Additional Services per Diem	4,036
Total Resident Care Component	250.7093	0.0000	Total Resident Care Component	487,379

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028557900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	148th Court Grp Home #20 (Sunrise)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28557900	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,938	0	1,938
2. Operating Expenses component			
A. Administration			61,609
B. Plant Operation			23,285
C. Laundry			109
D. Housekeeping			3,181
E. Operating Expense Component & Per Diem	45.5026		88,184
3. Resident Care			
A. Dietary			14,393
B. Other			46,336
C. Nursing			0
D. Resident Care & Per Diem	31.3359		60,729
4. Prop Exp & Per Diem	12.3235		23,883
5. ROE/Use Per Diem	1.8973		3,677
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,453.50	0.00	1,453.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	369,913.00	0.00	369,913.00
5. Direct Care Expense Per Diem	190.8736	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,938	0	1,938
2. Additional Services	1,537	0	1,537
3. Additional Services Exp & Per Diem	0.7931	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	45.5026	0.0000	88,184
2. Resident Care Component	223.0026	0.0000	432,179
3. Property Cost Component	12.3235	0.0000	23,883
4. ROE/Use Allow Component	1.8973	0.0000	3,677
5. Total Cost Per Diem	282.7260	0.0000	547,923

Resident Care Component Per-Diem Calculation

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

Provider Number: 28557900

FYE: 06/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	31.3359	0.0000	A3D Allowable Resident Care Exp	60,729
B5 Allocation of D/C Expenses	190.8736	0.0000	B4 Allocation of D/C Expenses	369,913
C3 Additional Services per Diem	0.7931	0.0000	C2 Additional Services per Diem	1,537
Total Resident Care Component	223.0026	0.0000	Total Resident Care Component	432,179

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Florida Agency For Health Care Administration

028558700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,132	0	2,132
2. Operating Expenses component			
A. Administration			72,944
B. Plant Operation			24,075
C. Laundry			107
D. Housekeeping			3,486
E. Operating Expense Component & Per Diem	47.1914		100,612
3. Resident Care			
A. Dietary			22,552
B. Other			44,498
C. Nursing			15,151
D. Resident Care & Per Diem	38.5558		82,201
4. Prop Exp & Per Diem	16.9995		36,243
5. ROE/Use Per Diem	2.6069		5,558
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,599.00	0.00	1,599.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	436,135.00	0.00	436,135.00
5. Direct Care Expense Per Diem	204.5661	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,132	0	2,132
2. Additional Services	192	0	192
3. Additional Services Exp & Per Diem	0.0901	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	47.1914	0.0000	100,612
2. Resident Care Component	243.2120	0.0000	518,528
3. Property Cost Component	16.9995	0.0000	36,243
4. ROE/Use Allow Component	2.6069	0.0000	5,558
5. Total Cost Per Diem	310.0098	0.0000	660,941

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Oakmont

Provider Number: 28558700
FYE: 06/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	38.5558	0.0000	A3D Allowable Resident Care Exp	82,201
B5 Allocation of D/C Expenses	204.5661	0.0000	B4 Allocation of D/C Expenses	436,135
C3 Additional Services per Diem	0.0901	0.0000	C2 Additional Services per Diem	192
Total Resident Care Component	243.2120	0.0000	Total Resident Care Component	518,528

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Florida Agency For Health Care Administration

028559500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

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

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28559500

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 7/1/2021 - 6/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,159	0	2,159
2. Operating Expenses component			
A. Administration			66,922
B. Plant Operation			23,437
C. Laundry			94
D. Housekeeping			2,287
E. Operating Expense Component & Per Diem	42.9551		92,740
3. Resident Care			
A. Dietary			17,063
B. Other			56,230
C. Nursing			15,142
D. Resident Care & Per Diem	40.9611		88,435
4. Prop Exp & Per Diem	8.0755		17,435
5. ROE/Use Per Diem	3.0107		6,500
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,619.25	0.00	1,619.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	383,833.00	0.00	383,833.00
5. Direct Care Expense Per Diem	177.7828	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,159	0	2,159
2. Additional Services	560	0	560
3. Additional Services Exp & Per Diem	0.2594	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	42.9551	0.0000	92,740
2. Resident Care Component	219.0033	0.0000	472,828
3. Property Cost Component	8.0755	0.0000	17,435
4. ROE/Use Allow Component	3.0107	0.0000	6,500
5. Total Cost Per Diem	273.0446	0.0000	589,503

Resident Care Component Per-Diem Calculation

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

Provider Number: 28559500
FYE: 06/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	40.9611	0.0000	A3D Allowable Resident Care Exp	88,435
B5 Allocation of D/C Expenses	177.7828	0.0000	B4 Allocation of D/C Expenses	383,833
C3 Additional Services per Diem	0.2594	0.0000	C2 Additional Services per Diem	560
Total Resident Care Component	219.0033	0.0000	Total Resident Care Component	472,828

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Florida Agency For Health Care Administration

028560900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	55th Court Grp Home #15 (Sunrise)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28560900	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			69,681
B. Plant Operation			23,616
C. Laundry			440
D. Housekeeping			2,316
E. Operating Expense Component & Per Diem	43.8598		96,053
3. Resident Care			
A. Dietary			21,188
B. Other			56,952
C. Nursing			15,146
D. Resident Care & Per Diem	42.5963		93,286
4. Prop Exp & Per Diem	7.7032		16,870
5. ROE/Use Per Diem	2.3822		5,217
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	398,152.00	0.00	398,152.00
5. Direct Care Expense Per Diem	181.8046	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	0	0	0
3. Additional Services Exp & Per Diem	0.0000	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	43.8598	0.0000	96,053
2. Resident Care Component	224.4009	0.0000	491,438
3. Property Cost Component	7.7032	0.0000	16,870
4. ROE/Use Allow Component	2.3822	0.0000	5,217
5. Total Cost Per Diem	278.3461	0.0000	609,578

Resident Care Component Per-Diem Calculation

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

Provider Number: 28560900

FYE: 06/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	42.5963	0.0000	A3D Allowable Resident Care Exp	93,286
B5 Allocation of D/C Expenses	181.8046	0.0000	B4 Allocation of D/C Expenses	398,152
C3 Additional Services per Diem	0.0000	0.0000	C2 Additional Services per Diem	0
Total Resident Care Component	224.4009	0.0000	Total Resident Care Component	491,438

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Florida Agency For Health Care Administration

028561700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Wentworth Drive Grp Home #18 (Sunrise)**
 Provider Number: 28561700
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			74,108
B. Plant Operation			27,109
C. Laundry			371
D. Housekeeping			2,556
E. Operating Expense Component & Per Diem	47.5543		104,144
3. Resident Care			
A. Dietary			27,258
B. Other			56,914
C. Nursing			15,145
D. Resident Care & Per Diem	45.3502		99,317
4. Prop Exp & Per Diem	6.7301		14,739
5. ROE/Use Per Diem	3.0219		6,618
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	446,933.00	0.00	446,933.00
5. Direct Care Expense Per Diem	204.0790	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	0	0	0
3. Additional Services Exp & Per Diem	0.0000	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	47.5543	0.0000	104,144
2. Resident Care Component	249.4292	0.0000	546,250
3. Property Cost Component	6.7301	0.0000	14,739
4. ROE/Use Allow Component	3.0219	0.0000	6,618
5. Total Cost Per Diem	306.7355	0.0000	671,751

Resident Care Component Per-Diem Calculation

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

Provider Number: 28561700

FYE: 06/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	45.3502	0.0000	A3D Allowable Resident Care Exp	99,317
B5 Allocation of D/C Expenses	204.0790	0.0000	B4 Allocation of D/C Expenses	446,933
C3 Additional Services per Diem	0.0000	0.0000	C2 Additional Services per Diem	0
Total Resident Care Component	249.4292	0.0000	Total Resident Care Component	546,250

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028565000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

Provider Name: **Lakeview Court**
 Provider Number: 28565000
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 12/1/2020 - 11/30/2021
 Days In Reporting Period: 365
 Number of Beds: 64

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

Resident Care Component Per-Diem Calculation

Facility Name: Lakeview Court

Provider Number: 28565000
FYE: 11/30/2021

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

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Florida Agency For Health Care Administration

028566800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

Provider Name: **Washington Square**
 Provider Number: 28566800
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 12/1/2020 - 11/30/2021
 Days In Reporting Period: 365
 Number of Beds: 64

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

Resident Care Component Per-Diem Calculation

Facility Name: Washington Square

Provider Number: 28566800

FYE: 11/30/2021

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

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Florida Agency For Health Care Administration

028567600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

Provider Name: **Howell Branch Court**
 Provider Number: 28567600
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 12/1/2020 - 11/30/2021
 Days In Reporting Period: 365
 Number of Beds: 64

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

Resident Care Component Per-Diem Calculation

Facility Name: Howell Branch Court

Provider Number: 28567600
FYE: 11/30/2021

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

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Florida Agency For Health Care Administration

028568400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

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

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28568400

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 7/1/2021 - 6/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			71,509
B. Plant Operation			27,635
C. Laundry			289
D. Housekeeping			3,115
E. Operating Expense Component & Per Diem	46.8256		102,548
3. Resident Care			
A. Dietary			18,089
B. Other			37,132
C. Nursing			0
D. Resident Care & Per Diem	25.2151		55,221
4. Prop Exp & Per Diem	13.2612		29,042
5. ROE/Use Per Diem	3.0603		6,702
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	421,456.00	0.00	421,456.00
5. Direct Care Expense Per Diem	192.4457	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	4,378	0	4,378
3. Additional Services Exp & Per Diem	1.9991	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	46.8256	0.0000	102,548
2. Resident Care Component	219.6599	0.0000	481,055
3. Property Cost Component	13.2612	0.0000	29,042
4. ROE/Use Allow Component	3.0603	0.0000	6,702
5. Total Cost Per Diem	282.8070	0.0000	619,347

Resident Care Component Per-Diem Calculation

Facility Name: 157th Terrace (Sunrise)

Provider Number: 28568400

FYE: 06/30/2022

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	25.2151	0.0000	A3D Allowable Resident Care Exp	55,221
B5 Allocation of D/C Expenses	192.4457	0.0000	B4 Allocation of D/C Expenses	421,456
C3 Additional Services per Diem	1.9991	0.0000	C2 Additional Services per Diem	4,378
Total Resident Care Component	219.6599	0.0000	Total Resident Care Component	481,055

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Florida Agency For Health Care Administration

028569200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name:	145th Street Group Home (Sunrise)	Cost Report Entered By :	Hatcher, Toriano
Provider Number:	28569200	Rate Semester :	July, 2023
Audit Status:	Unaudited Costs	Cost Report :	7/1/2021 - 6/30/2022
Date:	7/12/2023	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	2,186	2,186
2. Operating Expenses component			
A. Administration			92,057
B. Plant Operation			28,435
C. Laundry			59
D. Housekeeping			1,792
E. Operating Expense Component & Per Diem	55.9666	55.9666	122,343
3. Resident Care			
A. Dietary			16,627
B. Other			51,655
C. Nursing			0
D. Resident Care & Per Diem	31.2360	31.2360	68,282
4. Prop Exp & Per Diem	25.7228	25.7228	56,230
5. ROE/Use Per Diem	4.0439	4.0439	8,840
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	0.00	2,186.00	2,186.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	530,789.00	530,789.00
5. Direct Care Expense Per Diem	121.4065	242.8129	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	2,186	2,186
2. Additional Services	0	28,062	28,062
3. Additional Services Exp & Per Diem	12.8371	12.8371	
D. Medicaid Per Diem Cost			
1.Operating Component	55.9666	55.9666	122,343
2. Resident Care Component	165.4796	286.8860	627,133
3. Property Cost Component	25.7228	25.7228	56,230
4. ROE/Use Allow Component	4.0439	4.0439	8,840
5. Total Cost Per Diem	251.2129	372.6193	814,546

Resident Care Component Per-Diem Calculation

Facility Name: 145th Street Group Home (Sunrise)

Provider Number: 28569200

FYE: 06/30/2022

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	31.2360	31.2360	A3D Allowable Resident Care Exp	68,282
B5 Allocation of D/C Expenses	121.4065	242.8129	B4 Allocation of D/C Expenses	530,789
C3 Additional Services per Diem	12.8371	12.8371	C2 Additional Services per Diem	28,062
Total Resident Care Component	165.4796	286.8860	Total Resident Care Component	627,133

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Florida Agency For Health Care Administration

031256800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Avon Park Cluster (Mentor)**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 31256800

Rate Semester : July, 2023

Audit Status: Unaudited Costs

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

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,197	8,197
2. Operating Expenses component			
A. Administration			637,336
B. Plant Operation			223,458
C. Laundry			0
D. Housekeeping			67,440
E. Operating Expense Component & Per Diem	113.2407	113.2407	928,234
3. Resident Care			
A. Dietary			200,099
B. Other			0
C. Nursing			910,132
D. Resident Care & Per Diem	135.4436	135.4436	1,110,231
4. Prop Exp & Per Diem	21.8613	21.8613	179,197
5. ROE/Use Per Diem	0.9234	0.9234	7,569
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,197.00	8,197.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,340,690.00	1,340,690.00
5. Direct Care Expense Per Diem	81.7793	163.5586	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,197	8,197
2. Additional Services	0	203,499	203,499
3. Additional Services Exp & Per Diem	24.8260	24.8260	
D. Medicaid Per Diem Cost			
1.Operating Component	113.2407	113.2407	928,234
2. Resident Care Component	242.0489	323.8282	2,654,420
3. Property Cost Component	21.8613	21.8613	179,197
4. ROE/Use Allow Component	0.9234	0.9234	7,569
5. Total Cost Per Diem	378.0743	459.8536	3,769,420

Resident Care Component Per-Diem Calculation

Facility Name: Avon Park Cluster (Mentor)

Provider Number: 31256800

FYE: 09/30/2021

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	135.4436	135.4436	A3D Allowable Resident Care Exp	1,110,231
B5 Allocation of D/C Expenses	81.7793	163.5586	B4 Allocation of D/C Expenses	1,340,690
C3 Additional Services per Diem	24.8260	24.8260	C2 Additional Services per Diem	203,499
Total Resident Care Component	242.0489	323.8282	Total Resident Care Component	2,654,420

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Florida Agency For Health Care Administration

031257600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

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

Cost Report Entered By : Hatcher, Toriano

Provider Number: 31257600

Rate Semester : July, 2023

Audit Status: Unaudited Costs

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

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,466	6,602	8,068
2. Operating Expenses component			
A. Administration			888,518
B. Plant Operation			184,965
C. Laundry			0
D. Housekeeping			103,582
E. Operating Expense Component & Per Diem	145.8930	145.8930	1,177,065
3. Resident Care			
A. Dietary			92,149
B. Other			0
C. Nursing			2,421,177
D. Resident Care & Per Diem	311.5178	311.5178	2,513,326
4. Prop Exp & Per Diem	17.3830	17.3830	140,246
5. ROE/Use Per Diem	0.7723	0.7723	6,231
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	733.00	6,602.00	7,335.00
3. Staffing Percent	0.0999	0.9001	1.0000
4. Allocation of Direct Care	111,829.41	1,007,227.59	1,119,057.00
5. Direct Care Expense Per Diem	76.2820	152.5640	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,466	6,602	8,068
2. Additional Services	22,895	103,103	125,998
3. Additional Services Exp & Per Diem	15.6173	15.6169	
D. Medicaid Per Diem Cost			
1.Operating Component	145.8930	145.8930	1,177,065
2. Resident Care Component	403.4171	479.6987	3,758,381
3. Property Cost Component	17.3830	17.3830	140,246
4. ROE/Use Allow Component	0.7723	0.7723	6,231
5. Total Cost Per Diem	567.4654	643.7470	5,081,923

Resident Care Component Per-Diem Calculation

Facility Name: Eagle Watch Cluster (Mentor)

Provider Number: 31257600

FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	311.5178	311.5178	A3D Allowable Resident Care Exp	2,513,326
B5 Allocation of D/C Expenses	76.2820	152.5640	B4 Allocation of D/C Expenses	1,119,057
C3 Additional Services per Diem	15.6173	15.6169	C2 Additional Services per Diem	125,998
Total Resident Care Component	403.4171	479.6987	Total Resident Care Component	3,758,381

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Florida Agency For Health Care Administration

031258400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

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

Cost Report Entered By : Samuel, Rydell

Provider Number: 31258400

Rate Semester : July, 2023

Audit Status: Unaudited Costs

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

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

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

Resident Care Component Per-Diem Calculation

Facility Name: Point West Cluster (Mentor)

Provider Number: 31258400
FYE: 09/30/2021

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

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Florida Agency For Health Care Administration

031259200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

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

Cost Report Entered By : Hatcher, Toriano

Provider Number: 31259200

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 10/1/2021 - 9/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	328	7,894	8,222
2. Operating Expenses component			
A. Administration			876,756
B. Plant Operation			176,960
C. Laundry			0
D. Housekeeping			65,688
E. Operating Expense Component & Per Diem	136.1474	136.1474	1,119,404
3. Resident Care			
A. Dietary			885,515
B. Other			0
C. Nursing			1,193,699
D. Resident Care & Per Diem	252.8842	252.8842	2,079,214
4. Prop Exp & Per Diem	20.0275	20.0275	164,666
5. ROE/Use Per Diem	1.0800	1.0800	8,880
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	164.00	7,894.00	8,058.00
3. Staffing Percent	0.0204	0.9796	1.0000
4. Allocation of Direct Care	32,348.05	1,557,045.95	1,589,394.00
5. Direct Care Expense Per Diem	98.6221	197.2442	
C. Additional Services Expense			
1. Medicaid Inpatient Days	328	7,894	8,222
2. Additional Services	5,079	122,233	127,312
3. Additional Services Exp & Per Diem	15.4848	15.4843	
D. Medicaid Per Diem Cost			
1.Operating Component	136.1474	136.1474	1,119,404
2. Resident Care Component	366.9911	465.6127	3,795,920
3. Property Cost Component	20.0275	20.0275	164,666
4. ROE/Use Allow Component	1.0800	1.0800	8,880
5. Total Cost Per Diem	524.2460	622.8676	5,088,870

Resident Care Component Per-Diem Calculation

Facility Name: Hodges Cluster (Mentor)

Provider Number: 31259200

FYE: 09/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	252.8842	252.8842	A3D Allowable Resident Care Exp	2,079,214
B5 Allocation of D/C Expenses	98.6221	197.2442	B4 Allocation of D/C Expenses	1,589,394
C3 Additional Services per Diem	15.4848	15.4843	C2 Additional Services per Diem	127,312
Total Resident Care Component	366.9911	465.6127	Total Resident Care Component	3,795,920

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Florida Agency For Health Care Administration

031260600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

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

Cost Report Entered By : Samuel, Rydell

Provider Number: 31260600

Rate Semester : July, 2023

Audit Status: Unaudited Costs

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

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

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

Resident Care Component Per-Diem Calculation

Facility Name: Kinkaid Cluster (Mentor)

Provider Number: 31260600

FYE: 09/30/2021

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

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Florida Agency For Health Care Administration

031261400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Flamingo Drive Cluster (Mentor)**
 Provider Number: 31261400
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 10/1/2021 - 9/30/2022
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	68	7,590	7,658
2. Operating Expenses component			
A. Administration			731,200
B. Plant Operation			247,450
C. Laundry			0
D. Housekeeping			101,956
E. Operating Expense Component & Per Diem	141.1081	141.1081	1,080,606
3. Resident Care			
A. Dietary			319,329
B. Other			0
C. Nursing			1,119,551
D. Resident Care & Per Diem	187.8924	187.8924	1,438,880
4. Prop Exp & Per Diem	18.6157	18.6157	142,559
5. ROE/Use Per Diem	1.3206	1.3206	10,113
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	34.00	7,590.00	7,624.00
3. Staffing Percent	0.0045	0.9955	1.0000
4. Allocation of Direct Care	8,011.32	1,788,410.68	1,796,422.00
5. Direct Care Expense Per Diem	117.8136	235.6272	
C. Additional Services Expense			
1. Medicaid Inpatient Days	68	7,590	7,658
2. Additional Services	2,258	252,056	254,314
3. Additional Services Exp & Per Diem	33.2059	33.2090	
D. Medicaid Per Diem Cost			
1.Operating Component	141.1081	141.1081	1,080,606
2. Resident Care Component	338.9119	456.7286	3,489,616
3. Property Cost Component	18.6157	18.6157	142,559
4. ROE/Use Allow Component	1.3206	1.3206	10,113
5. Total Cost Per Diem	499.9563	617.7730	4,722,894

Resident Care Component Per-Diem Calculation

Facility Name: Flamingo Drive Cluster (Mentor)

Provider Number: 31261400

FYE: 09/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	187.8924	187.8924	A3D Allowable Resident Care Exp	1,438,880
B5 Allocation of D/C Expenses	117.8136	235.6272	B4 Allocation of D/C Expenses	1,796,422
C3 Additional Services per Diem	33.2059	33.2090	C2 Additional Services per Diem	254,314
Total Resident Care Component	338.9119	456.7286	Total Resident Care Component	3,489,616

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Florida Agency For Health Care Administration

031262200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

Provider Name: **Barranger Group Home (Mentor)**
 Provider Number: 31262200
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Barranger Group Home (Mentor)

Provider Number: 31262200

FYE: 09/30/2021

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

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Florida Agency For Health Care Administration

031263100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Greenridge Group Home (Mentor)**
 Provider Number: 31263100
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	213	2,038
2. Operating Expenses component			
A. Administration			101,116
B. Plant Operation			34,686
C. Laundry			0
D. Housekeeping			3,539
E. Operating Expense Component & Per Diem	68.3714	68.3714	139,341
3. Resident Care			
A. Dietary			6,407
B. Other			0
C. Nursing			7,121
D. Resident Care & Per Diem	6.6379	6.6379	13,528
4. Prop Exp & Per Diem	32.3714	32.3714	65,973
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,368.75	213.00	1,581.75
3. Staffing Percent	0.8653	0.1347	1.0000
4. Allocation of Direct Care	303,210.47	47,184.53	350,395.00
5. Direct Care Expense Per Diem	166.1427	221.5236	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	213	2,038
2. Additional Services	20,789	2,426	23,215
3. Additional Services Exp & Per Diem	11.3912	11.3897	
D. Medicaid Per Diem Cost			
1.Operating Component	68.3714	68.3714	139,341
2. Resident Care Component	184.1718	239.5512	387,138
3. Property Cost Component	32.3714	32.3714	65,973
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	284.9146	340.2940	592,452

Resident Care Component Per-Diem Calculation

Facility Name: Greenridge Group Home (Mentor)

Provider Number: 31263100

FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	6.6379	6.6379	A3D Allowable Resident Care Exp	13,528
B5 Allocation of D/C Expenses	166.1427	221.5236	B4 Allocation of D/C Expenses	350,395
C3 Additional Services per Diem	11.3912	11.3897	C2 Additional Services per Diem	23,215
Total Resident Care Component	184.1718	239.5512	Total Resident Care Component	387,138

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Florida Agency For Health Care Administration

031264900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

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

Cost Report Entered By : Hatcher, Toriano

Provider Number: 31264900

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 10/1/2021 - 9/30/2022

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	8,374	8,739
2. Operating Expenses component			
A. Administration			796,047
B. Plant Operation			399,839
C. Laundry			0
D. Housekeeping			91,956
E. Operating Expense Component & Per Diem	147.3672	147.3672	1,287,842
3. Resident Care			
A. Dietary			692,720
B. Other			0
C. Nursing			1,118,218
D. Resident Care & Per Diem	207.2249	207.2249	1,810,938
4. Prop Exp & Per Diem	27.0256	27.0256	236,177
5. ROE/Use Per Diem	1.1535	1.1535	10,080
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	182.50	8,374.00	8,556.50
3. Staffing Percent	0.0213	0.9787	1.0000
4. Allocation of Direct Care	29,990.44	1,376,109.56	1,406,100.00
5. Direct Care Expense Per Diem	82.1656	164.3312	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	8,374	8,739
2. Additional Services	9,471	217,291	226,762
3. Additional Services Exp & Per Diem	25.9479	25.9483	
D. Medicaid Per Diem Cost			
1.Operating Component	147.3672	147.3672	1,287,842
2. Resident Care Component	315.3384	397.5044	3,443,800
3. Property Cost Component	27.0256	27.0256	236,177
4. ROE/Use Allow Component	1.1535	1.1535	10,080
5. Total Cost Per Diem	490.8847	573.0507	4,977,899

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Cluster (Mentor)

Provider Number: 31264900

FYE: 09/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	207.2249	207.2249	A3D Allowable Resident Care Exp	1,810,938
B5 Allocation of D/C Expenses	82.1656	164.3312	B4 Allocation of D/C Expenses	1,406,100
C3 Additional Services per Diem	25.9479	25.9483	C2 Additional Services per Diem	226,762
Total Resident Care Component	315.3384	397.5044	Total Resident Care Component	3,443,800

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Florida Agency For Health Care Administration

031265700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

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

Cost Report Entered By : Samuel, Rydell

Provider Number: 31265700

Rate Semester : July, 2023

Audit Status: Unaudited Costs

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

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Caprona Group Home (Mentor)

Provider Number: 31265700

FYE: 09/30/2021

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

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2023

Provider Name: **Rich Street Group Home (Mentor)**
 Provider Number: 31266500
 Audit Status: Unaudited Costs
 Date: 7/12/2023

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2023
 Cost Report : 10/1/2020 - 9/30/2021
 Days In Reporting Period: 365
 Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Rich Street Group Home (Mentor)

Provider Number: 31266500

FYE: 09/30/2021

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

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Florida Agency For Health Care Administration

031267300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

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

Cost Report Entered By : Hatcher, Toriano

Provider Number: 31267300

Rate Semester : July, 2023

Audit Status: Unaudited Costs

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

Date: 7/12/2023

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,632	6,176	7,808
2. Operating Expenses component			
A. Administration			690,194
B. Plant Operation			190,581
C. Laundry			0
D. Housekeeping			63,904
E. Operating Expense Component & Per Diem	120.9886	120.9886	944,679
3. Resident Care			
A. Dietary			164,187
B. Other			0
C. Nursing			730,737
D. Resident Care & Per Diem	114.6163	114.6163	894,924
4. Prop Exp & Per Diem	19.2909	19.2909	150,623
5. ROE/Use Per Diem	1.4244	1.4244	11,122
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	816.00	6,176.00	6,992.00
3. Staffing Percent	0.1167	0.8833	1.0000
4. Allocation of Direct Care	177,355.13	1,342,334.87	1,519,690.00
5. Direct Care Expense Per Diem	108.6735	217.3470	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,632	6,176	7,808
2. Additional Services	44,258	167,487	211,745
3. Additional Services Exp & Per Diem	27.1189	27.1190	
D. Medicaid Per Diem Cost			
1. Operating Component	120.9886	120.9886	944,679
2. Resident Care Component	250.4087	359.0823	2,626,359
3. Property Cost Component	19.2909	19.2909	150,623
4. ROE/Use Allow Component	1.4244	1.4244	11,122
5. Total Cost Per Diem	392.1126	500.7862	3,732,783

Resident Care Component Per-Diem Calculation

Facility Name: Sandpiper Cluster (Mentor)

Provider Number: 31267300

FYE: 09/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	114.6163	114.6163	A3D Allowable Resident Care Exp	894,924
B5 Allocation of D/C Expenses	108.6735	217.3470	B4 Allocation of D/C Expenses	1,519,690
C3 Additional Services per Diem	27.1189	27.1190	C2 Additional Services per Diem	211,745
Total Resident Care Component	250.4087	359.0823	Total Resident Care Component	2,626,359

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