



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 001135-00 2023/10
263.00

Surrey Place Care Center

Zip Code:	32060				
Peer Group:	North				
Beds:	60	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	11,728	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	19,547	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	11,789				
Medicaid Utilization:	60.31105 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,155,042	425,527	646,897
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	98.4858	36.2829	55.1583
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.5994	45.5318	69.2186
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.8410	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.5173	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	19	0.87	26,461	23.6820

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

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.4075
16. Budget Neutrality Adjustment:		(36.0594)

Rate Adjustment:	
17. Final Rate*	262.9974

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 001136-00 2023/10
277.88

Palm Beach Nursing Center

Zip Code:	33461	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	South		100.0%	95.0%	1.27530471
Beds:	120		92.0%	92.5%	1.25490778
Medicaid Days FYE 12/31/18	20,124		86.0%	N/A	1.25490778
Total Patient Days FYE 12/31/21	22,094		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	13,151				
Medicaid Utilization:	59.52295 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,020,415	742,355	964,967
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	100.3982	36.8890	47.9510
3. Inflated Cost Per Diem (Line 2 x Inflation):	128.0384	46.2923	60.1741
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	12.6646	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.4438	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.5	33.1016

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	11	0.84	41,700	21.2202

	Total	Per Diem
11. Taxes:	95,727	4.3327
12. Insurance:	28,282	1.2800

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		15.8133
16. Budget Neutrality Adjustment:		(37.9220)

Rate Adjustment:	
17. Final Rate*	277.8807

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 002400-00 2023/10
280.44

Village Place Healthcare and Rehabilitation Center

Zip Code:	33952					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	104			100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	18,861			92.0%	92.5%	1.28925856
Total Patient Days FYE 1/31/23	6,555			86.0%	N/A	1.28925856
Medicaid Days FYE 1/31/23	4,428					
Medicaid Utilization:	67.55149 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,184,400	854,433	1,327,754
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	115.8157	45.3015	70.3967
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.3333	58.4054	90.7596
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	5	0.87	47,153	30.6210

	Total	Per Diem
11. Taxes:	45,484	6.9388
12. Insurance:	40,119	6.1203

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.9932
16. Budget Neutrality Adjustment:		(39.2822)

Rate Adjustment:	
17. Final Rate*	280.4401

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 005380-00 2023/10
240.43

Bedrock Rehabilitation and Nursing Center at Winter Park

Zip Code:	32751	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.30667404	
Beds:	180		92.0%	92.5%	1.28925856	
Medicaid Days FYE 12/31/17	39,254		86.0%	N/A	1.28925856	
Total Patient Days FYE 12/31/22	33,929		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/22	26,115					
Medicaid Utilization:	76.96955 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,033,833	1,454,246	1,809,811
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	102.7623	37.0470	46.1051
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.2768	47.7632	59.4414
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	27	0.89	49,269	16.5903

	Total	Per Diem
11. Taxes:	111,971	3.3001
12. Insurance:	39,807	1.1732

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.6582
16. Budget Neutrality Adjustment:		(36.0686)

Rate Adjustment:	
17. Final Rate*	240.4337

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 005383-00 2023/10
254.30

Chipola Health And Rehabilitation Center

Zip Code:	32446				
Peer Group:	North				
Beds:	60	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	14,427	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/20	19,929	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/20	11,292				
Medicaid Utilization:	56.66115 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,263,652	545,940	719,583
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	87.5893	37.8415	49.8775
3. Inflated Cost Per Diem (Line 2 x Inflation):	114.4507	48.7875	64.3050
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.9897	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	121.3686	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	50	36	0.88	29,812	18.1973

	Total	Per Diem
11. Taxes:	16,713	0.8386
12. Insurance:	23,534	1.1808

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.3339
16. Budget Neutrality Adjustment:		(33.5342)

Rate Adjustment:	
17. Final Rate*	254.2978

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0 005387-00 2023/10
237.96

Bedrock Rehabilitation and Nursing Center at Suwannee

Zip Code:	32064-3474	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30667404
Beds:	180		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	47,101		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/22	41,779		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/22	31,657				
Medicaid Utilization:	75.77252 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,516,669	1,554,689	2,702,854
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	95.8932	33.0075	57.3842
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.3012	42.5552	73.9830
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.1392	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.2191	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	18	0.87	55,915	19.4366

	Total	Per Diem
11. Taxes:	134,923	3.2294
12. Insurance:	35,441	0.8482

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.3479
16. Budget Neutrality Adjustment:		(35.5445)

Rate Adjustment:	
17. Final Rate*	237.9589

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0 005519-00 2023/10
272.62

Bedrock Rehabilitation and Nursing Center at Melbourne

Zip Code:	32901				
Peer Group:	North				
Beds:	138	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	27,676	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	17,541	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	14,784				
Medicaid Utilization:	84.28254 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,988,379	924,715	1,480,651
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	107.9772	33.4121	53.4994
3. Inflated Cost Per Diem (Line 2 x Inflation):	141.0910	43.0769	68.9746
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	54	26	0.91	37,503	17.3069

	Total	Per Diem
11. Taxes:	99,429	5.6683
12. Insurance:	39,639	2.2597

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.3723
16. Budget Neutrality Adjustment:		(36.6614)

Rate Adjustment:	
17. Final Rate*	272.6152

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 005701-00 2023/10
246.01

Avante at Ocala

Zip Code:	34471						
Peer Group:	North		Direct Care	Price	Floor	Inflation	
Beds:	133			100.0%	95.0%	1.27530471	
Medicaid Days FYE 12/31/18	23,973			Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	41,367			Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	28,047						
Medicaid Utilization:	67.80042 %			2023 Cost per Square Foot:		\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,049,113	734,530	1,357,362
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	127.1894	30.6398	56.6204
3. Inflated Cost Per Diem (Line 2 x Inflation):	162.2053	38.4502	71.0534
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	13.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	2	0.87	32,248	25.1131

	Total	Per Diem
11. Taxes:	72,709	1.7576
12. Insurance:	87,707	2.1202

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.4331
16. Budget Neutrality Adjustment:		(37.1950)

Rate Adjustment:	
17. Final Rate*	246.0095

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Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 005851-00 2023/10
267.17

Bedrock Rehabilitation and Nursing Center at Lake Eustis

Zip Code:	32726			
Peer Group:	North			
Beds:	90			
Medicaid Days FYE 12/31/17	20,088			
Total Patient Days FYE 12/31/22	19,032			
Medicaid Days FYE 12/31/22	12,806			
Medicaid Utilization:	67.28668 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,129,617	871,743	997,036
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	106.0143	43.3962	49.6334
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.5262	55.9489	63.9903
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.5	28.2869

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	60	28	0.89	29,071	16.2281

	Total	Per Diem
11. Taxes:	32,465	1.7058
12. Insurance:	30,428	1.5987

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.4216
16. Budget Neutrality Adjustment:		(35.8511)

Rate Adjustment:	
17. Final Rate*	267.1706

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 010453-00 2023/10
264.63

Heartland Health Care & Rehabilitation Center

Zip Code:	34233	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.27530471
Beds:	140		92.0%	92.5%	1.25490778
Medicaid Days FYE 12/31/18	9,318		86.0%	N/A	1.25490778
Total Patient Days FYE 12/31/21	32,144		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	11,799				
Medicaid Utilization:	36.70669 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,326,560	407,592	515,072
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	142.3653	43.7424	55.2770
3. Inflated Cost Per Diem (Line 2 x Inflation):	181.5591	54.8927	69.3676
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	23	0.87	69,847	24.6347

	Total	Per Diem
11. Taxes:	82,626	2.5704
12. Insurance:	32,680	1.0166

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		13.0278
16. Budget Neutrality Adjustment:		(37.0857)

Rate Adjustment:	
17. Final Rate*	264.6295

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 011997-00 2023/10
263.17

Heartland of Boca Raton FL, LLC

Zip Code:	33433				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	7,009	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	31,440	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	15,726				
Medicaid Utilization:	50.01908 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	818,821	304,499	589,143
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	116.8242	43.4440	84.0552
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.9864	54.5182	105.4815
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	11	0.84	56,420	27.9477

	Total	Per Diem
11. Taxes:	151,944	4.8328
12. Insurance:	30,512	0.9704

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.4026
16. Budget Neutrality Adjustment:		(40.7045)

Rate Adjustment:	
17. Final Rate*	263.1685

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 015613-00 2023/10
267.41

St. James Health And Rehabilitation Center

Zip Code:	32322					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	90			100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	23,296			92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	20,253			86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	16,901					
Medicaid Utilization:	83.44937 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,177,961	471,219	905,087
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	93.4907	20.2274	38.8516
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.1619	26.0784	50.0897
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	9.2785	9.5830	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.0798	28.9699	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	14	9	0.88	45,232	31.9502

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

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		26.2275
16. Budget Neutrality Adjustment:		(35.9587)

Rate Adjustment:	
17. Final Rate*	267.4131

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 017221-00 2023/10
266.50

Bayside Health and Rehabilitation Center

Zip Code:	32504				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	28,536	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	24,999	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	17,580				
Medicaid Utilization:	70.32281 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,006,933	1,022,066	1,464,383
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	105.3733	35.8167	51.3170
3. Inflated Cost Per Diem (Line 2 x Inflation):	137.6885	46.1770	66.1609
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	50	18	0.89	39,870	19.8507

	Total	Per Diem
11. Taxes:	57,321	2.2929
12. Insurance:	79,317	3.1728

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.7982
16. Budget Neutrality Adjustment:		(36.6729)

Rate Adjustment:	
17. Final Rate*	266.4999

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 017222-00 2023/10
289.06

Margate Health and Rehabilitation Center

Zip Code:	33063				
Peer Group:	South				
Beds:	170	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	30,753	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	35,157	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	19,780				
Medicaid Utilization:	56.26191 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,221,109	1,175,279	1,420,626
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	104.7412	38.2167	46.1947
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.8627	49.2712	59.5569
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.8403	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	144.2681	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	12	0.89	62,813	23.1617

	Total	Per Diem
11. Taxes:	238,401	6.7810
12. Insurance:	105,802	3.0094

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.0082
16. Budget Neutrality Adjustment:		(40.0453)

Rate Adjustment:	
17. Final Rate*	289.0625

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 017223-00 2023/10
259.89

Rosewood Healthcare and Rehabilitation Center

Zip Code:	32501-1043	Direct Care	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.30667404	
Beds:	155		Indirect Care	92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	38,771		Operating	86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/22	38,704		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/22	21,549					
Medicaid Utilization:	55.67642 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,070,675	1,392,315	1,973,830
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	104.9927	35.9112	50.9099
3. Inflated Cost Per Diem (Line 2 x Inflation):	137.1913	46.2988	65.6360
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	60	40	0.89	47,611	11.7760

	Total	Per Diem
11. Taxes:	27,054	0.6989
12. Insurance:	104,702	2.7051

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.6779
16. Budget Neutrality Adjustment:		(35.2327)

Rate Adjustment:	
17. Final Rate*	259.8873

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 017225-00 2023/10
262.39

Bay Breeze Senior Living And Rehabilitation Center

Zip Code:	32563					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	25,394			92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/20	38,215			86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/20	24,874					
Medicaid Utilization:	65.08962 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,860,156	944,210	1,160,046
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	112.6311	37.1824	45.6818
3. Inflated Cost Per Diem (Line 2 x Inflation):	147.1722	47.9377	58.8957
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	13	0.89	36,616	21.6620

	Total	Per Diem
11. Taxes:	32,670	0.8548
12. Insurance:	14,745	0.3858

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		15.9542
16. Budget Neutrality Adjustment:		(36.3300)

Rate Adjustment:	
17. Final Rate*	262.3907

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 017230-00 2023/10
253.55

Silvercrest Health And Rehabilitation Center

Zip Code:	32539				
Peer Group:	North				
Beds:	60	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	12,524	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	13,895	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	5,931				
Medicaid Utilization:	42.68442 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,185,672	476,444	697,598
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	94.6719	38.0424	55.7008
3. Inflated Cost Per Diem (Line 2 x Inflation):	123.7054	49.0465	71.8128
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.7350	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.6233	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	17	0.89	21,363	20.5373

	Total	Per Diem
11. Taxes:	23,212	1.6705
12. Insurance:	46,985	3.3814

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		15.6535
16. Budget Neutrality Adjustment:		(35.6126)

Rate Adjustment:	
17. Final Rate*	253.5458

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 017242-00 2023/10
271.23

Grand Boulevard Health and Rehabilitation Center

Zip Code:	32550	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30667404
Beds:	97		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	14,303		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/22	17,508		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/22	8,581				
Medicaid Utilization:	49.01188 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,656,315	594,376	798,157
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	115.8019	41.5560	55.8034
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.3153	53.5764	71.9450
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	4	0.89	36,349	26.5542

	Total	Per Diem
11. Taxes:	22,137	1.2643
12. Insurance:	85,453	4.8807

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		15.7826
16. Budget Neutrality Adjustment:		(37.7220)

Rate Adjustment:	
17. Final Rate*	271.2256

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 018777-00 2023/10
249.77

Bay Village of Sarasota

Zip Code:	34231				
Peer Group:	North				
Beds:	95	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	4,612	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	18,103	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	6,890				
Medicaid Utilization:	38.05999 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	951,402	276,546	362,372
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	206.2883	59.9622	78.5715
3. Inflated Cost Per Diem (Line 2 x Inflation):	263.0805	75.2471	98.6000
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	48	9	0.87	60,637	31.6063

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	39,732	2.1947

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.8785)

Rate Adjustment:	
17. Final Rate*	249.7678

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 019085-00 2023/10
254.86

Golfview Healthcare Center

Zip Code:	33713	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.27530471
Beds:	56		92.0%	92.5%	1.25490778
Medicaid Days FYE 12/31/18	12,004		86.0%	N/A	1.25490778
Total Patient Days FYE 12/31/21	16,437		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	8,863				
Medicaid Utilization:	53.92103 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,157,211	356,913	680,655
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	96.4021	29.7328	56.7023
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.9420	37.3119	71.1562
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.4984	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.8599	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	63	39	0.89	17,000	12.2431

	Total	Per Diem
11. Taxes:	27,210	1.6554
12. Insurance:	23,118	1.4064

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.2314
16. Budget Neutrality Adjustment:		(34.0428)

Rate Adjustment:	
17. Final Rate*	254.8588

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 019282-00 2023/10
244.06

Southern Pines Healthcare Center

Zip Code:	34653			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	22,039	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	33,300	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	25,975			
Medicaid Utilization:	78.00300 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,063,441	636,142	1,263,966
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	93.6267	28.8643	57.3513
3. Inflated Cost Per Diem (Line 2 x Inflation):	119.4026	36.2221	71.9706
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	12.0378	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.3206	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	47	39	0.88	30,000	12.1146

	Total	Per Diem
11. Taxes:	30,285	0.9094
12. Insurance:	19,739	0.5927

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.9309
16. Budget Neutrality Adjustment:		(33.3001)

Rate Adjustment:	
17. Final Rate*	244.0550

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 019284-00 2023/10
249.03

Signature HealthCARE of Jacksonville

Zip Code:	32210				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	40,428	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	38,945	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	34,150				
Medicaid Utilization:	87.68776 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,674,590	1,015,905	1,431,856
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	90.8922	25.1287	35.4174
3. Inflated Cost Per Diem (Line 2 x Inflation):	118.7664	32.3974	45.6622
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	12.6740	3.2640	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.6844	35.2889	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	66	40	0.87	50,000	11.6314

	Total	Per Diem
11. Taxes:	44,136	1.1332
12. Insurance:	50,414	1.2944

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.6557
16. Budget Neutrality Adjustment:		(32.8087)

Rate Adjustment:	
17. Final Rate*	249.0262

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 019287-00 2023/10
249.19

Golfcrest Healthcare Center

Zip Code:	33020			
Peer Group:	South		Price	Floor
Beds:	67	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	12,573	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	19,673	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	9,546			
Medicaid Utilization:	48.52336 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,111,201	358,810	572,294
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	88.3799	28.5381	45.5176
3. Inflated Cost Per Diem (Line 2 x Inflation):	115.4837	36.7930	58.6840
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	25.2192	2.2153	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.8891	39.9558	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	63	40	0.89	17,576	11.8809

	Total	Per Diem
11. Taxes:	50,870	2.5857
12. Insurance:	23,393	1.1890

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.8132
16. Budget Neutrality Adjustment:		(34.2352)

Rate Adjustment:	
17. Final Rate*	249.1851

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 022138-00 2023/10
287.63

Carlton Shores Healthcare and Rehabilitation Center

Zip Code:	32114	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.30667404	
Beds:	118		92.0%	92.5%	1.28925856	
Medicaid Days FYE 12/31/17	19,878		86.0%	N/A	1.28925856	
Total Patient Days FYE 1/31/23	12,939		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 1/31/23	7,740					
Medicaid Utilization:	59.81915 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,366,387	830,881	1,504,763
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	119.0455	41.7990	75.6999
3. Inflated Cost Per Diem (Line 2 x Inflation):	155.5537	53.8897	97.5967
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	1	0.88	105,992	35.9475

	Total	Per Diem
11. Taxes:	29,447	2.2758
12. Insurance:	76,482	5.9109

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.1682
16. Budget Neutrality Adjustment:		(39.3467)

Rate Adjustment:	
17. Final Rate*	287.6250

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 022994-00 2023/10
254.62

The Home Association, Inc.

Zip Code:	33605				
Peer Group:	North				
Beds:	96	Direct Care	100.0%	95.0%	1.22978189
Medicaid Days FYE 6/30/20	22,415	Indirect Care	92.0%	92.5%	1.21372193
Total Patient Days FYE 6/30/22	24,418	Operating	86.0%	N/A	1.21372193
Medicaid Days FYE 6/30/22	15,597				
Medicaid Utilization:	63.87501 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,308,804	635,018	1,017,202
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/20):	103.0026	28.3300	45.3804
3. Inflated Cost Per Diem (Line 2 x Inflation):	126.6707	34.3847	55.0792
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.7697	1.2766	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	133.5886	37.2762	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	99	40	0.88	0	11.7561

	Total	Per Diem
11. Taxes:	262	0.0107
12. Insurance:	0	0.0000

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.9302
16. Budget Neutrality Adjustment:		(33.8885)

Rate Adjustment:	
17. Final Rate*	254.6165

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 023067-00 2023/10
282.18

Okeechobee Health Care Facility

Zip Code:	34972			
Peer Group:	South		Price	Floor
Beds:	180	Direct Care	100.0%	95.0%
Medicaid Days FYE 3/31/18	47,647	Indirect Care	92.0%	92.5%
Total Patient Days FYE 3/31/21	56,581	Operating	86.0%	N/A
Medicaid Days FYE 3/31/21	42,141			
Medicaid Utilization:	74.47907 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	6,211,553	1,746,183	2,520,285
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/18):	130.3660	36.6483	52.8949
3. Inflated Cost Per Diem (Line 2 x Inflation):	169.2781	46.9775	67.8031
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	33.0	39.7220

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	12	0.84	65,028	21.4973

	Total	Per Diem
11. Taxes:	141,440	2.4997
12. Insurance:	115,122	2.0346

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.3139
16. Budget Neutrality Adjustment:		(39.6077)

Rate Adjustment:	
17. Final Rate*	282.1794

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 026536-00 2023/10
279.87

West Broward Rehabilitation and Healthcare

Zip Code:	33324					
Peer Group:	South		Price	Floor	Inflation	
Beds:	120		Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	29,228		Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	38,106		Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	23,357					
Medicaid Utilization:	61.29481 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,289,213	878,634	1,477,143
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	112.5363	30.0613	50.5386
3. Inflated Cost Per Diem (Line 2 x Inflation):	143.5181	37.7242	63.4213
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.2841	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	40.8871	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	60	1	0.87	35,127	25.4679

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

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.2866
16. Budget Neutrality Adjustment:		(39.8347)

Rate Adjustment:	
17. Final Rate*	279.8658

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 032482-00 2023/10
276.31

Unity Health and Rehab Center

Zip Code:	33142				
Peer Group:	South				
Beds:	270	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	68,099	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	88,154	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	67,387				
Medicaid Utilization:	76.44236 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	8,059,013	2,060,081	4,387,400
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	118.3426	30.2512	64.4267
3. Inflated Cost Per Diem (Line 2 x Inflation):	154.6352	39.0017	83.0627
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0067	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1645	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	11	1	0.89	77,675	26.0092

	Total	Per Diem
11. Taxes:	188,366	2.1367
12. Insurance:	215,163	2.4407

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.7707
16. Budget Neutrality Adjustment:		(40.2539)

Rate Adjustment:	
17. Final Rate*	276.3068

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 032486-00 2023/10
280.83

Lady Lake Specialty Care Center

Zip Code:	32159				
Peer Group:	North				
Beds:	145	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	25,921	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	48,996	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	33,490				
Medicaid Utilization:	68.35252 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,575,083	1,000,082	1,494,290
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	99.3435	38.5819	57.6478
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.8095	49.7420	74.3229
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.6309	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.7275	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	2	0.88	60,613	29.1121

	Total	Per Diem
11. Taxes:	144,183	2.9427
12. Insurance:	166,905	3.4065

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.0047
16. Budget Neutrality Adjustment:		(37.8827)

Rate Adjustment:	
17. Final Rate*	280.8254

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 032551-00 2023/10
268.26

Sunset Lake Healthcare and Rehabilitation Center

Zip Code:	34292	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30667404
Beds:	120		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	20,988		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/21	31,067		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	15,315				
Medicaid Utilization:	49.29668 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,772,810	1,026,640	1,518,151
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	132.1140	48.9155	72.3342
3. Inflated Cost Per Diem (Line 2 x Inflation):	172.6300	63.0648	93.2575
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	1	0.87	45,045	27.1752

	Total	Per Diem
11. Taxes:	76,007	2.4465
12. Insurance:	115,101	3.7049

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.0959
16. Budget Neutrality Adjustment:		(37.8111)

Rate Adjustment:	
17. Final Rate*	268.2622

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 032553-00 2023/10
273.67

Lexington Health and Rehabilitation Center

Zip Code:	33709					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	159			100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	30,006			92.0%	92.5%	1.28925856
Total Patient Days FYE 1/31/23	28,114			86.0%	N/A	1.28925856
Medicaid Days FYE 1/31/23	14,975					
Medicaid Utilization:	53.26528 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,298,898	1,146,707	1,783,318
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	109.9412	38.2159	59.4320
3. Inflated Cost Per Diem (Line 2 x Inflation):	143.6574	49.2702	76.6232
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	1	0.89	65,188	28.9933

	Total	Per Diem
11. Taxes:	52,812	1.8784
12. Insurance:	104,128	3.7037

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.0264
16. Budget Neutrality Adjustment:		(37.9885)

Rate Adjustment:	
17. Final Rate*	273.6716

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 033175-00 2023/10
279.76

Seven Hills Health & Rehabilitation Center

Zip Code:	32308				
Peer Group:	North				
Beds:	156	Direct Care	100.0%	95.0%	1.30393797
Medicaid Days FYE 1/31/18	38,124	Indirect Care	92.0%	92.5%	1.28678308
Total Patient Days FYE 1/31/22	40,315	Operating	86.0%	N/A	1.28678308
Medicaid Days FYE 1/31/22	26,926				
Medicaid Utilization:	66.78904 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,057,070	1,356,900	1,687,100
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	106.4177	35.5917	44.2529
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.7621	45.7988	56.9439
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.5	34.3053

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	44	5	0.88	48,612	24.3045

	Total	Per Diem
11. Taxes:	70,945	1.7597
12. Insurance:	49,516	1.2282

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.3307
16. Budget Neutrality Adjustment:		(36.9537)

Rate Adjustment:	
17. Final Rate*	279.7554

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 033717-00 2023/10
255.60

Benderson Family Skilled Nursing & Rehab Center

Zip Code:	34235						
Peer Group:	North			Price	Floor	Inflation	
Beds:	45			Direct Care	100.0%	95.0%	1.25658957
Medicaid Days FYE 6/30/19	6,065			Indirect Care	92.0%	92.5%	1.23890989
Total Patient Days FYE 6/30/22	14,238			Operating	86.0%	N/A	1.23890989
Medicaid Days FYE 6/30/22	3,765						
Medicaid Utilization:	26.44332 %	2023 Cost per Square Foot:			\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	845,628	261,516	673,943
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/19):	139.4275	43.1188	111.1200
3. Inflated Cost Per Diem (Line 2 x Inflation):	175.2031	53.4204	137.6677
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.5	30.6942

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	12	8	0.87	18,760	27.0495

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	33,060	2.3219

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.2491)

Rate Adjustment:	
17. Final Rate*	255.5971

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043832-00 2023/10
237.28

Heron Pointe Health and Rehabilitation

Zip Code:	34601-1502			
Peer Group:	North		Price	Floor
Beds:	120			Inflation
Medicaid Days FYE 12/31/15	30,895	Direct Care	100.0%	95.0%
Total Patient Days FYE 12/31/21	35,726	Indirect Care	92.0%	92.5%
Medicaid Days FYE 12/31/21	24,745	Operating	86.0%	N/A
Medicaid Utilization:	69.26328 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,494,819	622,995	1,444,462
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	80.7515	20.1649	46.7539
3. Inflated Cost Per Diem (Line 2 x Inflation):	110.2465	27.3021	63.3022
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	21.1940	8.3592	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.1644	30.1936	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	33	0.88	36,464	14.2658

	Total	Per Diem
11. Taxes:	69,893	1.9563
12. Insurance:	32,614	0.9128

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.9525
16. Budget Neutrality Adjustment:		(31.3112)

Rate Adjustment:	
17. Final Rate*	237.2812

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043833-00 2023/10
236.30

Heritage Healthcare Center At Tallahassee

Zip Code:	32308-4437			
Peer Group:	North		Price	Floor
Beds:	180	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/15	45,554	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	52,260	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	41,551			
Medicaid Utilization:	79.50823 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,748,566	904,387	2,168,426
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	82.2884	19.8530	47.6012
3. Inflated Cost Per Diem (Line 2 x Inflation):	112.3447	26.8799	64.4493
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	19.0958	8.7815	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.2626	29.7714	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	28	0.88	58,499	16.0584

	Total	Per Diem
11. Taxes:	83,263	1.5932
12. Insurance:	72,199	1.3815

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.7223
16. Budget Neutrality Adjustment:		(31.8190)

Rate Adjustment:	
17. Final Rate*	236.3024

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043835-00 2023/10
261.17

Bay Breeze Health And Rehabilitation Center

Zip Code:	34285-6213
Peer Group:	North
Beds:	120
Medicaid Days FYE 12/31/15	30,150
Total Patient Days FYE 12/31/21	32,828
Medicaid Days FYE 12/31/21	24,189
Medicaid Utilization:	73.68405 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.36525550
Indirect Care	92.0%	92.5%	1.35394436
Operating	86.0%	N/A	1.35394436
2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,854,023	684,529	1,512,589
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	94.6607	22.7040	50.1688
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.2361	30.7400	67.9257
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.2043	4.9213	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.1540	33.6315	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	30	0.87	41,201	15.1792

	Total	Per Diem
11. Taxes:	71,676	2.1833
12. Insurance:	44,037	1.3414

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.4517
16. Budget Neutrality Adjustment:		(34.7209)

Rate Adjustment:	
17. Final Rate*	261.1728

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043838-00 2023/10
254.84

Heritage Healthcare and Rehabilitation Center

Zip Code:	34102			
Peer Group:	North			
Beds:	97			
Medicaid Days FYE 12/31/15	24,467			
Total Patient Days FYE 12/31/21	25,047			
Medicaid Days FYE 12/31/21	15,610			
Medicaid Utilization:	62.32283 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,175,413	626,127	1,228,419
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	88.9121	25.5906	50.2071
3. Inflated Cost Per Diem (Line 2 x Inflation):	121.3877	34.6483	67.9777
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.0527	1.0131	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.3057	37.5398	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.5	25.8795

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	39	0.87	23,119	11.9862

	Total	Per Diem
11. Taxes:	63,347	2.5291
12. Insurance:	71,238	2.8441

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.8566
16. Budget Neutrality Adjustment:		(33.9700)

Rate Adjustment:	
17. Final Rate*	254.8403

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043839-00 2023/10
236.47

Keystone Rehabilitation and Health Center

Zip Code:	34741-2247				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	26,562	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	32,348	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	23,919				
Medicaid Utilization:	73.94275 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,033,893	582,215	1,229,537
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	76.5715	21.9190	46.2893
3. Inflated Cost Per Diem (Line 2 x Inflation):	104.5396	29.6772	62.6731
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	26.9008	5.9842	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.4576	32.5687	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	17	13	0.89	41,226	21.6620

	Total	Per Diem
11. Taxes:	69,026	2.1338
12. Insurance:	51,196	1.5826

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.9337
16. Budget Neutrality Adjustment:		(32.0091)

Rate Adjustment:	
17. Final Rate*	236.4669

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043843-00 2023/10
247.15

Oaktree Healthcare

Zip Code:	32119-3230				
Peer Group:	North				
Beds:	65	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	18,937	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	19,641	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	14,260				
Medicaid Utilization:	72.60323 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,535,077	466,741	1,082,962
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	81.0622	24.6470	57.1875
3. Inflated Cost Per Diem (Line 2 x Inflation):	110.6707	33.3707	77.4288
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.7697	2.2907	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.5886	36.2621	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	59	40	0.88	11,926	11.7561

	Total	Per Diem
11. Taxes:	17,219	0.8766
12. Insurance:	14,415	0.7339

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.4668
16. Budget Neutrality Adjustment:		(31.6983)

Rate Adjustment:	
17. Final Rate*	247.1513

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043846-00 2023/10
241.57

Rio Pinar Health Care

Zip Code:	32822					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	180			100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	44,703			92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	58,400			86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	40,588					
Medicaid Utilization:	69.50000 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,922,022	939,984	1,935,866
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	87.7350	21.0273	43.3050
3. Inflated Cost Per Diem (Line 2 x Inflation):	119.7808	28.4698	58.6326
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.6597	7.1916	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.6987	31.3612	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	32	0.89	53,832	14.7790

	Total	Per Diem
11. Taxes:	118,957	2.0369
12. Insurance:	76,031	1.3019

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.6336
16. Budget Neutrality Adjustment:		(32.9715)

Rate Adjustment:	
17. Final Rate*	241.5701

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043847-00 2023/10
260.75

The Palms Rehabilitation and Healthcare Center

Zip Code:	32905	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.39405328
Beds:	120		92.0%	92.5%	1.38384574
Medicaid Days FYE 12/31/14	27,664		86.0%	N/A	1.38384574
Total Patient Days FYE 12/31/21	39,516		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	24,409				
Medicaid Utilization:	61.76992 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,515,975	657,501	1,181,442
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	90.9476	23.7673	42.7068
3. Inflated Cost Per Diem (Line 2 x Inflation):	126.7858	32.8903	59.0996
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.6547	2.7710	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	133.7037	35.7818	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	25	19	0.91	46,102	21.6495

	Total	Per Diem
11. Taxes:	83,110	2.1031
12. Insurance:	49,944	1.2638

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.4702
16. Budget Neutrality Adjustment:		(35.5752)

Rate Adjustment:	
17. Final Rate*	260.7476

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043848-00 2023/10
223.73

Coral Trace Health Care

Zip Code:	33991-2031			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/15	23,450	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	32,993	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	21,682			
Medicaid Utilization:	65.71697 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,926,570	661,242	1,122,044
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	82.1565	28.1979	47.8483
3. Inflated Cost Per Diem (Line 2 x Inflation):	112.1646	38.1784	64.7840
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	19.2759	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.0825	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	24	0.87	42,848	17.6322

	Total	Per Diem
11. Taxes:	83,168	2.5207
12. Insurance:	44,888	1.3605

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.1054
16. Budget Neutrality Adjustment:		(33.3936)

Rate Adjustment:	
17. Final Rate*	223.7298

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043850-00 2023/10
257.88

The Parks Healthcare and Rehabilitation Center

Zip Code:	32837-8301						
Peer Group:	North		Direct Care	Price	Floor	Inflation	
Beds:	120			100.0%	95.0%	1.39405328	
Medicaid Days FYE 12/31/14	29,371			Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	29,238			Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	19,182						
Medicaid Utilization:	65.60640 %	2023 Cost per Square Foot:			\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,537,918	773,065	1,481,738
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	86.4089	26.3206	50.4490
3. Inflated Cost Per Diem (Line 2 x Inflation):	120.4587	36.4237	69.8136
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.9818	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.3766	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	17	0.89	48,665	23.1904

	Total	Per Diem
11. Taxes:	66,127	2.2616
12. Insurance:	35,502	1.2142

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.2541
16. Budget Neutrality Adjustment:		(35.3043)

Rate Adjustment:	Per Diem
17. Final Rate*	257.8776

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043851-00 2023/10
269.83

Coral Bay Healthcare and Rehabilitation

Zip Code:	33415-8118				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	23,979	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	39,828	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	29,664				
Medicaid Utilization:	74.48027 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,045,397	693,609	1,307,826
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	85.2995	28.9256	54.5404
3. Inflated Cost Per Diem (Line 2 x Inflation):	118.9120	40.0286	75.4756
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	21.7909	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.3174	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	14	0.84	38,616	19.9827

	Total	Per Diem
11. Taxes:	97,964	2.4596
12. Insurance:	37,896	0.9514

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.9582
16. Budget Neutrality Adjustment:		(36.1366)

Rate Adjustment:	
17. Final Rate*	269.8289

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043853-00 2023/10
234.78

Plantation Bay Rehabilitation Center

Zip Code:	34769					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	28,994			92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	40,266			86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	26,971					
Medicaid Utilization:	66.98207 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,559,632	744,695	1,242,500
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	88.2814	25.6844	42.8536
3. Inflated Cost Per Diem (Line 2 x Inflation):	123.0690	35.5433	59.3029
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.3714	0.1181	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.9869	38.4347	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	19	0.89	47,120	21.2387

	Total	Per Diem
11. Taxes:	72,699	1.8054
12. Insurance:	51,642	1.2825

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.4837
16. Budget Neutrality Adjustment:		(35.3260)

Rate Adjustment:	
17. Final Rate*	234.7752

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043854-00 2023/10
211.42

Colonial Lakes Health Care

Zip Code:	34787-6042			
Peer Group:	North		Price	Floor
Beds:	180	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/15	49,719	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	51,047	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	38,089			
Medicaid Utilization:	74.61555 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,867,989	980,196	2,167,882
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	77.7970	19.7147	43.6026
3. Inflated Cost Per Diem (Line 2 x Inflation):	106.2127	26.6926	59.0356
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	25.2277	8.9688	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	113.1307	29.5840	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	26	0.89	54,172	16.9526

	Total	Per Diem
11. Taxes:	77,390	1.5160
12. Insurance:	61,758	1.2098

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.1686
16. Budget Neutrality Adjustment:		(31.0128)

Rate Adjustment:	
17. Final Rate*	211.4181

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043856-00 2023/10
256.71

Central Park Healthcare and Rehabilitation Center

Zip Code:	33511-5925			
Peer Group:	North			
Beds:	120			
Medicaid Days FYE 12/31/14	25,568			
Total Patient Days FYE 12/31/21	36,398			
Medicaid Days FYE 12/31/21	23,217			
Medicaid Utilization:	63.78647 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,522,624	822,044	1,316,739
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	98.6633	32.1512	51.4994
3. Inflated Cost Per Diem (Line 2 x Inflation):	137.5419	44.4924	71.2673
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	30	0.88	45,884	16.6610

	Total	Per Diem
11. Taxes:	61,368	1.6860
12. Insurance:	44,978	1.2357

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.7367
16. Budget Neutrality Adjustment:		(35.8582)

Rate Adjustment:	
17. Final Rate*	256.7138

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043857-00 2023/10
261.95

Beneva Lakes Healthcare and Rehabilitation Center

Zip Code:	34232	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.36525550
Beds:	120		92.0%	92.5%	1.35394436
Medicaid Days FYE 12/31/15	32,985		86.0%	N/A	1.35394436
Total Patient Days FYE 12/31/21	37,524		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	28,719				
Medicaid Utilization:	76.53502 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,447,767	775,409	1,703,079
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	104.5253	23.5079	51.6319
3. Inflated Cost Per Diem (Line 2 x Inflation):	142.7037	31.8284	69.9067
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.8330	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	34.7198	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	36	0.87	45,143	13.9601

	Total	Per Diem
11. Taxes:	67,041	1.7866
12. Insurance:	37,398	0.9966

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.2757
16. Budget Neutrality Adjustment:		(34.9101)

Rate Adjustment:	
17. Final Rate*	261.9451

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043859-00 2023/10
263.34

Bradenton Health Care

Zip Code:	34210-2604			
Peer Group:	North		Price	Floor
Beds:	105	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/15	22,299	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	25,664	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	14,517			1.36525550
Medicaid Utilization:	56.56562 %			1.35394436
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,013,813	649,768	1,150,706
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	90.3095	29.1388	51.6034
3. Inflated Cost Per Diem (Line 2 x Inflation):	123.2956	39.4524	69.8682
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.1449	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.2135	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	20	0.87	47,974	24.0303

	Total	Per Diem
11. Taxes:	124,765	4.8614
12. Insurance:	57,277	2.2318

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.2484
16. Budget Neutrality Adjustment:		(36.3407)

Rate Adjustment:	
17. Final Rate*	263.3426

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043860-00 2023/10
225.69

Brandon Health and Rehabilitation Center

Zip Code:	33511-4854				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	16,484	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	34,781	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	15,939				
Medicaid Utilization:	45.82674 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,383,609	627,295	711,027
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	83.9364	38.0547	43.1343
3. Inflated Cost Per Diem (Line 2 x Inflation):	114.5947	51.5240	58.4015
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.8457	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	121.5126	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	21	0.88	47,755	20.9296

	Total	Per Diem
11. Taxes:	126,288	3.6309
12. Insurance:	52,591	1.5120

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.0702
16. Budget Neutrality Adjustment:		(34.3867)

Rate Adjustment:	
17. Final Rate*	225.6908

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043861-00 2023/10
253.31

Fort Pierce Health Care

Zip Code:	34950-4054				
Peer Group:	North				
Beds:	171	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	47,950	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	37,839	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	31,131				
Medicaid Utilization:	82.27226 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,229,965	1,074,199	2,378,934
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	88.2161	22.4024	49.6128
3. Inflated Cost Per Diem (Line 2 x Inflation):	120.4376	30.3317	67.1729
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.0029	5.3297	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.3555	33.2231	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	30	0.84	45,634	14.6927

	Total	Per Diem
11. Taxes:	119,406	3.1556
12. Insurance:	47,639	1.2589

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	16	0.1027
15. Quality Assess-Medicaid Share:		24.6403
16. Budget Neutrality Adjustment:		(33.4700)

Rate Adjustment:	
17. Final Rate*	253.3096

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043862-00 2023/10
231.01

Habana Health Care Center

Zip Code:	33614					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	150			100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	39,468			92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	45,891			86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	36,366					
Medicaid Utilization:	79.24430 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,531,163	1,024,970	2,021,929
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	89.4690	25.9696	51.2295
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.1480	35.1614	69.3619
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	9.2924	0.5000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.0659	38.0529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	12.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	31	0.88	40,966	14.9828

	Total	Per Diem
11. Taxes:	73,586	1.6034
12. Insurance:	48,581	1.0586

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.5695
16. Budget Neutrality Adjustment:		(34.1915)

Rate Adjustment:	
17. Final Rate*	231.0109

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043863-00 2023/10
254.50

The Health and Rehabilitation Centre at Dolphins View

Zip Code:	33707				
Peer Group:	North				
Beds:	58	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	9,774	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	16,757	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	11,395				
Medicaid Utilization:	68.00143 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	847,917	354,060	599,939
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	86.7522	36.2247	61.3811
3. Inflated Cost Per Diem (Line 2 x Inflation):	118.4389	49.0462	83.1066
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	13.0015	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.3569	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	30	0.89	14,864	15.5035

	Total	Per Diem
11. Taxes:	43,683	2.6068
12. Insurance:	92,037	5.4924

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.4300
16. Budget Neutrality Adjustment:		(34.5820)

Rate Adjustment:	
17. Final Rate*	254.4981

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043864-00 2023/10
230.79

Grand Oaks Health and Rehabilitation Center

Zip Code:	32137	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.36525550
Beds:	120		92.0%	92.5%	1.35394436
Medicaid Days FYE 12/31/15	17,507		86.0%	N/A	1.35394436
Total Patient Days FYE 12/31/21	36,355		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	21,621				
Medicaid Utilization:	59.47187 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,530,257	619,294	856,119
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	87.4082	35.3740	48.9015
3. Inflated Cost Per Diem (Line 2 x Inflation):	119.3346	47.8945	66.2099
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	12.1058	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.2525	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	13.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	24	0.88	51,814	21.2888

	Total	Per Diem
11. Taxes:	80,955	2.2267
12. Insurance:	55,269	1.5202

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.9876
16. Budget Neutrality Adjustment:		(34.9129)

Rate Adjustment:	
17. Final Rate*	230.7851

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043865-00 2023/10
236.03

Harts Harbor Health Care Center

Zip Code:	32218-3777				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	52,341	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	49,871	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	39,866				
Medicaid Utilization:	79.93824 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,307,606	960,364	2,432,493
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	82.2988	18.3482	46.4739
3. Inflated Cost Per Diem (Line 2 x Inflation):	112.3589	24.8424	62.9231
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	19.0815	10.8190	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.2769	27.7339	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	46	40	0.87	50,812	11.6314

	Total	Per Diem
11. Taxes:	53,788	1.0785
12. Insurance:	46,376	0.9299

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.9997
16. Budget Neutrality Adjustment:		(30.7652)

Rate Adjustment:	
17. Final Rate*	236.0319

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043866-00 2023/10
252.81

Fletcher Health and Rehabilitation Center

Zip Code:	33612-3419					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	25,128			92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	40,391			86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	26,450					
Medicaid Utilization:	65.48489 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,144,630	662,011	1,252,427
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	85.3482	26.3455	49.8418
3. Inflated Cost Per Diem (Line 2 x Inflation):	116.5221	35.6704	67.4831
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.9184	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.4400	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	25	19	0.88	45,825	20.4119

	Total	Per Diem
11. Taxes:	68,520	1.6964
12. Insurance:	66,217	1.6393

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.4567
16. Budget Neutrality Adjustment:		(34.3303)

Rate Adjustment:	Per Diem
17. Final Rate*	252.8102

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043867-00 2023/10
257.82

Wedgewood Healthcare Center

Zip Code:	33809-3926				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	18,291	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	38,216	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	19,652				
Medicaid Utilization:	51.42349 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,541,300	575,991	892,935
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	84.2654	31.4904	48.8182
3. Inflated Cost Per Diem (Line 2 x Inflation):	115.0438	42.6362	66.0972
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.3966	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	121.9618	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.5	25.8795

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	22	0.87	63,663	25.1802

	Total	Per Diem
11. Taxes:	146,342	3.8293
12. Insurance:	62,928	1.6466

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.0017
16. Budget Neutrality Adjustment:		(35.1018)

Rate Adjustment:	
17. Final Rate*	257.8194

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043868-00 2023/10
252.85

Deltona Health Care			
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Zip Code:	32725-3922			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/15	26,251	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	32,520	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	17,039			1.36525550
Medicaid Utilization:	52.39545 %			1.35394436
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,361,246	705,831	1,292,197
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	89.9488	26.8877	49.2246
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.8030	36.4045	66.6474
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.6374	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.7210	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	30	0.89	45,845	16.8248

	Total	Per Diem
11. Taxes:	78,579	2.4163
12. Insurance:	46,153	1.4192

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.1605
16. Budget Neutrality Adjustment:		(34.7840)

Rate Adjustment:	
17. Final Rate*	252.8464

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043871-00 2023/10
262.82

Lake Mary Health and Rehabilitation Center

Zip Code:	32746			
Peer Group:	North			
Beds:	120			
Medicaid Days FYE 12/31/15	17,378			
Total Patient Days FYE 12/31/21	38,280			
Medicaid Days FYE 12/31/21	17,207			
Medicaid Utilization:	44.95037 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,624,523	581,041	869,574
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	93.4815	33.4354	50.0388
3. Inflated Cost Per Diem (Line 2 x Inflation):	127.6262	45.2697	67.7497
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.8142	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.5441	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	23	20	0.89	49,962	22.4936

	Total	Per Diem
11. Taxes:	95,705	2.5001
12. Insurance:	56,712	1.4815

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.3997
16. Budget Neutrality Adjustment:		(36.2956)

Rate Adjustment:	
17. Final Rate*	262.8232

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043872-00 2023/10
253.68

Countryside Rehab and Healthcare Center

Zip Code:	34684-4928
Peer Group:	North
Beds:	120
Medicaid Days FYE 12/31/14	27,143
Total Patient Days FYE 12/31/21	16,439
Medicaid Days FYE 12/31/21	5,346
Medicaid Utilization:	32.52023 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.39405328
Indirect Care	92.0%	92.5%	1.38384574
Operating	86.0%	N/A	1.38384574

2023 Cost per Square Foot: \$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,257,830	588,581	1,193,633
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	83.1827	21.6844	43.9757
3. Inflated Cost Per Diem (Line 2 x Inflation):	115.9612	30.0079	60.8556
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.4793	5.6535	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.8791	32.8994	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.5	34.3053

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	22	0.88	40,734	18.2095

	Total	Per Diem
11. Taxes:	73,442	4.4675
12. Insurance:	61,533	3.7431

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		15.1297
16. Budget Neutrality Adjustment:		(33.8270)

Rate Adjustment:	
17. Final Rate*	253.6759

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043873-00 2023/10
255.92

Harbor Beach Nursing and Rehabilitation Center

Zip Code:	33316-2933					
Peer Group:	South		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	59			100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	14,577			92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	16,318			86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	11,405					
Medicaid Utilization:	69.89214 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,211,576	378,333	811,229
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	83.1155	25.9541	55.6512
3. Inflated Cost Per Diem (Line 2 x Inflation):	115.8675	35.9164	77.0128
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	24.8354	3.0919	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.2729	39.0793	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	62	40	0.87	16,921	11.6314

	Total	Per Diem
11. Taxes:	66,333	4.0650
12. Insurance:	30,078	1.8432

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.7485
16. Budget Neutrality Adjustment:		(34.4328)

Rate Adjustment:	
17. Final Rate*	255.9249

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043874-00 2023/10
243.05

Health Center at Brentwood

Zip Code:	34461-8536			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/15	22,636	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	38,688	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	23,516			
Medicaid Utilization:	60.78371 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,826,925	510,691	1,012,219
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	80.7088	22.5609	44.7172
3. Inflated Cost Per Diem (Line 2 x Inflation):	110.1881	30.5463	60.5446
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	21.2523	5.1151	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.1061	33.4377	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	24	0.87	52,351	21.2664

	Total	Per Diem
11. Taxes:	81,756	2.1132
12. Insurance:	47,033	1.2156

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.5912
16. Budget Neutrality Adjustment:		(32.8239)

Rate Adjustment:	
17. Final Rate*	243.0533

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043875-00 2023/10
217.88

Green Cove Springs Rehabilitation and Care Center

Zip Code:	32043				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	32,729	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/20	34,153	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/20	24,788				
Medicaid Utilization:	72.57928 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,649,064	774,635	1,494,862
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	80.9393	23.6681	45.6739
3. Inflated Cost Per Diem (Line 2 x Inflation):	110.5028	32.0453	61.8399
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.9376	3.6161	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.4208	34.9368	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	31	0.87	37,277	14.8244

	Total	Per Diem
11. Taxes:	35,669	1.0443
12. Insurance:	49,271	1.4426

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.3917
16. Budget Neutrality Adjustment:		(32.0466)

Rate Adjustment:	
17. Final Rate*	217.8832

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043876-00 2023/10
246.34

Bardmoor Oaks Healthcare and Rehabilitation Center

Zip Code:	33777-1104
Peer Group:	North
Beds:	158
Medicaid Days FYE 12/31/14	35,887
Total Patient Days FYE 12/31/21	39,079
Medicaid Days FYE 12/31/21	27,341
Medicaid Utilization:	69.96341 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.39405328
Indirect Care	92.0%	92.5%	1.38384574
Operating	86.0%	N/A	1.38384574

2023 Cost per Square Foot: \$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,008,057	736,248	1,525,516
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	83.8202	20.5157	42.5088
3. Inflated Cost Per Diem (Line 2 x Inflation):	116.8498	28.3906	58.8257
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.5906	7.2708	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.7678	31.2820	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	18	0.89	60,554	21.6017

	Total	Per Diem
11. Taxes:	133,703	3.4213
12. Insurance:	57,643	1.4750

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.3907
16. Budget Neutrality Adjustment:		(33.7345)

Rate Adjustment:	
17. Final Rate*	246.3416

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043877-00 2023/10
256.25

Magnolia Health and Rehabilitation Center

Zip Code:	34239-2608
Peer Group:	North
Beds:	120
Medicaid Days FYE 12/31/15	29,098
Total Patient Days FYE 12/31/21	36,677
Medicaid Days FYE 12/31/21	30,043
Medicaid Utilization:	81.91237 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.36525550
Indirect Care	92.0%	92.5%	1.35394436
Operating	86.0%	N/A	1.35394436

2023 Cost per Square Foot: \$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,553,005	631,941	1,479,387
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	87.7381	21.7176	50.8415
3. Inflated Cost Per Diem (Line 2 x Inflation):	119.7849	29.4045	68.8366
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.6555	6.2569	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.7029	32.2959	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	19	0.87	61,074	26.6631

	Total	Per Diem
11. Taxes:	127,668	3.4808
12. Insurance:	61,793	1.6847

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.1407
16. Budget Neutrality Adjustment:		(35.0531)

Rate Adjustment:	
17. Final Rate*	256.2473

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043878-00 2023/10
242.12

Marshall Health and Rehabilitation Center

Zip Code:	32347-1835				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	32,123	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/20	39,187	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/20	33,382				
Medicaid Utilization:	85.18641 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,571,395	699,545	1,418,004
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	80.0484	21.7770	44.1429
3. Inflated Cost Per Diem (Line 2 x Inflation):	111.5917	30.1360	61.0870
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	19.8487	5.5253	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	118.5096	33.0275	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	46	33	0.88	37,075	14.2658

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

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.2672
16. Budget Neutrality Adjustment:		(31.7298)

Rate Adjustment:	
17. Final Rate*	242.1234

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 043880-00 2023/10
263.52

North Florida Rehabilitation and Specialty Care

Zip Code:	32605	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.36525550	
Beds:	120		92.0%	92.5%	1.35394436	
Medicaid Days FYE 12/31/15	20,871		86.0%	N/A	1.35394436	
Total Patient Days FYE 12/31/21	34,250		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/21	23,749					
Medicaid Utilization:	69.34015 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,779,733	638,552	1,005,923
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	85.2730	30.5951	48.1971
3. Inflated Cost Per Diem (Line 2 x Inflation):	116.4194	41.4241	65.2562
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.0210	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.3373	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	23	0.87	43,111	18.0961

	Total	Per Diem
11. Taxes:	116,762	3.4091
12. Insurance:	64,775	1.8912

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.9282
16. Budget Neutrality Adjustment:		(34.2658)

Rate Adjustment:	
17. Final Rate*	263.5218

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 044886-00 2023/10
255.83

Crestview Rehabilitation Center

Zip Code:	32539				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	42,803	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	45,814	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	34,527				
Medicaid Utilization:	75.36343 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,329,232	956,188	1,570,336
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	101.1431	22.3392	36.6875
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.8681	27.3899	44.9821
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.5723	8.2715	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.7860	30.2814	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	34	0.89	49,071	14.0545

	Total	Per Diem
11. Taxes:	25,817	0.5635
12. Insurance:	19,328	0.4218

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.5965
16. Budget Neutrality Adjustment:		(33.2456)

Rate Adjustment:	
17. Final Rate*	255.8272

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 044888-00 2023/10
259.02

Fort Walton Rehabilitation Center

Zip Code:	32548			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/19	23,148	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	36,457	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	23,200			1.22608988
Medicaid Utilization:	63.63661 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,665,951	647,109	947,954
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	115.1698	27.9552	40.9518
3. Inflated Cost Per Diem (Line 2 x Inflation):	143.3236	34.2756	50.2106
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.3857	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	37.1671	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	40	0.89	46,498	13.0698

	Total	Per Diem
11. Taxes:	33,866	0.9289
12. Insurance:	25,661	0.7038

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.4071
16. Budget Neutrality Adjustment:		(34.9679)

Rate Adjustment:	
17. Final Rate*	259.0179

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 044889-00 2023/10
261.32

River Valley Rehabilitation Center

Zip Code:	32424				
Peer Group:	North				
Beds:	150	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	37,493	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/22	45,961	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/22	36,161				
Medicaid Utilization:	78.67757 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,695,953	958,807	1,564,035
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	98.5771	25.5729	41.7153
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.6748	31.3547	51.1468
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.7656	4.3067	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.5927	34.2462	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	49	35	0.88	44,962	13.5487

	Total	Per Diem
11. Taxes:	29,972	0.6521
12. Insurance:	23,686	0.5153

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.2947
16. Budget Neutrality Adjustment:		(33.3093)

Rate Adjustment:	
17. Final Rate*	261.3169

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 046017-00 2023/10
287.39

Homestead Manor A Palace Community

Zip Code:	33030					
Peer Group:	South		Price	Floor	Inflation	
Beds:	88		Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	22,704		Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	31,690		Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	19,093					
Medicaid Utilization:	60.24929 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,173,543	608,983	1,284,799
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	95.7339	26.8227	56.5891
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.0930	34.5814	72.9579
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.6100	4.4270	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.4984	37.7442	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	31.5	37.9164

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	60	8	0.89	27,000	21.4127

	Total	Per Diem
11. Taxes:	69,542	2.1944
12. Insurance:	107,117	3.3801

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		26.7034
16. Budget Neutrality Adjustment:		(36.8964)

Rate Adjustment:	
17. Final Rate*	287.3931

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 046128-00 2023/10
290.01

Victoria Nursing and Rehabilitation Center, Inc.

Zip Code:	33128				
Peer Group:	South				
Beds:	314	Direct Care	100.0%	95.0%	1.30120764
Medicaid Days FYE 2/28/18	60,405	Indirect Care	92.0%	92.5%	1.28431236
Total Patient Days FYE 2/28/22	103,751	Operating	86.0%	N/A	1.28431236
Medicaid Days FYE 2/28/22	60,285				
Medicaid Utilization:	58.10546 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	7,402,212	2,355,825	4,123,180
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/18):	122.5430	39.0004	68.2589
3. Inflated Cost Per Diem (Line 2 x Inflation):	159.4539	50.0888	87.6657
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	20	8	0.89	180,040	32.6088

	Total	Per Diem
11. Taxes:	180,433	1.7390
12. Insurance:	133,788	1.2895

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	1535	5.0924
15. Quality Assess-Medicaid Share:		2.6260
16. Budget Neutrality Adjustment:		(40.9725)

Rate Adjustment:	
17. Final Rate*	290.0100

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 046758-00 2023/10
293.78

Riverside Care Center

Zip Code:	33128				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.30120764
Medicaid Days FYE 2/28/18	36,132	Indirect Care	92.0%	92.5%	1.28431236
Total Patient Days FYE 2/28/23	42,023	Operating	86.0%	N/A	1.28431236
Medicaid Days FYE 2/28/23	35,720				
Medicaid Utilization:	85.00107 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,269,644	1,727,664	2,317,698
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/18):	118.1679	47.8153	64.1453
3. Inflated Cost Per Diem (Line 2 x Inflation):	153.7610	61.4098	82.3826
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	31.5	37.9164

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	58	36	0.89	34,164	12.5042

	Total	Per Diem
11. Taxes:	117,868	2.8048
12. Insurance:	67,305	1.6016

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.5449
16. Budget Neutrality Adjustment:		(38.3117)

Rate Adjustment:	
17. Final Rate*	293.7798

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 047787-00 2023/10
272.26

Renaissance Health and Rehabilitation

Zip Code:	33415				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	34,628	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	32,862	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	29,202				
Medicaid Utilization:	88.86252 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,151,005	968,144	1,695,515
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	90.9958	27.9584	48.9636
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.2326	37.8541	66.2941
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.4704	1.1542	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.6380	41.0169	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	30	0.84	32,716	14.6927

	Total	Per Diem
11. Taxes:	67,795	2.0630
12. Insurance:	36,122	1.0992

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.1610
16. Budget Neutrality Adjustment:		(35.9415)

Rate Adjustment:	
17. Final Rate*	272.2615

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 047788-00 2023/10
233.30

Wood Lake Nursing and Rehabilitation Center

Zip Code:	33415-1401
Peer Group:	South
Beds:	120
Medicaid Days FYE 12/31/14	31,267
Total Patient Days FYE 12/31/21	29,781
Medicaid Days FYE 12/31/21	23,300
Medicaid Utilization:	78.23780 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.39405328
Indirect Care	92.0%	92.5%	1.38384574
Operating	86.0%	N/A	1.38384574

2023 Cost per Square Foot: \$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,461,765	814,730	1,707,069
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	78.7336	26.0571	54.5965
3. Inflated Cost Per Diem (Line 2 x Inflation):	109.7589	36.0591	75.5531
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	30.9441	2.9493	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.1643	39.2219	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	26	0.84	50,780	19.1774

	Total	Per Diem
11. Taxes:	85,180	2.8602
12. Insurance:	37,329	1.2534

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.5880
16. Budget Neutrality Adjustment:		(34.4023)

Rate Adjustment:	
17. Final Rate*	233.3026

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 047795-00 2023/10
268.74

Hillcrest Health Care And Rehabilitation Center

Zip Code:	33021-7353				
Peer Group:	South				
Beds:	240	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	54,120	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	56,075	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	40,809				
Medicaid Utilization:	72.77575 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,926,111	1,551,982	2,459,574
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	91.0220	28.6766	45.4466
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.2682	38.8266	61.5322
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.4347	0.1818	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.6737	41.9894	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	31	0.89	70,298	15.1413

	Total	Per Diem
11. Taxes:	177,514	3.1656
12. Insurance:	81,212	1.4482

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.7568
16. Budget Neutrality Adjustment:		(36.3548)

Rate Adjustment:	
17. Final Rate*	268.7414

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 048441-00 2023/10
249.71

Health Central Park

Zip Code:	34787-2816				
Peer Group:	North				
Beds:	118	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	56,702	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/22	34,781	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/22	24,711				
Medicaid Utilization:	71.04741 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	7,404,690	1,628,208	3,514,405
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	130.5895	28.7151	61.9802
3. Inflated Cost Per Diem (Line 2 x Inflation):	167.5169	36.2448	78.2327
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	57	13	0.89	73,689	30.2741

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	34,325	0.9868

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.1872
16. Budget Neutrality Adjustment:		(37.5176)

Rate Adjustment:	
17. Final Rate*	249.7111

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 048611-00 2023/10
263.74

Ocala Oaks Rehabilitation Center

Zip Code:	34470-5006				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	26,315	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	32,011	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	23,718				
Medicaid Utilization:	74.09328 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,867,629	780,624	1,190,792
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	108.9731	29.6646	45.2514
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.6122	36.3714	55.4823
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	20	0.87	49,408	21.7897

	Total	Per Diem
11. Taxes:	77,174	2.4108
12. Insurance:	27,110	0.8468

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.0802
16. Budget Neutrality Adjustment:		(36.6347)

Rate Adjustment:	
17. Final Rate*	263.7363

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 048807-00 2023/10
308.01

Riviera Health Resort

Zip Code:	33146				
Peer Group:	South				
Beds:	223	Direct Care	100.0%	95.0%	1.30120764
Medicaid Days FYE 2/28/18	39,531	Indirect Care	92.0%	92.5%	1.28431236
Total Patient Days FYE 2/28/22	77,248	Operating	86.0%	N/A	1.28431236
Medicaid Days FYE 2/28/22	41,481				
Medicaid Utilization:	53.69848 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,121,443	1,298,027	2,554,131
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/18):	129.5551	32.8356	64.6108
3. Inflated Cost Per Diem (Line 2 x Inflation):	168.5780	42.1712	82.9804
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	34.0	40.9257

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	15	11	0.89	117,502	29.6672

	Total	Per Diem
11. Taxes:	419,469	5.4301
12. Insurance:	343,065	4.4410

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.3533
16. Budget Neutrality Adjustment:		(41.5268)

Rate Adjustment:	
17. Final Rate*	308.0100

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 059852-00 2023/10
240.19

Shoal Creek Rehabilitation Center

Zip Code:	32539		Direct Care	Price	Floor	Inflation
Peer Group:	North					
Beds:	120					
Medicaid Days FYE 12/31/15	28,433					
Total Patient Days FYE 12/31/21	41,120					
Medicaid Days FYE 12/31/21	25,995					
Medicaid Utilization:	63.21741 %		Operating			
			2023 Cost per Square Foot:		\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,183,433	616,125	1,285,921
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	76.7922	21.6693	45.2263
3. Inflated Cost Per Diem (Line 2 x Inflation):	104.8409	29.3391	61.2339
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	26.5995	6.3223	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.7589	32.2305	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	23	18	0.89	49,311	22.1055

	Total	Per Diem
11. Taxes:	69,474	1.6895
12. Insurance:	58,886	1.4320

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.8136
16. Budget Neutrality Adjustment:		(31.9824)

Rate Adjustment:	
17. Final Rate*	240.1946

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 059855-00 2023/10
255.11

Englewood Healthcare & Rehabilitation Center

Zip Code:	34224-4545				
Peer Group:	North		Price	Floor	Inflation
Beds:	120	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	23,272	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	35,919	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	24,947				
Medicaid Utilization:	69.45349 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,121,804	529,017	1,071,797
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	91.1741	22.7319	46.0552
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.4759	30.7777	62.3562
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.9645	4.8837	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.3938	33.6692	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	25	0.87	42,228	17.0385

	Total	Per Diem
11. Taxes:	103,575	2.8835
12. Insurance:	52,412	1.4591

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.9485
16. Budget Neutrality Adjustment:		(34.4302)

Rate Adjustment:	
17. Final Rate*	255.1093

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 059866-00 2023/10
247.81

Island Health and Rehabilitation Center

Zip Code:	32953-4345	Direct Care	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.36525550	
Beds:	120		Indirect Care	92.0%	92.5%	1.35394436
Medicaid Days FYE 12/31/15	29,919		Operating	86.0%	N/A	1.35394436
Total Patient Days FYE 12/31/21	31,429		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/21	20,387					
Medicaid Utilization:	64.86684 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,624,904	786,428	1,472,937
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	87.7336	26.2852	49.2308
3. Inflated Cost Per Diem (Line 2 x Inflation):	119.7788	35.5887	66.6558
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.6616	0.0727	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.6968	38.4802	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	40	0.91	35,135	12.1303

	Total	Per Diem
11. Taxes:	43,883	1.3962
12. Insurance:	36,679	1.1670

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.7008
16. Budget Neutrality Adjustment:		(33.4962)

Rate Adjustment:	
17. Final Rate*	247.8146

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 059869-00 2023/10
246.29

Rosewood Health and Rehabilitation Center

Zip Code:	32808	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.36525550	
Beds:	120		92.0%	92.5%	1.35394436	
Medicaid Days FYE 12/31/15	31,056		86.0%	N/A	1.35394436	
Total Patient Days FYE 12/31/21	35,575		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/21	23,872					
Medicaid Utilization:	67.10330 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,648,706	773,527	1,523,119
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	85.2880	24.9074	49.0442
3. Inflated Cost Per Diem (Line 2 x Inflation):	116.4399	33.7233	66.4032
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.0005	1.9381	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.3579	36.6148	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	34	0.89	41,799	14.0545

	Total	Per Diem
11. Taxes:	65,989	1.8549
12. Insurance:	45,395	1.2760

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.3019
16. Budget Neutrality Adjustment:		(33.1108)

Rate Adjustment:	
17. Final Rate*	246.2924

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 059873-00 2023/10
264.84

Evans Health Care

Zip Code:	33901-9302			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/14	29,863	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	36,248	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	25,455			1.38384574
Medicaid Utilization:	70.22456 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,693,847	713,124	1,278,043
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	90.2068	23.8798	42.7968
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.7531	33.0460	59.2242
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.6873	2.6154	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.6710	35.9375	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	25	20	0.87	50,047	22.0539

	Total	Per Diem
11. Taxes:	146,157	4.0321
12. Insurance:	49,036	1.3527

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.4440
16. Budget Neutrality Adjustment:		(35.7947)

Rate Adjustment:	
17. Final Rate*	264.8434

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 059877-00 2023/10
245.83

Spring Hill Health and Rehabilitation Center

Zip Code:	34613-5578
Peer Group:	North
Beds:	120
Medicaid Days FYE 12/31/15	18,252
Total Patient Days FYE 12/31/21	39,850
Medicaid Days FYE 12/31/21	20,293
Medicaid Utilization:	50.92346 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.36525550
Indirect Care	92.0%	92.5%	1.35394436
Operating	86.0%	N/A	1.35394436

2023 Cost per Square Foot: \$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,572,284	588,303	812,601
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	86.1431	32.2322	44.5211
3. Inflated Cost Per Diem (Line 2 x Inflation):	117.6073	43.6406	60.2792
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	13.8331	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.5252	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	22	0.88	50,785	21.5109

	Total	Per Diem
11. Taxes:	100,643	2.5255
12. Insurance:	65,945	1.6548

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		14.2828
16. Budget Neutrality Adjustment:		(34.7606)

Rate Adjustment:	
17. Final Rate*	245.8273

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 060972-00 2023/10
251.57

Emerald Shores Health and Rehabilitation

Zip Code:	32404-6132					
Peer Group:	North		Price	Floor	Inflation	
Beds:	77		Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	15,152		Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	26,446		Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	13,196					
Medicaid Utilization:	49.89791 %		2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,229,556	378,515	797,787
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	81.1480	24.9811	52.6522
3. Inflated Cost Per Diem (Line 2 x Inflation):	110.7878	33.8230	71.2882
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.6526	1.8383	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.7057	36.7145	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	23	17	0.88	39,628	26.7358

	Total	Per Diem
11. Taxes:	36,655	1.3860
12. Insurance:	42,653	1.6128

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.9616
16. Budget Neutrality Adjustment:		(34.1049)

Rate Adjustment:	
17. Final Rate*	251.5658

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 060993-00 2023/10
241.98

University Hills Health and Rehabilitation

Zip Code:	32514				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	32,742	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	36,119	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	27,723				
Medicaid Utilization:	76.75462 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,627,935	818,612	1,438,183
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	80.2618	25.0018	43.9247
3. Inflated Cost Per Diem (Line 2 x Inflation):	109.5779	33.8511	59.4716
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	21.8625	1.8103	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	116.4959	36.7426	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	26	0.89	46,777	18.7457

	Total	Per Diem
11. Taxes:	50,542	1.3993
12. Insurance:	47,260	1.3084

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.7191
16. Budget Neutrality Adjustment:		(32.7604)

Rate Adjustment:	
17. Final Rate*	241.9827

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 061101-00 2023/10
261.67

Destin Healthcare and Rehabilitation Center

Zip Code:	32541-2811
Peer Group:	North
Beds:	119
Medicaid Days FYE 12/31/14	24,587
Total Patient Days FYE 12/31/21	41,668
Medicaid Days FYE 12/31/21	31,615
Medicaid Utilization:	75.87357 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.39405328
Indirect Care	92.0%	92.5%	1.38384574
Operating	86.0%	N/A	1.38384574

2023 Cost per Square Foot: \$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,153,945	605,875	983,414
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	87.6050	24.6420	39.9973
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.1260	34.1008	55.3501
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	9.3144	1.5606	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.0440	36.9923	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	27	0.89	56,191	20.6190

	Total	Per Diem
11. Taxes:	49,710	1.1930
12. Insurance:	47,460	1.1390

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		27.5300
16. Budget Neutrality Adjustment:		(34.7916)

Rate Adjustment:	
17. Final Rate*	261.6688

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 061102-00 2023/10
238.63

San Jose Health and Rehabilitation Center
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Zip Code:	32257				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	30,904	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	28,917	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	20,362				
Medicaid Utilization:	70.41533 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,400,467	650,529	1,472,619
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	77.6749	21.0499	47.6514
3. Inflated Cost Per Diem (Line 2 x Inflation):	106.0461	28.5005	64.5173
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	25.3943	7.1609	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	112.9640	31.3919	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	24	0.87	42,471	17.4880

	Total	Per Diem
11. Taxes:	72,320	2.5009
12. Insurance:	48,480	1.6765

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.8002
16. Budget Neutrality Adjustment:		(31.5284)

Rate Adjustment:	
17. Final Rate*	238.6346

*The Final Rate includes the \$15 Minimum Wage Increase.



0 061107-00 2023/10
256.48

Seaview Nursing and Rehabilitation Center

Zip Code:	33062			
Peer Group:	South		Price	Floor
Beds:	83	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/15	23,971	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	21,815	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	16,394			
Medicaid Utilization:	75.15013 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,044,805	509,879	1,285,428
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	85.3032	21.2706	53.6242
3. Inflated Cost Per Diem (Line 2 x Inflation):	116.4607	28.7992	72.6043
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	24.2422	10.2091	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.8662	31.9621	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	34	0.89	22,194	14.0545

	Total	Per Diem
11. Taxes:	54,304	2.4892
12. Insurance:	26,742	1.2258

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		26.2995
16. Budget Neutrality Adjustment:		(33.5385)

Rate Adjustment:	
17. Final Rate*	256.4836

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 061109-00 2023/10
249.10

Vista Manor

Zip Code:	32796-2147				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	25,443	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	34,002	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	26,194				
Medicaid Utilization:	77.03664 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,090,437	590,846	1,197,739
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	82.1615	23.2223	47.0753
3. Inflated Cost Per Diem (Line 2 x Inflation):	112.1715	31.4417	63.7374
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	19.2689	4.2197	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.0894	34.3332	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	35	0.89	53,866	17.2993

	Total	Per Diem
11. Taxes:	81,711	2.4031
12. Insurance:	56,135	1.6509

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.3380
16. Budget Neutrality Adjustment:		(32.7723)

Rate Adjustment:	
17. Final Rate*	249.0996

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 061140-00 2023/10
247.55

Lakeside Oaks Care Center

Zip Code:	34698				
Peer Group:	North				
Beds:	93	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	23,055	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	29,270	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	21,799				
Medicaid Utilization:	74.47557 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,903,286	575,571	1,169,841
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	82.5541	24.9651	50.7413
3. Inflated Cost Per Diem (Line 2 x Inflation):	112.7074	33.8014	68.7009
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.7330	1.8600	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.6254	36.6928	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	40	0.88	26,521	11.7561

	Total	Per Diem
11. Taxes:	29,506	1.0080
12. Insurance:	35,220	1.2032

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.6449
16. Budget Neutrality Adjustment:		(32.1343)

Rate Adjustment:	
17. Final Rate*	247.5542

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 072320-00 2023/10
270.41

The Club Healthcare and Rehabilitation Center at the Villages

Zip Code:	32162				
Peer Group:	North				
Beds:	68	Direct Care	100.0%	95.0%	1.41632163
Medicaid Days FYE 12/31/13	1	Indirect Care	92.0%	92.5%	1.41192418
Total Patient Days FYE 1/31/23	8,323	Operating	86.0%	N/A	1.41192418
Medicaid Days FYE 1/31/23	165				
Medicaid Utilization:	1.98246 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	127	69	96
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/13):	127.0000	69.0000	96.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	179.8728	97.4227	135.5447
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	11	2	0.88	51,893	35.4478

	Total	Per Diem
11. Taxes:	62,925	7.5603
12. Insurance:	65,763	7.9013

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		1.7553
16. Budget Neutrality Adjustment:		(40.3094)

Rate Adjustment:	
17. Final Rate*	270.4135

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 073324-00 2023/10
264.85

Braden River Rehabilitation Center, LLC

Zip Code:	34208-1560				
Peer Group:	North				
Beds:	208	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	42,950	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	47,002	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	37,383				
Medicaid Utilization:	79.53491 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,959,340	1,149,768	1,847,669
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	115.4677	26.7699	43.0190
3. Inflated Cost Per Diem (Line 2 x Inflation):	143.6944	32.8223	52.7452
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	2.8391	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	35.7137	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	59	27	0.87	63,191	16.2435

	Total	Per Diem
11. Taxes:	95,936	2.0411
12. Insurance:	46,182	0.9825

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.9581
16. Budget Neutrality Adjustment:		(35.4100)

Rate Adjustment:	
17. Final Rate*	264.8491

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080062-00 2023/10
255.87

Groves Center			
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Zip Code:	33853-4901			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 2/28/19	31,188	Indirect Care	92.0%	92.5%
Total Patient Days FYE 2/28/23	39,080	Operating	86.0%	N/A
Medicaid Days FYE 2/28/23	30,190			1.26894916
Medicaid Utilization:	77.25179 %			1.24980861
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,062,194	962,369	1,320,417
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	98.1850	30.8570	42.3373
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.5917	38.5653	52.9135
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.8487	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.5097	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	50	25	0.87	27,375	16.9531

	Total	Per Diem
11. Taxes:	37,832	0.9680
12. Insurance:	76,439	1.9559

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.3248
16. Budget Neutrality Adjustment:		(34.9269)

Rate Adjustment:	
17. Final Rate*	255.8733

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080068-00 2023/10
239.81

Lakeland Hills Center

Zip Code:	33805						
Peer Group:	North			Price	Floor	Inflation	
Beds:	120			Direct Care	100.0%	95.0%	1.26894916
Medicaid Days FYE 2/28/19	30,512			Indirect Care	92.0%	92.5%	1.24980861
Total Patient Days FYE 2/28/23	37,273			Operating	86.0%	N/A	1.24980861
Medicaid Days FYE 2/28/23	28,767						
Medicaid Utilization:	77.17919 %			2023 Cost per Square Foot:		\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,150,313	1,202,880	1,392,286
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	103.2483	39.4231	45.6307
3. Inflated Cost Per Diem (Line 2 x Inflation):	131.0168	49.2714	57.0297
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.4236	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.9348	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	22	0.87	23,113	18.0174

	Total	Per Diem
11. Taxes:	38,643	1.0367
12. Insurance:	70,312	1.8864

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.4996
16. Budget Neutrality Adjustment:		(35.9910)

Rate Adjustment:	
17. Final Rate*	239.8060

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080079-00 2023/10
272.55

Tarpon Bayou Center

Zip Code:	34689				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.26894916
Medicaid Days FYE 2/28/19	31,237	Indirect Care	92.0%	92.5%	1.24980861
Total Patient Days FYE 2/28/23	31,820	Operating	86.0%	N/A	1.24980861
Medicaid Days FYE 2/28/23	27,368				
Medicaid Utilization:	86.00880 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,408,129	930,720	1,408,848
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	109.1055	29.7954	45.1018
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.4493	37.2385	56.3687
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	59	16	0.88	25,764	20.3607

	Total	Per Diem
11. Taxes:	41,337	1.2990
12. Insurance:	87,105	2.7374

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.8335
16. Budget Neutrality Adjustment:		(36.5423)

Rate Adjustment:	
17. Final Rate*	272.5521

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080374-00 2023/10
240.78

Nursing & Rehabilitation Center of Bayonet Point

Zip Code:	34667-8571
Peer Group:	North
Beds:	120
Medicaid Days FYE 12/31/15	22,763
Total Patient Days FYE 12/31/21	33,476
Medicaid Days FYE 12/31/21	18,160
Medicaid Utilization:	54.24782 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.36525550
Indirect Care	92.0%	92.5%	1.35394436
Operating	86.0%	N/A	1.35394436

2023 Cost per Square Foot: \$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,839,727	663,472	1,018,827
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	80.8209	29.1469	44.7580
3. Inflated Cost Per Diem (Line 2 x Inflation):	110.3412	39.4633	60.5998
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	21.0993	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.2591	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	27	0.88	37,872	16.4169

	Total	Per Diem
11. Taxes:	51,017	1.5239
12. Insurance:	61,682	1.8425

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.7304
16. Budget Neutrality Adjustment:		(32.8887)

Rate Adjustment:	
17. Final Rate*	240.7784

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080377-00 2023/10
241.90

Consulate Health Care of Brandon

Zip Code:	33510-4100				
Peer Group:	North		Price	Floor	Inflation
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	24,499	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	37,817	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	20,028				
Medicaid Utilization:	52.96031 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,908,193	611,296	1,164,287
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	77.8886	24.9518	47.5238
3. Inflated Cost Per Diem (Line 2 x Inflation):	108.5808	34.5295	65.7657
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	22.8596	1.1319	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	115.4988	37.4210	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	17	0.88	40,418	20.0022

	Total	Per Diem
11. Taxes:	127,718	3.3772
12. Insurance:	70,543	1.8653

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.4553
16. Budget Neutrality Adjustment:		(33.2538)

Rate Adjustment:	
17. Final Rate*	241.9018

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080384-00 2023/10
256.19

Consulate Health Care of Jacksonville

Zip Code:	32216					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	116			100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	24,459			92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	35,879			86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	24,555					
Medicaid Utilization:	68.43836 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,161,580	762,613	1,276,991
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	88.3756	31.1792	52.2094
3. Inflated Cost Per Diem (Line 2 x Inflation):	120.6553	42.2149	70.6886
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.7851	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.5732	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	27	21	0.87	45,061	20.2444

	Total	Per Diem
11. Taxes:	91,111	2.5393
12. Insurance:	63,151	1.7601

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.8223
16. Budget Neutrality Adjustment:		(35.0307)

Rate Adjustment:	
17. Final Rate*	256.1918

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080387-00 2023/10
250.62

Kissimmee Nursing & Rehabilitation Center

Zip Code:	34741				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	27,789	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	37,049	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	21,776				
Medicaid Utilization:	58.77622 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,325,358	644,268	1,311,044
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	83.6790	23.1842	47.1785
3. Inflated Cost Per Diem (Line 2 x Inflation):	116.6530	32.0834	65.2877
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.7874	3.5779	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.5710	34.9749	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	22	0.89	44,125	19.2667

	Total	Per Diem
11. Taxes:	66,729	1.8011
12. Insurance:	56,459	1.5239

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		26.8272
16. Budget Neutrality Adjustment:		(33.6762)

Rate Adjustment:	
17. Final Rate*	250.6206

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080391-00 2023/10
248.08

Consulate Health Care of Lakeland

Zip Code:	33809				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	30,748	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/22	18,924	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/22	11,834				
Medicaid Utilization:	62.53435 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,327,295	722,273	1,462,035
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	75.6893	23.4900	47.5489
3. Inflated Cost Per Diem (Line 2 x Inflation):	105.5149	32.5066	65.8004
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	25.9255	3.1548	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	112.4328	35.3981	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	34	0.87	39,060	13.7601

	Total	Per Diem
11. Taxes:	74,188	3.9203
12. Insurance:	100,280	5.2990

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.5178
16. Budget Neutrality Adjustment:		(32.2088)

Rate Adjustment:	
17. Final Rate*	248.0810

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080393-00 2023/10
252.10

Consulate Health Care of Lake Parker

Zip Code:	33805-5005			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/14	26,668	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	20,116	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	14,965			
Medicaid Utilization:	74.39352 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,089,041	643,930	1,256,406
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	78.3351	24.1461	47.1128
3. Inflated Cost Per Diem (Line 2 x Inflation):	109.2033	33.4145	65.1969
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	22.2371	2.2468	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	116.1212	36.3060	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	27	0.87	35,056	16.2435

	Total	Per Diem
11. Taxes:	70,703	3.5147
12. Insurance:	90,543	4.5010

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.7032
16. Budget Neutrality Adjustment:		(33.0438)

Rate Adjustment:	
17. Final Rate*	252.1039

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080394-00 2023/10
261.03

Nursing & Rehabilitation Center of Melbourne

Zip Code:	32934					
Peer Group:	North		Price	Floor	Inflation	
Beds:	167		Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	29,679		Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	51,181		Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	36,078					
Medicaid Utilization:	70.49100 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,363,126	935,386	1,484,569
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	79.6228	31.5167	50.0208
3. Inflated Cost Per Diem (Line 2 x Inflation):	110.9984	43.6143	69.2211
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.4420	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.9163	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.5	31.8979

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	22	0.91	59,766	19.1795

	Total	Per Diem
11. Taxes:	95,098	1.8580
12. Insurance:	90,142	1.7612

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		27.4054
16. Budget Neutrality Adjustment:		(33.4106)

Rate Adjustment:	
17. Final Rate*	261.0300

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080397-00 2023/10
239.60

Nursing & Rehabilitation Center of New Port Richey

Zip Code:	34653					
Peer Group:	North		Price	Floor	Inflation	
Beds:	120		100.0%	95.0%	1.39405328	
Medicaid Days FYE 12/31/14	29,222		Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	37,603		Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	22,592					
Medicaid Utilization:	60.08031 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,262,743	618,336	1,400,298
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	77.4328	21.1599	47.9192
3. Inflated Cost Per Diem (Line 2 x Inflation):	107.9455	29.2821	66.3129
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	23.4949	6.3793	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	114.8634	32.1735	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	27	0.88	37,752	16.4169

	Total	Per Diem
11. Taxes:	41,501	1.1036
12. Insurance:	63,074	1.6773

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.3722
16. Budget Neutrality Adjustment:		(31.5587)

Rate Adjustment:	
17. Final Rate*	239.6026

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080400-00 2023/10
212.57

Consulate Health Care of North Ft. Myers

Zip Code:	33903			
Peer Group:	North		Price	Floor
Beds:	120			Inflation
Medicaid Days FYE 12/31/14	26,942	Direct Care	100.0%	95.0%
Total Patient Days FYE 12/31/21	36,052	Indirect Care	92.0%	92.5%
Medicaid Days FYE 12/31/21	26,295	Operating	86.0%	N/A
Medicaid Utilization:	72.93631 %			
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,132,252	552,056	1,421,982
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	79.1423	20.4905	52.7793
3. Inflated Cost Per Diem (Line 2 x Inflation):	110.3285	28.3557	73.0385
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	21.1119	7.3057	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.2465	31.2472	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	33	0.87	38,417	14.1148

	Total	Per Diem
11. Taxes:	79,545	2.2063
12. Insurance:	57,167	1.5856

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.8791
16. Budget Neutrality Adjustment:		(31.5822)

Rate Adjustment:	
17. Final Rate*	212.5666

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080402-00 2023/10
247.12

Consulate Health Care of Orange Park

Zip Code:	32073					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	27,023			92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	33,502			86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	21,857					
Medicaid Utilization:	65.24088 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,195,168	748,741	1,184,195
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	81.2333	27.7075	43.8217
3. Inflated Cost Per Diem (Line 2 x Inflation):	110.9042	37.5144	59.3322
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.5362	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.8221	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	23	0.87	37,942	17.6627

	Total	Per Diem
11. Taxes:	98,245	2.9325
12. Insurance:	55,845	1.6669

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.6613
16. Budget Neutrality Adjustment:		(33.3209)

Rate Adjustment:	
17. Final Rate*	247.1151

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080405-00 2023/10
249.85

Pensacola Nursing & Rehabilitation Center

Zip Code:	32505				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	23,271	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	37,544	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	22,976				
Medicaid Utilization:	61.19753 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,921,887	644,687	1,096,520
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	82.5872	27.7034	47.1195
3. Inflated Cost Per Diem (Line 2 x Inflation):	115.1309	38.3373	65.2062
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.3095	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.0488	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	27	20	0.89	43,246	19.6532

	Total	Per Diem
11. Taxes:	54,597	1.4542
12. Insurance:	56,464	1.5039

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.2716
16. Budget Neutrality Adjustment:		(33.9711)

Rate Adjustment:	
17. Final Rate*	249.8456

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080406-00 2023/10
239.43

Consulate Health Care of Safety Harbor

Zip Code:	34695-3303				
Peer Group:	North			Price	Floor
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	32,876	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	38,256	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	31,814				
Medicaid Utilization:	83.16081 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,666,501	657,495	1,548,409
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	81.1078	19.9992	47.0984
3. Inflated Cost Per Diem (Line 2 x Inflation):	113.0686	27.6758	65.1770
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.3719	7.9856	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.9865	30.5673	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	31	0.88	33,849	14.9828

	Total	Per Diem
11. Taxes:	47,570	1.2434
12. Insurance:	53,095	1.3878

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.1530
16. Budget Neutrality Adjustment:		(31.8334)

Rate Adjustment:	
17. Final Rate*	239.4307

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080409-00 2023/10
228.32

Consulate Health Care of St. Petersburg

Zip Code:	33777-4140						
Peer Group:	North		Direct Care	Price	Floor	Inflation	
Beds:	120			100.0%	95.0%	1.39405328	
Medicaid Days FYE 12/31/14	28,911			Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	28,832			Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	20,481			2023 Cost per Square Foot: \$292.90			
Medicaid Utilization:	71.03565 %						

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,398,709	692,306	1,406,675
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	82.9687	23.9461	48.6553
3. Inflated Cost Per Diem (Line 2 x Inflation):	115.6628	33.1377	67.3314
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.7776	2.5237	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.5807	36.0292	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	24	0.89	42,847	18.0085

	Total	Per Diem
11. Taxes:	78,931	2.7376
12. Insurance:	73,011	2.5322

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.3450
16. Budget Neutrality Adjustment:		(33.7829)

Rate Adjustment:	
17. Final Rate*	228.3196

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080413-00 2023/10
266.22

Sarasota Center for Nursing & Rehabilitation

Zip Code:	34232				
Peer Group:	North				
Beds:	81	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	19,704	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	26,350	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	20,235				
Medicaid Utilization:	76.79317 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,765,326	577,065	1,121,072
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	89.5922	29.2866	56.8956
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.8963	40.5282	78.7348
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.5441	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.8143	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	23	0.87	34,457	21.1928

	Total	Per Diem
11. Taxes:	53,290	2.0223
12. Insurance:	33,075	1.2552

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.4499
16. Budget Neutrality Adjustment:		(35.6228)

Rate Adjustment:	
17. Final Rate*	266.2189

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080416-00 2023/10
256.45

Port Charlotte Center for Nursing & Rehabilitation

Zip Code:	33948				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	26,490	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	36,627	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	27,587				
Medicaid Utilization:	75.31875 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,171,570	634,098	1,351,728
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	81.9769	23.9372	51.0278
3. Inflated Cost Per Diem (Line 2 x Inflation):	114.2802	33.1254	70.6146
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	17.1602	2.5360	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	121.1981	36.0169	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	21	0.87	44,091	19.2205

	Total	Per Diem
11. Taxes:	104,301	2.8476
12. Insurance:	67,618	1.8461

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.0365
16. Budget Neutrality Adjustment:		(33.6750)

Rate Adjustment:	
17. Final Rate*	256.4524

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080428-00 2023/10
256.28

Consulate Health Care of Tallahassee

Zip Code:	32308				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.36525550
Medicaid Days FYE 12/31/15	21,912	Indirect Care	92.0%	92.5%	1.35394436
Total Patient Days FYE 12/31/21	33,042	Operating	86.0%	N/A	1.35394436
Medicaid Days FYE 12/31/21	23,234				
Medicaid Utilization:	70.31657 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,845,704	747,785	1,084,118
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	84.2325	34.1267	49.4759
3. Inflated Cost Per Diem (Line 2 x Inflation):	114.9989	46.2057	66.9877
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.4415	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	121.9168	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.5	25.8795

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	14	0.88	39,418	21.0777

	Total	Per Diem
11. Taxes:	60,346	1.8263
12. Insurance:	60,004	1.8159

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.5979
16. Budget Neutrality Adjustment:		(34.2520)

Rate Adjustment:	
17. Final Rate*	256.2844

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080430-00 2023/10
254.66

Vero Beach Care Center

Zip Code:	32960-4860				
Peer Group:	North			Price	Floor
Beds:	159	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	39,822	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	36,207	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	25,494				
Medicaid Utilization:	70.41180 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,235,276	952,958	1,880,060
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	81.2434	23.9304	47.2115
3. Inflated Cost Per Diem (Line 2 x Inflation):	113.2576	33.1160	65.3335
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.1828	2.5454	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	120.1755	36.0075	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	20	0.91	55,449	19.5254

	Total	Per Diem
11. Taxes:	80,513	2.2236
12. Insurance:	81,582	2.2532

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.2545
16. Budget Neutrality Adjustment:		(33.5409)

Rate Adjustment:	
17. Final Rate*	254.6568

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080431-00 2023/10
226.12

Consulate Health Care at West Altamonte
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Zip Code:	32714					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	116			100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	27,834			92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	37,740			86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	21,506					
Medicaid Utilization:	56.98463 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,197,967	724,068	1,393,180
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	78.9669	26.0137	50.0531
3. Inflated Cost Per Diem (Line 2 x Inflation):	110.0841	35.9990	69.2658
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	21.3563	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	117.0021	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	28	0.89	41,493	16.5602

	Total	Per Diem
11. Taxes:	86,478	2.2914
12. Insurance:	63,165	1.6736

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		27.1313
16. Budget Neutrality Adjustment:		(32.9576)

Rate Adjustment:	
17. Final Rate*	226.1231

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 080432-00 2023/10
271.15

Beach Breeze Rehab and Care Center

Zip Code:	33406-5640				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	25,198	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	12,993	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	4,252				
Medicaid Utilization:	32.72531 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,245,784	742,667	1,330,194
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	89.1254	29.4732	52.7896
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.2456	40.7864	73.0527
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.4573	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.6511	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	26	0.84	38,740	16.0669

	Total	Per Diem
11. Taxes:	85,604	6.5884
12. Insurance:	62,653	4.8220

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.2048
16. Budget Neutrality Adjustment:		(37.4747)

Rate Adjustment:	
17. Final Rate*	271.1454

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 080436-00 2023/10
245.56

Azure Shores Rehab

Zip Code:	33150				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	28,876	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/22	26,031	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/22	19,379				
Medicaid Utilization:	74.44585 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,450,117	958,559	1,548,847
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	84.8495	33.1956	53.6378
3. Inflated Cost Per Diem (Line 2 x Inflation):	118.2848	45.9377	74.2265
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	22.4181	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.6902	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	13.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	23	0.89	44,716	19.1235

	Total	Per Diem
11. Taxes:	92,227	3.5429
12. Insurance:	108,179	4.1557

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	256	2.6420
15. Quality Assess-Medicaid Share:		22.3273
16. Budget Neutrality Adjustment:		(36.5346)

Rate Adjustment:	
17. Final Rate*	245.5582

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 082204-00 2023/10
297.45

University Health and Rehabilitation Center

Zip Code:	33136			
Peer Group:	South			
Beds:	148			
Medicaid Days FYE 2/28/18	35,169			
Total Patient Days FYE 12/31/22	65,925			
Medicaid Days FYE 12/31/22	40,004			
Medicaid Utilization:	60.68108 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,800,052	1,344,326	1,759,523
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/18):	108.0511	38.2247	50.0305
3. Inflated Cost Per Diem (Line 2 x Inflation):	140.5970	49.0925	64.2548
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.1060	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.0024	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	10	7	0.89	93,814	32.7704

	Total	Per Diem
11. Taxes:	232,834	3.5318
12. Insurance:	275,530	4.1794

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.3180
16. Budget Neutrality Adjustment:		(41.6458)

Rate Adjustment:	
17. Final Rate*	297.4523

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 085643-00 2023/10
278.76

Sarasota Point Rehabilitation Center

Zip Code:	34237			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/19	28,207	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	29,617	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	21,740			1.22608988
Medicaid Utilization:	73.40379 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,387,942	701,744	1,504,857
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	120.1099	24.8783	53.3504
3. Inflated Cost Per Diem (Line 2 x Inflation):	149.4714	30.5031	65.4124
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	5.1583	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	33.3945	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.5	30.6942

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	46	8	0.87	57,282	30.7240

	Total	Per Diem
11. Taxes:	87,183	2.9436
12. Insurance:	43,459	1.4673

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.6484
16. Budget Neutrality Adjustment:		(37.3351)

Rate Adjustment:	
17. Final Rate*	278.7648

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 086990-00 2023/10
274.22

Bartram Crossing

Zip Code:	32258				
Peer Group:	North				
Beds:	100	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	8,185	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	32,993	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	6,294				
Medicaid Utilization:	19.07677 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,443,911	432,444	716,974
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	176.4094	52.8337	87.5960
3. Inflated Cost Per Diem (Line 2 x Inflation):	230.5095	68.1163	112.9340
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	10	5	0.87	75,925	33.4380

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	73,774	2.2360

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		9.0040
16. Budget Neutrality Adjustment:		(38.1446)

Rate Adjustment:	
17. Final Rate*	274.2211

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 089220-00 2023/10
280.71

Krystal Bay Nursing & Rehabilitation

Zip Code:	33160				
Peer Group:	South				
Beds:	150	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	30,194	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 1/31/22	36,129	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 1/31/22	25,016				
Medicaid Utilization:	69.24078 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,486,044	922,577	1,818,901
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	115.4548	30.5549	60.2404
3. Inflated Cost Per Diem (Line 2 x Inflation):	146.8727	38.2656	75.4424
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.7427	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	41.4285	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	60	26	0.89	32,672	16.9526

	Total	Per Diem
11. Taxes:	96,351	2.6668
12. Insurance:	78,725	2.1789

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.7584
16. Budget Neutrality Adjustment:		(38.9006)

Rate Adjustment:	
17. Final Rate*	280.7068

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 092678-00 2023/10
274.69

Osprey Point Nursing Center

Zip Code:	33513-5045				
Peer Group:	North				
Beds:	60	Direct Care	100.0%	95.0%	1.40779828
Medicaid Days FYE 1/31/14	5,456	Indirect Care	92.0%	92.5%	1.40356218
Total Patient Days FYE 12/31/21	17,627	Operating	86.0%	N/A	1.40356218
Medicaid Days FYE 12/31/21	10,871				
Medicaid Utilization:	61.67243 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	482,520	214,337	367,791
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/14):	88.4384	39.2846	67.4103
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.5034	55.1384	94.6146
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.9370	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.4213	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	22	0.88	27,468	23.4163

	Total	Per Diem
11. Taxes:	46,203	2.6211
12. Insurance:	45,592	2.5864

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.4752
16. Budget Neutrality Adjustment:		(36.1572)

Rate Adjustment:	
17. Final Rate*	274.6926

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 092681-00 2023/10
268.69

Baya Pointe Nursing and Rehabilitation Center

Zip Code:	32025		Price	Floor	Inflation
Peer Group:	North				
Beds:	90				
Medicaid Days FYE 1/31/14	7,682				
Total Patient Days FYE 12/31/21	27,329				
Medicaid Days FYE 12/31/21	15,604				
Medicaid Utilization:	57.09686 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	684,086	360,109	501,788
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/14):	89.0505	46.8769	65.3199
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.3651	65.7947	91.6806
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.0753	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.2830	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.5	31.8979

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	19	0.87	36,143	21.6892

	Total	Per Diem
11. Taxes:	73,050	2.6729
12. Insurance:	79,293	2.9014

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.9066
16. Budget Neutrality Adjustment:		(36.0863)

Rate Adjustment:	
17. Final Rate*	268.6870

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 096150-00 2023/10
239.84

Azalea Trace			
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Zip Code:	32514			
Peer Group:	North		Price	Floor
Beds:	82	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	2,402	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	14,826	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	951			1.30667404
Medicaid Utilization:	6.41441 %			1.28925856
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	362,590	76,601	136,560
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	150.9533	31.8905	56.8526
3. Inflated Cost Per Diem (Line 2 x Inflation):	197.2468	41.1151	73.2977
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	15	0.89	26,757	20.9375

	Total	Per Diem
11. Taxes:	12,616	0.8509
12. Insurance:	6,595	0.4448

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(36.2348)

Rate Adjustment:	
17. Final Rate*	239.8436

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098577-00 2023/10
290.57

Palm Garden of Aventura

Zip Code:	33180			
Peer Group:	South		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 9/30/18	23,591	Indirect Care	92.0%	92.5%
Total Patient Days FYE 9/30/21	38,579	Operating	86.0%	N/A
Medicaid Days FYE 9/30/21	24,328			
Medicaid Utilization:	63.06021 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,496,217	1,158,384	1,206,143
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	105.8122	49.1027	51.1272
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.7332	61.9785	64.5338
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.9697	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	143.1387	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	1	0.89	44,144	27.2391

	Total	Per Diem
11. Taxes:	244,453	6.3364
12. Insurance:	62,220	1.6127

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.3542
16. Budget Neutrality Adjustment:		(40.2026)

Rate Adjustment:	
17. Final Rate*	290.5709

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098580-00 2023/10
279.73

Palm Garden of Clearwater

Zip Code:	33761				
Peer Group:	North				
Beds:	165	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	24,967	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	49,287	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	28,728				
Medicaid Utilization:	58.28718 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,717,545	975,583	1,198,160
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	108.8454	39.0748	47.9897
3. Inflated Cost Per Diem (Line 2 x Inflation):	139.6242	49.3211	60.5736
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	3	0.89	72,637	31.3234

	Total	Per Diem
11. Taxes:	160,326	3.2529
12. Insurance:	81,104	1.6455

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.8563
16. Budget Neutrality Adjustment:		(38.2225)

Rate Adjustment:	
17. Final Rate*	279.7286

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098581-00 2023/10
247.62

Palm Garden of Gainesville

Zip Code:	32607				
Peer Group:	North				
Beds:	150	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	22,005	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	48,758	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	24,006				
Medicaid Utilization:	49.23500 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,218,917	965,775	974,440
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	100.8369	43.8888	44.2826
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.3510	55.3974	55.8944
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.0894	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.2690	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	6	0.87	66,150	29.3937

	Total	Per Diem
11. Taxes:	164,078	3.3651
12. Insurance:	76,037	1.5594

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.2700
16. Budget Neutrality Adjustment:		(37.6551)

Rate Adjustment:	
17. Final Rate*	247.6243

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098582-00 2023/10
272.41

Palm Garden of Jacksonville

Zip Code:	32216				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	25,841	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	33,748	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	21,497				
Medicaid Utilization:	63.69859 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,625,623	1,101,140	1,293,832
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	101.6068	42.6121	50.0689
3. Inflated Cost Per Diem (Line 2 x Inflation):	130.3387	53.7858	63.1980
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.1018	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.2566	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	2	0.87	45,615	27.1121

	Total	Per Diem
11. Taxes:	66,034	1.9566
12. Insurance:	60,472	1.7918

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.3006
16. Budget Neutrality Adjustment:		(37.3041)

Rate Adjustment:	
17. Final Rate*	272.4060

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098583-00 2023/10
279.43

Palm Garden of Largo

Zip Code:	33777				
Peer Group:	North				
Beds:	140	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	29,748	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	44,414	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	23,942				
Medicaid Utilization:	53.90643 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,203,963	1,176,164	1,345,889
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	107.7034	39.5375	45.2430
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.1592	49.9051	57.1066
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	8	0.89	68,503	32.1343

	Total	Per Diem
11. Taxes:	95,417	2.1483
12. Insurance:	69,953	1.5750

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.6699
16. Budget Neutrality Adjustment:		(38.1707)

Rate Adjustment:	
17. Final Rate*	279.4335

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098584-00 2023/10
269.47

Palm Garden of Ocala

Zip Code:	34474				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	37,518	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	54,512	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	41,008				
Medicaid Utilization:	75.22747 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,753,741	1,257,389	1,555,787
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	100.0517	33.5142	41.4677
3. Inflated Cost Per Diem (Line 2 x Inflation):	128.3438	42.3023	52.3414
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.0966	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.2617	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	11	0.87	80,407	27.5274

	Total	Per Diem
11. Taxes:	151,155	2.7728
12. Insurance:	87,534	1.6057

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.5792
16. Budget Neutrality Adjustment:		(37.1692)

Rate Adjustment:	
17. Final Rate*	269.4719

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098586-00 2023/10
249.15

Palm Garden of Orlando

Zip Code:	32825-6402				
Peer Group:	North				
Beds:	132	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	23,132	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	42,096	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	26,401				
Medicaid Utilization:	62.71617 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,299,486	1,080,433	1,050,325
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	99.4071	46.7072	45.4057
3. Inflated Cost Per Diem (Line 2 x Inflation):	127.5169	58.9548	57.3119
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.9235	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.4348	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	9	0.89	64,466	31.5827

	Total	Per Diem
11. Taxes:	173,850	4.1298
12. Insurance:	76,185	1.8097

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.6249
16. Budget Neutrality Adjustment:		(37.8498)

Rate Adjustment:	
17. Final Rate*	249.1544

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098587-00 2023/10
286.17

Palm Garden of Pinellas

Zip Code:	33771				
Peer Group:	North		Price	Floor	Inflation
Beds:	120	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	26,229	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	37,923	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	27,287				
Medicaid Utilization:	71.95370 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,828,701	965,544	1,246,317
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	107.8463	36.8120	47.5167
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3425	46.4649	59.9765
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	1	0.89	48,002	29.4520

	Total	Per Diem
11. Taxes:	89,706	2.3654
12. Insurance:	60,657	1.5994

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.8843
16. Budget Neutrality Adjustment:		(37.8239)

Rate Adjustment:	
17. Final Rate*	286.1651

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098588-00 2023/10
264.37

Palm Garden of Port Saint Lucie

Zip Code:	34952				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	25,949	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	33,622	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	18,770				
Medicaid Utilization:	55.82654 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,644,700	1,019,114	1,184,683
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	101.9191	39.2737	45.6542
3. Inflated Cost Per Diem (Line 2 x Inflation):	130.7393	49.5720	57.6257
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.7012	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.6572	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	2	0.84	45,674	26.2738

	Total	Per Diem
11. Taxes:	119,069	3.5414
12. Insurance:	58,454	1.7385

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.7355
16. Budget Neutrality Adjustment:		(37.4595)

Rate Adjustment:	
17. Final Rate*	264.3718

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098589-00 2023/10
271.09

Palm Garden of Sun City

Zip Code:	33573				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	22,451	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	35,949	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	19,558				
Medicaid Utilization:	54.40485 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,421,815	839,151	1,025,139
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	107.8711	37.3769	45.6611
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3743	47.1779	57.6344
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	2	0.88	47,091	28.2275

	Total	Per Diem
11. Taxes:	92,778	2.5808
12. Insurance:	65,704	1.8277

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.9072
16. Budget Neutrality Adjustment:		(37.7130)

Rate Adjustment:	
17. Final Rate*	271.0921

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098590-00 2023/10
279.24

Palm Garden of Tampa

Zip Code:	33613				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	23,039	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	39,478	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	21,209				
Medicaid Utilization:	53.72359 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,436,877	1,039,463	1,017,543
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	105.7718	45.1175	44.1661
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.6814	56.9482	55.7473
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	10	0.88	52,041	27.4577

	Total	Per Diem
11. Taxes:	76,713	1.9431
12. Insurance:	75,748	1.9187

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.9602
16. Budget Neutrality Adjustment:		(37.5259)

Rate Adjustment:	
17. Final Rate*	279.2379

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098591-00 2023/10
268.67

Palm Garden of Vero Beach

Zip Code:	32960			
Peer Group:	North		Price	Floor
Beds:	189	Direct Care	100.0%	95.0%
Medicaid Days FYE 9/30/18	39,568	Indirect Care	92.0%	92.5%
Total Patient Days FYE 9/30/21	44,396	Operating	86.0%	N/A
Medicaid Days FYE 9/30/21	30,170			
Medicaid Utilization:	67.95657 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,863,154	1,286,020	1,968,616
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	97.6332	32.5015	49.7527
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.2415	41.0240	62.7988
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.1990	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.1594	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	1	0.91	68,595	27.4611

	Total	Per Diem
11. Taxes:	118,871	2.6775
12. Insurance:	85,692	1.9301

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.8851
16. Budget Neutrality Adjustment:		(36.7515)

Rate Adjustment:	
17. Final Rate*	268.6726

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098592-00 2023/10
295.15

Palm Garden of West Palm Beach

Zip Code:	33401			
Peer Group:	South		Price	Floor
Beds:	176	Direct Care	100.0%	95.0%
Medicaid Days FYE 9/30/18	35,286	Indirect Care	92.0%	92.5%
Total Patient Days FYE 9/30/21	37,824	Operating	86.0%	N/A
Medicaid Days FYE 9/30/21	23,524			
Medicaid Utilization:	62.19332 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,894,206	1,169,242	1,526,374
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	110.3612	33.1361	43.2572
3. Inflated Cost Per Diem (Line 2 x Inflation):	141.5685	41.8250	54.6001
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	7	0.84	82,309	29.6046

	Total	Per Diem
11. Taxes:	213,020	5.6318
12. Insurance:	87,364	2.3097

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.8550
16. Budget Neutrality Adjustment:		(41.2438)

Rate Adjustment:	
17. Final Rate*	295.1545

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098593-00 2023/10
264.71

Palm Garden of Winter Haven

Zip Code:	33884				
Peer Group:	North		Price	Floor	Inflation
Beds:	120	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	27,190	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	34,289	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	20,321				
Medicaid Utilization:	59.26390 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,639,025	1,039,983	1,273,692
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	97.0586	38.2487	46.8441
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.5043	48.2783	59.1275
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.9361	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.4223	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	5	0.87	58,500	32.7890

	Total	Per Diem
11. Taxes:	131,419	3.8326
12. Insurance:	59,537	1.7363

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.1857
16. Budget Neutrality Adjustment:		(37.5404)

Rate Adjustment:	
17. Final Rate*	264.7086

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 098972-00 2023/10
267.74

Community Health and Rehabilitation Center

Zip Code:	32404-9799			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	19,909	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	28,866	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	14,073			
Medicaid Utilization:	48.75286 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,444,639	518,930	1,392,572
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	122.7906	26.0650	69.9468
3. Inflated Cost Per Diem (Line 2 x Inflation):	156.5954	32.7092	87.7768
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	2.9521	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	35.6007	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	1	0.88	46,378	28.2216

	Total	Per Diem
11. Taxes:	53,630	1.8578
12. Insurance:	104,753	3.6289

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.9777
16. Budget Neutrality Adjustment:		(37.4459)

Rate Adjustment:	
17. Final Rate*	267.7444

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 100509-00 2023/10
260.67

Arcadia Health and Rehabilitation Center

Zip Code:	32514				
Peer Group:	North				
Beds:	150	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	30,080	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	29,271	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	14,992				
Medicaid Utilization:	51.21793 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,111,896	1,070,676	1,418,284
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	103.4539	35.5942	47.1503
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.1806	45.8902	60.7890
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	29	0.89	54,640	16.4677

	Total	Per Diem
11. Taxes:	67,991	2.3228
12. Insurance:	141,348	4.8289

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.2298
16. Budget Neutrality Adjustment:		(36.4318)

Rate Adjustment:	
17. Final Rate*	260.6700

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 101391-00 2023/10
234.35

The Oaks of Clearwater

Zip Code:	33756			
Peer Group:	North		Price	Floor
Beds:	60	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	11,322	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	16,900	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	10,511			
Medicaid Utilization:	62.19527 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,174,037	329,354	752,460
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	103.6951	29.0897	66.4599
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.2429	36.5049	83.4011
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	7.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	31	0.89	15,883	15.1413

	Total	Per Diem
11. Taxes:	26,016	1.5394
12. Insurance:	11,816	0.6991

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.7353
16. Budget Neutrality Adjustment:		(35.5452)

Rate Adjustment:	
17. Final Rate*	234.3504

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 101959-00 2023/10
260.72

Carrington Place of St. Pete

Zip Code:	33716			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	26,717	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	37,856	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	23,542			
Medicaid Utilization:	62.18829 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,493,396	731,708	1,042,321
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	93.3261	27.3873	39.0133
3. Inflated Cost Per Diem (Line 2 x Inflation):	121.9469	35.3093	50.2983
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	9.4936	0.3520	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.8648	38.2008	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	26	0.89	46,199	18.5287

	Total	Per Diem
11. Taxes:	79,239	2.0931
12. Insurance:	162,652	4.2965

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.4059
16. Budget Neutrality Adjustment:		(35.2174)

Rate Adjustment:	
17. Final Rate*	260.7176

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 101961-00 2023/10
271.08

Trinity Regional Rehab Center

Zip Code:	34655				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	19,050	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	41,696	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	22,536				
Medicaid Utilization:	54.04835 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,730,803	764,073	842,228
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	90.8558	40.1088	44.2114
3. Inflated Cost Per Diem (Line 2 x Inflation):	118.7189	51.7106	56.9999
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	12.7216	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.6368	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	16	10	0.88	56,110	27.9075

	Total	Per Diem
11. Taxes:	100,394	2.4077
12. Insurance:	167,210	4.0102

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.3454
16. Budget Neutrality Adjustment:		(36.1454)

Rate Adjustment:	
17. Final Rate*	271.0842

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 103165-00 2023/10
271.62

Astoria Health & Rehabilitation Center

Zip Code:	33884-1671				
Peer Group:	North				
Beds:	132	Direct Care	100.0%	95.0%	1.29075005
Medicaid Days FYE 6/30/18	25,440	Indirect Care	92.0%	92.5%	1.27259702
Total Patient Days FYE 2/28/22	26,859	Operating	86.0%	N/A	1.27259702
Medicaid Days FYE 2/28/22	12,422				
Medicaid Utilization:	46.24893 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,618,674	875,702	1,029,155
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/18):	102.9352	34.4222	40.4542
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.8637	43.8056	51.4819
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	13	12	0.87	67,708	30.1233

	Total	Per Diem
11. Taxes:	73,772	2.7466
12. Insurance:	37,144	1.3829

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.0506
16. Budget Neutrality Adjustment:		(37.9427)

Rate Adjustment:	
17. Final Rate*	271.6226

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 103177-00 2023/10
296.39

Desoto Health and Rehab

Zip Code:	34266				
Peer Group:	North				
Beds:	78	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	12,420	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	12,779	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	9,902				
Medicaid Utilization:	77.48650 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,537,233	880,338	721,728
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	123.7707	70.8806	58.1101
3. Inflated Cost Per Diem (Line 2 x Inflation):	157.8454	88.9487	72.9228
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	9	5	0.87	39,561	33.5835

	Total	Per Diem
11. Taxes:	95,111	7.4427
12. Insurance:	218,256	17.0792

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.3661
16. Budget Neutrality Adjustment:		(41.3319)

Rate Adjustment:	
17. Final Rate*	296.3923

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 103425-00 2023/10
262.18

Community Convalescent Center

Zip Code:	33563			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	28,451	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	38,377	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	26,275			
Medicaid Utilization:	68.46549 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,996,280	1,053,499	1,145,188
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	105.3136	37.0285	40.2512
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.3070	46.4674	50.5115
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	60	19	0.88	32,660	19.2851

	Total	Per Diem
11. Taxes:	36,919	0.9620
12. Insurance:	75,968	1.9795

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.7394
16. Budget Neutrality Adjustment:		(36.2339)

Rate Adjustment:	
17. Final Rate*	262.1792

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 103852-00 2023/10
240.60

West Orange Center for Nursing and Healing

Zip Code:	34761				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.39181927
Medicaid Days FYE 12/31/14	21,994	Indirect Care	92.0%	92.5%	1.38166358
Total Patient Days FYE 12/31/20	33,129	Operating	86.0%	N/A	1.38166358
Medicaid Days FYE 12/31/20	21,005				
Medicaid Utilization:	63.40366 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,438,310	581,779	918,558
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	110.8625	26.4517	41.7640
3. Inflated Cost Per Diem (Line 2 x Inflation):	154.3005	36.5473	57.7038
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	21	0.89	41,155	18.7639

	Total	Per Diem
11. Taxes:	73,084	2.2060
12. Insurance:	71,734	2.1652

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.0438
16. Budget Neutrality Adjustment:		(36.3630)

Rate Adjustment:	
17. Final Rate*	240.5965

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 103858-00 2023/10
284.16

North Campus Rehabilitation and Health Center

Zip Code:	34748				
Peer Group:	North				
Beds:	90	Direct Care	100.0%	95.0%	1.26894916
Medicaid Days FYE 2/28/19	14,282	Indirect Care	92.0%	92.5%	1.24980861
Total Patient Days FYE 2/28/23	30,580	Operating	86.0%	N/A	1.24980861
Medicaid Days FYE 2/28/23	18,018				
Medicaid Utilization:	58.92086 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,472,705	827,576	800,916
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	103.1161	57.9453	56.0787
3. Inflated Cost Per Diem (Line 2 x Inflation):	130.8491	72.4206	70.0876
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.5913	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.7670	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	9	0.89	45,660	31.2222

	Total	Per Diem
11. Taxes:	28,780	0.9411
12. Insurance:	180,038	5.8874

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	40	0.4440
15. Quality Assess-Medicaid Share:		19.3781
16. Budget Neutrality Adjustment:		(38.3983)

Rate Adjustment:	
17. Final Rate*	284.1635

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 104875-00 2023/10
231.08

Rehabilitation Center at Park Place

Zip Code:	32501				
Peer Group:	North		Price	Floor	Inflation
Beds:	118	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	29,878	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	32,007	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	27,829				
Medicaid Utilization:	86.94661 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,005,161	749,884	1,099,310
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	100.5810	25.0981	36.7932
3. Inflated Cost Per Diem (Line 2 x Inflation):	128.2715	31.4959	46.1721
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.1690	4.1655	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.1894	34.3873	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	8.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	40	0.89	29,369	11.8809

	Total	Per Diem
11. Taxes:	36,677	1.1459
12. Insurance:	35,547	1.1106

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.5425
16. Budget Neutrality Adjustment:		(34.0423)

Rate Adjustment:	
17. Final Rate*	231.0835

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 108507-00 2023/10
222.64

The Terrace of Jacksonville

Zip Code:	32257			
Peer Group:	North		Price	Floor
Beds:	180	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	40,417	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	61,516	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	40,018			
Medicaid Utilization:	65.05299 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,794,172	781,826	1,628,370
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	93.8756	19.3439	40.2892
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.6648	24.9394	51.9432
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.7756	10.7220	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.5827	27.8308	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	10.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	24	0.87	34,764	16.6366

	Total	Per Diem
11. Taxes:	121,917	1.9818
12. Insurance:	66,675	1.0838

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.7624
16. Budget Neutrality Adjustment:		(33.1048)

Rate Adjustment:	
17. Final Rate*	222.6427

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 110482-00 2023/10
283.10

Viera Healthcare and Rehabilitation Center

Zip Code:	32940-7983					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	114			100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	17,217			92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	39,063			86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	16,219					
Medicaid Utilization:	41.52011 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,813,161	709,042	1,076,376
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	105.3122	41.1826	62.5182
3. Inflated Cost Per Diem (Line 2 x Inflation):	137.6087	53.0951	80.6021
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	4	0.91	50,335	30.3101

	Total	Per Diem
11. Taxes:	138,319	3.5409
12. Insurance:	114,321	2.9265

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.9357
16. Budget Neutrality Adjustment:		(38.3014)

Rate Adjustment:	
17. Final Rate*	283.0996

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 111543-00 2023/10
248.89

St. Catherine Laboure Manor

Zip Code:	32204				
Peer Group:	North				
Beds:	240	Direct Care	100.0%	95.0%	1.32190608
Medicaid Days FYE 6/30/17	50,381	Indirect Care	92.0%	92.5%	1.30680926
Total Patient Days FYE 6/30/22	48,935	Operating	86.0%	N/A	1.30680926
Medicaid Days FYE 6/30/22	35,277				
Medicaid Utilization:	72.08951 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,782,495	1,567,247	3,160,184
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/17):	114.7753	31.1078	62.7257
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.7221	40.6520	81.9705
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	10.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	1	0.87	108,802	32.4213

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	0	0.0000

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.3692
16. Budget Neutrality Adjustment:		(37.6824)

Rate Adjustment:	
17. Final Rate*	248.8885

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122229-00 2023/10
256.51

Harbour Health Center

Zip Code:	33980			
Peer Group:	North		Price	Floor
Beds:	104	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	16,631	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	32,851	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	12,821			1.30667404
Medicaid Utilization:	39.02773 %			1.28925856
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,025,944	811,322	1,118,178
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	121.8173	48.7837	67.2345
3. Inflated Cost Per Diem (Line 2 x Inflation):	159.1755	62.8948	86.6827
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	5	0.87	44,610	29.0667

	Total	Per Diem
11. Taxes:	53,976	1.6430
12. Insurance:	14,092	0.4289

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.5002)

Rate Adjustment:	
17. Final Rate*	256.5114

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122232-00 2023/10
259.68

Plaza West

Zip Code:	33573-5228		Price	Floor	Inflation	
Peer Group:	North	Direct Care	100.0%	95.0%	1.30667404	
Beds:	113		Indirect Care	92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	6,207			Operating	86.0%	N/A
Total Patient Days FYE 12/31/22	35,552		2023 Cost per Square Foot: \$292.90			
Medicaid Days FYE 12/31/22	11,927					
Medicaid Utilization:	33.54804 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	746,126	363,982	330,334
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	120.2071	58.6405	53.2195
3. Inflated Cost Per Diem (Line 2 x Inflation):	157.0716	75.6028	68.6138
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	3	0.88	48,829	30.4557

	Total	Per Diem
11. Taxes:	81,328	2.2875
12. Insurance:	24,379	0.6857

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.8256)

Rate Adjustment:	
17. Final Rate*	259.6800

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122236-00 2023/10
225.52

Seminole Pavilion Rehabilitation & Nursing Services

Zip Code:	33772				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	14,382	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	32,018	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	16,002				
Medicaid Utilization:	49.97814 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,843,972	546,884	869,013
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	128.2138	38.0255	60.4236
3. Inflated Cost Per Diem (Line 2 x Inflation):	167.5337	49.0248	77.9017
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	8.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	2	0.89	49,800	30.0593

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	1,051	0.0328

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.3515)

Rate Adjustment:	
17. Final Rate*	225.5211

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122239-00 2023/10
239.37

Freedom Square Rehabilitation & Nursing Services

Zip Code:	33772				
Peer Group:	North				
Beds:	115	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	13,779	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	37,182	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	10,422				
Medicaid Utilization:	28.02969 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,659,189	523,008	931,790
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	120.4143	37.9568	67.6239
3. Inflated Cost Per Diem (Line 2 x Inflation):	157.3422	48.9362	87.1847
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	23	0.89	46,697	20.7246

	Total	Per Diem
11. Taxes:	41,768	1.1233
12. Insurance:	19,988	0.5375

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(36.2565)

Rate Adjustment:	
17. Final Rate*	239.3724

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122242-00 2023/10
254.46

Cypress Village

Zip Code:	32224			
Peer Group:	North			
Beds:	100	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	6,957	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	32,368	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	7,100			
Medicaid Utilization:	21.93524 %		2023 Cost per Square Foot:	\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	935,745	330,075	409,125
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	134.5040	47.4450	58.8076
3. Inflated Cost Per Diem (Line 2 x Inflation):	171.5337	59.5391	73.7982
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	4	0.87	77,489	34.0778

	Total	Per Diem
11. Taxes:	123,739	3.8228
12. Insurance:	21,595	0.6671

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On:	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.5558)

Rate Adjustment:	
17. Final Rate*	254.4591

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Computation of Nursing Home Medicaid Reimbursement Rate
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0 122243-00 2023/10
252.71

Lake Port Square Health Center

Zip Code:	34748				
Peer Group:	North				
Beds:	95	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	13,800	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	28,558	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	8,413				
Medicaid Utilization:	29.45935 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,813,329	746,269	1,293,118
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	131.4006	54.0774	93.7042
3. Inflated Cost Per Diem (Line 2 x Inflation):	171.6978	69.7198	120.8089
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	5	0.89	49,716	34.3142

	Total	Per Diem
11. Taxes:	31,507	1.1032
12. Insurance:	11,569	0.4051

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.1657)

Rate Adjustment:	
17. Final Rate*	252.7057

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122248-00 2023/10
256.11

Sylvan Health Center

Zip Code:	33759				
Peer Group:	North				
Beds:	60	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	5,122	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	14,735	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	4,176				
Medicaid Utilization:	28.34069 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	638,405	218,553	531,571
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	124.6397	42.6694	103.7819
3. Inflated Cost Per Diem (Line 2 x Inflation):	162.8635	55.0119	133.8017
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	4	0.89	26,720	31.2124

	Total	Per Diem
11. Taxes:	34,690	2.3542
12. Insurance:	19,433	1.3188

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.0326)

Rate Adjustment:	
17. Final Rate*	256.1147

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122250-00 2023/10
254.72

The Nursing Center at Freedom Village

Zip Code:	34209				
Peer Group:	North				
Beds:	95	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	12,850	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	30,486	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	7,806				
Medicaid Utilization:	25.60520 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,862,377	627,395	916,104
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	144.9320	48.8245	71.2921
3. Inflated Cost Per Diem (Line 2 x Inflation):	189.3789	62.9474	91.9140
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	3	0.87	138,983	34.5722

	Total	Per Diem
11. Taxes:	33,755	1.1072
12. Insurance:	11,677	0.3830

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.1998)

Rate Adjustment:	
17. Final Rate*	254.7171

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122340-00 2023/10
280.41

The Grove Healthcare and Rehabilitation Center and Rehab

Zip Code:	34442				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	27,742	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 1/31/23	21,632	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 1/31/23	13,906				
Medicaid Utilization:	64.28439 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,628,873	893,584	1,431,123
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	94.7614	32.2105	51.5868
3. Inflated Cost Per Diem (Line 2 x Inflation):	123.8223	41.5276	66.5088
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.6181	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.7402	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	30.5	36.7127

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	22	4	0.87	51,650	27.9212

	Total	Per Diem
11. Taxes:	58,274	2.6938
12. Insurance:	63,313	2.9268

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.7500
16. Budget Neutrality Adjustment:		(36.7592)

Rate Adjustment:	
17. Final Rate*	280.4078

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122341-00 2023/10
283.13

Woodland Grove Healthcare & Rehabilitation Center

Zip Code:	32216			
Peer Group:	North			
Beds:	120			
Medicaid Days FYE 12/31/17	28,557			
Total Patient Days FYE 1/31/23	19,069			
Medicaid Days FYE 1/31/23	12,779			
Medicaid Utilization:	67.01453 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,892,445	927,941	1,674,249
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	101.2867	32.4943	58.6283
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.3487	41.8936	75.5870
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	19	9	0.87	57,223	30.2214

	Total	Per Diem
11. Taxes:	55,844	2.9285
12. Insurance:	60,722	3.1843

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.1600
16. Budget Neutrality Adjustment:		(38.2384)

Rate Adjustment:	
17. Final Rate*	283.1287

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122342-00 2023/10
286.98

Gardens Healthcare & Rehabilitation Center

Zip Code:	32114					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	108			100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	21,085			92.0%	92.5%	1.28925856
Total Patient Days FYE 1/31/23	20,033			86.0%	N/A	1.28925856
Medicaid Days FYE 1/31/23	11,193					
Medicaid Utilization:	55.87281 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,151,058	754,924	1,416,874
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	102.0184	35.8038	67.1981
3. Inflated Cost Per Diem (Line 2 x Inflation):	133.3047	46.1604	86.6358
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.5	35.5090

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	25	1	0.88	86,846	32.9648

	Total	Per Diem
11. Taxes:	79,564	3.9716
12. Insurance:	58,758	2.9330

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.5568
16. Budget Neutrality Adjustment:		(38.7408)

Rate Adjustment:	
17. Final Rate*	286.9751

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122343-00 2023/10
283.02

Isle Healthcare & Rehabilitation Center

Zip Code:	32003				
Peer Group:	North				
Beds:	108	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	18,201	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 1/31/23	18,689	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 1/31/23	8,938				
Medicaid Utilization:	47.82492 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,808,387	675,311	1,145,279
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	99.3564	37.1029	62.9239
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.8265	47.8353	81.1252
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.6140	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.7444	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	18	6	0.87	57,556	32.5258

	Total	Per Diem
11. Taxes:	66,588	3.5629
12. Insurance:	60,705	3.2481

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.4481
16. Budget Neutrality Adjustment:		(38.4357)

Rate Adjustment:	
17. Final Rate*	283.0156

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122344-00 2023/10
259.42

Riverwood Healthcare & Rehabilitation Center

Zip Code:	32091	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.30667404	
Beds:	120		92.0%	92.5%	1.28925856	
Medicaid Days FYE 12/31/17	28,267		86.0%	N/A	1.28925856	
Total Patient Days FYE 1/31/23	18,243		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 1/31/23	11,582					
Medicaid Utilization:	63.48737 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,538,924	926,559	1,559,623
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	89.8193	32.7788	55.1746
3. Inflated Cost Per Diem (Line 2 x Inflation):	117.3646	42.2603	71.1344
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.0758	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.2825	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	6	0.87	33,146	23.6940

	Total	Per Diem
11. Taxes:	15,908	0.8720
12. Insurance:	40,529	2.2216

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.5275
16. Budget Neutrality Adjustment:		(34.8819)

Rate Adjustment:	
17. Final Rate*	259.4155

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122346-00 2023/10
278.01

Terrace Healthcare & Rehabilitation Center			
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Zip Code:	32607			
Peer Group:	North		Price	Floor
Beds:	138	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	16,778	Indirect Care	92.0%	92.5%
Total Patient Days FYE 1/31/23	24,249	Operating	86.0%	N/A
Medicaid Days FYE 1/31/23	13,233			1.30667404
Medicaid Utilization:	54.57132 %			1.28925856
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,674,367	630,162	1,007,265
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	99.7953	37.5588	60.0348
3. Inflated Cost Per Diem (Line 2 x Inflation):	130.4000	48.4230	77.4004
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.0404	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.3179	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	21	9	0.87	67,258	29.8646

	Total	Per Diem
11. Taxes:	103,370	4.2628
12. Insurance:	79,658	3.2850

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.6140
16. Budget Neutrality Adjustment:		(38.2438)

Rate Adjustment:	
17. Final Rate*	278.0133

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 122347-00 2023/10
282.80

Villa Healthcare & Rehabilitation Center

Zip Code:	32720				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	26,976	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 1/31/23	21,774	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 1/31/23	14,322				
Medicaid Utilization:	65.77570 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,797,588	915,741	1,497,435
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	103.7065	33.9465	55.5098
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.5106	43.7658	71.5666
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.5	28.2869

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	27	4	0.89	52,138	28.5889

	Total	Per Diem
11. Taxes:	45,435	2.0866
12. Insurance:	54,716	2.5129

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	365	5.0970
15. Quality Assess-Medicaid Share:		21.2374
16. Budget Neutrality Adjustment:		(37.7914)

Rate Adjustment:	
17. Final Rate*	282.7988

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 128848-00 2023/10
262.16

Bay Center			
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Zip Code:	32405				
Peer Group:	North				
Beds:	160	Direct Care Indirect Care Operating	Price	Floor	Inflation
Medicaid Days FYE 2/28/19	21,399		100.0%	95.0%	1.26894916
Total Patient Days FYE 2/28/19	28,234		92.0%	92.5%	1.24980861
Medicaid Days FYE 2/28/19	21,399		86.0%	N/A	1.24980861
Medicaid Utilization:	75.79160 %				
		2023 Cost per Square Foot:		\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,421,796	754,106	1,055,602
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	113.1733	35.2402	49.3295
3. Inflated Cost Per Diem (Line 2 x Inflation):	143.6111	44.0435	61.6524
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	63	34	0.88	26,247	13.9073

	Total	Per Diem
11. Taxes:	9,857	0.3491
12. Insurance:	56,721	2.0089

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.2202
16. Budget Neutrality Adjustment:		(35.3869)

Rate Adjustment:	
17. Final Rate*	262.1569

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 129312-00 2023/10
270.21

The Pavilion for Healthcare

Zip Code:	32079			
Peer Group:	North		Price	Floor
Beds:	50	Direct Care	100.0%	95.0%
Medicaid Days FYE 6/30/19	961	Indirect Care	92.0%	92.5%
Total Patient Days FYE 6/30/22	14,428	Operating	86.0%	N/A
Medicaid Days FYE 6/30/22	1,993			1.25658957
Medicaid Utilization:	13.81342 %			1.23890989
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	122,758	43,110	53,391
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/19):	127.7398	44.8595	55.5577
3. Inflated Cost Per Diem (Line 2 x Inflation):	160.5165	55.5769	68.8310
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	33.0	39.7220

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	4	0.87	33,755	34.0778

	Total	Per Diem
11. Taxes:	722	0.0500
12. Insurance:	25,246	1.7497

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.1736)

Rate Adjustment:	
17. Final Rate*	270.2066

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 130817-00 2023/10
280.87

Oak View Rehabilitation Center

Zip Code:	32073				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30120764
Medicaid Days FYE 2/28/18	23,462	Indirect Care	92.0%	92.5%	1.28431236
Total Patient Days FYE 2/28/18	38,103	Operating	86.0%	N/A	1.28431236
Medicaid Days FYE 2/28/18	23,462				
Medicaid Utilization:	61.57520 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,377,181	733,273	1,111,356
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/18):	101.3204	31.2536	47.3683
3. Inflated Cost Per Diem (Line 2 x Inflation):	131.8389	40.1394	60.8357
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	32.0	38.5183

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	20	0.87	30,520	18.7270

	Total	Per Diem
11. Taxes:	67,449	1.7701
12. Insurance:	42,709	1.1208

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.1012
16. Budget Neutrality Adjustment:		(36.1474)

Rate Adjustment:	
17. Final Rate*	280.8707

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 132449-00 2023/10
248.72

Fountain Manor

Zip Code:	33161-3967					
Peer Group:	South		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	146			100.0%	95.0%	1.30120764
Medicaid Days FYE 2/28/18	41,006			92.0%	92.5%	1.28431236
Total Patient Days FYE 2/28/22	49,381			86.0%	N/A	1.28431236
Medicaid Days FYE 2/28/22	32,995					
Medicaid Utilization:	66.81720 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,847,057	909,497	1,601,649
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/18):	93.8169	22.1796	39.0588
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.0753	28.4855	50.1638
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.6277	10.5228	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.4807	31.6483	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	40	0.89	33,093	11.5392

	Total	Per Diem
11. Taxes:	106,437	2.1554
12. Insurance:	140,146	2.8380

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.6727
16. Budget Neutrality Adjustment:		(34.1159)

Rate Adjustment:	Per Diem
17. Final Rate*	248.7229

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 133196-00 2023/10
247.78

Emerald Coast Center

Zip Code:	32548			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 1/31/20	30,742	Indirect Care	92.0%	92.5%
Total Patient Days FYE 1/31/23	34,805	Operating	86.0%	N/A
Medicaid Days FYE 1/31/23	26,852			1.22450732
Medicaid Utilization:	77.14983 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,333,166	909,278	1,229,865
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/20):	108.4238	29.5777	40.0060
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.7120	36.2181	48.9876
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	13.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	50	4	0.89	17,745	24.9224

	Total	Per Diem
11. Taxes:	15,359	0.4412
12. Insurance:	66,703	1.9164

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.6731
16. Budget Neutrality Adjustment:		(36.9519)

Rate Adjustment:	
17. Final Rate*	247.7818

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

0 133348-00 2023/10
265.87

Egret Cove Center			
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Zip Code:	33707			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 1/31/19	34,353	Indirect Care	92.0%	92.5%
Total Patient Days FYE 1/31/23	31,558	Operating	86.0%	N/A
Medicaid Days FYE 1/31/23	27,167			1.27212297
Medicaid Utilization:	86.08594 %			1.25235559
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,090,782	1,240,516	1,631,346
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	119.0807	36.1108	47.4877
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.4853	45.2236	59.4715
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	54	12	0.89	22,845	22.0243

	Total	Per Diem
11. Taxes:	31,923	1.0115
12. Insurance:	69,577	2.2047

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.0470
16. Budget Neutrality Adjustment:		(36.6621)

Rate Adjustment:	
17. Final Rate*	265.8688

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 134463-00 2023/10
296.72

Ft Lauderdale Health and Rehabilitation Center

Zip Code:	33308	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	South		100.0%	95.0%	1.27212297
Beds:	169		92.0%	92.5%	1.25235559
Medicaid Days FYE 1/31/19	35,020		86.0%	N/A	1.25235559
Total Patient Days FYE 1/31/23	54,185		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 1/31/23	29,705				
Medicaid Utilization:	54.82145 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,815,921	1,347,243	1,608,928
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	108.9640	38.4706	45.9431
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.6156	48.1789	57.5371
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.0873	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	146.0210	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	13	0.87	67,191	23.8808

	Total	Per Diem
11. Taxes:	221,439	4.0867
12. Insurance:	254,640	4.6994

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.7661
16. Budget Neutrality Adjustment:		(40.2539)

Rate Adjustment:	
17. Final Rate*	296.7184

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 135581-00 2023/10
267.73

The Manor at Blue Water Bay

Zip Code:	32578				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	19,429	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/22	35,812	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/22	14,868				
Medicaid Utilization:	41.51681 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,508,292	838,152	952,705
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	129.1004	43.1392	49.0352
3. Inflated Cost Per Diem (Line 2 x Inflation):	160.6596	52.8925	60.1215
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	15	0.89	52,947	26.0015

	Total	Per Diem
11. Taxes:	49,377	1.3787
12. Insurance:	135,947	3.7961

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.0021
16. Budget Neutrality Adjustment:		(37.5056)

Rate Adjustment:	
17. Final Rate*	267.7311

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 140643-00 2023/10
246.12

Clearwater Center

Zip Code:	33756	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.24046300
Beds:	120		92.0%	92.5%	1.22292679
Medicaid Days FYE 2/29/20	32,410		86.0%	N/A	1.22292679
Total Patient Days FYE 2/28/23	31,236				
Medicaid Days FYE 2/28/23	27,294				
Medicaid Utilization:	87.37995 %		2023 Cost per Square Foot: \$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,798,382	978,379	1,573,860
2. Cost Per Diem (Line 1 / Medicaid Days 2/29/20):	117.1978	30.1875	48.5609
3. Inflated Cost Per Diem (Line 2 x Inflation):	145.3795	36.9171	59.3864
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	12.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	17	0.89	19,721	20.2130

	Total	Per Diem
11. Taxes:	31,182	0.9982
12. Insurance:	79,438	2.5431

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		26.0408
16. Budget Neutrality Adjustment:		(36.4510)

Rate Adjustment:	
17. Final Rate*	246.1247

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 140648-00 2023/10
261.39

Bartow Center

Zip Code:	33830				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.26894916
Medicaid Days FYE 2/28/19	31,302	Indirect Care	92.0%	92.5%	1.24980861
Total Patient Days FYE 2/28/23	36,772	Operating	86.0%	N/A	1.24980861
Medicaid Days FYE 2/28/23	29,247				
Medicaid Utilization:	79.53606 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,234,754	1,109,986	1,243,058
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	103.3401	35.4605	39.7117
3. Inflated Cost Per Diem (Line 2 x Inflation):	131.1334	44.3188	49.6321
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.3071	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.0513	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	51	37	0.87	21,335	12.6957

	Total	Per Diem
11. Taxes:	36,474	0.9918
12. Insurance:	72,099	1.9607

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.4453
16. Budget Neutrality Adjustment:		(35.2555)

Rate Adjustment:	
17. Final Rate*	261.3854

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 141512-00 2023/10
265.22

Gulfport Rehabilitation Center			
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Zip Code:	33707			
Peer Group:	North		Price	Floor
Beds:	126	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	14,649	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	25,459	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	18,993			1.27530471
Medicaid Utilization:	74.60230 %			1.25490778
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,426,126	530,240	831,918
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	97.3531	36.1963	56.7900
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.1549	45.4230	71.2663
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.2856	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.0728	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	19	0.89	32,104	19.4884

	Total	Per Diem
11. Taxes:	45,534	1.7885
12. Insurance:	20,341	0.7989

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.7294
16. Budget Neutrality Adjustment:		(35.1773)

Rate Adjustment:	
17. Final Rate*	265.2153

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 143762-00 2023/10
266.97

Boca Ciega Center			
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Zip Code:	33707				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.26894916
Medicaid Days FYE 2/28/19	31,234	Indirect Care	92.0%	92.5%	1.24980861
Total Patient Days FYE 2/28/23	33,812	Operating	86.0%	N/A	1.24980861
Medicaid Days FYE 2/28/23	28,176				
Medicaid Utilization:	83.33136 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,598,053	1,011,379	1,722,315
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	115.1966	32.3807	55.1423
3. Inflated Cost Per Diem (Line 2 x Inflation):	146.1787	40.4696	68.9173
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	19	0.89	16,591	19.4884

	Total	Per Diem
11. Taxes:	25,266	0.7472
12. Insurance:	69,095	2.0435

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.6781
16. Budget Neutrality Adjustment:		(36.2413)

Rate Adjustment:	
17. Final Rate*	266.9685

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 146222-00 2023/10
281.25

The Floridean Nursing and Rehabilitation Center

Zip Code:	33125-4914			
Peer Group:	South			
Beds:	90			
Medicaid Days FYE 9/30/15	7,728			
Total Patient Days FYE 12/31/21	28,805			
Medicaid Days FYE 12/31/21	12,187			
Medicaid Utilization:	42.30863 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	859,793	381,560	482,610
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/15):	111.2569	49.3737	62.4494
3. Inflated Cost Per Diem (Line 2 x Inflation):	152.2372	67.0052	84.7503
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	28	0.89	35,473	18.1324

	Total	Per Diem
11. Taxes:	104,723	3.6355
12. Insurance:	61,192	2.1243

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.2585
16. Budget Neutrality Adjustment:		(39.3037)

Rate Adjustment:	
17. Final Rate*	281.2516

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 147578-00 2023/10
276.77

Citrus Health and Rehabilitation Center
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Zip Code:	34452				
Peer Group:	North			Price	Floor
Bed(s):	111	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	20,851	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 1/31/23	33,838	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 1/31/23	19,650				
Medicaid Utilization:	58.07081 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,209,211	932,834	898,681
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	105.9522	44.7380	43.1001
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.7843	56.0280	53.9767
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	19	0.87	42,298	20.6518

	Total	Per Diem
11. Taxes:	124,435	3.6773
12. Insurance:	237,306	7.0130

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.8827
16. Budget Neutrality Adjustment:		(37.5291)

Rate Adjustment:	
17. Final Rate*	276.7724

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 147672-00 2023/10
255.52

Bay Vue Nursing and Rehabilitation Center

Zip Code:	34208				
Peer Group:	North				
Beds:	110	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	26,983	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	26,466	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	17,447				
Medicaid Utilization:	65.92232 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,996,521	550,110	1,319,625
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	111.0521	20.3872	48.9057
3. Inflated Cost Per Diem (Line 2 x Inflation):	141.6253	25.5841	61.3722
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	10.0773	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	28.4756	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	51	8	0.87	40,270	23.9623

	Total	Per Diem
11. Taxes:	73,896	2.7921
12. Insurance:	59,445	2.2460

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		16.9250
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.6557
16. Budget Neutrality Adjustment:		(35.7645)

Rate Adjustment:	
17. Final Rate*	255.5200

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 147948-00 2023/10
278.06

Cypress Care Center and Rehab

Zip Code:	34785				
Peer Group:	North		Price	Floor	Inflation
Beds:	180	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	33,808	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 1/31/23	31,079	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 1/31/23	20,744				
Medicaid Utilization:	66.74603 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,976,519	1,601,640	1,264,851
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	117.6206	47.3745	37.4127
3. Inflated Cost Per Diem (Line 2 x Inflation):	149.6279	59.3298	46.8540
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	15	0.89	69,407	22.5735

	Total	Per Diem
11. Taxes:	46,268	1.4887
12. Insurance:	118,234	3.8043

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.9475
16. Budget Neutrality Adjustment:		(37.0353)

Rate Adjustment:	
17. Final Rate*	278.0591

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

0 147958-00 2023/10
269.19

Excel Care Center			
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Zip Code:	33612			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 1/31/19	24,646	Indirect Care	92.0%	92.5%
Total Patient Days FYE 1/31/23	39,845	Operating	86.0%	N/A
Medicaid Days FYE 1/31/23	25,202			1.27212297
Medicaid Utilization:	63.25009 %			1.25235559
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,381,333	968,433	1,150,006
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	96.6214	39.2937	46.6609
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.9144	49.2097	58.4361
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.5261	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.8323	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	2	0.88	45,365	26.9714

	Total	Per Diem
11. Taxes:	119,553	3.0004
12. Insurance:	206,501	5.1826

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.1595
16. Budget Neutrality Adjustment:		(36.8593)

Rate Adjustment:	
17. Final Rate*	269.1903

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 148040-00 2023/10
233.43

Martin Coast Center Rehabilitation and Healthcare

Zip Code:	33455				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	28,750	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/20	39,150	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/20	23,964				
Medicaid Utilization:	61.21073 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,767,524	681,962	1,140,013
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	96.2617	23.7204	39.6526
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.7826	30.5817	51.1224
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.6578	5.0797	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.7005	33.4732	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	12.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	59	3	0.84	35,414	23.9687

	Total	Per Diem
11. Taxes:	75,981	1.9407
12. Insurance:	76,849	1.9629

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.0230
16. Budget Neutrality Adjustment:		(35.5104)

Rate Adjustment:	
17. Final Rate*	233.4279

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 151506-00 2023/10
271.07

Advanced Care Center and Rehab

Zip Code:	33759			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 1/31/19	28,287	Indirect Care	92.0%	92.5%
Total Patient Days FYE 1/31/23	20,915	Operating	86.0%	N/A
Medicaid Days FYE 1/31/23	14,620			1.27212297
Medicaid Utilization:	69.90198 %			1.25235559
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,878,552	906,116	1,333,065
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	101.7623	32.0329	47.1264
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.4542	40.1166	59.0190
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.9862	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.3721	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	21	0.89	35,152	18.3126

	Total	Per Diem
11. Taxes:	34,840	1.6657
12. Insurance:	71,725	3.4293

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.6887
16. Budget Neutrality Adjustment:		(36.1195)

Rate Adjustment:	
17. Final Rate*	271.0673

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 151590-00 2023/10
288.65

North Lake Care Center & Rehab

Zip Code:	33403				
Peer Group:	South				
Beds:	85	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	25,272	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 1/31/23	14,460	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 1/31/23	11,914				
Medicaid Utilization:	82.39281 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,165,249	1,070,812	1,210,467
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	125.2472	42.3714	47.8975
3. Inflated Cost Per Diem (Line 2 x Inflation):	159.3299	53.0641	59.9847
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	17	0.84	22,784	19.1569

	Total	Per Diem
11. Taxes:	35,852	2.4793
12. Insurance:	59,579	4.1202

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.2566
16. Budget Neutrality Adjustment:		(39.5686)

Rate Adjustment:	
17. Final Rate*	288.6453

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 151667-00 2023/10
264.58

Shore Acres Nursing and Rehab

Zip Code:	33703				
Peer Group:	North				
Beds:	109	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	26,094	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 1/31/23	19,965	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 1/31/23	14,790				
Medicaid Utilization:	74.07964 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,908,381	1,034,170	1,226,956
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	111.4578	39.6324	47.0206
3. Inflated Cost Per Diem (Line 2 x Inflation):	141.7880	49.6339	58.8865
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	52	24	0.89	29,054	16.4162

	Total	Per Diem
11. Taxes:	20,060	1.0047
12. Insurance:	79,810	3.9974

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.0326
16. Budget Neutrality Adjustment:		(36.1190)

Rate Adjustment:	
17. Final Rate*	264.5846

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 151697-00 2023/10
272.98

Southern Oaks Care Center

Zip Code:	32502-4744				
Peer Group:	North				
Beds:	210	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	53,809	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 1/31/22	67,813	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 1/31/22	57,355				
Medicaid Utilization:	84.57818 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	6,264,887	1,583,483	2,095,503
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	116.4282	29.4278	38.9433
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.1110	36.8541	48.7709
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	45	25	0.89	56,891	17.3149

	Total	Per Diem
11. Taxes:	76,035	1.1212
12. Insurance:	314,213	4.6335

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.9972
16. Budget Neutrality Adjustment:		(36.3537)

Rate Adjustment:	
17. Final Rate*	272.9843

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 151771-00 2023/10
269.48

South Campus Care Center

Zip Code:	34748			
Peer Group:	North		Price	Floor
Bed:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 1/31/19	25,692	Indirect Care	92.0%	92.5%
Total Patient Days FYE 1/31/23	22,064	Operating	86.0%	N/A
Medicaid Days FYE 1/31/23	14,084			
Medicaid Utilization:	63.83249 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,345,263	1,397,046	1,083,422
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	130.2064	54.3766	42.1696
3. Inflated Cost Per Diem (Line 2 x Inflation):	165.6385	68.0989	52.8113
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	26	0.89	40,725	15.6833

	Total	Per Diem
11. Taxes:	19,707	0.8931
12. Insurance:	85,700	3.8841

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.9261
16. Budget Neutrality Adjustment:		(35.9830)

Rate Adjustment:	
17. Final Rate*	269.4804

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 153181-00 2023/10
312.06

Glades West Rehabilitation and Nursing Center

Zip Code:	33027				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	15,440	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	40,521	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	17,835				
Medicaid Utilization:	44.01421 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,674,776	892,658	993,970
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	108.4699	57.8146	64.3762
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3322	72.5520	80.7863
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.3708	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	145.7376	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	31.0	37.3146

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	8	3	0.89	77,130	34.3644

	Total	Per Diem
11. Taxes:	341,250	8.4215
12. Insurance:	460,551	11.3657

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		13.5150
16. Budget Neutrality Adjustment:		(43.2664)

Rate Adjustment:	
17. Final Rate*	312.0635

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 155062-00 2023/10
216.97

Pines Nursing Home

Zip Code:	33161			
Peer Group:	South		Price	Floor
Beds:	45	Direct Care	100.0%	95.0%
Medicaid Days FYE 3/31/19	12,607	Indirect Care	92.0%	92.5%
Total Patient Days FYE 3/31/22	16,030	Operating	86.0%	N/A
Medicaid Days FYE 3/31/22	10,898			
Medicaid Utilization:	67.98503 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,172,478	381,699	727,155
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	93.0021	30.2767	57.6786
3. Inflated Cost Per Diem (Line 2 x Inflation):	117.7205	37.7631	71.9406
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	22.9824	1.2452	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.1259	40.9260	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	9.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	45	32	0.89	10,819	13.6288

	Total	Per Diem
11. Taxes:	28,089	1.7522
12. Insurance:	144,878	9.0379

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(35.9360)

Rate Adjustment:	
17. Final Rate*	216.9746

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 157223-00 2023/10
272.79

St. Petersburg Nursing & Rehabilitation, LLC

Zip Code:	33702-6810
Peer Group:	North
Beds:	96
Medicaid Days FYE 9/30/19	27,164
Total Patient Days FYE 9/30/22	29,428
Medicaid Days FYE 9/30/22	22,898
Medicaid Utilization:	77.81025 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.25011604
Indirect Care	92.0%	92.5%	1.23166637
Operating	86.0%	N/A	1.23166637

2023 Cost per Square Foot: \$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,004,806	870,710	1,666,813
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/19):	110.6172	32.0538	61.3611
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.2843	39.4796	75.5764
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	1	0.89	32,260	26.0092

	Total	Per Diem
11. Taxes:	52,125	1.7712
12. Insurance:	168,430	5.7234

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.2751
16. Budget Neutrality Adjustment:		(37.8363)

Rate Adjustment:	
17. Final Rate*	272.7879

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 157224-00 2023/10
269.29

Clewiston Nursing & Rehabilitation

Zip Code:	33440			
Peer Group:	North		Price	Floor
Beds:	155	Direct Care	100.0%	95.0%
Medicaid Days FYE 9/30/19	40,629	Indirect Care	92.0%	92.5%
Total Patient Days FYE 9/30/22	41,684	Operating	86.0%	N/A
Medicaid Days FYE 9/30/22	35,214			
Medicaid Utilization:	84.47846 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,172,324	1,090,965	1,943,946
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/19):	102.6932	26.8518	47.8462
3. Inflated Cost Per Diem (Line 2 x Inflation):	128.3784	33.0725	58.9306
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.0620	2.5889	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.2963	35.9640	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	11	0.84	47,280	21.2202

	Total	Per Diem
11. Taxes:	45,481	1.0910
12. Insurance:	67,604	1.6218

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.0123
16. Budget Neutrality Adjustment:		(35.6734)

Rate Adjustment:	
17. Final Rate*	269.2903

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 157225-00 2023/10
275.40

Lakeland Nursing & Rehabilitation

Zip Code:	33805			
Peer Group:	North		Price	Floor
Beds:	185	Direct Care	100.0%	95.0%
Medicaid Days FYE 9/30/19	40,239	Indirect Care	92.0%	92.5%
Total Patient Days FYE 9/30/22	46,622	Operating	86.0%	N/A
Medicaid Days FYE 9/30/22	36,536			
Medicaid Utilization:	78.36644 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,089,922	1,136,064	1,733,061
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/19):	101.6407	28.2329	43.0691
3. Inflated Cost Per Diem (Line 2 x Inflation):	127.0627	34.7735	53.0468
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.3777	0.8879	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	133.9806	37.6649	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	48	24	0.87	84,406	22.1837

	Total	Per Diem
11. Taxes:	277,930	5.9613
12. Insurance:	169,272	3.6307

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.8567
16. Budget Neutrality Adjustment:		(36.8425)

Rate Adjustment:	
17. Final Rate*	275.3971

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 157860-00 2023/10
271.33

Life Care Center of Citrus County

Zip Code:	34461				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	18,443	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	35,421	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	24,279				
Medicaid Utilization:	68.54408 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,121,674	628,642	935,942
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	115.0395	34.0856	50.7478
3. Inflated Cost Per Diem (Line 2 x Inflation):	150.3191	43.9452	65.4270
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	20	0.87	48,911	21.5842

	Total	Per Diem
11. Taxes:	97,520	2.7531
12. Insurance:	43,390	1.2249

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.2121
16. Budget Neutrality Adjustment:		(36.7079)

Rate Adjustment:	
17. Final Rate*	271.3284

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 158851-00 2023/10
264.72

The Villages Rehabilitation and Nursing Center
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Zip Code:	32159				
Peer Group:	North			Price	Floor
Beds:	120	Direct Care	100.0%	95.0%	1.24245749
Medicaid Days FYE 1/31/20	1,267	Indirect Care	92.0%	92.5%	1.22450732
Total Patient Days FYE 1/31/22	37,837	Operating	86.0%	N/A	1.22450732
Medicaid Days FYE 1/31/22	1,749				
Medicaid Utilization:	4.62246 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	190,040	38,819	53,334
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/20):	149.9921	30.6385	42.0947
3. Inflated Cost Per Diem (Line 2 x Inflation):	186.3588	37.5170	51.5452
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	10	7	0.88	74,600	32.9495

	Total	Per Diem
11. Taxes:	175,781	4.6457
12. Insurance:	229,067	6.0540

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		2.8912
16. Budget Neutrality Adjustment:		(39.2778)

Rate Adjustment:	
17. Final Rate*	264.7189

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 159109-00 2023/10
282.73

Pines of Sarasota

Zip Code:	34236-2631			
Peer Group:	North		Price	Floor
Beds:	204	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	42,783	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	47,003	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	35,750			
Medicaid Utilization:	76.05897 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,950,959	2,341,345	2,476,466
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	139.0963	54.7260	57.8843
3. Inflated Cost Per Diem (Line 2 x Inflation):	181.7535	70.5560	74.6278
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	75	1	0.87	128,795	35.5608

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	254,627	5.4172

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.1913
16. Budget Neutrality Adjustment:		(38.8983)

Rate Adjustment:	
17. Final Rate*	282.7274

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 161804-00 2023/10
270.59

Bayside Care Center

Zip Code:	33705					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	92			100.0%	95.0%	1.25964669
Medicaid Days FYE 5/31/19	24,619			92.0%	92.5%	1.24168928
Total Patient Days FYE 5/31/22	29,059			86.0%	N/A	1.24168928
Medicaid Days FYE 5/31/22	22,668					
Medicaid Utilization:	78.00681 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,603,965	872,607	1,336,123
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	105.7705	35.4444	54.2720
3. Inflated Cost Per Diem (Line 2 x Inflation):	133.2335	44.0109	67.3889
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	12	0.89	34,057	23.2024

	Total	Per Diem
11. Taxes:	75,169	2.5867
12. Insurance:	138,321	4.7600

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.0088
16. Budget Neutrality Adjustment:		(37.4164)

Rate Adjustment:	
17. Final Rate*	270.5886

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 161828-00 2023/10
268.52

Courtyards of Orlando Care Center

Zip Code:	32808			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 5/31/19	32,981	Indirect Care	92.0%	92.5%
Total Patient Days FYE 5/31/22	38,582	Operating	86.0%	N/A
Medicaid Days FYE 5/31/22	27,884			1.25964669
Medicaid Utilization:	72.27204 %			
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,512,916	1,262,612	1,382,988
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	106.5133	38.2830	41.9328
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.1691	47.5356	52.0675
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.5	25.8795

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	27	0.89	31,471	16.5903

	Total	Per Diem
11. Taxes:	50,385	1.3059
12. Insurance:	144,276	3.7394

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.3739
16. Budget Neutrality Adjustment:		(36.1499)

Rate Adjustment:	
17. Final Rate*	268.5196

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 161896-00 2023/10
267.26

Madison Pointe Care Center

Zip Code:	34653-3214				
Peer Group:	North				
Beds:	119	Direct Care	100.0%	95.0%	1.25964669
Medicaid Days FYE 5/31/19	25,766	Indirect Care	92.0%	92.5%	1.24168928
Total Patient Days FYE 5/31/22	37,670	Operating	86.0%	N/A	1.24168928
Medicaid Days FYE 5/31/22	21,348				
Medicaid Utilization:	56.67109 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,534,211	854,498	1,226,194
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	98.3548	33.1637	47.5896
3. Inflated Cost Per Diem (Line 2 x Inflation):	123.8923	41.1791	59.0915
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.5481	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.8102	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	1	0.88	33,768	25.7386

	Total	Per Diem
11. Taxes:	61,723	1.6385
12. Insurance:	177,146	4.7025

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.6220
16. Budget Neutrality Adjustment:		(36.5614)

Rate Adjustment:	
17. Final Rate*	267.2614

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 161928-00 2023/10
271.02

Gulf Shore Care Center

Zip Code:	33782				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.25964669
Medicaid Days FYE 5/31/19	22,763	Indirect Care	92.0%	92.5%	1.24168928
Total Patient Days FYE 5/31/22	39,202	Operating	86.0%	N/A	1.24168928
Medicaid Days FYE 5/31/22	21,985				
Medicaid Utilization:	56.08132 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,230,005	880,803	1,085,504
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	97.9662	38.6945	47.6872
3. Inflated Cost Per Diem (Line 2 x Inflation):	123.4028	48.0465	59.2126
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.0377	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.3207	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	25	14	0.89	45,581	22.9847

	Total	Per Diem
11. Taxes:	138,589	3.5352
12. Insurance:	167,177	4.2645

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.8974
16. Budget Neutrality Adjustment:		(36.3078)

Rate Adjustment:	
17. Final Rate*	271.0241

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 161944-00 2023/10
292.69

Palmetto Care Center

Zip Code:	33016				
Peer Group:	South				
Beds:	90	Direct Care	100.0%	95.0%	1.25964669
Medicaid Days FYE 5/31/19	15,552	Indirect Care	92.0%	92.5%	1.24168928
Total Patient Days FYE 5/31/22	30,613	Operating	86.0%	N/A	1.24168928
Medicaid Days FYE 5/31/22	17,976				
Medicaid Utilization:	58.72015 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,768,048	1,007,993	689,437
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	113.6862	64.8143	44.3310
3. Inflated Cost Per Diem (Line 2 x Inflation):	143.2044	80.4793	55.0454
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	10	0.89	35,086	24.2892

	Total	Per Diem
11. Taxes:	101,480	3.3149
12. Insurance:	156,109	5.0994

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.7324
16. Budget Neutrality Adjustment:		(40.5557)

Rate Adjustment:	
17. Final Rate*	292.6921

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 161951-00 2023/10
274.89

Palms Care Center

Zip Code:	33319			
Peer Group:	South		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 5/31/19	30,394	Indirect Care	92.0%	92.5%
Total Patient Days FYE 5/31/22	36,335	Operating	86.0%	N/A
Medicaid Days FYE 5/31/22	28,417			
Medicaid Utilization:	78.20834 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,898,128	1,181,235	1,347,515
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	95.3519	38.8640	44.3349
3. Inflated Cost Per Diem (Line 2 x Inflation):	120.1098	48.2571	55.0501
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	20.5932	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.5152	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	8	0.87	36,508	22.9844

	Total	Per Diem
11. Taxes:	132,756	3.6536
12. Insurance:	159,093	4.3785

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.8546
16. Budget Neutrality Adjustment:		(37.3899)

Rate Adjustment:	
17. Final Rate*	274.8851

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162068-00 2023/10
277.95

Parklands Care Center

Zip Code:	32601						
Peer Group:	North			Price	Floor	Inflation	
Beds:	120			Direct Care	100.0%	95.0%	1.25964669
Medicaid Days FYE 5/31/19	31,138			Indirect Care	92.0%	92.5%	1.24168928
Total Patient Days FYE 5/31/22	39,693			Operating	86.0%	N/A	1.24168928
Medicaid Days FYE 5/31/22	28,129						
Medicaid Utilization:	70.86640 %						
				2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,576,759	1,378,758	1,234,828
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	114.8679	44.2789	39.6566
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.6930	54.9806	49.2412
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	32.0	38.5183

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	23	0.87	28,757	17.5412

	Total	Per Diem
11. Taxes:	42,101	1.0606
12. Insurance:	125,691	3.1665

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.0535
16. Budget Neutrality Adjustment:		(36.1688)

Rate Adjustment:	
17. Final Rate*	277.9520

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162074-00 2023/10
305.11

Terraces of Lake Worth Care Center

Zip Code:	33460				
Peer Group:	South			Price	Floor
Bed:	99	Direct Care	100.0%	95.0%	1.25964669
Medicaid Days FYE 5/31/19	27,930	Indirect Care	92.0%	92.5%	1.24168928
Total Patient Days FYE 5/31/22	26,000	Operating	86.0%	N/A	1.24168928
Medicaid Days FYE 5/31/22	21,196				
Medicaid Utilization:	81.52308 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,353,464	1,190,717	1,508,688
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	120.0667	42.6321	54.0167
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.2416	52.9359	67.0720
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	33.0	39.7220

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	46	4	0.84	33,204	23.6251

	Total	Per Diem
11. Taxes:	79,077	3.0414
12. Insurance:	147,760	5.6830

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.8224
16. Budget Neutrality Adjustment:		(40.5054)

Rate Adjustment:	
17. Final Rate*	305.1080

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162077-00 2023/10
271.94

Williston Care Center

Zip Code:	32696			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 5/31/19	30,633	Indirect Care	92.0%	92.5%
Total Patient Days FYE 5/31/22	38,736	Operating	86.0%	N/A
Medicaid Days FYE 5/31/22	24,339			1.25964669
Medicaid Utilization:	62.83302 %			
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,753,893	1,209,914	1,216,507
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	122.5440	39.4970	39.7123
3. Inflated Cost Per Diem (Line 2 x Inflation):	154.3622	49.0430	49.3103
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	27	0.87	46,409	17.8271

	Total	Per Diem
11. Taxes:	88,246	2.2781
12. Insurance:	156,568	4.0419

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.2247
16. Budget Neutrality Adjustment:		(36.5068)

Rate Adjustment:	
17. Final Rate*	271.9417

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162078-00 2023/10
275.61

Woodbridge Care Center

Zip Code:	33615-3210			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 5/31/19	30,565	Indirect Care	92.0%	92.5%
Total Patient Days FYE 5/31/22	38,749	Operating	86.0%	N/A
Medicaid Days FYE 5/31/22	25,663			
Medicaid Utilization:	66.22881 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,057,407	1,045,594	1,513,545
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	100.0296	34.2088	49.5188
3. Inflated Cost Per Diem (Line 2 x Inflation):	126.0020	42.4767	61.4870
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.4384	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.9199	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	21	0.88	60,432	25.9543

	Total	Per Diem
11. Taxes:	49,877	1.2871
12. Insurance:	187,019	4.8264

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.3528
16. Budget Neutrality Adjustment:		(36.8595)

Rate Adjustment:	
17. Final Rate*	275.6068

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162218-00 2023/10
281.45

Solaris Healthcare Bayonet Point

Zip Code:	34667-1974				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	36,243	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	59,203	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	36,464				
Medicaid Utilization:	61.59147 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,251,497	1,322,548	2,061,883
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	117.3053	36.4911	56.8905
3. Inflated Cost Per Diem (Line 2 x Inflation):	149.6000	45.7930	71.3923
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	32.5	39.1201

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	27	0.88	79,544	20.3987

	Total	Per Diem
11. Taxes:	77,657	1.3117
12. Insurance:	162,490	2.7446

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.6486
16. Budget Neutrality Adjustment:		(36.5505)

Rate Adjustment:	
17. Final Rate*	281.4538

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162219-00 2023/10
277.89

Solaris Healthcare Charlotte Harbor

Zip Code:	33980			
Peer Group:	North		Price	Floor
Beds:	180	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	38,620	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	58,570	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	31,651			
Medicaid Utilization:	54.03961 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,708,546	1,490,869	2,180,607
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	121.9198	38.6035	56.4631
3. Inflated Cost Per Diem (Line 2 x Inflation):	155.4850	48.4438	70.8560
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	24	0.87	82,865	22.3725

	Total	Per Diem
11. Taxes:	164,534	2.8091
12. Insurance:	162,298	2.7710

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.5017
16. Budget Neutrality Adjustment:		(37.0475)

Rate Adjustment:	
17. Final Rate*	277.8909

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162220-00 2023/10
296.54

Solaris Healthcare Coconut Creek

Zip Code:	33073				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	21,183	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	40,194	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	24,771				
Medicaid Utilization:	61.62860 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,675,839	977,756	1,449,312
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	126.3201	46.1575	68.4186
3. Inflated Cost Per Diem (Line 2 x Inflation):	161.0966	57.9235	85.8590
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	21	0.89	64,795	25.7289

	Total	Per Diem
11. Taxes:	213,239	5.3052
12. Insurance:	132,032	3.2848

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.9881
16. Budget Neutrality Adjustment:		(40.7852)

Rate Adjustment:	
17. Final Rate*	296.5374

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162221-00 2023/10
274.88

Solaris Healthcare Daytona

Zip Code:	32114			
Peer Group:	North		Price	Floor
Beds:	73	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	11,421	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	22,278	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	8,455			
Medicaid Utilization:	37.95224 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,295,074	520,324	802,292
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	113.3940	45.5585	70.2470
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.6120	57.1717	88.1536
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	30.0	36.1109

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	27	22	0.88	40,741	25.4546

	Total	Per Diem
11. Taxes:	59,395	2.6660
12. Insurance:	70,883	3.1817

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		12.2078
16. Budget Neutrality Adjustment:		(37.5235)

Rate Adjustment:	
17. Final Rate*	274.8782

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162222-00 2023/10
275.09

Solaris Healthcare Imperial

Zip Code:	34110			
Peer Group:	North		Price	Floor
Beds:	113	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	16,942	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	32,364	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	17,463			
Medicaid Utilization:	53.95810 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,196,151	741,065	1,125,503
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	129.6276	43.7412	66.4327
3. Inflated Cost Per Diem (Line 2 x Inflation):	165.3147	54.8912	83.3669
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	17	0.87	58,004	27.6517

	Total	Per Diem
11. Taxes:	54,647	1.6885
12. Insurance:	119,902	3.7047

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.9406
16. Budget Neutrality Adjustment:		(37.7711)

Rate Adjustment:	
17. Final Rate*	275.0875

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162224-00 2023/10
276.84

Solaris Healthcare Lake City

Zip Code:	32025				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	21,941	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	39,640	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	23,730				
Medicaid Utilization:	59.86377 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,625,328	924,258	1,390,715
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	119.6539	42.1246	63.3843
3. Inflated Cost Per Diem (Line 2 x Inflation):	152.5952	52.8626	79.5414
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	30.5	36.7127

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	22	0.87	50,841	21.4160

	Total	Per Diem
11. Taxes:	79,537	2.0064
12. Insurance:	91,439	2.3067

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.3470
16. Budget Neutrality Adjustment:		(36.7316)

Rate Adjustment:	
17. Final Rate*	276.8379

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162225-00 2023/10
272.05

Solaris Healthcare Merritt Island

Zip Code:	32953				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	33,536	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	57,421	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	26,837				
Medicaid Utilization:	46.73726 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,219,622	1,268,503	2,038,669
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	125.8236	37.8251	60.7904
3. Inflated Cost Per Diem (Line 2 x Inflation):	160.4634	47.4670	76.2864
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	23	0.91	69,999	20.3204

	Total	Per Diem
11. Taxes:	88,828	1.5469
12. Insurance:	134,193	2.3370

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.0818
16. Budget Neutrality Adjustment:		(36.5149)

Rate Adjustment:	
17. Final Rate*	272.0516

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162226-00 2023/10
267.37

Solaris Senior Living North Naples

Zip Code:	34109				
Peer Group:	North				
Beds:	60	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	8,934	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	20,565	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	7,921				
Medicaid Utilization:	38.51690 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,187,146	421,864	578,183
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	132.8795	47.2200	64.7171
3. Inflated Cost Per Diem (Line 2 x Inflation):	169.4619	59.2568	81.2140
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	15	0.87	34,302	27.4496

	Total	Per Diem
11. Taxes:	38,830	1.8881
12. Insurance:	67,572	3.2857

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.0099
16. Budget Neutrality Adjustment:		(37.7112)

Rate Adjustment:	
17. Final Rate*	267.3693

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162228-00 2023/10
271.25

Solaris Healthcare Parkway

Zip Code:	34994				
Peer Group:	North				
Beds:	177	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	41,995	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	59,453	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	37,158				
Medicaid Utilization:	62.49979 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,408,434	1,595,690	2,494,601
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	128.7875	37.9971	59.4023
3. Inflated Cost Per Diem (Line 2 x Inflation):	164.2433	47.6829	74.5444
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	24	0.84	68,140	17.9007

	Total	Per Diem
11. Taxes:	208,059	3.4995
12. Insurance:	136,315	2.2928

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.7321
16. Budget Neutrality Adjustment:		(36.4423)

Rate Adjustment:	
17. Final Rate*	271.2540

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162230-00 2023/10
268.36

Solaris Healthcare Pensacola

Zip Code:	32514				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	38,846	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	58,570	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	36,207				
Medicaid Utilization:	61.81834 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,754,862	1,260,791	2,234,148
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	122.4028	32.4561	57.5129
3. Inflated Cost Per Diem (Line 2 x Inflation):	156.1009	40.7294	72.1734
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.5	28.2869

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	24	0.89	70,136	19.5383

	Total	Per Diem
11. Taxes:	69,558	1.1876
12. Insurance:	140,816	2.4042

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.5242
16. Budget Neutrality Adjustment:		(36.3623)

Rate Adjustment:	
17. Final Rate*	268.3595

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162231-00 2023/10
263.93

Solaris Healthcare Plant City

Zip Code:	33566-7547			
Peer Group:	North		Price	Floor
Bed:	180	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	44,081	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	60,614	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	39,621			
Medicaid Utilization:	65.36609 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,189,669	1,516,644	2,573,265
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	117.7302	34.4058	58.3758
3. Inflated Cost Per Diem (Line 2 x Inflation):	150.1419	43.1761	73.2562
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	29	0.88	81,622	19.5254

	Total	Per Diem
11. Taxes:	141,146	2.3286
12. Insurance:	164,515	2.7141

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.2766
16. Budget Neutrality Adjustment:		(36.5666)

Rate Adjustment:	
17. Final Rate*	263.9289

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 162232-00 2023/10
286.45

Solaris Healthcare Windermere

Zip Code:	32811			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	23,135	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	40,534	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	21,099			
Medicaid Utilization:	52.05260 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,544,363	944,047	1,428,862
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	153.2035	40.8060	61.7619
3. Inflated Cost Per Diem (Line 2 x Inflation):	195.3811	51.2077	77.5055
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	32.0	38.5183

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	16	0.89	65,031	27.9687

	Total	Per Diem
11. Taxes:	83,198	2.0525
12. Insurance:	108,578	2.6786

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.1702
16. Budget Neutrality Adjustment:		(37.7220)

Rate Adjustment:	
17. Final Rate*	286.4469

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 163903-00 2023/10
264.18

Fort Myers Rehabilitation and Nursing Center

Zip Code:	33907-2994				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.25658957
Medicaid Days FYE 6/30/19	29,847	Indirect Care	92.0%	92.5%	1.23890989
Total Patient Days FYE 6/30/22	43,482	Operating	86.0%	N/A	1.23890989
Medicaid Days FYE 6/30/22	25,137				
Medicaid Utilization:	57.81013 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,540,966	1,157,443	1,467,045
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/19):	118.6372	38.7792	49.1521
3. Inflated Cost Per Diem (Line 2 x Inflation):	149.0783	48.0439	60.8951
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	36	0.87	41,700	11.8313

	Total	Per Diem
11. Taxes:	66,822	1.5367
12. Insurance:	88,095	2.0260

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.7719
16. Budget Neutrality Adjustment:		(35.2630)

Rate Adjustment:	
17. Final Rate*	264.1833

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 166176-00 2023/10
282.86

Rehabilitation Center at Jupiter Gardens, LLC

Zip Code:	33458	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	South		100.0%	95.0%	1.28542766	
Beds:	120		92.0%	92.5%	1.26566945	
Medicaid Days FYE 8/31/18	26,824		86.0%	N/A	1.26566945	
Total Patient Days FYE 8/31/22	39,066		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 8/31/22	19,115					
Medicaid Utilization:	48.93002 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,800,143	1,247,969	1,380,585
2. Cost Per Diem (Line 1 / Medicaid Days 8/31/18):	104.3894	46.5243	51.4682
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.1851	58.8844	65.1418
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.5179	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.5905	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	17	0.84	32,969	19.1589

	Total	Per Diem
11. Taxes:	116,815	2.9901
12. Insurance:	78,254	2.0031

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.6255
16. Budget Neutrality Adjustment:		(38.4145)

Rate Adjustment:	
17. Final Rate*	282.8608

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 168944-00 2023/10
239.93

Eagle Lake Nursing and Rehab Care Center

Zip Code:	33710-6224					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	59			100.0%	95.0%	1.25011604
Medicaid Days FYE 9/30/19	14,453			92.0%	92.5%	1.23166637
Total Patient Days FYE 9/30/21	13,977			86.0%	N/A	1.23166637
Medicaid Days FYE 9/30/21	9,608					
Medicaid Utilization:	68.74150 %					
				2023 Cost per Square Foot: \$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,585,023	543,094	1,064,131
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/19):	109.6674	37.5765	73.6269
3. Inflated Cost Per Diem (Line 2 x Inflation):	137.0969	46.2817	90.6838
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	9.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	54	28	0.89	15,056	16.2281

	Total	Per Diem
11. Taxes:	21,176	1.5150
12. Insurance:	56,407	4.0357

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.5409
16. Budget Neutrality Adjustment:		(36.1703)

Rate Adjustment:	
17. Final Rate*	239.9300

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 169599-00 2023/10
271.84

University Crossing			
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Zip Code:	32216			
Peer Group:	North			
Beds:	111	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	3,681	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	35,352	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	12,264			1.29513767
Medicaid Utilization:	34.69111 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	691,869	300,317	405,308
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	187.9568	81.5857	110.1081
3. Inflated Cost Per Diem (Line 2 x Inflation):	246.6894	105.6647	142.6051
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	7	5	0.87	82,609	33.5835

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	50,132	1.4180

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		12.0147
16. Budget Neutrality Adjustment:		(38.0491)

Rate Adjustment:	
17. Final Rate*	271.8401

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 170521-00 2023/10
278.29

Life Care Center of Sarasota

Zip Code:	34243-2885				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30393797
Medicaid Days FYE 1/31/18	13,523	Indirect Care	92.0%	92.5%	1.28678308
Total Patient Days FYE 1/31/22	33,292	Operating	86.0%	N/A	1.28678308
Medicaid Days FYE 1/31/22	18,803				
Medicaid Utilization:	56.47903 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,838,007	540,904	730,682
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	135.9171	39.9988	54.0325
3. Inflated Cost Per Diem (Line 2 x Inflation):	177.2274	51.4698	69.5281
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	23	9	0.87	58,250	30.7335

	Total	Per Diem
11. Taxes:	144,906	4.3525
12. Insurance:	54,736	1.6441

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.5965
16. Budget Neutrality Adjustment:		(38.2947)

Rate Adjustment:	
17. Final Rate*	278.2938

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 173314-00 2023/10
248.71

Cross City Nursing and Rehabilitation Center

Zip Code:	32628						
Peer Group:	North			Price	Floor	Inflation	
Beds:	60			Direct Care	100.0%	95.0%	1.36833926
Medicaid Days FYE 12/31/15	15,154			Indirect Care	92.0%	92.5%	1.35710210
Total Patient Days FYE 3/31/17	19,341			Operating	86.0%	N/A	1.35710210
Medicaid Days FYE 3/31/17	11,866						
Medicaid Utilization:	61.35153 %	2023 Cost per Square Foot:			\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,247,122	442,622	647,543
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	82.2965	29.2082	42.7308
3. Inflated Cost Per Diem (Line 2 x Inflation):	112.6096	39.6385	57.9900
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.8309	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.5275	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	20	0.87	24,894	21.9468

	Total	Per Diem
11. Taxes:	62,600	3.2366
12. Insurance:	10,500	0.5428

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.6110
16. Budget Neutrality Adjustment:		(34.0555)

Rate Adjustment:	
17. Final Rate*	248.7128

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 173397-00 2023/10
225.03

Westwood Nursing and Rehabilitation Center

Zip Code:	32547				
Peer Group:	North				
Beds:	60	Direct Care	100.0%	95.0%	1.37142997
Medicaid Days FYE 12/31/15	11,292	Indirect Care	92.0%	92.5%	1.36026720
Total Patient Days FYE 3/31/17	18,619	Operating	86.0%	N/A	1.36026720
Medicaid Days FYE 3/31/17	7,359				
Medicaid Utilization:	39.52414 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,125,867	576,714	529,594
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	99.7048	51.0727	46.8999
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.7381	69.4726	63.7964
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	32	0.89	19,829	14.7790

	Total	Per Diem
11. Taxes:	27,900	1.4984
12. Insurance:	14,000	0.7519

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		10.7190
16. Budget Neutrality Adjustment:		(35.4954)

Rate Adjustment:	
17. Final Rate*	225.0335

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 173398-00 2023/10
253.77

Lafayette Nursing and Rehabilitation Center

Zip Code:	32066				
Peer Group:	North				
Beds:	60	Direct Care	100.0%	95.0%	1.36833926
Medicaid Days FYE 12/31/15	16,452	Indirect Care	92.0%	92.5%	1.35710210
Total Patient Days FYE 3/31/17	19,706	Operating	86.0%	N/A	1.35710210
Medicaid Days FYE 3/31/17	14,378				
Medicaid Utilization:	72.96255 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,371,144	461,872	777,272
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/15):	83.3420	28.0739	47.2448
3. Inflated Cost Per Diem (Line 2 x Inflation):	114.0402	38.0991	64.1160
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	17.4002	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	120.9581	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.5	33.1016

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	24	0.87	24,894	20.2862

	Total	Per Diem
11. Taxes:	42,800	2.1719
12. Insurance:	9,400	0.4770

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.2187
16. Budget Neutrality Adjustment:		(33.8622)

Rate Adjustment:	
17. Final Rate*	253.7736

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 173399-00 2023/10
223.22

Lake Park of Madison Nursing and Rehabilitation Center

Zip Code:	32340				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.36075401
Medicaid Days FYE 2/29/16	27,069	Indirect Care	92.0%	92.5%	1.34992868
Total Patient Days FYE 3/31/17	37,231	Operating	86.0%	N/A	1.34992868
Medicaid Days FYE 3/31/17	30,331				
Medicaid Utilization:	81.46706 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,328,023	678,515	965,858
2. Cost Per Diem (Line 1 / Medicaid Days 2/29/16):	86.0032	25.0661	35.6813
3. Inflated Cost Per Diem (Line 2 x Inflation):	117.0293	33.8374	48.1672
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.4112	1.8239	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.9472	36.7289	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	25	0.88	46,885	18.9853

	Total	Per Diem
11. Taxes:	48,500	1.3026
12. Insurance:	16,600	0.4458

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.6520
16. Budget Neutrality Adjustment:		(33.7149)

Rate Adjustment:	
17. Final Rate*	223.2162

*The Final Rate includes the \$15 Minimum Wage Increase.



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265.65

KR at College Harbor

Zip Code:	33711			
Peer Group:	North		Price	Floor
Beds:	52	Direct Care	100.0%	95.0%
Medicaid Days FYE 4/30/18	7,630	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	14,486	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	7,121			
Medicaid Utilization:	49.15781 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	978,103	332,557	510,532
2. Cost Per Diem (Line 1 / Medicaid Days 4/30/18):	128.1917	43.5854	66.9111
3. Inflated Cost Per Diem (Line 2 x Inflation):	166.1237	55.7351	85.5630
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	52	40	0.89	23,755	15.2694

	Total	Per Diem
11. Taxes:	108,217	7.4704
12. Insurance:	69,781	4.8171

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.0343
16. Budget Neutrality Adjustment:		(36.9913)

Rate Adjustment:	
17. Final Rate*	265.6489

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 191262-00 2023/10
267.24

Solaris Healthcare Osceola

Zip Code:	34772-7158				
Peer Group:	North		Price	Floor	Inflation
Beds:	120	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 12/31/18	46,213	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 12/31/21	40,284	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 12/31/21	24,634				
Medicaid Utilization:	61.15083 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,871,998	1,744,277	2,603,830
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	105.4248	37.7442	56.3441
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.2363	47.6415	71.1186
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	19	0.89	36,174	19.0705

	Total	Per Diem
11. Taxes:	50,195	1.2460
12. Insurance:	110,204	2.7356

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.2724
16. Budget Neutrality Adjustment:		(36.3512)

Rate Adjustment:	
17. Final Rate*	267.2352

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 191618-00 2023/10
271.56

Lakeview Terrace Rehabilitation and Health Care Center

Zip Code:	32702-9668				
Peer Group:	North				
Beds:	40	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	886	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	12,621	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	4,463				
Medicaid Utilization:	35.36170 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	173,070	30,788	86,491
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	195.3386	34.7494	97.6196
3. Inflated Cost Per Diem (Line 2 x Inflation):	249.1162	43.6073	122.5036
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	31.0	37.3146

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	1	0.89	29,623	36.3342

	Total	Per Diem
11. Taxes:	33,302	2.6386
12. Insurance:	16,276	1.2895

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.7966)

Rate Adjustment:	
17. Final Rate*	271.5609

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 192835-00 2023/10
259.37

Port St. Lucie Rehabilitation and Healthcare

Zip Code:	34952-8299	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.24822623	
Beds:	180		92.0%	92.5%	1.22980473	
Medicaid Days FYE 12/31/19	42,959		86.0%	N/A	1.22980473	
Total Patient Days FYE 12/31/21	39,662		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/21	23,755					
Medicaid Utilization:	59.89360 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,961,037	1,273,693	2,034,705
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	115.4830	29.6490	47.3638
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.1489	36.4625	58.2483
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	20	0.84	49,479	18.1282

	Total	Per Diem
11. Taxes:	141,501	3.5676
12. Insurance:	115,543	2.9131

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.8865
16. Budget Neutrality Adjustment:		(36.5724)

Rate Adjustment:	
17. Final Rate*	259.3702

*The Final Rate includes the \$15 Minimum Wage Increase.



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229.53

Aventura at the Bay			
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Zip Code:	33716			
Peer Group:	North		Price	Floor
Beds:	274	Direct Care	100.0%	95.0%
Medicaid Days FYE 8/31/17	64,409	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	60,525	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	33,920			1.30098813
Medicaid Utilization:	56.04296 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	7,785,949	2,888,626	3,761,108
2. Cost Per Diem (Line 1 / Medicaid Days 8/31/17):	120.8829	44.8481	58.3941
3. Inflated Cost Per Diem (Line 2 x Inflation):	159.2705	58.3469	75.9700
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	8.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	60	4	0.89	83,404	24.9224

	Total	Per Diem
11. Taxes:	139,081	2.2979
12. Insurance:	206,320	3.4088

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.5481
16. Budget Neutrality Adjustment:		(37.4278)

Rate Adjustment:	
17. Final Rate*	229.5299

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 200409-00 2023/10
253.45

Westminster Oaks

Zip Code:	32308	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.26578327
Beds:	120		92.0%	92.5%	1.24726680
Medicaid Days FYE 3/31/19	12,511		86.0%	N/A	1.24726680
Total Patient Days FYE 3/31/22	38,814		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 3/31/22	13,955				
Medicaid Utilization:	35.95352 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,521,918	526,606	744,949
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	121.6463	42.0914	59.5435
3. Inflated Cost Per Diem (Line 2 x Inflation):	153.9779	52.4992	74.2666
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.5	25.8795

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	11	0.88	71,726	30.9509

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	59,312	1.5281

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.6906)

Rate Adjustment:	Per Diem
17. Final Rate*	253.4483

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 200506-00 2023/10
278.87

Miami Jewish Health Systems

Zip Code:	33137			
Peer Group:	South		Price	Floor
Beds:	438	Direct Care	100.0%	95.0%
Medicaid Days FYE 6/30/19	92,851	Indirect Care	92.0%	92.5%
Total Patient Days FYE 6/30/22	109,515	Operating	86.0%	N/A
Medicaid Days FYE 6/30/22	61,011			
Medicaid Utilization:	55.71018 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	17,708,711	5,607,098	8,391,214
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/19):	190.7218	60.3881	90.3728
3. Inflated Cost Per Diem (Line 2 x Inflation):	239.6590	74.8154	111.9638
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	46	3	0.89	451,400	35.3242

	Total	Per Diem
11. Taxes:	743	0.0067
12. Insurance:	237,844	2.1717

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.4022
16. Budget Neutrality Adjustment:		(41.2376)

Rate Adjustment:	
17. Final Rate*	278.8681

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 200714-00 2023/10
257.50

Life Care Center of Hilliard

Zip Code:	32046					
Peer Group:	North		Price	Floor	Inflation	
Beds:	120		Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	28,339		Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	36,622		Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	28,292					
Medicaid Utilization:	77.25411 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,812,000	695,081	1,294,846
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	99.2272	24.5273	45.6913
3. Inflated Cost Per Diem (Line 2 x Inflation):	126.5449	30.7795	57.3383
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.8955	4.8819	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	133.4628	33.6710	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	26	0.87	41,190	16.5983

	Total	Per Diem
11. Taxes:	58,475	1.5967
12. Insurance:	84,094	2.2962

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.3230
16. Budget Neutrality Adjustment:		(34.5980)

Rate Adjustment:	
17. Final Rate*	257.4969

*The Final Rate includes the \$15 Minimum Wage Increase.



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290.01

River Garden Hebrew Home

Zip Code:	32258-1402				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	28,967	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	51,797	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	24,154				
Medicaid Utilization:	46.63204 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,967,181	985,100	2,113,485
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	171.4772	34.0076	72.9618
3. Inflated Cost Per Diem (Line 2 x Inflation):	218.6857	42.6764	91.5603
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	31.0	37.3146

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	3	0.87	134,480	34.5722

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	184,513	3.5622

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.2751
16. Budget Neutrality Adjustment:		(38.4942)

Rate Adjustment:	
17. Final Rate*	290.0104

*The Final Rate includes the \$15 Minimum Wage Increase.



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262.50

Avante Villa At Jacksonville Beach Inc

Zip Code:	32250			
Peer Group:	North		Price	Floor
Beds:	165	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	32,347	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	43,071	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	30,601			
Medicaid Utilization:	71.04780 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,053,748	919,599	2,042,456
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	125.3206	28.4291	63.1420
3. Inflated Cost Per Diem (Line 2 x Inflation):	159.8220	35.6760	79.2374
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	49	24	0.87	47,357	17.3079

	Total	Per Diem
11. Taxes:	106,495	2.4725
12. Insurance:	67,104	1.5579

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.8218
16. Budget Neutrality Adjustment:		(36.1077)

Rate Adjustment:	
17. Final Rate*	262.4996

*The Final Rate includes the \$15 Minimum Wage Increase.



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226.01

Gulf Coast Village Care Center

Zip Code:	33991			
Peer Group:	North		Price	Floor
Beds:	105	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	7,295	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	30,959	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	8,142			
Medicaid Utilization:	26.29930 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	917,211	493,095	462,216
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	125.7314	67.5935	63.3606
3. Inflated Cost Per Diem (Line 2 x Inflation):	160.3459	84.8236	79.5117
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	10.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	23	0.87	69,252	24.6858

	Total	Per Diem
11. Taxes:	29,783	0.9620
12. Insurance:	155,138	5.0110

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.4320)

Rate Adjustment:	
17. Final Rate*	226.0073

*The Final Rate includes the \$15 Minimum Wage Increase.



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265.16

The Gardens at DePugh Nursing Center

Zip Code:	32789				
Peer Group:	North				
Beds:	40	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	7,342	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	13,243	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	8,408				
Medicaid Utilization:	63.49015 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	856,924	248,733	515,200
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	116.7153	33.8780	70.1716
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.8476	42.5138	88.0589
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	67	1	0.89	20,990	36.0516

	Total	Per Diem
11. Taxes:	2,260	0.1706
12. Insurance:	47,568	3.5919

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.7329)

Rate Adjustment:	
17. Final Rate*	265.1579

*The Final Rate includes the \$15 Minimum Wage Increase.



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278.84

Guardian Care Nursing & Rehabilitation Center
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Zip Code:	32805				
Peer Group:	North			Price	Floor
Beds:	99	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	31,332	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	28,374	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	19,158				
Medicaid Utilization:	67.51956 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,478,189	1,340,492	2,029,462
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	111.0107	42.7834	64.7728
3. Inflated Cost Per Diem (Line 2 x Inflation):	141.5725	53.6893	81.2839
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	2	2	0.89	47,855	34.7013

	Total	Per Diem
11. Taxes:	21,773	0.7673
12. Insurance:	111,254	3.9209

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.6726
16. Budget Neutrality Adjustment:		(38.6726)

Rate Adjustment:	
17. Final Rate*	278.8367

*The Final Rate includes the \$15 Minimum Wage Increase.



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275.36

Westchester Gardens Rehabilitation & Care Center

Zip Code:	33761				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.33840457
Medicaid Days FYE 12/31/16	17,231	Indirect Care	92.0%	92.5%	1.32392297
Total Patient Days FYE 12/31/22	31,100	Operating	86.0%	N/A	1.32392297
Medicaid Days FYE 12/31/22	16,849				
Medicaid Utilization:	54.17685 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,909,825	629,079	880,095
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	110.8365	36.5085	51.0762
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.3441	48.3345	67.6210
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.5	33.1016

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	8	0.89	39,613	23.4734

	Total	Per Diem
11. Taxes:	62,751	2.0177
12. Insurance:	79,710	2.5630

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.4883
16. Budget Neutrality Adjustment:		(37.0619)

Rate Adjustment:	
17. Final Rate*	275.3627

*The Final Rate includes the \$15 Minimum Wage Increase.



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262.99

Manatee Springs Rehabilitation and Nursing Center

Zip Code:	34203				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.25011604
Medicaid Days FYE 9/30/19	35,625	Indirect Care	92.0%	92.5%	1.23166637
Total Patient Days FYE 9/30/22	41,923	Operating	86.0%	N/A	1.23166637
Medicaid Days FYE 9/30/22	30,841				
Medicaid Utilization:	73.56582 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,629,392	1,377,253	1,746,697
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/19):	101.8776	38.6597	49.0300
3. Inflated Cost Per Diem (Line 2 x Inflation):	127.3589	47.6158	60.3887
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.0816	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.2768	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	31	0.87	58,518	19.0363

	Total	Per Diem
11. Taxes:	98,646	2.3530
12. Insurance:	160,218	3.8217

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.0816
16. Budget Neutrality Adjustment:		(36.0780)

Rate Adjustment:	
17. Final Rate*	262.9875

*The Final Rate includes the \$15 Minimum Wage Increase.



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262.21

The Lilac at Bayview

Zip Code:	32084-5154				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	16,822	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	32,126	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	15,609				
Medicaid Utilization:	48.58681 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,059,108	740,162	1,002,194
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	122.4056	43.9996	59.5763
3. Inflated Cost Per Diem (Line 2 x Inflation):	157.0188	55.5372	75.1984
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	25	23	0.87	52,723	21.8465

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	48,672	1.5150

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.4021
16. Budget Neutrality Adjustment:		(36.3951)

Rate Adjustment:	
17. Final Rate*	262.2137

*The Final Rate includes the \$15 Minimum Wage Increase.



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282.89

Sunnyside Nursing Home

Zip Code:	34232	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.27530471
Beds:	60		92.0%	92.5%	1.25490778
Medicaid Days FYE 12/31/18	9,975		86.0%	N/A	1.25490778
Total Patient Days FYE 12/31/22	19,629		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/22	7,043				
Medicaid Utilization:	35.88058 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,589,308	439,025	984,233
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	159.3291	44.0125	98.6699
3. Inflated Cost Per Diem (Line 2 x Inflation):	203.1931	55.2316	123.8217
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	6	0.87	63,967	33.0892

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	135,598	6.9080

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.7770
16. Budget Neutrality Adjustment:		(38.7589)

Rate Adjustment:	
17. Final Rate*	282.8883

*The Final Rate includes the \$15 Minimum Wage Increase.



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279.43

Tampa Lakes Health and Rehabilitation Center

Zip Code:	33549			
Peer Group:	North		Price	Floor
Beds:	179	Direct Care	100.0%	95.0%
Medicaid Days FYE 8/31/19	24,228	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	51,369	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	31,786			
Medicaid Utilization:	61.87779 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,228,373	1,119,408	1,346,463
2. Cost Per Diem (Line 1 / Medicaid Days 8/31/19):	133.2496	46.2030	55.5746
3. Inflated Cost Per Diem (Line 2 x Inflation):	166.8645	57.0181	68.5833
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.5	25.8795

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	6	6	0.88	96,310	33.4492

	Total	Per Diem
11. Taxes:	254,673	4.9577
12. Insurance:	54,907	1.0688

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.9752
16. Budget Neutrality Adjustment:		(38.6848)

Rate Adjustment:	
17. Final Rate*	279.4262

*The Final Rate includes the \$15 Minimum Wage Increase.



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282.40

Miracle Hill Nursing And Rehabilitation Centers, Inc.

Zip Code:	32304				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.29075005
Medicaid Days FYE 6/30/18	30,482	Indirect Care	92.0%	92.5%	1.27259702
Total Patient Days FYE 6/30/21	26,241	Operating	86.0%	N/A	1.27259702
Medicaid Days FYE 6/30/21	21,043				
Medicaid Utilization:	80.19130 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,122,041	944,692	1,615,518
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/18):	102.4224	30.9917	52.9990
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.2017	39.4400	67.4464
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	32.5	39.1201

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	24	0.88	44,993	18.6503

	Total	Per Diem
11. Taxes:	727	0.0277
12. Insurance:	71,151	2.7114

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.2222
16. Budget Neutrality Adjustment:		(36.1149)

Rate Adjustment:	
17. Final Rate*	282.3974

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 203122-00 2023/10
260.55

Avante at Leesburg

Zip Code:	34748			
Peer Group:	North		Price	Floor
Beds:	116	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	23,828	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	36,360	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	26,230			
Medicaid Utilization:	72.13971 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,769,915	828,564	1,513,235
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	116.2462	34.7727	63.5065
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.2493	43.6365	79.6949
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	58	33	0.89	34,478	14.4167

	Total	Per Diem
11. Taxes:	30,195	0.8304
12. Insurance:	55,864	1.5364

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.5740
16. Budget Neutrality Adjustment:		(35.4605)

Rate Adjustment:	
17. Final Rate*	260.5478

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 203165-00 2023/10
284.52

Villa Maria Nursing & Rehabilitation Center

Zip Code:	33161				
Peer Group:	South				
Beds:	212	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	52,837	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/22	70,437	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/22	47,806				
Medicaid Utilization:	67.87058 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	6,791,284	2,247,388	3,305,220
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	128.5327	42.5343	62.5550
3. Inflated Cost Per Diem (Line 2 x Inflation):	164.8785	53.6877	78.9581
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	2	0.89	99,385	33.3306

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	167,394	2.3765

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.3675
16. Budget Neutrality Adjustment:		(40.9824)

Rate Adjustment:	
17. Final Rate*	284.5151

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 203203-00 2023/10
291.10

Glades Health Care Center

Zip Code:	33476				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.30120764
Medicaid Days FYE 2/28/18	26,418	Indirect Care	92.0%	92.5%	1.28431236
Total Patient Days FYE 2/28/22	20,149	Operating	86.0%	N/A	1.28431236
Medicaid Days FYE 2/28/22	15,033				
Medicaid Utilization:	74.60916 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,323,317	1,120,915	1,570,052
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/18):	125.7974	42.4299	59.4311
3. Inflated Cost Per Diem (Line 2 x Inflation):	163.6886	54.4933	76.3281
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.5	34.3053

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	27	0.84	31,474	15.7234

	Total	Per Diem
11. Taxes:	6,191	0.3072
12. Insurance:	72,452	3.5958

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.1506
16. Budget Neutrality Adjustment:		(38.6975)

Rate Adjustment:	
17. Final Rate*	291.1043

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

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267.53

Avante at Inverness			
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Zip Code:	34452			
Peer Group:	North		Price	Floor
Beds:	104	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	22,915	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	34,220	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	23,987			1.27530471
Medicaid Utilization:	70.09643 %			1.25490778
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,719,830	653,354	1,330,786
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	118.6921	28.5120	58.0748
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.3686	35.7800	72.8786
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.5	28.2869

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	40	0.87	33,106	11.6123

	Total	Per Diem
11. Taxes:	185,236	5.4130
12. Insurance:	76,172	2.2259

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.0218
16. Budget Neutrality Adjustment:		(35.8111)

Rate Adjustment:	
17. Final Rate*	267.5294

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

0 203238-00 2023/10
264.79

Avante at Lake Worth

Zip Code:	33460-6013				
Peer Group:	South				
Beds:	138	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	22,946	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	34,575	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	24,567				
Medicaid Utilization:	71.05423 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,687,464	878,593	1,625,251
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	160.7018	38.2895	70.8293
3. Inflated Cost Per Diem (Line 2 x Inflation):	204.9437	48.0499	88.8843
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	36	0.84	44,794	12.6314

	Total	Per Diem
11. Taxes:	114,287	3.3054
12. Insurance:	88,309	2.5541

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	1279	10.4123
15. Quality Assess-Medicaid Share:		21.7032
16. Budget Neutrality Adjustment:		(38.5362)

Rate Adjustment:	
17. Final Rate*	264.7897

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

0 203327-00 2023/10
292.92

The Palace at Kendall Nursing and Rehab Center

Zip Code:	33173				
Peer Group:	South				
Beds:	180	Direct Care	100.0%	95.0%	1.30393797
Medicaid Days FYE 1/31/18	36,357	Indirect Care	92.0%	92.5%	1.28678308
Total Patient Days FYE 1/31/22	55,471	Operating	86.0%	N/A	1.28678308
Medicaid Days FYE 1/31/22	29,283				
Medicaid Utilization:	52.78975 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,117,201	1,296,107	1,994,520
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	113.2436	35.6494	54.8593
3. Inflated Cost Per Diem (Line 2 x Inflation):	147.6627	45.8731	70.5920
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	5	0.89	64,752	25.1931

	Total	Per Diem
11. Taxes:	188,771	3.4030
12. Insurance:	105,212	1.8967

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.8534
16. Budget Neutrality Adjustment:		(40.2415)

Rate Adjustment:	
17. Final Rate*	292.9165

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

0 203599-00 2023/10
268.51

The Manor at Carpenter's

Zip Code:	33809				
Peer Group:	North				
Beds:	72	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	5,400	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	19,995	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	4,910				
Medicaid Utilization:	24.55614 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	835,475	217,161	294,292
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	154.7175	40.2150	54.4985
3. Inflated Cost Per Diem (Line 2 x Inflation):	197.3120	50.4661	68.3906
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	35.0	42.1294

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	18	0.87	34,945	26.4032

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	93,857	4.6940

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.4943)

Rate Adjustment:	
17. Final Rate*	268.5128

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 203769-00 2023/10
242.31

John Knox Village Of Florida

Zip Code:	33060-7678				
Peer Group:	South				
Beds:	194	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	4,298	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	56,315	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	3,830				
Medicaid Utilization:	6.80103 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	711,903	109,666	368,827
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	165.6358	25.5155	85.8136
3. Inflated Cost Per Diem (Line 2 x Inflation):	216.4321	32.8961	110.6359
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	6.1122	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	36.0590	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	12	0.89	145,982	30.7791

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	284,434	5.0507

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(40.1314)

Rate Adjustment:	
17. Final Rate*	242.3056

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 203815-00 2023/10
255.67

Westminster Towers And Shores Of Bradenton

Zip Code:	34205				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.26578327
Medicaid Days FYE 3/31/19	21,298	Indirect Care	92.0%	92.5%	1.24726680
Total Patient Days FYE 3/31/22	36,811	Operating	86.0%	N/A	1.24726680
Medicaid Days FYE 3/31/22	17,124				
Medicaid Utilization:	46.51870 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,992,963	973,278	1,045,783
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	140.5278	45.6980	49.1024
3. Inflated Cost Per Diem (Line 2 x Inflation):	177.8778	56.9977	61.2437
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.5	35.5090

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	27	0.87	65,675	22.7086

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	41,839	1.1365

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(36.4639)

Rate Adjustment:	
17. Final Rate*	255.6709

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 204072-00 2023/10
244.87

Mease Continuing Care

Zip Code:	34698-6600			
Peer Group:	North		Price	Floor
Beds:	100	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	19,614	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	15,204	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	6,572			
Medicaid Utilization:	43.22547 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,606,504	693,420	1,093,877
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	132.8899	35.3533	55.7702
3. Inflated Cost Per Diem (Line 2 x Inflation):	173.6438	45.5795	71.9022
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	11	0.88	35,366	22.3680

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	65,705	4.3215

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(36.8680)

Rate Adjustment:	
17. Final Rate*	244.8704

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 204170-00 2023/10
294.41

The Legacy at Boca Raton Rehabilitation and Nursing Center

Zip Code:	33433				
Peer Group:	South				
Beds:	180	Direct Care	100.0%	95.0%	1.48256175
Medicaid Days FYE 2/28/10	30,255	Indirect Care	92.0%	92.5%	1.50821424
Total Patient Days FYE 2/28/21	51,748	Operating	86.0%	N/A	1.50821424
Medicaid Days FYE 2/28/21	26,065				
Medicaid Utilization:	50.36910 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,951,171	1,006,012	1,315,189
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/10):	130.5956	33.2510	43.4701
3. Inflated Cost Per Diem (Line 2 x Inflation):	193.6160	50.1497	65.5622
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	1	0.84	80,275	30.8907

	Total	Per Diem
11. Taxes:	198,702	3.8398
12. Insurance:	246,923	4.7716

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.0234
16. Budget Neutrality Adjustment:		(41.5217)

Rate Adjustment:	
17. Final Rate*	294.4083

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 204305-00 2023/10
268.93

Life Care Center of Port St. Lucie

Zip Code:	34952-7701				
Peer Group:	North				
Beds:	123	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	11,075	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	37,283	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	17,007				
Medicaid Utilization:	45.61596 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,367,186	468,124	609,647
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	123.4479	42.2685	55.0471
3. Inflated Cost Per Diem (Line 2 x Inflation):	161.3062	54.4950	70.9699
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	13	0.84	58,250	27.2296

	Total	Per Diem
11. Taxes:	175,562	4.7089
12. Insurance:	73,819	1.9799

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.0596
16. Budget Neutrality Adjustment:		(37.8952)

Rate Adjustment:	
17. Final Rate*	268.9281

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 204391-00 2023/10
272.44

Olds Hall Good Samaritan

Zip Code:	32114			
Peer Group:	North		Price	Floor
Beds:	100	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	22,779	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	22,877	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	16,544			
Medicaid Utilization:	72.31717 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,572,466	781,243	1,319,660
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	112.9314	34.2966	57.9331
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.0220	43.0391	72.7008
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	51	7	0.88	40,326	26.9116

	Total	Per Diem
11. Taxes:	50	0.0021
12. Insurance:	55,064	2.4069

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		26.5131
16. Budget Neutrality Adjustment:		(37.2419)

Rate Adjustment:	
17. Final Rate*	272.4371

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 204625-00 2023/10
271.17

Tri-County Nursing Home

Zip Code:	32693				
Peer Group:	North				
Beds:	81	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	17,624	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	24,589	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	11,811				
Medicaid Utilization:	48.03367 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,708,009	544,966	1,149,517
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	96.9138	30.9218	65.2245
3. Inflated Cost Per Diem (Line 2 x Inflation):	120.6048	37.9129	79.9711
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.8356	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.5228	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	15	0.87	47,467	28.6404

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	75,407	3.0666

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.8549
16. Budget Neutrality Adjustment:		(36.0413)

Rate Adjustment:	
17. Final Rate*	271.1691

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 205303-00 2023/10
244.45

KISSIMMEE GOOD SAMARITAN

Zip Code:	34746			
Peer Group:	North		Price	Floor
Beds:	170	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	38,862	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	44,504	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	30,551			
Medicaid Utilization:	68.64776 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,352,138	1,264,589	2,053,892
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	111.9895	32.5405	52.8509
3. Inflated Cost Per Diem (Line 2 x Inflation):	142.8208	40.8353	66.3230
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	44	9	0.89	63,316	24.4853

	Total	Per Diem
11. Taxes:	9,306	0.2091
12. Insurance:	44,858	1.0079

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.6922
16. Budget Neutrality Adjustment:		(36.7277)

Rate Adjustment:	
17. Final Rate*	244.4473

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 205460-00 2023/10
265.17

Finnish-American Village

Zip Code:	33461				
Peer Group:	South				
Beds:	45	Direct Care	100.0%	95.0%	1.25658957
Medicaid Days FYE 6/30/19	10,152	Indirect Care	92.0%	92.5%	1.23890989
Total Patient Days FYE 6/30/22	15,657	Operating	86.0%	N/A	1.23890989
Medicaid Days FYE 6/30/22	10,613				
Medicaid Utilization:	67.78438 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,171,548	251,451	636,124
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/19):	115.4007	24.7686	62.6599
3. Inflated Cost Per Diem (Line 2 x Inflation):	145.0113	30.6860	77.6300
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	8.3223	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	33.8489	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	49	12	0.84	32,902	27.5121

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	32,873	2.0995

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.9338)

Rate Adjustment:	
17. Final Rate*	265.1673

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 205745-00 2023/10
263.66

Health Center at Abbey Delray

Zip Code:	33445			
Peer Group:	South		Price	Floor
Beds:	100	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/16	8,003	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	33,728	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	10,344			1.33840457
Medicaid Utilization:	30.66888 %			1.32392297
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,431,267	385,743	555,579
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	178.8413	48.1998	69.4213
3. Inflated Cost Per Diem (Line 2 x Inflation):	239.3620	63.8128	91.9085
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	44	20	0.84	60,950	24.6545

	Total	Per Diem
11. Taxes:	79,365	2.3530
12. Insurance:	102,816	3.0483

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(40.1795)

Rate Adjustment:	
17. Final Rate*	263.6606

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 205796-00 2023/10
249.74

The Commons at Orlando Lutheran Towers

Zip Code:	32801-3560
Peer Group:	North
Beds:	168
Medicaid Days FYE 12/31/17	21,509
Total Patient Days FYE 12/31/20	55,164
Medicaid Days FYE 12/31/20	27,260
Medicaid Utilization:	49.41629 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.30667404
Indirect Care	92.0%	92.5%	1.28925856
Operating	86.0%	N/A	1.28925856
2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,413,232	820,270	1,324,490
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	112.1963	38.1361	61.5784
3. Inflated Cost Per Diem (Line 2 x Inflation):	146.6041	49.1673	79.3904
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	25	18	0.89	78,596	26.0553

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	0	0.0000

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(36.7779)

Rate Adjustment:	
17. Final Rate*	249.7429

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 205800-00 2023/10
295.24

St. John's Nursing Center

Zip Code:	33311				
Peer Group:	South				
Beds:	181	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	46,433	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/22	57,650	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/22	36,735				
Medicaid Utilization:	63.72073 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,999,924	2,374,496	3,302,861
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	129.2168	51.1381	71.1317
3. Inflated Cost Per Diem (Line 2 x Inflation):	165.7560	64.5475	89.7839
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	4	0.87	76,363	29.0404

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	67,332	1.1679

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.2188
16. Budget Neutrality Adjustment:		(40.2011)

Rate Adjustment:	
17. Final Rate*	295.2415

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 205923-00 2023/10
275.93

Lourdes-Noreen Mckeen Residence

Zip Code:	33401			
Peer Group:	South		Price	Floor
Beds:	132	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/19	27,593	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	33,667	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	19,365			1.22608988
Medicaid Utilization:	57.51923 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,506,794	1,095,206	2,144,968
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	163.3310	39.6914	77.7359
3. Inflated Cost Per Diem (Line 2 x Inflation):	203.2581	48.6652	95.3112
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

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

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	1	0.84	115,159	34.4007

	Total	Per Diem
11. Taxes:	1,295	0.0384
12. Insurance:	355,595	10.5621

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.5152
16. Budget Neutrality Adjustment:		(42.3030)

Rate Adjustment:	
17. Final Rate*	275.9328

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 206300-00 2023/10
277.03

Suwannee Valley Nursing Center

Zip Code:	32052-5874			
Peer Group:	North		Price	Floor
Beds:	60	Direct Care	100.0%	95.0%
Medicaid Days FYE 8/31/18	17,632	Indirect Care	92.0%	92.5%
Total Patient Days FYE 8/31/21	19,817	Operating	86.0%	N/A
Medicaid Days FYE 8/31/21	16,069			
Medicaid Utilization:	81.08695 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,249,248	653,937	977,039
2. Cost Per Diem (Line 1 / Medicaid Days 8/31/18):	127.5662	37.0880	55.4128
3. Inflated Cost Per Diem (Line 2 x Inflation):	163.9771	46.9412	70.1343
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	54	3	0.87	21,725	25.4109

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	25,128	1.2680

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.1410
16. Budget Neutrality Adjustment:		(36.8665)

Rate Adjustment:	
17. Final Rate*	277.0300

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 206431-00 2023/10
260.52

Morton Plant Rehabilitation Center

Zip Code:	33756				
Peer Group:	North				
Beds:	126	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	9,124	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	30,391	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	9,437				
Medicaid Utilization:	31.05196 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,673,413	394,164	1,007,496
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	183.4078	43.2007	110.4226
3. Inflated Cost Per Diem (Line 2 x Inflation):	233.9008	54.2130	138.5702
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	31	0.89	53,714	18.2150

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	0	0.0000

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		13.8942
16. Budget Neutrality Adjustment:		(35.6639)

Rate Adjustment:	
17. Final Rate*	260.5219

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 206521-00 2023/10
263.00

St Andrews Estates

Zip Code:	33433	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	South		100.0%	95.0%	1.30667404
Beds:	89		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	11,420		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/21	23,616		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	7,407				
Medicaid Utilization:	31.36433 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,800,978	456,973	736,656
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	157.7038	40.0151	64.5057
3. Inflated Cost Per Diem (Line 2 x Inflation):	206.0675	51.5898	83.1646
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	46	34	0.84	69,405	18.6175

	Total	Per Diem
11. Taxes:	71,886	3.0439
12. Insurance:	30,922	1.3093

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(39.1727)

Rate Adjustment:	
17. Final Rate*	262.9988

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 206610-00 2023/10
271.43

The Waterford			
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Zip Code:	33408			
Peer Group:	South		Price	Floor
Beds:	60	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/16	2,596	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	19,560	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	3,623			1.33840457
Medicaid Utilization:	18.52249 %			1.32392297
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	509,733	137,172	219,504
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	196.3532	52.8397	84.5546
3. Inflated Cost Per Diem (Line 2 x Inflation):	262.8000	69.9557	111.9439
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	12	0.84	42,299	29.1396

	Total	Per Diem
11. Taxes:	52,257	2.6716
12. Insurance:	115,309	5.8951

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(41.2665)

Rate Adjustment:	
17. Final Rate*	271.4276

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 206865-00 2023/10
266.94

Abbey Delray South			
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Zip Code:	33445			
Peer Group:	South		Price	Floor
Beds:	90	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/16	9,094	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	24,338	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	3,991			1.33840457
Medicaid Utilization:	16.39822 %			1.32392297
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,622,120	505,218	611,211
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	178.3725	55.5550	67.2103
3. Inflated Cost Per Diem (Line 2 x Inflation):	238.7346	73.5506	88.9813
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	35	0.84	28,358	12.9749

	Total	Per Diem
11. Taxes:	40,027	1.6446
12. Insurance:	75,974	3.1216

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.4297)

Rate Adjustment:	
17. Final Rate*	266.9381

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 207381-00 2023/10
311.43

Joseph L Morse Geriatric Center Inc

Zip Code:	33417-8023				
Peer Group:	South				
Beds:	170	Direct Care	100.0%	95.0%	1.25964669
Medicaid Days FYE 5/31/19	55,920	Indirect Care	92.0%	92.5%	1.24168928
Total Patient Days FYE 5/31/22	53,711	Operating	86.0%	N/A	1.24168928
Medicaid Days FYE 5/31/22	28,327				
Medicaid Utilization:	52.73966 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	8,106,569	2,217,278	3,580,558
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	144.9672	39.6508	64.0300
3. Inflated Cost Per Diem (Line 2 x Inflation):	182.6075	49.2340	79.5053
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	40.0	48.1479

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	3	0.84	240,507	33.4441

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	70,342	1.3096

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.6567
16. Budget Neutrality Adjustment:		(40.8470)

Rate Adjustment:	
17. Final Rate*	311.4307

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 207446-00 2023/10
274.50

Taylor Care Center, Inc.

Zip Code:	32217			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 8/31/18	24,974	Indirect Care	92.0%	92.5%
Total Patient Days FYE 8/31/22	26,059	Operating	86.0%	N/A
Medicaid Days FYE 8/31/22	13,553			
Medicaid Utilization:	52.00890 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,815,081	698,092	1,612,289
2. Cost Per Diem (Line 1 / Medicaid Days 8/31/18):	112.7204	27.9527	64.5587
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.8940	35.3789	81.7099
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.2825	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.2704	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	11	0.87	46,198	23.9485

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	16,404	0.6294

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.4587
16. Budget Neutrality Adjustment:		(36.5278)

Rate Adjustment:	
17. Final Rate*	274.4974

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 207497-00 2023/10
277.73

Sunrise Health And Rehabilitation Center

Zip Code:	33351-4722						
Peer Group:	South		Direct Care	Price	Floor	Inflation	
Beds:	325			100.0%	95.0%	1.27530471	
Medicaid Days FYE 12/31/18	38,523			Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	52,911			Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	26,559						
Medicaid Utilization:	50.19561 %	2023 Cost per Square Foot:			\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,101,554	1,300,837	2,231,951
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	106.4702	33.7678	57.9381
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.7820	42.3754	72.7070
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.9210	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	143.1874	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	27	0.87	82,774	16.2435

	Total	Per Diem
11. Taxes:	340,390	6.4332
12. Insurance:	222,813	4.2110

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.8007
16. Budget Neutrality Adjustment:		(39.0301)

Rate Adjustment:	
17. Final Rate*	277.7252

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 207683-00 2023/10
255.83

Lakeside Health Center

Zip Code:	33407				
Peer Group:	South				
Beds:	107	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	27,804	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	34,041	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	27,457				
Medicaid Utilization:	80.65862 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,122,332	717,876	1,360,747
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	112.2979	25.8191	48.9406
3. Inflated Cost Per Diem (Line 2 x Inflation):	143.2140	32.4006	61.4160
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	6.6077	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	35.5635	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	23	0.84	28,780	17.0976

	Total	Per Diem
11. Taxes:	131,961	3.8765
12. Insurance:	39,007	1.1458

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.7162
16. Budget Neutrality Adjustment:		(38.1130)

Rate Adjustment:	
17. Final Rate*	255.8349

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 208433-00 2023/10
245.40

The Bristol at Tampa Rehabilitation and Nursing Center LLC

Zip Code:	33612-3770				
Peer Group:	North				
Beds:	266	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	67,311	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/19	79,269	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/19	63,862				
Medicaid Utilization:	80.56365 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	6,489,164	2,196,976	2,718,559
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	96.4056	32.6391	40.3880
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.9466	40.9591	50.6832
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.4938	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.8645	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.5	30.6942

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	24	0.88	79,362	17.4925

	Total	Per Diem
11. Taxes:	311,515	3.9298
12. Insurance:	66,617	0.8403

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.1842
16. Budget Neutrality Adjustment:		(35.0321)

Rate Adjustment:	
17. Final Rate*	245.3957

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 208442-00 2023/10
285.48

Marion & Bernard L. Samson Nursing Center			
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Zip Code:	33710			
Peer Group:	North		Price	Floor
Beds:	180	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	35,304	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	44,951	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	29,404			1.28925856
Medicaid Utilization:	65.41345 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,979,121	1,917,829	2,239,237
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	141.0356	54.3232	63.4272
3. Inflated Cost Per Diem (Line 2 x Inflation):	184.2875	70.0367	81.7741
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	2	0.89	99,004	35.8292

	Total	Per Diem
11. Taxes:	3,300	0.0734
12. Insurance:	135,613	3.0169

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.8860
16. Budget Neutrality Adjustment:		(38.6058)

Rate Adjustment:	
17. Final Rate*	285.4801

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 208485-00 2023/10
257.89

Jupiter Medical Center Pavilion Inc.

Zip Code:	33458-7297			
Peer Group:	South		Price	Floor
Beds:	90	Direct Care	100.0%	95.0%
Medicaid Days FYE 9/30/17	10	Indirect Care	92.0%	92.5%
Total Patient Days FYE 9/30/20	3,849	Operating	86.0%	N/A
Medicaid Days FYE 9/30/20	1			1.29808728
Medicaid Utilization:	0.02598 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,635	595	1,015
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/17):	163.5000	59.5000	101.5000
3. Inflated Cost Per Diem (Line 2 x Inflation):	215.0666	77.2361	131.7558
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	46	40	0.84	0	11.2571

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	0	0.0000

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		6.1440
16. Budget Neutrality Adjustment:		(37.5083)

Rate Adjustment:	
17. Final Rate*	257.8898

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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0 208507-00 2023/10
268.13

Claridge House Nursing and Rehabilitation Center

Zip Code:	33161				
Peer Group:	South				
Beds:	240	Direct Care	100.0%	95.0%	1.36075401
Medicaid Days FYE 2/29/16	66,014	Indirect Care	92.0%	92.5%	1.34992868
Total Patient Days FYE 2/28/21	69,391	Operating	86.0%	N/A	1.34992868
Medicaid Days FYE 2/28/21	52,265				
Medicaid Utilization:	75.31957 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	8,361,521	1,936,317	2,817,233
2. Cost Per Diem (Line 1 / Medicaid Days 2/29/16):	126.6628	29.3319	42.6763
3. Inflated Cost Per Diem (Line 2 x Inflation):	172.3569	39.5959	57.6099
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	25	0.89	69,173	17.3149

	Total	Per Diem
11. Taxes:	201,378	2.9020
12. Insurance:	234,874	3.3847

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	59	0.2257
15. Quality Assess-Medicaid Share:		3.1582
16. Budget Neutrality Adjustment:		(39.2624)

Rate Adjustment:	
17. Final Rate*	268.1278

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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0 208540-00 2023/10
253.76

Westminster Towers

Zip Code:	32801				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.26578327
Medicaid Days FYE 3/31/19	19,549	Indirect Care	92.0%	92.5%	1.24726680
Total Patient Days FYE 3/31/22	34,462	Operating	86.0%	N/A	1.24726680
Medicaid Days FYE 3/31/22	21,299				
Medicaid Utilization:	61.80431 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,415,519	985,125	1,138,537
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	123.5622	50.3926	58.2401
3. Inflated Cost Per Diem (Line 2 x Inflation):	156.4030	62.8530	72.6410
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	8	0.89	43,311	24.1526

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	33,568	0.9740

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(36.6459)

Rate Adjustment:	
17. Final Rate*	253.7610

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 209325-00 2023/10
252.32

The Terrace at Courtenay Springs

Zip Code:	32952-3804				
Peer Group:	North		Price	Floor	Inflation
Beds:	96	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	13,287	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	20,746	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	10,671				
Medicaid Utilization:	51.43642 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,404,435	456,657	984,760
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	180.9614	34.3687	74.1145
3. Inflated Cost Per Diem (Line 2 x Inflation):	232.1327	43.3808	93.5488
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	18	0.91	70,626	28.3407

	Total	Per Diem
11. Taxes:	60,874	2.9342
12. Insurance:	74,026	3.5682

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.7277
16. Budget Neutrality Adjustment:		(38.0266)

Rate Adjustment:	
17. Final Rate*	252.3248

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 209422-00 2023/10
252.34

Westminster Communities of Bradenton Westminster Manor

Zip Code:	34205			
Peer Group:	North		Price	Floor
Beds:	59	Direct Care	100.0%	95.0%
Medicaid Days FYE 3/31/19	8,242	Indirect Care	92.0%	92.5%
Total Patient Days FYE 3/31/22	19,047	Operating	86.0%	N/A
Medicaid Days FYE 3/31/22	9,582			
Medicaid Utilization:	50.30713 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,068,224	477,614	507,483
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	129.6073	57.9487	61.5727
3. Inflated Cost Per Diem (Line 2 x Inflation):	164.0548	72.2776	76.7977
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.5	30.6942

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	61	4	0.87	19,610	24.4035

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	22,294	1.1704

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(36.7095)

Rate Adjustment:	
17. Final Rate*	252.3392

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 209473-00 2023/10
269.19

St. Anne's Nursing Center

Zip Code:	33177				
Peer Group:	South			Price	Floor
Beds:	213	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	48,370	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/22	65,034	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/22	44,509				
Medicaid Utilization:	68.43959 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	6,138,635	2,411,444	3,295,510
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	126.9099	49.8541	68.1312
3. Inflated Cost Per Diem (Line 2 x Inflation):	162.7968	62.9268	85.9966
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	3	0.89	97,635	32.5386

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	104,358	1.6046

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.0892
16. Budget Neutrality Adjustment:		(40.7602)

Rate Adjustment:	
17. Final Rate*	269.1916

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 209511-00 2023/10
272.92

The Terrace at Bishop's Glenn

Zip Code:	32117-3100			
Peer Group:	North		Price	Floor
Beds:	60	Direct Care	100.0%	95.0%
Medicaid Days FYE 9/30/18	6,916	Indirect Care	92.0%	92.5%
Total Patient Days FYE 9/30/21	12,566	Operating	86.0%	N/A
Medicaid Days FYE 9/30/21	5,298			
Medicaid Utilization:	42.16139 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	977,088	309,904	546,549
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	141.2793	44.8097	79.0267
3. Inflated Cost Per Diem (Line 2 x Inflation):	181.2295	56.5597	99.7491
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	8	0.88	19,400	23.2289

	Total	Per Diem
11. Taxes:	44,862	3.5701
12. Insurance:	32,351	2.5744

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.7333
16. Budget Neutrality Adjustment:		(37.2494)

Rate Adjustment:	
17. Final Rate*	272.9155

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 209848-00 2023/10
259.56

Westminster Winter Park

Zip Code:	32792-5469				
Peer Group:	North			Price	Floor
Bed:	80	Direct Care	100.0%	95.0%	1.26578327
Medicaid Days FYE 3/31/19	14,140	Indirect Care	92.0%	92.5%	1.24726680
Total Patient Days FYE 3/31/22	26,753	Operating	86.0%	N/A	1.24726680
Medicaid Days FYE 3/31/22	15,156				
Medicaid Utilization:	56.65159 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,868,452	853,856	782,087
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	132.1394	60.3858	55.3102
3. Inflated Cost Per Diem (Line 2 x Inflation):	167.2599	75.3172	68.9866
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	57	0	0.89	34,065	31.1023

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	96,145	3.5938

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.0057)

Rate Adjustment:	
17. Final Rate*	259.5634

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 209856-00 2023/10
277.67

Sun Terrace Health Care Center

Zip Code:	33573				
Peer Group:	North		Price	Floor	Inflation
Beds:	130	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	11,801	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	41,331	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	18,698				
Medicaid Utilization:	45.23965 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,474,777	652,932	799,056
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	124.9705	55.3285	67.7108
3. Inflated Cost Per Diem (Line 2 x Inflation):	163.2957	71.3327	87.2968
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	46	2	0.88	65,796	35.4478

	Total	Per Diem
11. Taxes:	158,587	3.8369
12. Insurance:	77,355	1.8715

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.1752
16. Budget Neutrality Adjustment:		(38.9236)

Rate Adjustment:	
17. Final Rate*	277.6698

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 210137-00 2023/10
238.08

Life Care Center of Altamonte Springs

Zip Code:	32701				
Peer Group:	North				
Beds:	228	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	57,791	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	63,742	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	48,919				
Medicaid Utilization:	76.74532 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	6,699,460	1,491,995	2,720,224
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	115.9256	25.8170	47.0700
3. Inflated Cost Per Diem (Line 2 x Inflation):	147.8405	32.3980	59.0685
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.2634	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	35.2895	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	51	24	0.89	65,521	17.6771

	Total	Per Diem
11. Taxes:	134,343	2.1076
12. Insurance:	52,618	0.8254

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.6324
16. Budget Neutrality Adjustment:		(35.5405)

Rate Adjustment:	
17. Final Rate*	238.0802

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 210188-00 2023/10
245.25

Covenant Village Care Center

Zip Code:	33324					
Peer Group:	South		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	60			100.0%	95.0%	1.33533722
Medicaid Days FYE 1/31/17	4,947			92.0%	92.5%	1.32100729
Total Patient Days FYE 9/30/22	18,522			86.0%	N/A	1.32100729
Medicaid Days FYE 9/30/22	5,217					
Medicaid Utilization:	28.16650 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	709,045	249,800	344,866
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/17):	143.3282	50.4952	69.7121
3. Inflated Cost Per Diem (Line 2 x Inflation):	191.3915	66.7045	92.0902
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	11.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	2	0.87	27,512	32.3149

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	15,472	0.8353

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(40.6191)

Rate Adjustment:	
17. Final Rate*	245.2505

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 210463-00 2023/10
261.48

Village on the Isle			
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Zip Code:	34285	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.27530471
Beds:	60		92.0%	92.5%	1.25490778
Medicaid Days FYE 12/31/18	4,757		86.0%	N/A	1.25490778
Total Patient Days FYE 12/31/21	18,152				
Medicaid Days FYE 12/31/21	3,296				
Medicaid Utilization:	18.15778 %	2023 Cost per Square Foot:		\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	843,987	295,051	450,606
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	177.4200	62.0245	94.7248
3. Inflated Cost Per Diem (Line 2 x Inflation):	226.2645	77.8351	118.8709
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	33.0	39.7220

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	3	0.87	21,873	25.7102

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	0	0.0000

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(36.7289)

Rate Adjustment:	
17. Final Rate*	261.4838

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 210587-00 2023/10
280.37

Healthpark Care Center

Zip Code:	33908-3634	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.28277469
Beds:	112		92.0%	92.5%	1.26221982
Medicaid Days FYE 9/30/18	13,685		86.0%	N/A	1.26221982
Total Patient Days FYE 9/30/22	30,092				
Medicaid Days FYE 9/30/22	9,588				
Medicaid Utilization:	31.86229 %		2023 Cost per Square Foot: \$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,583,509	675,123	1,496,822
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	188.7839	49.3330	109.3768
3. Inflated Cost Per Diem (Line 2 x Inflation):	242.1673	62.2691	138.0576
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	32.0	38.5183

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	8	0.87	43,767	25.4626

	Total	Per Diem
11. Taxes:	2,623	0.0871
12. Insurance:	22,760	0.7563

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.5783
16. Budget Neutrality Adjustment:		(36.8135)

Rate Adjustment:	
17. Final Rate*	280.3697

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 210676-00 2023/10
285.89

Avante At Boca Raton			
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Zip Code:	33486			
Peer Group:	South		Price	Floor
Beds:	144	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	21,981	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	36,212	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	25,088			1.27530471
Medicaid Utilization:	69.28090 %			1.25490778
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,466,137	757,294	1,852,407
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	157.6878	34.4522	84.2730
3. Inflated Cost Per Diem (Line 2 x Inflation):	201.1000	43.2343	105.7549
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	1	0.84	37,574	24.6558

	Total	Per Diem
11. Taxes:	108,252	2.9893
12. Insurance:	65,861	1.8187

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.9305
16. Budget Neutrality Adjustment:		(40.0953)

Rate Adjustment:	
17. Final Rate*	285.8887

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 210684-00 2023/10
284.91

The Edgewater at Waterman Village

Zip Code:	32757-9562			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 9/30/18	13,840	Indirect Care	92.0%	92.5%
Total Patient Days FYE 9/30/22	29,401	Operating	86.0%	N/A
Medicaid Days FYE 9/30/22	11,136			
Medicaid Utilization:	37.87626 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,044,811	694,040	748,754
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	147.7464	50.1473	54.1007
3. Inflated Cost Per Diem (Line 2 x Inflation):	189.5254	63.2970	68.2870
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	2	0.89	56,467	33.8306

	Total	Per Diem
11. Taxes:	84,012	2.8574
12. Insurance:	71,814	2.4425

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.7273
16. Budget Neutrality Adjustment:		(38.6358)

Rate Adjustment:	
17. Final Rate*	284.9099

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 210951-00 2023/10
231.46

Sabal Palms Health Care Center Pediatric

Zip Code:	33771				
Peer Group:	North				
Beds:	210	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	42,757	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/22	54,864	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/22	34,419				
Medicaid Utilization:	62.73513 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,705,835	1,189,050	2,405,743
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	110.0599	27.8094	56.2654
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.9647	34.0969	68.9865
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.5645	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	36.9883	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	7.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	17	0.89	120,602	27.9469

	Total	Per Diem
11. Taxes:	195,455	3.5625
12. Insurance:	155,428	2.8329

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.6362
16. Budget Neutrality Adjustment:		(37.7331)

Rate Adjustment:	
17. Final Rate*	231.4614

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 212083-00 2023/10
265.12

Westminster Woods on Julington Creek

Zip Code:	32259				
Peer Group:	North				
Beds:	60	Direct Care	100.0%	95.0%	1.26578327
Medicaid Days FYE 3/31/19	5,207	Indirect Care	92.0%	92.5%	1.24726680
Total Patient Days FYE 3/31/22	18,010	Operating	86.0%	N/A	1.24726680
Medicaid Days FYE 3/31/22	5,747				
Medicaid Utilization:	31.91005 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	724,398	295,739	364,081
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	139.1200	56.7964	69.9214
3. Inflated Cost Per Diem (Line 2 x Inflation):	176.0958	70.8402	87.2107
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.5	33.1016

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	1	0.87	32,034	35.5608

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	37,814	2.0996

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.4269)

Rate Adjustment:	
17. Final Rate*	265.1157

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 212709-00 2023/10
256.19

Suncoast Manor			
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Zip Code:	33705-6272			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 3/31/19	19,503	Indirect Care	92.0%	92.5%
Total Patient Days FYE 3/31/22	32,617	Operating	86.0%	N/A
Medicaid Days FYE 3/31/22	17,578			1.26578327
Medicaid Utilization:	53.89214 %			1.24726680
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,501,991	795,664	1,052,566
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	128.2874	40.7970	53.9694
3. Inflated Cost Per Diem (Line 2 x Inflation):	162.3841	50.8847	67.3142
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	1	0.89	55,075	33.5092

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	47,896	1.4684

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.0457)

Rate Adjustment:	
17. Final Rate*	256.1938

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 212792-00 2023/10
254.00

Good Samaritan Society-Florida Lutheran

Zip Code:	32724			
Peer Group:	North		Price	Floor
Beds:	60	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	11,378	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	18,389	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	9,451			
Medicaid Utilization:	51.39486 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,288,781	418,369	767,491
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	113.2695	36.7699	67.4539
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.4531	46.1429	84.6484
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

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

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	27	6	0.89	40,725	33.8091

	Total	Per Diem
11. Taxes:	2,984	0.1622
12. Insurance:	23,267	1.2652

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.0702
16. Budget Neutrality Adjustment:		(38.0825)

Rate Adjustment:	
17. Final Rate*	254.0048

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 212971-00 2023/10
271.48

Florida Presbyterian Homes Inc

Zip Code:	33803				
Peer Group:	North				
Beds:	68	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	2,700	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	14,999	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	5,517				
Medicaid Utilization:	36.78245 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	380,084	101,241	231,871
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	140.7718	37.4966	85.8781
3. Inflated Cost Per Diem (Line 2 x Inflation):	179.5270	47.0548	107.7691
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	6	0.87	26,346	26.0391

	Total	Per Diem
11. Taxes:	168,889	11.2600
12. Insurance:	253,473	16.8993

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(40.7768)

Rate Adjustment:	
17. Final Rate*	271.4798

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 213098-00 2023/10
279.67

Tamarac Rehabilitation and Health Center

Zip Code:	33321					
Peer Group:	South		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	19,280			92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/22	31,615			86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/22	17,326					
Medicaid Utilization:	54.80310 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,293,417	821,955	1,051,742
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	118.9531	42.6325	54.5509
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.0318	52.2713	66.8843
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	45	15	0.87	34,987	20.5009

	Total	Per Diem
11. Taxes:	106,586	3.3713
12. Insurance:	100,730	3.1861

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.9834
16. Budget Neutrality Adjustment:		(39.7535)

Rate Adjustment:	
17. Final Rate*	279.6742

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 213161-00 2023/10
271.20

Life Care Center at Wells Crossing

Zip Code:	32073				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	17,220	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	36,216	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	21,677				
Medicaid Utilization:	59.85476 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,973,967	774,688	818,815
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	114.6322	44.9876	47.5502
3. Inflated Cost Per Diem (Line 2 x Inflation):	146.1910	56.4554	59.6711
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	21	0.87	49,673	21.4850

	Total	Per Diem
11. Taxes:	82,632	2.2816
12. Insurance:	42,273	1.1672

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.2175
16. Budget Neutrality Adjustment:		(36.6186)

Rate Adjustment:	
17. Final Rate*	271.2021

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 213403-00 2023/10
276.44

Life Care Center of Orlando

Zip Code:	32817				
Peer Group:	North				
Beds:	132	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	11,071	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	32,100	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	19,655				
Medicaid Utilization:	61.23053 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,280,841	430,526	609,791
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	115.6933	38.8877	55.0800
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.1734	50.1363	71.0123
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	8	0.89	60,627	30.2685

	Total	Per Diem
11. Taxes:	107,868	3.3603
12. Insurance:	65,178	2.0304

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.8656
16. Budget Neutrality Adjustment:		(38.1425)

Rate Adjustment:	
17. Final Rate*	276.4405

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 213462-00 2023/10
284.18

Madison Health and Rehabilitation Center

Zip Code:	32340-9540				
Peer Group:	North			Price	Floor
Beds:	60	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	17,269	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	16,508	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	11,876				
Medicaid Utilization:	71.94088 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,792,311	727,411	830,583
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	103.7877	42.1223	48.0967
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.3610	52.8596	60.3570
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	35.5	42.7312

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	19	0.88	21,738	19.9139

	Total	Per Diem
11. Taxes:	30,911	1.8724
12. Insurance:	20,291	1.2291

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.9948
16. Budget Neutrality Adjustment:		(36.3460)

Rate Adjustment:	
17. Final Rate*	284.1761

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

0 213837-00 2023/10
280.42

Vi at Lakeside Village

Zip Code:	33462			
Peer Group:	South		Price	Floor
Beds:	60	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	604	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	15,969	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	1,381			1.28925856
Medicaid Utilization:	8.64801 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	105,580	29,885	89,889
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	174.8013	49.4784	148.8228
3. Inflated Cost Per Diem (Line 2 x Inflation):	228.4083	63.7905	191.8711
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.5	31.8979

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	4	0.84	28,642	31.5564

	Total	Per Diem
11. Taxes:	50,687	3.1740
12. Insurance:	35,583	2.2282

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(41.1603)

Rate Adjustment:	
17. Final Rate*	280.4158

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 213934-00 2023/10
238.08

TMH Skilled Nursing Facility

Zip Code:	32308				
Peer Group:	North				
Beds:	113	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	876	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/18	14,536	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/18	876				
Medicaid Utilization:	6.02642 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	379,302	130,916	138,015
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	432.9931	149.4474	157.5513
3. Inflated Cost Per Diem (Line 2 x Inflation):	555.4326	188.6355	198.8644
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.5	28.2869

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	51	40	0.88	0	11.7561

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	0	0.0000

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(34.7461)

Rate Adjustment:	
17. Final Rate*	238.0773

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 214035-00 2023/10
297.78

MIAMI SHORES NURSING AND REHAB CENTER

Zip Code:	33150				
Peer Group:	South				
Beds:	99	Direct Care	100.0%	95.0%	1.30393797
Medicaid Days FYE 1/31/18	24,712	Indirect Care	92.0%	92.5%	1.28678308
Total Patient Days FYE 1/31/23	32,652	Operating	86.0%	N/A	1.28678308
Medicaid Days FYE 1/31/23	22,662				
Medicaid Utilization:	69.40463 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,384,592	875,330	1,666,083
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	136.9614	35.4212	67.4199
3. Inflated Cost Per Diem (Line 2 x Inflation):	178.5892	45.5794	86.7549
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	33.0	39.7220

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	54	20	0.89	28,262	19.0497

	Total	Per Diem
11. Taxes:	64,364	1.9712
12. Insurance:	89,500	2.7410

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.8657
16. Budget Neutrality Adjustment:		(39.2851)

Rate Adjustment:	
17. Final Rate*	297.7839

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 216399-00 2023/10
282.24

Harbour's Edge

Zip Code:	33483				
Peer Group:	South				
Beds:	54	Direct Care	100.0%	95.0%	1.33840457
Medicaid Days FYE 12/31/16	661	Indirect Care	92.0%	92.5%	1.32392297
Total Patient Days FYE 12/31/22	18,318	Operating	86.0%	N/A	1.32392297
Medicaid Days FYE 12/31/22	614				
Medicaid Utilization:	3.35189 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	161,596	42,599	48,708
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	244.4720	64.4462	73.6883
3. Inflated Cost Per Diem (Line 2 x Inflation):	327.2024	85.3219	97.5577
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	9	0.84	34,500	29.6081

	Total	Per Diem
11. Taxes:	51,771	2.8262
12. Insurance:	108,905	5.9452

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(41.3622)

Rate Adjustment:	
17. Final Rate*	282.2366

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 217263-00 2023/10
260.43

Crystal River Health & Rehabilitation Center

Zip Code:	34429					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	150			100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	33,259			92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	44,557			86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	31,465					
Medicaid Utilization:	70.61741 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,532,601	715,145	1,402,196
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	106.2148	21.5023	42.1598
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.4563	26.9834	52.9067
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	8.6780	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	29.8748	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	48	10	0.87	41,499	22.2748

	Total	Per Diem
11. Taxes:	66,650	1.4958
12. Insurance:	31,909	0.7161

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.0886
16. Budget Neutrality Adjustment:		(35.3220)

Rate Adjustment:	
17. Final Rate*	260.4298

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 217395-00 2023/10
263.97

Ocala Health & Rehabilitation Center

Zip Code:	34471				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	38,922	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	59,136	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	35,313				
Medicaid Utilization:	59.71489 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,023,623	799,281	1,438,641
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	103.3765	20.5354	36.9621
3. Inflated Cost Per Diem (Line 2 x Inflation):	131.8366	25.7701	46.3840
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	9.8913	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	28.6615	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	47	2	0.87	49,118	25.1105

	Total	Per Diem
11. Taxes:	67,910	1.1483
12. Insurance:	34,687	0.5865

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.4433
16. Budget Neutrality Adjustment:		(35.4847)

Rate Adjustment:	
17. Final Rate*	263.9708

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 217727-00 2023/10
266.19

West Melbourne Health & Rehabilitation Center

Zip Code:	32904				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	29,716	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	48,834	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	24,014				
Medicaid Utilization:	49.17476 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,410,966	677,341	1,287,926
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	114.7855	22.7938	43.3411
3. Inflated Cost Per Diem (Line 2 x Inflation):	146.3864	28.6041	54.3891
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	7.0573	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	31.4956	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	44	2	0.91	48,354	26.1809

	Total	Per Diem
11. Taxes:	63,874	1.3079
12. Insurance:	30,875	0.6322

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.9295
16. Budget Neutrality Adjustment:		(36.0687)

Rate Adjustment:	
17. Final Rate*	266.1865

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 217735-00 2023/10
265.14

St Augustine Health And Rehabilitation Center

Zip Code:	32084	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.27530471
Beds:	120		92.0%	92.5%	1.25490778
Medicaid Days FYE 12/31/18	28,138		86.0%	N/A	1.25490778
Total Patient Days FYE 12/31/22	39,060		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/22	27,482				
Medicaid Utilization:	70.35842 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,313,403	707,523	1,370,891
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	117.7554	25.1447	48.7202
3. Inflated Cost Per Diem (Line 2 x Inflation):	150.1740	31.5543	61.1394
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	4.1071	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	34.4458	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	48	1	0.87	44,889	27.0878

	Total	Per Diem
11. Taxes:	45,259	1.1587
12. Insurance:	26,659	0.6825

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.2839
16. Budget Neutrality Adjustment:		(36.6026)

Rate Adjustment:	
17. Final Rate*	265.1446

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 217743-00 2023/10
264.16

Daytona Beach Health and Rehabilitation Center

Zip Code:	32117-4196				
Peer Group:	North		Price	Floor	Inflation
Beds:	180	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	39,768	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	50,235	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	37,582				
Medicaid Utilization:	74.81238 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,781,581	930,831	1,998,095
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	120.2368	23.4065	50.2437
3. Inflated Cost Per Diem (Line 2 x Inflation):	153.3386	29.3730	63.0513
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	6.2884	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	32.2645	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	47	17	0.88	51,895	20.0022

	Total	Per Diem
11. Taxes:	70,518	1.4037
12. Insurance:	67,353	1.3407

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.8498
16. Budget Neutrality Adjustment:		(35.4143)

Rate Adjustment:	
17. Final Rate*	264.1556

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 219380-00 2023/10
268.76

Life Care Center of Winter Haven

Zip Code:	33884			
Peer Group:	North		Price	Floor
Bed:	177	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	29,859	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	51,058	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	27,589			
Medicaid Utilization:	54.03463 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,572,147	1,060,431	1,503,008
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	119.6338	35.5146	50.3368
3. Inflated Cost Per Diem (Line 2 x Inflation):	152.5696	44.5675	63.1681
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	13	0.87	77,747	26.2194

	Total	Per Diem
11. Taxes:	199,909	3.9153
12. Insurance:	67,539	1.3227

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.6000
16. Budget Neutrality Adjustment:		(37.5455)

Rate Adjustment:	
17. Final Rate*	268.7554

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 221465-00 2023/10
240.25

Clermont Health and Rehabilitation Center

Zip Code:	34711			
Peer Group:	North		Price	Floor
Beds:	182	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	47,891	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	59,916	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	41,396			
Medicaid Utilization:	69.09006 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,570,053	1,563,604	2,246,461
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	116.3068	32.6492	46.9077
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.3267	40.9717	58.8649
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	23	0.89	68,970	19.3845

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	99,437	1.6596

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.4898
16. Budget Neutrality Adjustment:		(36.0659)

Rate Adjustment:	
17. Final Rate*	240.2485

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 221589-00 2023/10
274.80

Delaney Park Health and Rehabilitation Center

Zip Code:	32806			
Peer Group:	North			
Beds:	89			
Medicaid Days FYE 12/31/18	13,152			
Total Patient Days FYE 12/31/22	29,662			
Medicaid Days FYE 12/31/22	14,133			
Medicaid Utilization:	47.64682 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,350,391	558,727	928,130
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	102.6757	42.4822	70.5694
3. Inflated Cost Per Diem (Line 2 x Inflation):	130.9428	53.3113	88.5582
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.4977	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.8607	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	7	0.89	40,209	29.8267

	Total	Per Diem
11. Taxes:	3,494	0.1177
12. Insurance:	51,091	1.7224

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		15.8520
16. Budget Neutrality Adjustment:		(37.5045)

Rate Adjustment:	
17. Final Rate*	274.7970

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 223239-00 2023/10
292.83

Regents Park at Aventura

Zip Code:	33180				
Peer Group:	South				
Beds:	180	Direct Care	100.0%	95.0%	1.38334684
Medicaid Days FYE 2/28/15	18,297	Indirect Care	92.0%	92.5%	1.37315503
Total Patient Days FYE 2/28/21	53,398	Operating	86.0%	N/A	1.37315503
Medicaid Days FYE 2/28/21	32,579				
Medicaid Utilization:	61.01165 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,001,952	680,324	913,774
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/15):	109.4142	37.1822	49.9412
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.3578	51.0570	68.5770
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	7	0.89	73,136	27.3902

	Total	Per Diem
11. Taxes:	156,576	2.9322
12. Insurance:	227,868	4.2673

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.6642
16. Budget Neutrality Adjustment:		(40.8237)

Rate Adjustment:	
17. Final Rate*	292.8255

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 223644-00 2023/10
211.51

The Terrace of Kissimmee

Zip Code:	34741			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	25,945	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	42,278	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	25,630			
Medicaid Utilization:	60.62255 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,182,915	536,337	1,007,386
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	84.1362	20.6720	38.8277
3. Inflated Cost Per Diem (Line 2 x Inflation):	109.9386	26.6516	50.0590
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	21.5018	9.0098	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	116.8565	29.5431	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	19	0.89	45,481	19.5695

	Total	Per Diem
11. Taxes:	61,422	1.4528
12. Insurance:	60,532	1.4317

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.7161
16. Budget Neutrality Adjustment:		(31.9308)

Rate Adjustment:	
17. Final Rate*	211.5081

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 223653-00 2023/10
207.79

The Terrace of St. Cloud

Zip Code:	34769			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	33,029	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	41,475	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	27,445			
Medicaid Utilization:	66.17239 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,724,369	618,954	1,397,946
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	82.4841	18.7397	42.3248
3. Inflated Cost Per Diem (Line 2 x Inflation):	107.7798	24.1603	54.5676
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	23.6606	11.5011	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	114.6978	27.0518	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	12.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	19	0.89	35,338	18.5228

	Total	Per Diem
11. Taxes:	49,585	1.1955
12. Insurance:	42,139	1.0160

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.4663
16. Budget Neutrality Adjustment:		(31.0257)

Rate Adjustment:	
17. Final Rate*	207.7936

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 223654-00 2023/10
226.39

Orlando Health and Rehabilitation Center

Zip Code:	32805				
Peer Group:	North				
Beds:	391	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	94,862	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	122,372	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	82,103				
Medicaid Utilization:	67.09296 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	9,831,384	3,115,619	4,523,650
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	103.6388	32.8436	47.6866
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.1710	41.2158	59.8423
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

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

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	61	3	0.89	131,613	25.2847

	Total	Per Diem
11. Taxes:	3,691	0.0301
12. Insurance:	213,825	1.7473

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	31	0.0755
15. Quality Assess-Medicaid Share:		3.3959
16. Budget Neutrality Adjustment:		(36.9210)

Rate Adjustment:	
17. Final Rate*	226.3931

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 223808-00 2023/10
234.62

Avante At Orlando Inc.

Zip Code:	32807			
Peer Group:	North		Price	Floor
Beds:	118	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	22,498	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	26,066	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	16,235			1.27530471
Medicaid Utilization:	62.28420 %			1.25490778
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,869,640	722,808	1,346,489
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	127.5508	32.1276	59.8492
3. Inflated Cost Per Diem (Line 2 x Inflation):	162.6662	40.3172	75.1053
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	9.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	59	40	0.89	31,767	11.8809

	Total	Per Diem
11. Taxes:	31,414	1.2051
12. Insurance:	98,487	3.7783

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.4427
16. Budget Neutrality Adjustment:		(35.4720)

Rate Adjustment:	
17. Final Rate*	234.6156

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 225631-00 2023/10
295.07

Springtree Rehabilitation & Health Care Center

Zip Code:	33351-6119				
Peer Group:	South				
Beds:	110	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	18,589	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	30,234	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	14,985				
Medicaid Utilization:	49.56341 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,238,062	739,482	941,917
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	120.3971	39.7806	50.6706
3. Inflated Cost Per Diem (Line 2 x Inflation):	149.8288	48.7746	62.1267
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.5	34.3053

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	3	0.87	39,250	25.2044

	Total	Per Diem
11. Taxes:	81,330	2.6900
12. Insurance:	114,781	3.7964

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.7659
16. Budget Neutrality Adjustment:		(40.4118)

Rate Adjustment:	
17. Final Rate*	295.0697

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 225754-00 2023/10
295.07

Pinecrest Rehabilitation Center

Zip Code:	33161						
Peer Group:	South			Price	Floor	Inflation	
Beds:	100			Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	19,456			Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	28,288			Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	16,836						
Medicaid Utilization:	59.51640 %	2023 Cost per Square Foot:			\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,421,553	766,754	1,359,652
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	124.4630	39.4096	69.8834
3. Inflated Cost Per Diem (Line 2 x Inflation):	158.7283	49.4554	87.6972
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	57	3	0.89	30,408	25.2847

	Total	Per Diem
11. Taxes:	100,204	3.5422
12. Insurance:	105,290	3.7220

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.0598
16. Budget Neutrality Adjustment:		(40.5337)

Rate Adjustment:	
17. Final Rate*	295.0722

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 226017-00 2023/10
289.84

Plantation Nursing & Rehabilitation Center Pediatric

Zip Code:	33317			
Peer Group:	South			
Beds:	52			
Medicaid Days FYE 12/31/19	8,116			
Total Patient Days FYE 12/31/22	15,205			
Medicaid Days FYE 12/31/22	8,044			
Medicaid Utilization:	52.90365 %	2023 Cost per Square Foot:	\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	874,303	297,672	483,374
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	107.7258	36.6771	59.5581
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.0600	44.9694	73.0236
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.6430	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.4654	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	2	0.87	47,341	25.1131

	Total	Per Diem
11. Taxes:	22,864	1.5037
12. Insurance:	79,468	5.2264

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.7243
16. Budget Neutrality Adjustment:		(39.4895)

Rate Adjustment:	
17. Final Rate*	289.8394

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 226068-00 2023/10
279.90

Cathedral Gerontology Center Inc

Zip Code:	32202				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 9/30/18	27,290	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 9/30/21	32,069	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 9/30/21	21,764				
Medicaid Utilization:	67.86616 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,202,769	742,104	1,863,015
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/18):	117.3605	27.1932	68.2673
3. Inflated Cost Per Diem (Line 2 x Inflation):	150.5471	34.3238	86.1683
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.3376	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	37.2153	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.5	25.8795

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	1	0.87	67,000	35.5608

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	38,311	1.1946

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.9321
16. Budget Neutrality Adjustment:		(38.1082)

Rate Adjustment:	
17. Final Rate*	279.9017

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 226335-00 2023/10
284.41

Broward Nursing and Rehab Center

Zip Code:	33316	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	South		100.0%	95.0%	1.24445518
Beds:	198		92.0%	92.5%	1.22608988
Medicaid Days FYE 12/31/19	40,850		86.0%	N/A	1.22608988
Total Patient Days FYE 12/31/21	42,116		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	29,516				
Medicaid Utilization:	70.08263 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,733,433	1,638,606	2,337,077
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	115.8735	40.1127	57.2111
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.1993	49.1818	70.1460
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	58	22	0.87	63,500	18.0174

	Total	Per Diem
11. Taxes:	147,544	3.5032
12. Insurance:	152,915	3.6308

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.9508
16. Budget Neutrality Adjustment:		(39.4826)

Rate Adjustment:	
17. Final Rate*	284.4130

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 226351-00 2023/10
276.94

Ocean View Nursing & Rehabilitation Center, LLC

Zip Code:	32169				
Peer Group:	North				
Beds:	239	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	34,102	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	36,738	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	25,334				
Medicaid Utilization:	68.95857 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,091,302	1,136,054	1,696,234
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	119.9724	33.3134	49.7400
3. Inflated Cost Per Diem (Line 2 x Inflation):	149.3003	40.8452	60.9857
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	8	0.88	69,616	23.2289

	Total	Per Diem
11. Taxes:	77,053	2.0973
12. Insurance:	173,639	4.7264

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.7493
16. Budget Neutrality Adjustment:		(37.3459)

Rate Adjustment:	
17. Final Rate*	276.9401

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 226360-00 2023/10
282.60

South Heritage Health & Rehabilitation Center

Zip Code:	33705						
Peer Group:	North			Price	Floor	Inflation	
Beds:	74			Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	16,682			Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	21,566			Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	19,778						
Medicaid Utilization:	91.70917 %	2023 Cost per Square Foot:			\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,653,543	551,466	852,492
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	99.1213	33.0575	51.1025
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.5193	42.6197	65.8843
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.9211	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.4372	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	32.0	38.5183

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	57	22	0.89	18,068	18.4016

	Total	Per Diem
11. Taxes:	21,347	0.9898
12. Insurance:	98,185	4.5527

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.4804
16. Budget Neutrality Adjustment:		(36.2050)

Rate Adjustment:	
17. Final Rate*	282.5973

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 226602-00 2023/10
231.78

Treasure Isle Care Center

Zip Code:	33141			
Peer Group:	South		Price	Floor
Beds:	176	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	51,740	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	60,755	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	54,938			
Medicaid Utilization:	90.42548 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,373,161	1,533,705	2,264,510
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	103.8492	29.6425	43.7671
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.4394	37.1986	54.9236
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.2635	1.8097	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	139.8448	40.3614	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	72	24	0.89	56,973	16.8220

	Total	Per Diem
11. Taxes:	181,975	2.9952
12. Insurance:	206,324	3.3960

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.6917
16. Budget Neutrality Adjustment:		(37.7759)

Rate Adjustment:	
17. Final Rate*	231.7751

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 227251-00 2023/10
271.20

Alpine Health and Rehabilitation Center

Zip Code:	33711				
Peer Group:	North				
Beds:	57	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	16,343	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	18,080	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	15,124				
Medicaid Utilization:	83.65044 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,822,741	532,782	837,124
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	111.5303	32.6000	51.2221
3. Inflated Cost Per Diem (Line 2 x Inflation):	145.7338	42.0298	66.0386
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	62	4	0.89	15,441	24.9224

	Total	Per Diem
11. Taxes:	25,214	1.3945
12. Insurance:	61,088	3.3787

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.3562
16. Budget Neutrality Adjustment:		(37.2952)

Rate Adjustment:	
17. Final Rate*	271.2038

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 227579-00 2023/10
284.89

Wilton Manors Healthcare & Rehabilitation Center

Zip Code:	33311						
Peer Group:	South		Direct Care	Price	Floor	Inflation	
Beds:	147			100.0%	95.0%	1.30667404	
Medicaid Days FYE 12/31/17	26,898			Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/20	46,827			Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/20	29,240						
Medicaid Utilization:	62.44261 %	2023 Cost per Square Foot:			\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,048,826	1,075,742	1,761,989
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	113.3476	39.9933	65.5063
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.1084	51.5618	84.4545
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	1	0.87	57,400	28.1913

	Total	Per Diem
11. Taxes:	154,121	3.2912
12. Insurance:	94,271	2.0131

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.4721
16. Budget Neutrality Adjustment:		(40.6682)

Rate Adjustment:	
17. Final Rate*	284.8893

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 227587-00 2023/10
279.26

Rockledge Health And Rehabilitation Center

Zip Code:	32955	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.30667404	
Beds:	107		92.0%	92.5%	1.28925856	
Medicaid Days FYE 12/31/17	21,840		86.0%	N/A	1.28925856	
Total Patient Days FYE 12/31/20	31,544		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/20	18,267					
Medicaid Utilization:	57.90959 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,284,004	873,551	1,305,872
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	104.5789	39.9977	59.7926
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.6505	51.5674	77.0882
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	1	0.91	40,349	28.4575

	Total	Per Diem
11. Taxes:	57,546	1.8243
12. Insurance:	77,996	2.4726

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.3624
16. Budget Neutrality Adjustment:		(37.7298)

Rate Adjustment:	
17. Final Rate*	279.2600

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 227625-00 2023/10
283.25

Greenbriar Healthcare Rehabilitation and Nursing Center

Zip Code:	34205	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30667404
Beds:	79		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	13,105		86.0%	N/A	1.28925856
Total Patient Days FYE 1/31/23	13,880		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 1/31/23	7,929				
Medicaid Utilization:	57.12536 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,607,902	672,780	899,307
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	122.6937	51.3376	68.6231
3. Inflated Cost Per Diem (Line 2 x Inflation):	160.3207	66.1875	88.4730
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	1	0.87	32,614	28.7500

	Total	Per Diem
11. Taxes:	32,250	2.3234
12. Insurance:	37,939	2.7333

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.6396
16. Budget Neutrality Adjustment:		(37.8793)

Rate Adjustment:	
17. Final Rate*	283.2548

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 227633-00 2023/10
275.77

Apollo Healthcare & Rehabilitation Center

Zip Code:	33713	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.30667404	
Beds:	99		92.0%	92.5%	1.28925856	
Medicaid Days FYE 12/31/17	17,132		86.0%	N/A	1.28925856	
Total Patient Days FYE 12/31/20	28,410		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/20	18,816					
Medicaid Utilization:	66.23020 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,744,738	762,928	1,063,830
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	101.8408	44.5323	62.0960
3. Inflated Cost Per Diem (Line 2 x Inflation):	133.0728	57.4136	80.0578
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	2	0.89	34,309	25.6470

	Total	Per Diem
11. Taxes:	46,505	1.6369
12. Insurance:	72,948	2.5676

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.5652
16. Budget Neutrality Adjustment:		(37.3173)

Rate Adjustment:	
17. Final Rate*	275.7687

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 227641-00 2023/10
254.28

North Healthcare and Rehabilitation Center			
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Zip Code:	33705					
Peer Group:	North		Price	Floor	Inflation	
Beds:	45		Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	7,429		Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 1/31/23	8,089		Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 1/31/23	4,463					
Medicaid Utilization:	55.17369 %	2023 Cost per Square Foot:		\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	796,713	370,688	551,878
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	107.2436	49.8974	74.2869
3. Inflated Cost Per Diem (Line 2 x Inflation):	140.1324	64.3306	95.7751
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	2	0.89	12,965	24.2694

	Total	Per Diem
11. Taxes:	12,836	1.5868
12. Insurance:	21,706	2.6833

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.1309)

Rate Adjustment:	
17. Final Rate*	254.2817

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 227765-00 2023/10
279.28

Park Meadows Healthcare & Rehabilitation Center

Zip Code:	32608	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.30667404	
Beds:	148		92.0%	92.5%	1.28925856	
Medicaid Days FYE 12/31/17	35,675		86.0%	N/A	1.28925856	
Total Patient Days FYE 1/31/23	26,200		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 1/31/23	21,241					
Medicaid Utilization:	81.07252 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,727,394	1,257,459	2,120,543
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	104.4819	35.2476	59.4405
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.5238	45.4433	76.6342
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	1	0.87	40,888	24.4713

	Total	Per Diem
11. Taxes:	45,898	1.7518
12. Insurance:	53,470	2.0408

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.0315
16. Budget Neutrality Adjustment:		(37.0917)

Rate Adjustment:	
17. Final Rate*	279.2804

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 227773-00 2023/10
280.20

The Lodge Healthcare and Rehabilitation Center

Zip Code:	34471				
Peer Group:	North				
Beds:	99	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	19,904	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 1/31/23	17,214	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 1/31/23	8,355				
Medicaid Utilization:	48.53608 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,082,081	850,338	1,320,864
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	104.6061	42.7219	66.3617
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.6861	55.0796	85.5574
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	1	0.87	58,921	34.7880

	Total	Per Diem
11. Taxes:	45,699	2.6547
12. Insurance:	54,111	3.1434

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.9944
16. Budget Neutrality Adjustment:		(38.8426)

Rate Adjustment:	
17. Final Rate*	280.2035

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 227838-00 2023/10
246.12

First Coast Health & Rehabilitation Center

Zip Code:	32211				
Peer Group:	North			Price	Floor
Beds:	100	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	25,846	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	30,021	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	25,188				
Medicaid Utilization:	83.90127 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,604,645	892,457	1,265,032
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	100.7755	34.5297	48.9449
3. Inflated Cost Per Diem (Line 2 x Inflation):	128.5195	43.3317	61.4214
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.9209	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.4374	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	60	8	0.87	25,620	22.9844

	Total	Per Diem
11. Taxes:	26,697	0.8892
12. Insurance:	104,847	3.4924

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.4399
16. Budget Neutrality Adjustment:		(36.5491)

Rate Adjustment:	
17. Final Rate*	246.1164

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 227871-00 2023/10
263.88

Ayers Health & Rehabilitation Center

Zip Code:	32693			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	23,437	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	30,917	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	17,174			1.30667404
Medicaid Utilization:	55.54873 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,295,809	520,336	964,307
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	97.9566	22.2014	41.1446
3. Inflated Cost Per Diem (Line 2 x Inflation):	127.9973	28.6234	53.0460
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.4431	7.0380	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.9152	31.5149	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	10	0.87	38,936	22.2748

	Total	Per Diem
11. Taxes:	76,374	2.4702
12. Insurance:	37,584	1.2156

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.7999
16. Budget Neutrality Adjustment:		(35.2752)

Rate Adjustment:	
17. Final Rate*	263.8772

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 228001-00 2023/10
290.43

North Beach Healthcare and Rehabilitation Center

Zip Code:	33160				
Peer Group:	South				
Beds:	99	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	25,718	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 1/31/23	16,996	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 1/31/23	11,628				
Medicaid Utilization:	68.41610 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,082,793	1,062,586	1,805,342
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	119.8690	41.3168	70.1976
3. Inflated Cost Per Diem (Line 2 x Inflation):	156.6298	53.2680	90.5028
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	2	0.89	29,437	25.4114

	Total	Per Diem
11. Taxes:	49,378	2.9052
12. Insurance:	43,337	2.5498

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.8649
16. Budget Neutrality Adjustment:		(40.2946)

Rate Adjustment:	
17. Final Rate*	290.4338

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 228320-00 2023/10
294.12

The Gardens Court

Zip Code:	33410			
Peer Group:	South		Price	Floor
Bed:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	17,083	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	35,976	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	21,706			1.27530471
Medicaid Utilization:	60.33467 %			1.25490778
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,346,368	597,375	1,079,723
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	137.3510	34.9689	63.2045
3. Inflated Cost Per Diem (Line 2 x Inflation):	175.1644	43.8828	79.3158
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	27	19	0.84	69,980	25.7917

	Total	Per Diem
11. Taxes:	150,516	4.1837
12. Insurance:	59,846	1.6634

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.2806
16. Budget Neutrality Adjustment:		(40.4044)

Rate Adjustment:	
17. Final Rate*	294.1233

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 228338-00 2023/10
279.10

Life Care Center of Melbourne

Zip Code:	32901				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.26894916
Medicaid Days FYE 2/28/19	14,539	Indirect Care	92.0%	92.5%	1.24980861
Total Patient Days FYE 2/28/22	37,490	Operating	86.0%	N/A	1.24980861
Medicaid Days FYE 2/28/22	15,874				
Medicaid Utilization:	42.34196 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,841,133	583,139	690,483
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	126.6340	40.1086	47.4917
3. Inflated Cost Per Diem (Line 2 x Inflation):	160.6922	50.1280	59.3556
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	30.5	36.7127

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	8	0.91	43,009	24.4969

	Total	Per Diem
11. Taxes:	75,003	2.0006
12. Insurance:	88,691	2.3657

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.9156
16. Budget Neutrality Adjustment:		(37.1769)

Rate Adjustment:	
17. Final Rate*	279.0952

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 228567-00 2023/10
242.51

Bear Creek Nursing Center

Zip Code:	34667-6726				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	17,862	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	33,381	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	21,155				
Medicaid Utilization:	63.37437 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,849,314	484,982	765,807
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	103.5334	27.1516	42.8735
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.2844	35.0054	55.2750
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.6560	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	37.8969	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	6	0.88	35,514	23.9459

	Total	Per Diem
11. Taxes:	44,824	1.3427
12. Insurance:	45,526	1.3638

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.4985
16. Budget Neutrality Adjustment:		(36.7695)

Rate Adjustment:	
17. Final Rate*	242.5059

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 228575-00 2023/10
262.04

Royal Oak Nursing Center

Zip Code:	33525			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	26,264	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	33,412	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	17,311			
Medicaid Utilization:	51.81073 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,649,742	703,158	1,004,478
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	100.8887	26.7726	38.2454
3. Inflated Cost Per Diem (Line 2 x Inflation):	131.8287	34.5169	49.3082
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.1445	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	37.4083	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	10	0.88	35,487	22.5118

	Total	Per Diem
11. Taxes:	56,795	1.6998
12. Insurance:	39,982	1.1966

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.8502
16. Budget Neutrality Adjustment:		(36.5233)

Rate Adjustment:	
17. Final Rate*	262.0376

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 228591-00 2023/10
230.23

Heather Hill Healthcare Center

Zip Code:	34653				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	27,172	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	25,956	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	17,904				
Medicaid Utilization:	68.97827 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,550,001	664,028	1,227,109
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	93.8466	24.4379	45.1607
3. Inflated Cost Per Diem (Line 2 x Inflation):	119.6830	30.6673	56.6726
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.7574	4.9941	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	126.6009	33.5588	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	44	12	0.88	35,429	21.7948

	Total	Per Diem
11. Taxes:	40,288	1.5521
12. Insurance:	29,358	1.1310

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.8947
16. Budget Neutrality Adjustment:		(34.1736)

Rate Adjustment:	
17. Final Rate*	230.2281

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 228621-00 2023/10
272.67

Inn at Sarasota Bay Club

Zip Code:	34236					
Peer Group:	North		Price	Floor	Inflation	
Beds:	44		Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	1,458		Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	12,702		Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	365					
Medicaid Utilization:	2.87356 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	276,360	80,973	99,776
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	189.5473	55.5370	68.4334
3. Inflated Cost Per Diem (Line 2 x Inflation):	241.7305	69.6938	85.8776
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.5	33.1016

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	22	10	0.87	27,495	31.1119

	Total	Per Diem
11. Taxes:	76,968	6.0595
12. Insurance:	118,052	9.2939

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(39.6780)

Rate Adjustment:	
17. Final Rate*	272.6696

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 228702-00 2023/10
239.20

Winter Haven Health And Rehabilitation Center

Zip Code:	33881				
Peer Group:	North			Price	Floor
Bed(s):	144	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	36,994	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	45,091	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	34,247				
Medicaid Utilization:	75.95085 %	2023 Cost per Square Foot:		\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,664,626	1,105,141	1,385,805
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	99.0600	29.8735	37.4602
3. Inflated Cost Per Diem (Line 2 x Inflation):	126.3316	37.4885	47.0091
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.1088	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	133.2496	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	9.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	59	23	0.87	46,194	17.6627

	Total	Per Diem
11. Taxes:	50,296	1.1154
12. Insurance:	144,244	3.1989

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.0258
16. Budget Neutrality Adjustment:		(35.4725)

Rate Adjustment:	Per Diem
17. Final Rate*	239.2020

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 228734-00 2023/10
262.24

Westminster Baldwin Park

Zip Code:	32814				
Peer Group:	North				
Beds:	40	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 3/31/19	226	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 3/31/22	11,903	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 3/31/22	82				
Medicaid Utilization:	0.68890 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	33,811	24,225	16,671
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	149.6061	107.1902	73.7654
3. Inflated Cost Per Diem (Line 2 x Inflation):	190.3174	134.2403	92.3806
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	6	5	0.89	36,971	34.3142

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	58,330	4.9004

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.6477)

Rate Adjustment:	
17. Final Rate*	262.2362

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 228788-00 2023/10
247.46

East Ridge Retirement Village Inc

Zip Code:	33157-8984				
Peer Group:	South				
Beds:	74	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	2,954	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	22,877	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	5,083				
Medicaid Utilization:	22.21882 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	393,250	138,360	372,871
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	133.1245	46.8381	126.2257
3. Inflated Cost Per Diem (Line 2 x Inflation):	169.7743	58.7776	158.4017
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	13.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	8	6	0.89	52,868	33.8091

	Total	Per Diem
11. Taxes:	4,395	0.1921
12. Insurance:	39,536	1.7281

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(40.9856)

Rate Adjustment:	
17. Final Rate*	247.4632

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 228940-00 2023/10
261.59

Cypress Cove Care Center

Zip Code:	34429	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30667404
Beds:	120		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	25,044		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/21	33,866		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	18,414				
Medicaid Utilization:	54.37312 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,334,776	643,903	1,072,269
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	93.2269	25.7108	42.8154
3. Inflated Cost Per Diem (Line 2 x Inflation):	121.8172	33.1479	55.2001
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	9.6232	2.5135	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	128.7351	36.0394	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	2	0.87	35,756	25.1131

	Total	Per Diem
11. Taxes:	43,480	1.2838
12. Insurance:	41,881	1.2366

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.3124
16. Budget Neutrality Adjustment:		(35.2777)

Rate Adjustment:	
17. Final Rate*	261.5897

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 228958-00 2023/10
228.37

Brooksville Healthcare Center

Zip Code:	34601			
Peer Group:	North		Price	Floor
Beds:	180	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	37,980	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	45,158	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	29,455			
Medicaid Utilization:	65.22654 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,661,451	899,036	1,489,723
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	96.4047	23.6713	39.2238
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.9695	30.5184	50.5697
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.4709	5.1430	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.8874	33.4098	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	47	21	0.88	55,048	18.5681

	Total	Per Diem
11. Taxes:	73,094	1.6186
12. Insurance:	53,849	1.1924

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.4315
16. Budget Neutrality Adjustment:		(34.6053)

Rate Adjustment:	
17. Final Rate*	228.3718

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 229202-00 2023/10
257.48

Larsen Health Center

Zip Code:	33908					
Peer Group:	North		Price	Floor	Inflation	
Beds:	180		Direct Care	100.0%	95.0%	1.29075005
Medicaid Days FYE 6/30/18	4,100		Indirect Care	92.0%	92.5%	1.27259702
Total Patient Days FYE 6/30/22	48,899		Operating	86.0%	N/A	1.27259702
Medicaid Days FYE 6/30/22	1,963					
Medicaid Utilization:	4.01440 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	645,874	231,302	256,127
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/18):	157.5302	56.4151	62.4700
3. Inflated Cost Per Diem (Line 2 x Inflation):	203.3321	71.7937	79.4991
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	1	1	0.87	163,861	35.5608

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	113,653	2.3242

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.4588)

Rate Adjustment:	
17. Final Rate*	257.4844

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 229220-00 2023/10
273.54

Bridgewater Park Health & Rehabilitation Center

Zip Code:	34481				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.25658957
Medicaid Days FYE 6/30/19	10,873	Indirect Care	92.0%	92.5%	1.23890989
Total Patient Days FYE 2/28/22	26,569	Operating	86.0%	N/A	1.23890989
Medicaid Days FYE 2/28/22	9,824				
Medicaid Utilization:	36.97542 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,645,019	431,104	488,752
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/19):	151.2939	39.6490	44.9509
3. Inflated Cost Per Diem (Line 2 x Inflation):	190.1143	49.1215	55.6902
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	6	6	0.87	74,672	32.6844

	Total	Per Diem
11. Taxes:	140,009	5.2696
12. Insurance:	31,510	1.1859

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		12.5728
16. Budget Neutrality Adjustment:		(38.6371)

Rate Adjustment:	
17. Final Rate*	273.5412

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 229610-00 2023/10
281.29

The Terrace of Delray Beach Nursing and Rehabilitation Center

Zip Code:	33484	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	South		100.0%	95.0%	1.30667404	
Beds:	120		92.0%	92.5%	1.28925856	
Medicaid Days FYE 12/31/17	16,213		86.0%	N/A	1.28925856	
Total Patient Days FYE 12/31/20	30,138		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/20	15,183					
Medicaid Utilization:	50.37826 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,924,958	741,028	720,683
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	118.7292	45.7057	44.4509
3. Inflated Cost Per Diem (Line 2 x Inflation):	155.1404	58.9265	57.3087
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	15	0.84	44,512	20.9428

	Total	Per Diem
11. Taxes:	116,892	3.8785
12. Insurance:	72,148	2.3939

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.2624
16. Budget Neutrality Adjustment:		(39.7758)

Rate Adjustment:	
17. Final Rate*	281.2915

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 229628-00 2023/10
283.38

Menorah House			
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Zip Code:	33428-1745			
Peer Group:	South		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	21,067	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/20	32,419	Operating	86.0%	N/A
Medicaid Days FYE 12/31/20	21,843			1.28925856
Medicaid Utilization:	67.37716 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,518,211	719,584	932,510
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	119.5334	34.1569	44.2640
3. Inflated Cost Per Diem (Line 2 x Inflation):	156.1912	44.0371	57.0677
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	16	0.84	44,221	20.4555

	Total	Per Diem
11. Taxes:	103,226	3.1841
12. Insurance:	69,942	2.1574

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.3624
16. Budget Neutrality Adjustment:		(39.5743)

Rate Adjustment:	
17. Final Rate*	283.3785

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 233588-00 2023/10
283.75

The Encore at Boca Raton Rehabilitation and Nursing Center, LLC

Zip Code:	33433	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	South		100.0%	95.0%	1.25658957	
Beds:	154		92.0%	92.5%	1.23890989	
Medicaid Days FYE 6/30/19	26,269		86.0%	N/A	1.23890989	
Total Patient Days FYE 6/30/22	49,456		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 6/30/22	23,650					
Medicaid Utilization:	47.82028 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,858,941	1,090,919	1,485,138
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/19):	108.8332	41.5287	56.5357
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.7587	51.4503	70.0427
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.9443	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	144.1641	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	27	0.84	82,083	21.9655

	Total	Per Diem
11. Taxes:	233,723	4.7258
12. Insurance:	136,323	2.7564

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.3753
16. Budget Neutrality Adjustment:		(39.5326)

Rate Adjustment:	
17. Final Rate*	283.7506

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 235832-00 2023/10
260.45

The Sands at South Beach Care Center

Zip Code:	33139					
Peer Group:	South		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	230			100.0%	95.0%	1.27212297
Medicaid Days FYE 10/31/18	24,585			92.0%	92.5%	1.25235559
Total Patient Days FYE 10/31/21	65,598			86.0%	N/A	1.25235559
Medicaid Days FYE 10/31/21	48,774					
Medicaid Utilization:	74.35288 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,556,771	585,139	1,068,208
2. Cost Per Diem (Line 1 / Medicaid Days 10/31/18):	103.9971	23.8006	43.4496
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.2972	29.8068	54.4143
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.4058	9.2015	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	139.7026	32.9697	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	23	0.89	62,801	18.0394

	Total	Per Diem
11. Taxes:	721,893	11.0048
12. Insurance:	389,414	5.9363

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.4602
16. Budget Neutrality Adjustment:		(38.3774)

Rate Adjustment:	
17. Final Rate*	260.4530

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 237766-00 2023/10
288.00

Palmetto Subacute Care Center

Zip Code:	33144						
Peer Group:	South			Price	Floor	Inflation	
Beds:	95			Direct Care	100.0%	95.0%	1.25442801
Medicaid Days FYE 7/31/19	14,597			Indirect Care	92.0%	92.5%	1.23649066
Total Patient Days FYE 7/31/22	29,010			Operating	86.0%	N/A	1.23649066
Medicaid Days FYE 7/31/22	15,001						
Medicaid Utilization:	51.70976 %	2023 Cost per Square Foot:		\$292.90			

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,562,409	840,665	772,144
2. Cost Per Diem (Line 1 / Medicaid Days 7/31/19):	107.0363	57.5916	52.8974
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.2693	71.2115	65.4071
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.4337	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.6747	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	9	0.89	31,142	23.1111

	Total	Per Diem
11. Taxes:	111,008	3.8265
12. Insurance:	101,957	3.5145

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.8837
16. Budget Neutrality Adjustment:		(39.3216)

Rate Adjustment:	
17. Final Rate*	288.0035

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

0 242673-00 2023/10
244.14

Concordia Village of Tampa

Zip Code:	33613-4864			
Peer Group:	North		Price	Floor
Beds:	163	Direct Care	100.0%	95.0%
Medicaid Days FYE 6/30/19	22,939	Indirect Care	92.0%	92.5%
Total Patient Days FYE 6/30/22	40,799	Operating	86.0%	N/A
Medicaid Days FYE 6/30/22	27,202			
Medicaid Utilization:	66.67320 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,234,477	893,571	1,120,818
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/19):	141.0034	38.9542	48.8608
3. Inflated Cost Per Diem (Line 2 x Inflation):	177.6144	48.3690	60.6699
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

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

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	46	3	0.88	45,844	25.0215

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	329,957	8.0873

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		16.0307
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.7801)

Rate Adjustment:	
17. Final Rate*	244.1400

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 248829-00 2023/10
245.12

Lake Bennet Center for Rehabilitation & Healing

Zip Code:	34761				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.25011604
Medicaid Days FYE 12/31/19	44,228	Indirect Care	92.0%	92.5%	1.23166637
Total Patient Days FYE 12/31/21	38,437	Operating	86.0%	N/A	1.23166637
Medicaid Days FYE 12/31/21	22,818				
Medicaid Utilization:	59.36467 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,223,105	1,460,750	2,537,917
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	118.0949	33.0277	57.3825
3. Inflated Cost Per Diem (Line 2 x Inflation):	147.6324	40.6791	70.6761
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	15	0.89	47,715	23.5812

	Total	Per Diem
11. Taxes:	108,162	2.8140
12. Insurance:	176,785	4.5993

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.8197
16. Budget Neutrality Adjustment:		(37.4797)

Rate Adjustment:	
17. Final Rate*	245.1150

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 248888-00 2023/10
247.57

Palatka Center for Rehabilitation and Healing

Zip Code:	32177					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	180			100.0%	95.0%	1.25011604
Medicaid Days FYE 12/31/19	66,211			92.0%	92.5%	1.23166637
Total Patient Days FYE 12/31/21	56,398			86.0%	N/A	1.23166637
Medicaid Days FYE 12/31/21	37,098					
Medicaid Utilization:	65.77893 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	8,486,575	2,010,397	2,553,075
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	128.1746	30.3634	38.5596
3. Inflated Cost Per Diem (Line 2 x Inflation):	160.2332	37.3976	47.4926
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	21	0.88	81,978	23.7597

	Total	Per Diem
11. Taxes:	302,616	5.3657
12. Insurance:	176,302	3.1260

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.1916
16. Budget Neutrality Adjustment:		(37.6583)

Rate Adjustment:	
17. Final Rate*	247.5652

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 249847-00 2023/10
273.95

Plaza Health and Rehab

Zip Code:	32607						
Peer Group:	North		Direct Care	Price	Floor	Inflation	
Beds:	180			100.0%	95.0%	1.26578327	
Medicaid Days FYE 12/31/18	23,517			Indirect Care	92.0%	92.5%	1.24726680
Total Patient Days FYE 12/31/21	58,805			Operating	86.0%	N/A	1.24726680
Medicaid Days FYE 12/31/21	30,245						
Medicaid Utilization:	51.43270 %	2023 Cost per Square Foot:			\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,975,045	716,955	1,064,556
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	126.5061	30.4866	45.2675
3. Inflated Cost Per Diem (Line 2 x Inflation):	160.1293	38.0250	56.4606
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	7	4	0.87	96,835	34.0778

	Total	Per Diem
11. Taxes:	276,741	4.7060
12. Insurance:	55,074	0.9365

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.3030
16. Budget Neutrality Adjustment:		(38.7196)

Rate Adjustment:	
17. Final Rate*	273.9546

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 249986-00 2023/10
264.25

Olive Branch Health and Rehabilitation Center

Zip Code:	32514			
Peer Group:	North			
Beds:	90			
Medicaid Days FYE 12/31/18	137			
Total Patient Days FYE 12/31/20	30,127			
Medicaid Days FYE 12/31/20	1,604			
Medicaid Utilization:	5.32413 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	30,461	10,324	13,785
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	222.3430	75.3576	100.6204
3. Inflated Cost Per Diem (Line 2 x Inflation):	283.5551	94.5669	126.2693
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	5	4	0.89	78,204	34.2632

	Total	Per Diem
11. Taxes:	128,206	4.2555
12. Insurance:	61,276	2.0339

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.2745
16. Budget Neutrality Adjustment:		(38.8378)

Rate Adjustment:	
17. Final Rate*	264.2511

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 250315-00 2023/10
249.91

Sea Breeze Rehab and Nursing Center

Zip Code:	32960				
Peer Group:	North				
Beds:	110	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	22,613	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	35,528	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	19,259				
Medicaid Utilization:	54.20795 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,572,082	682,978	985,921
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	113.7435	30.2028	43.5997
3. Inflated Cost Per Diem (Line 2 x Inflation):	141.5487	37.0314	53.4572
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	28	0.91	31,447	16.5674

	Total	Per Diem
11. Taxes:	73,556	2.0703
12. Insurance:	73,706	2.0745

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		12.5795
16. Budget Neutrality Adjustment:		(36.0187)

Rate Adjustment:	
17. Final Rate*	249.9146

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 250324-00 2023/10
255.70

Oak Haven Rehab and Nursing Center

Zip Code:	33823-4329				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	23,955	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	30,066	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	21,013				
Medicaid Utilization:	69.88958 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,845,179	750,391	1,238,176
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	118.7718	31.3250	51.6875
3. Inflated Cost Per Diem (Line 2 x Inflation):	147.8062	38.4072	63.3736
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	35	0.87	41,366	13.4053

	Total	Per Diem
11. Taxes:	93,939	3.1244
12. Insurance:	76,634	2.5488

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.9653
16. Budget Neutrality Adjustment:		(35.7866)

Rate Adjustment:	
17. Final Rate*	255.7043

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 250330-00 2023/10
261.44

Kensington Gardens Rehab and Nursing Center

Zip Code:	33765				
Peer Group:	North				
Beds:	150	Direct Care	100.0%	95.0%	1.26578327
Medicaid Days FYE 12/31/18	13,825	Indirect Care	92.0%	92.5%	1.24726680
Total Patient Days FYE 12/31/21	43,527	Operating	86.0%	N/A	1.24726680
Medicaid Days FYE 12/31/21	34,366				
Medicaid Utilization:	78.95329 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,856,734	474,118	714,265
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	134.3026	34.2942	51.6647
3. Inflated Cost Per Diem (Line 2 x Inflation):	169.9980	42.7740	64.4397
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	34	0.89	57,736	15.3610

	Total	Per Diem
11. Taxes:	113,185	2.6003
12. Insurance:	99,125	2.2773

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.5028
16. Budget Neutrality Adjustment:		(35.9514)

Rate Adjustment:	
17. Final Rate*	261.4408

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 250334-00 2023/10
260.33

Sandgate Gardens Rehab and Nursing Center

Zip Code:	34947			
Peer Group:	North		Price	Floor
Bed:	107	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/19	22,294	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	35,258	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	21,530			1.22608988
Medicaid Utilization:	61.06416 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,340,096	690,363	915,521
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	104.9652	30.9663	41.0658
3. Inflated Cost Per Diem (Line 2 x Inflation):	130.6246	37.9675	50.3503
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.8159	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.5425	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	29	0.84	30,706	14.9900

	Total	Per Diem
11. Taxes:	264,983	7.5155
12. Insurance:	67,965	1.9276

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.6979
16. Budget Neutrality Adjustment:		(36.4315)

Rate Adjustment:	
17. Final Rate*	260.3307

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 250339-00 2023/10
260.25

Fouraker Hills Rehab and Nursing Center

Zip Code:	32221					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	25,842			92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/22	36,496			86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/22	25,494					
Medicaid Utilization:	69.85423 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,803,669	808,555	1,273,705
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	108.4927	31.2884	49.2881
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.0143	38.3624	60.4317
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	24	0.87	45,155	18.5144

	Total	Per Diem
11. Taxes:	76,711	2.1019
12. Insurance:	91,928	2.5188

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.8399
16. Budget Neutrality Adjustment:		(36.3630)

Rate Adjustment:	
17. Final Rate*	260.2536

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 250906-00 2023/10
257.68

Park Ridge Nursing Center

Zip Code:	32204	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30667404
Beds:	104		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	25,717		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/17	33,295		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/17	25,717				
Medicaid Utilization:	77.23983 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,592,163	765,155	984,487
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	100.7956	29.7528	38.2815
3. Inflated Cost Per Diem (Line 2 x Inflation):	131.7071	38.3591	49.3548
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	58	29	0.87	34,308	15.5340

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	8,330	0.2501

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.1596
16. Budget Neutrality Adjustment:		(35.3185)

Rate Adjustment:	
17. Final Rate*	257.6834

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 250988-00 2023/10
285.77

HIALEAH SHORES NURSING AND REHAB CENTER

Zip Code:	33147			
Peer Group:	South		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 2/28/18	23,628	Indirect Care	92.0%	92.5%
Total Patient Days FYE 2/28/22	36,928	Operating	86.0%	N/A
Medicaid Days FYE 2/28/22	23,196			
Medicaid Utilization:	62.81412 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,952,074	885,423	1,257,718
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/18):	124.9396	37.4734	53.2299
3. Inflated Cost Per Diem (Line 2 x Inflation):	162.5724	48.1276	68.3639
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	30.5	36.7127

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	68	40	0.89	28,990	11.8809

	Total	Per Diem
11. Taxes:	47,435	1.2845
12. Insurance:	86,167	2.3333

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.9490
16. Budget Neutrality Adjustment:		(38.1110)

Rate Adjustment:	
17. Final Rate*	285.7689

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 250993-00 2023/10
239.02

Blue Lake Post Acute

Zip Code:	32724					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	60			100.0%	95.0%	1.26894916
Medicaid Days FYE 12/31/18	6,812			92.0%	92.5%	1.24980861
Total Patient Days FYE 12/31/21	14,179			86.0%	N/A	1.24980861
Medicaid Days FYE 12/31/21	12,068					
Medicaid Utilization:	85.11179 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,002,520	226,888	611,435
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	147.1697	33.3071	89.7584
3. Inflated Cost Per Diem (Line 2 x Inflation):	186.7509	41.6275	112.1809
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	9.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	35	0.89	8,129	13.6922

	Total	Per Diem
11. Taxes:	21,643	1.5264
12. Insurance:	22,800	1.6080

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.8781
16. Budget Neutrality Adjustment:		(35.4666)

Rate Adjustment:	
17. Final Rate*	239.0186

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 250995-00 2023/10
240.15

Athens Post Acute

Zip Code:	32720			
Peer Group:	North		Price	Floor
Beds:	60	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	9,042	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	14,189	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	12,081			
Medicaid Utilization:	85.14342 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,098,528	290,032	573,951
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	121.4917	32.0761	63.4760
3. Inflated Cost Per Diem (Line 2 x Inflation):	154.1668	40.0890	79.3329
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	51	34	0.89	10,434	14.0545

	Total	Per Diem
11. Taxes:	24,113	1.6994
12. Insurance:	22,800	1.6068

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.5506
16. Budget Neutrality Adjustment:		(35.5425)

Rate Adjustment:	
17. Final Rate*	240.1494

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 251399-00 2023/10
267.72

Brandywyne Health Care Center

Zip Code:	33884			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 7/31/18	28,339	Indirect Care	92.0%	92.5%
Total Patient Days FYE 7/31/18	38,264	Operating	86.0%	N/A
Medicaid Days FYE 7/31/18	28,339			
Medicaid Utilization:	74.06178 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,847,061	774,218	1,165,988
2. Cost Per Diem (Line 1 / Medicaid Days 7/31/18):	100.4644	27.3198	41.1442
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.4068	34.6724	52.2173
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.0337	0.9890	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.3247	37.5639	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	22	0.87	37,653	18.0174

	Total	Per Diem
11. Taxes:	39,693	1.0373
12. Insurance:	31,096	0.8126

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.6786
16. Budget Neutrality Adjustment:		(35.4692)

Rate Adjustment:	
17. Final Rate*	267.7233

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 251666-00 2023/10
266.77

Concordia Manor

Zip Code:	33701				
Peer Group:	North				
Beds:	39	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	11,123	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	11,988	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	9,890				
Medicaid Utilization:	82.49917 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,170,729	366,375	706,901
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	105.2529	32.9385	63.5530
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.2296	41.3347	79.7532
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	35.0	42.1294

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	6	0.89	9,149	24.1979

	Total	Per Diem
11. Taxes:	18,822	1.5700
12. Insurance:	39,542	3.2984

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.2058)

Rate Adjustment:	
17. Final Rate*	266.7706

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 251673-00 2023/10
265.55

Stuart Rehabilitation and Healthcare

Zip Code:	34994				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.24822623
Medicaid Days FYE 12/31/19	20,795	Indirect Care	92.0%	92.5%	1.22980473
Total Patient Days FYE 12/31/21	27,115	Operating	86.0%	N/A	1.22980473
Medicaid Days FYE 12/31/21	11,590				
Medicaid Utilization:	42.74387 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,271,778	659,580	1,127,608
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	109.2463	31.7182	54.2249
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.3641	39.0071	66.6861
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.5	30.6942

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	51	40	0.84	38,773	11.2571

	Total	Per Diem
11. Taxes:	101,958	3.7602
12. Insurance:	81,703	3.0132

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.6846
16. Budget Neutrality Adjustment:		(35.6377)

Rate Adjustment:	
17. Final Rate*	265.5522

*The Final Rate includes the \$15 Minimum Wage Increase.



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257.05

Avante At Melbourne

Zip Code:	32901				
Peer Group:	North				
Beds:	110	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	19,505	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	33,718	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	19,190				
Medicaid Utilization:	56.91322 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,760,290	721,301	1,252,754
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	141.5170	36.9803	64.2273
3. Inflated Cost Per Diem (Line 2 x Inflation):	180.4773	46.4068	80.5993
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	40	0.91	30,150	12.1303

	Total	Per Diem
11. Taxes:	37,601	1.1151
12. Insurance:	65,741	1.9497

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.2337
16. Budget Neutrality Adjustment:		(35.2348)

Rate Adjustment:	
17. Final Rate*	257.0485

*The Final Rate includes the \$15 Minimum Wage Increase.



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253.51

Avante At Ormond Beach Inc

Zip Code:	32174			
Peer Group:	North		Price	Floor
Beds:	133	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	19,255	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	37,569	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	23,853			1.27530471
Medicaid Utilization:	63.49118 %			1.25490778
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,843,693	840,295	1,831,662
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	147.6859	43.6403	95.1265
3. Inflated Cost Per Diem (Line 2 x Inflation):	188.3445	54.7646	119.3750
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	48	40	0.88	32,459	11.7561

	Total	Per Diem
11. Taxes:	25,005	0.6655
12. Insurance:	64,344	1.7126

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.8080
16. Budget Neutrality Adjustment:		(35.0841)

Rate Adjustment:	
17. Final Rate*	253.5090

*The Final Rate includes the \$15 Minimum Wage Increase.



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256.84

Avante At Mt Dora Inc

Zip Code:	32757			
Peer Group:	North		Price	Floor
Beds:	116	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	24,534	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	35,090	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	20,072			
Medicaid Utilization:	57.20148 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,970,082	790,292	1,361,481
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	121.0598	32.2121	55.4936
3. Inflated Cost Per Diem (Line 2 x Inflation):	154.3881	40.4232	69.6394
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	61	40	0.89	32,689	11.8809

	Total	Per Diem
11. Taxes:	34,406	0.9805
12. Insurance:	45,895	1.3079

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.5050
16. Budget Neutrality Adjustment:		(35.0890)

Rate Adjustment:	
17. Final Rate*	256.8379

*The Final Rate includes the \$15 Minimum Wage Increase.



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259.06

Eden Springs Nursing And Rehab Center

Zip Code:	32327-4539				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30393797
Medicaid Days FYE 1/31/18	28,869	Indirect Care	92.0%	92.5%	1.28678308
Total Patient Days FYE 1/31/22	32,795	Operating	86.0%	N/A	1.28678308
Medicaid Days FYE 1/31/22	24,131				
Medicaid Utilization:	73.58134 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,375,209	716,489	1,490,217
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	116.9146	24.8186	51.6199
3. Inflated Cost Per Diem (Line 2 x Inflation):	152.4494	31.9361	66.4237
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.7252	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	34.8276	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	49	15	0.88	40,293	20.7192

	Total	Per Diem
11. Taxes:	31,269	0.9534
12. Insurance:	83,679	2.5515

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.9126
16. Budget Neutrality Adjustment:		(35.9884)

Rate Adjustment:	
17. Final Rate*	259.0646

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 253723-00 2023/10
284.36

Jackson Gardens Health and Rehabilitation Center

Zip Code:	33136	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	South		100.0%	95.0%	1.30120764	
Beds:	120		92.0%	92.5%	1.28431236	
Medicaid Days FYE 2/28/18	29,854		86.0%	N/A	1.28431236	
Total Patient Days FYE 12/31/22	49,499		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/22	31,373					
Medicaid Utilization:	63.38108 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,816,188	1,065,518	1,771,828
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/18):	127.8283	35.6909	59.3497
3. Inflated Cost Per Diem (Line 2 x Inflation):	166.3312	45.8383	76.2236
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	59	40	0.89	51,257	14.3278

	Total	Per Diem
11. Taxes:	126,596	2.5575
12. Insurance:	181,907	3.6749

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.8258
16. Budget Neutrality Adjustment:		(38.8302)

Rate Adjustment:	
17. Final Rate*	284.3584

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 254291-00 2023/10
293.38

Biscayne Health and Rehabilitation Center			
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Zip Code:	33161-6019			
Peer Group:	South		Price	Floor
Beds:	98	Direct Care	100.0%	95.0%
Medicaid Days FYE 1/31/18	23,917	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	42,777	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	33,111			1.28678308
Medicaid Utilization:	77.40375 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,042,125	1,142,240	1,496,620
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	127.1950	47.7584	62.5755
3. Inflated Cost Per Diem (Line 2 x Inflation):	165.8545	61.4548	80.5211
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	61	26	0.89	126,756	23.7090

	Total	Per Diem
11. Taxes:	220,527	5.1552
12. Insurance:	151,156	3.5335

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.4965
16. Budget Neutrality Adjustment:		(40.5122)

Rate Adjustment:	
17. Final Rate*	293.3791

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 254762-00 2023/10
260.86

Wrights Healthcare And Rehabilitation Center

Zip Code:	33778-3711				
Peer Group:	North				
Beds:	60	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	10,443	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	15,934	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	6,162				
Medicaid Utilization:	38.67202 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,029,357	352,862	482,703
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	98.5690	33.7893	46.2226
3. Inflated Cost Per Diem (Line 2 x Inflation):	128.7976	43.5631	59.5929
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.6428	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.7155	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	40	0.89	15,819	11.8809

	Total	Per Diem
11. Taxes:	16,200	1.0166
12. Insurance:	69,200	4.3429

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.1429
16. Budget Neutrality Adjustment:		(35.1499)

Rate Adjustment:	
17. Final Rate*	260.8617

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 254878-00 2023/10
250.39

The Pavilion at Jacksonville.

Zip Code:	32208			
Peer Group:	North		Price	Floor
Beds:	60	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	14,875	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	21,248	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	16,213			1.30667404
Medicaid Utilization:	76.30365 %			1.28925856
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,431,527	303,163	794,500
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	96.2371	20.3807	53.4117
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.7505	26.2759	68.8615
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.6899	9.3854	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.6684	29.1674	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	34	0.87	32,088	17.8551

	Total	Per Diem
11. Taxes:	41,413	1.9490
12. Insurance:	58,405	2.7487

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.4077
16. Budget Neutrality Adjustment:		(34.1382)

Rate Adjustment:	
17. Final Rate*	250.3884

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 256269-00 2023/10
271.69

Diamond Ridge Health And Rehabilitation Center

Zip Code:	34461	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.27530471	
Beds:	142		92.0%	92.5%	1.25490778	
Medicaid Days FYE 12/31/18	21,295		86.0%	N/A	1.25490778	
Total Patient Days FYE 12/31/21	41,626		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/21	21,780					
Medicaid Utilization:	52.32307 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,575,409	907,281	894,981
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	120.9396	42.6053	42.0277
3. Inflated Cost Per Diem (Line 2 x Inflation):	154.2348	53.4657	52.7409
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	11	0.87	60,669	26.3991

	Total	Per Diem
11. Taxes:	87,483	2.1016
12. Insurance:	51,244	1.2310

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.5876
16. Budget Neutrality Adjustment:		(37.3003)

Rate Adjustment:	
17. Final Rate*	271.6883

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 256277-00 2023/10
280.36

Surrey Place Healthcare and Rehabilitation			
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Zip Code:	34209			
Peer Group:	North		Price	Floor
Beds:	74			Inflation
Medicaid Days FYE 12/31/17	7,995	Direct Care	100.0%	95.0%
Total Patient Days FYE 12/31/21	20,107	Indirect Care	92.0%	92.5%
Medicaid Days FYE 12/31/21	9,228	Operating	86.0%	N/A
Medicaid Utilization:	45.89446 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,022,129	466,253	447,071
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	127.8460	58.3180	55.9188
3. Inflated Cost Per Diem (Line 2 x Inflation):	167.0530	75.1870	72.0938
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	11	0.87	43,243	30.6176

	Total	Per Diem
11. Taxes:	82,190	4.0876
12. Insurance:	32,222	1.6025

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		14.5966
16. Budget Neutrality Adjustment:		(38.2347)

Rate Adjustment:	
17. Final Rate*	280.3574

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 256757-00 2023/10
262.79

Lakeside Center for Rehabilitaion and Healing
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Zip Code:	32218				
Peer Group:	North		Price	Floor	Inflation
Beds:	122	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	20,805	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	33,905	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	22,074				
Medicaid Utilization:	65.10544 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,066,404	625,624	866,523
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	99.3224	30.0708	41.6497
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.7820	38.7690	53.6972
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.6584	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.7000	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	13	0.87	49,819	24.4854

	Total	Per Diem
11. Taxes:	103,391	3.0494
12. Insurance:	27,193	0.8020

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.3316
16. Budget Neutrality Adjustment:		(36.8664)

Rate Adjustment:	
17. Final Rate*	262.7851

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 256935-00 2023/10
283.72

Manor Oaks Nursing & Rehabilitation Center

Zip Code:	33308				
Peer Group:	South				
Beds:	116	Direct Care	100.0%	95.0%	1.26894916
Medicaid Days FYE 2/28/19	18,213	Indirect Care	92.0%	92.5%	1.24980861
Total Patient Days FYE 2/28/22	27,144	Operating	86.0%	N/A	1.24980861
Medicaid Days FYE 2/28/22	14,455				
Medicaid Utilization:	53.25302 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,174,920	462,080	1,273,608
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	119.4158	25.3708	69.9285
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.5325	31.7087	87.3972
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	7.2996	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	34.8716	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	49	1	0.87	41,301	25.8745

	Total	Per Diem
11. Taxes:	135,607	4.9958
12. Insurance:	82,438	3.0370

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.3969
16. Budget Neutrality Adjustment:		(39.6895)

Rate Adjustment:	
17. Final Rate*	283.7195

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 258342-00 2023/10
272.17

Oak Manor Healthcare and Rehabilitation Center

Zip Code:	33774				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	34,049	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	41,966	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	18,925				
Medicaid Utilization:	45.09603 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,539,858	1,071,058	1,366,012
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	103.9636	31.4563	40.1190
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.8465	40.5553	51.7237
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	52	30	0.89	47,675	15.5035

	Total	Per Diem
11. Taxes:	106,850	2.5461
12. Insurance:	166,977	3.9788

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.6628
16. Budget Neutrality Adjustment:		(36.2057)

Rate Adjustment:	
17. Final Rate*	272.1733

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 258750-00 2023/10
246.17

Indigo Manor

Zip Code:	32114				
Peer Group:	North				
Beds:	173	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	21,342	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 1/31/21	41,540	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 1/31/21	20,067				
Medicaid Utilization:	48.30766 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,424,717	816,489	1,282,065
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	113.6124	38.2573	60.0723
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.5290	47.9118	75.2319
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	3	0.88	65,524	26.9242

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	77,781	1.8724

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.7615
16. Budget Neutrality Adjustment:		(37.1674)

Rate Adjustment:	
17. Final Rate*	246.1712

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 258831-00 2023/10
270.81

Haven of Our Lady of Peace

Zip Code:	32503				
Peer Group:	North			Price	Floor
Beds:	120	Direct Care	100.0%	95.0%	1.32190608
Medicaid Days FYE 6/30/17	17,556	Indirect Care	92.0%	92.5%	1.30680926
Total Patient Days FYE 6/30/22	29,166	Operating	86.0%	N/A	1.30680926
Medicaid Days FYE 6/30/22	14,471				
Medicaid Utilization:	49.61599 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,413,350	617,062	1,113,227
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/17):	137.4658	35.1482	63.4100
3. Inflated Cost Per Diem (Line 2 x Inflation):	181.7169	45.9320	82.8648
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	22	15	0.89	72,487	29.2641

	Total	Per Diem
11. Taxes:	2,919	0.1000
12. Insurance:	0	0.0000

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.4312
16. Budget Neutrality Adjustment:		(37.2481)

Rate Adjustment:	
17. Final Rate*	270.8092

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 259080-00 2023/10
296.60

Life Care Center at Inverrary

Zip Code:	33319			
Peer Group:	South		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	18,508	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	37,509	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	23,737			1.28925856
Medicaid Utilization:	63.28348 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,359,358	660,202	1,242,499
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	127.4777	35.6711	67.1330
3. Inflated Cost Per Diem (Line 2 x Inflation):	166.5718	45.9893	86.5518
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	20	11	0.87	57,956	29.6300

	Total	Per Diem
11. Taxes:	265,347	7.0742
12. Insurance:	66,692	1.7780

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.1038
16. Budget Neutrality Adjustment:		(41.3768)

Rate Adjustment:	
17. Final Rate*	296.6045

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 259331-00 2023/10
267.06

PruittHealth Santa Rosa

Zip Code:	32570			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 6/30/18	26,865	Indirect Care	92.0%	92.5%
Total Patient Days FYE 6/30/22	29,255	Operating	86.0%	N/A
Medicaid Days FYE 6/30/22	19,343			
Medicaid Utilization:	66.11861 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,691,311	713,313	1,251,761
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/18):	100.1790	26.5517	46.5944
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.3061	33.7896	59.2960
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.1343	1.8717	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.2240	36.6811	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	20	1	0.89	42,251	26.1532

	Total	Per Diem
11. Taxes:	55,450	1.8954
12. Insurance:	31,144	1.0645

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.5461
16. Budget Neutrality Adjustment:		(36.6432)

Rate Adjustment:	
17. Final Rate*	267.0588

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 259357-00 2023/10
267.80

Life Care Center of New Port Richey

Zip Code:	34653				
Peer Group:	North				
Beds:	113	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	12,697	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	40,876	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	27,530				
Medicaid Utilization:	67.35003 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,546,751	512,296	692,956
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	121.8201	40.3477	54.5763
3. Inflated Cost Per Diem (Line 2 x Inflation):	159.1792	52.0187	70.3630
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	20	10	0.88	58,154	28.5610

	Total	Per Diem
11. Taxes:	89,849	2.1980
12. Insurance:	89,213	2.1825

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.3664
16. Budget Neutrality Adjustment:		(37.7564)

Rate Adjustment:	
17. Final Rate*	267.7950

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 259586-00 2023/10
263.91

Hamlin Place			
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Zip Code:	33462				
Peer Group:	South			Price	Floor
Beds:	120	Direct Care	100.0%	95.0%	1.28542766
Medicaid Days FYE 8/31/18	22,010	Indirect Care	92.0%	92.5%	1.26566945
Total Patient Days FYE 8/31/22	30,620	Operating	86.0%	N/A	1.26566945
Medicaid Days FYE 8/31/22	18,641				
Medicaid Utilization:	60.87851 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,933,337	1,126,952	1,359,538
2. Cost Per Diem (Line 1 / Medicaid Days 8/31/18):	133.2729	51.2018	61.7691
3. Inflated Cost Per Diem (Line 2 x Inflation):	171.3126	64.8045	78.1792
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	12.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	7	0.84	40,903	22.5945

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	114,920	3.7531

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.4990
16. Budget Neutrality Adjustment:		(39.6525)

Rate Adjustment:	
17. Final Rate*	263.9134

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 259870-00 2023/10
256.93

Avante At St Cloud

Zip Code:	34769-5999				
Peer Group:	North			Price	Floor
Beds:	131	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	23,506	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	40,276	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	24,731				
Medicaid Utilization:	61.40381 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,755,588	720,155	1,388,671
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	117.2291	30.6370	59.0772
3. Inflated Cost Per Diem (Line 2 x Inflation):	149.5028	38.4466	74.1365
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	40	0.89	33,967	11.8809

	Total	Per Diem
11. Taxes:	49,502	1.2290
12. Insurance:	107,070	2.6584

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.8318
16. Budget Neutrality Adjustment:		(35.3162)

Rate Adjustment:	Per Diem
17. Final Rate*	256.9347

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 260371-00 2023/10
264.38

Bridgeview Center

Zip Code:	32174				
Peer Group:	North				
Beds:	139	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	34,432	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	35,370	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	24,538				
Medicaid Utilization:	69.37518 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,586,143	1,053,522	1,765,106
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	104.1514	30.5971	51.2635
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.0920	39.4476	66.0919
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	65	39	0.88	42,649	12.1146

	Total	Per Diem
11. Taxes:	46,735	1.3213
12. Insurance:	53,500	1.5125

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.1679
16. Budget Neutrality Adjustment:		(35.1997)

Rate Adjustment:	
17. Final Rate*	264.3822

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 260444-00 2023/10
268.28

Bayview Center

Zip Code:	32726					
Peer Group:	North		Price	Floor	Inflation	
Beds:	120		Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	29,581		Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	35,407		Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	25,115					
Medicaid Utilization:	70.93230 %		2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,117,581	903,054	1,477,780
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	105.3913	30.5281	49.9570
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.4060	38.3100	62.6915
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	45	18	0.89	31,908	19.8507

	Total	Per Diem
11. Taxes:	53,876	1.5216
12. Insurance:	34,381	0.9710

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.1319
16. Budget Neutrality Adjustment:		(36.2505)

Rate Adjustment:	
17. Final Rate*	268.2829

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 260452-00 2023/10
240.85

Ruleme Center, LLC

Zip Code:	32726			
Peer Group:	North		Price	Floor
Beds:	138	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	30,199	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	26,762	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	18,758			
Medicaid Utilization:	70.09192 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,179,843	1,052,025	1,540,631
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	105.2963	34.8364	51.0159
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.2848	43.7164	64.0203
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

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

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	27	0.89	45,258	16.5903

	Total	Per Diem
11. Taxes:	57,096	2.1334
12. Insurance:	58,356	2.1805

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.2161
16. Budget Neutrality Adjustment:		(36.0460)

Rate Adjustment:	
17. Final Rate*	240.8549

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 260568-00 2023/10
266.25

Tierra Pines Center

Zip Code:	33771			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	38,088	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	38,465	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	26,522			
Medicaid Utilization:	68.95099 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,802,102	1,176,787	1,765,307
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	99.8241	30.8965	46.3481
3. Inflated Cost Per Diem (Line 2 x Inflation):	127.3062	38.7722	58.1626
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.1343	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.2241	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	5	0.89	37,168	24.5602

	Total	Per Diem
11. Taxes:	56,563	1.4705
12. Insurance:	52,596	1.3673

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.7212
16. Budget Neutrality Adjustment:		(36.3812)

Rate Adjustment:	
17. Final Rate*	266.2544

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 260576-00 2023/10
243.91

Highlands Lake Center, LLC

Zip Code:	33813			
Peer Group:	North		Price	Floor
Beds:	179	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	38,394	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	41,284	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	21,598			
Medicaid Utilization:	52.31567 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,126,432	1,374,784	1,762,840
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	107.4759	35.8072	45.9144
3. Inflated Cost Per Diem (Line 2 x Inflation):	137.0645	44.9348	57.6184
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	9	0.87	61,474	22.6296

	Total	Per Diem
11. Taxes:	117,926	2.8564
12. Insurance:	117,464	2.8452

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.9043
16. Budget Neutrality Adjustment:		(37.1013)

Rate Adjustment:	
17. Final Rate*	243.9148

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 260649-00 2023/10
247.24

Coquina Center			
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Zip Code:	32174			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	23,943	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	27,082	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	15,009			1.30667404
Medicaid Utilization:	55.42057 %			1.28925856
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,564,245	770,562	1,130,295
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	107.0978	32.1831	47.2077
3. Inflated Cost Per Diem (Line 2 x Inflation):	139.9420	41.4924	60.8629
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	9	0.88	49,200	26.5023

	Total	Per Diem
11. Taxes:	64,196	2.3704
12. Insurance:	74,786	2.7614

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.3999
16. Budget Neutrality Adjustment:		(37.5706)

Rate Adjustment:	
17. Final Rate*	247.2440

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 260657-00 2023/10
265.67

Island Lake Center, LLC

Zip Code:	32750				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	27,621	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	33,703	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	21,547				
Medicaid Utilization:	63.93199 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,907,833	921,991	1,310,946
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	105.2761	33.3800	47.4619
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.2591	41.8889	59.5603
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	8	0.89	41,736	23.4734

	Total	Per Diem
11. Taxes:	86,143	2.5559
12. Insurance:	48,065	1.4261

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.5362
16. Budget Neutrality Adjustment:		(36.9768)

Rate Adjustment:	
17. Final Rate*	265.6656

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 260665-00 2023/10
244.15

Indian River Center

Zip Code:	32904						
Peer Group:	North			Price	Floor	Inflation	
Beds:	179			Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	49,290			Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	51,831			Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	30,856						
Medicaid Utilization:	59.53194 %	2023 Cost per Square Foot: \$292.90					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,268,470	1,470,305	2,277,753
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	106.8871	29.8296	46.2112
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.3137	37.4334	57.9908
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	13.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	14	0.91	64,705	22.4066

	Total	Per Diem
11. Taxes:	88,211	1.7018
12. Insurance:	66,675	1.2863

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.6584
16. Budget Neutrality Adjustment:		(36.6841)

Rate Adjustment:	
17. Final Rate*	244.1497

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 260673-00 2023/10
217.48

Riverwood Center

Zip Code:	32216				
Peer Group:	North				
Beds:	240	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	71,284	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	55,280	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	45,004				
Medicaid Utilization:	81.41100 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	7,056,473	2,044,702	3,081,381
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	98.9909	28.6838	43.2268
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.3489	36.9809	55.7305
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.0915	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.2668	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	60	32	0.87	65,386	14.4696

	Total	Per Diem
11. Taxes:	137,392	2.4853
12. Insurance:	93,488	1.6911

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.5710
16. Budget Neutrality Adjustment:		(35.4279)

Rate Adjustment:	
17. Final Rate*	217.4781

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 260690-00 2023/10
262.29

Fairway Oaks Center, LLC			
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Zip Code:	33613			
Peer Group:	North		Price	Floor
Bed:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	29,233	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	34,151	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	26,180			1.27530471
Medicaid Utilization:	76.65954 %			1.25490778
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,997,398	1,050,512	1,389,430
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	102.5347	35.9358	47.5295
3. Inflated Cost Per Diem (Line 2 x Inflation):	130.7630	45.0961	59.6451
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.6774	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.6809	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	46	12	0.88	32,876	21.7948

	Total	Per Diem
11. Taxes:	72,624	2.1265
12. Insurance:	44,752	1.3104

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.6542
16. Budget Neutrality Adjustment:		(36.5646)

Rate Adjustment:	
17. Final Rate*	262.2854

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 260771-00 2023/10
291.48

Shoreside Health and Rehabilitation Center

Zip Code:	33161				
Peer Group:	South				
Beds:	150	Direct Care	100.0%	95.0%	1.30393797
Medicaid Days FYE 1/31/18	37,555	Indirect Care	92.0%	92.5%	1.28678308
Total Patient Days FYE 12/31/22	60,522	Operating	86.0%	N/A	1.28678308
Medicaid Days FYE 12/31/22	45,150				
Medicaid Utilization:	74.60097 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,954,661	1,375,770	2,207,801
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	131.9307	36.6334	58.7884
3. Inflated Cost Per Diem (Line 2 x Inflation):	172.0295	47.1393	75.6480
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	7	0.89	63,337	28.3961

	Total	Per Diem
11. Taxes:	144,951	2.3950
12. Insurance:	190,453	3.1468

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.8908
16. Budget Neutrality Adjustment:		(40.7311)

Rate Adjustment:	
17. Final Rate*	291.4836

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Computation of Nursing Home Medicaid Reimbursement Rate
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0 261254-00 2023/10
275.81

Alhambra Healthcare & Rehabilitation Center
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Zip Code:	33710			
Peer Group:	North		Price	Floor
Beds:	60	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	8,937	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/20	19,045	Operating	86.0%	N/A
Medicaid Days FYE 12/31/20	11,518			1.30667404
Medicaid Utilization:	60.47782 %			1.28925856
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	971,715	336,687	596,667
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	108.7294	37.6733	66.7636
3. Inflated Cost Per Diem (Line 2 x Inflation):	142.0739	48.5707	86.0756
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	58	1	0.89	25,823	31.5423

	Total	Per Diem
11. Taxes:	24,463	1.2844
12. Insurance:	42,197	2.2156

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.3695
16. Budget Neutrality Adjustment:		(38.0549)

Rate Adjustment:	
17. Final Rate*	275.8133

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 261611-00 2023/10
267.94

Terra Vista Rehab And Health Center

Zip Code:	32806			
Peer Group:	North		Price	Floor
Beds:	115	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	27,260	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/18	38,308	Operating	86.0%	N/A
Medicaid Days FYE 12/31/18	27,260			1.27530471
Medicaid Utilization:	71.16007 %			1.25490778
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,901,369	971,476	1,266,444
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	106.4331	35.6374	46.4579
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.7347	44.7216	58.3004
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	51	36	0.89	23,366	13.1453

	Total	Per Diem
11. Taxes:	78,352	2.0453
12. Insurance:	36,376	0.9495

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.2923
16. Budget Neutrality Adjustment:		(35.3691)

Rate Adjustment:	
17. Final Rate*	267.9363

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 261629-00 2023/10
257.14

Avalon Healthcare Center

Zip Code:	32025	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.27530471
Beds:	95		92.0%	92.5%	1.25490778
Medicaid Days FYE 12/31/18	25,461		86.0%	N/A	1.25490778
Total Patient Days FYE 12/31/20	29,380		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/20	21,562				
Medicaid Utilization:	73.39006 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,231,282	1,080,855	1,055,289
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	87.6352	42.4513	41.4472
3. Inflated Cost Per Diem (Line 2 x Inflation):	111.7616	53.2725	52.0125
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	19.6788	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	118.6796	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.5	30.6942

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	19	0.87	17,365	19.0818

	Total	Per Diem
11. Taxes:	35,286	1.2010
12. Insurance:	40,794	1.3884

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.0343
16. Budget Neutrality Adjustment:		(33.3588)

Rate Adjustment:	
17. Final Rate*	257.1427

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 261637-00 2023/10
274.24

Emerald HealthCare Center

Zip Code:	34952			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	19,899	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/20	37,666	Operating	86.0%	N/A
Medicaid Days FYE 12/31/20	16,428			
Medicaid Utilization:	43.61493 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,123,633	910,062	852,799
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	106.7205	45.7340	42.8563
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.1012	57.3920	53.7807
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	9	0.84	29,109	21.9073

	Total	Per Diem
11. Taxes:	119,550	3.1739
12. Insurance:	86,168	2.2876

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.3485
16. Budget Neutrality Adjustment:		(36.9646)

Rate Adjustment:	
17. Final Rate*	274.2369

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263389-00 2023/10
267.77

Atlantic Shores Nursing And Rehab

Zip Code:	32901			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/19	21,151	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	32,237	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	17,488			1.22608988
Medicaid Utilization:	54.24822 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,346,814	595,394	1,044,452
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	110.9552	28.1496	49.3807
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.0788	34.5140	60.5452
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.1474	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	37.4055	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	17	0.91	52,387	25.3790

	Total	Per Diem
11. Taxes:	80,689	2.5029
12. Insurance:	30,312	0.9402

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.6514
16. Budget Neutrality Adjustment:		(37.0080)

Rate Adjustment:	
17. Final Rate*	267.7653

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263443-00 2023/10
246.97

Bonifay Nursing And Rehab

Zip Code:	32425				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	48,550	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/22	59,164	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/22	45,050				
Medicaid Utilization:	76.14428 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,518,413	1,146,033	1,843,111
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	93.0672	23.6052	37.9631
3. Inflated Cost Per Diem (Line 2 x Inflation):	115.8179	28.9421	46.5462
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.6225	6.7193	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.7358	31.8335	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.5	28.2869

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	30	0.88	59,884	15.3325

	Total	Per Diem
11. Taxes:	42,138	0.7122
12. Insurance:	42,593	0.7199

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.7637
16. Budget Neutrality Adjustment:		(32.2832)

Rate Adjustment:	
17. Final Rate*	246.9706

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263451-00 2023/10
269.45

Riviera Palms Rehabilitation Center

Zip Code:	34221				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	28,347	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	29,654	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	21,600				
Medicaid Utilization:	72.84009 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,350,400	798,750	1,218,726
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	118.1924	28.1775	42.9931
3. Inflated Cost Per Diem (Line 2 x Inflation):	147.0851	34.5482	52.7134
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.1132	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	37.4397	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	29	0.87	56,208	20.4168

	Total	Per Diem
11. Taxes:	107,141	3.6130
12. Insurance:	42,411	1.4301

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.7784
16. Budget Neutrality Adjustment:		(36.5351)

Rate Adjustment:	
17. Final Rate*	269.4537

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263460-00 2023/10
276.50

Boynton Beach Rehabilitation Center

Zip Code:	33436-3300			
Peer Group:	South		Price	Floor
Beds:	168	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/19	36,766	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	47,389	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	31,513			1.22608988
Medicaid Utilization:	66.49855 %			
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,956,093	1,001,484	1,494,449
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	107.6019	27.2394	40.6475
3. Inflated Cost Per Diem (Line 2 x Inflation):	133.9057	33.3979	49.8375
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.7972	5.6104	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	141.3112	36.5608	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	17	0.84	74,992	24.0354

	Total	Per Diem
11. Taxes:	148,150	3.1262
12. Insurance:	49,605	1.0467

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.0636
16. Budget Neutrality Adjustment:		(38.1539)

Rate Adjustment:	
17. Final Rate*	276.5037

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263478-00 2023/10
274.15

Arbor Trail Nursing and Rehabilitation

Zip Code:	34453				
Peer Group:	North				
Beds:	116	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	23,062	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	32,579	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	16,811				
Medicaid Utilization:	51.60072 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,589,235	772,513	1,174,874
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	112.2727	33.4972	50.9441
3. Inflated Cost Per Diem (Line 2 x Inflation):	139.7184	41.0706	62.4621
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	10	0.87	37,968	22.2748

	Total	Per Diem
11. Taxes:	80,384	2.4673
12. Insurance:	30,405	0.9332

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.9215
16. Budget Neutrality Adjustment:		(36.7239)

Rate Adjustment:	
17. Final Rate*	274.1533

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263486-00 2023/10
276.87

Pinellas Point Nursing And Rehab Center

Zip Code:	33712				
Peer Group:	North			Price	Floor
Beds:	60	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	15,683	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/22	19,150	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/22	13,739				
Medicaid Utilization:	71.74413 %	2023 Cost per Square Foot:		\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,698,697	525,084	798,108
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	108.3145	33.4810	50.8900
3. Inflated Cost Per Diem (Line 2 x Inflation):	134.7925	41.0508	62.3957
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.5	35.5090

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	63	26	0.89	16,333	16.9526

	Total	Per Diem
11. Taxes:	39,589	2.0673
12. Insurance:	44,724	2.3354

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.3384
16. Budget Neutrality Adjustment:		(36.1101)

Rate Adjustment:	
17. Final Rate*	276.8732

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263494-00 2023/10
262.46

Jacksonville Nursing And Rehab

Zip Code:	32218				
Peer Group:	North				
Beds:	163	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	43,633	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/22	49,382	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/22	36,960				
Medicaid Utilization:	74.84509 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,511,857	1,026,399	1,761,926
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	103.4046	23.5234	40.3805
3. Inflated Cost Per Diem (Line 2 x Inflation):	128.6825	28.8418	49.5102
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.7580	6.8196	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.6004	31.7333	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	22	0.87	51,529	18.0174

	Total	Per Diem
11. Taxes:	49,270	0.9977
12. Insurance:	34,189	0.6923

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.7671
16. Budget Neutrality Adjustment:		(34.5151)

Rate Adjustment:	
17. Final Rate*	262.4585

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263508-00 2023/10
269.27

Port Orange Nursing And Rehab

Zip Code:	32127				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	17,030	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	33,868	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	14,099				
Medicaid Utilization:	41.62927 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,933,739	524,934	746,874
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	113.5489	30.8240	43.8563
3. Inflated Cost Per Diem (Line 2 x Inflation):	141.3066	37.7930	53.7718
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.5	30.6942

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	13	0.88	45,353	23.0225

	Total	Per Diem
11. Taxes:	74,923	2.2122
12. Insurance:	35,944	1.0612

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.3133
16. Budget Neutrality Adjustment:		(36.8121)

Rate Adjustment:	
17. Final Rate*	269.2720

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 263516-00 2023/10
264.00

MacClenny Nursing and Rehab

Zip Code:	32063				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	28,800	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/22	35,746	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/22	27,136				
Medicaid Utilization:	75.91339 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,785,162	705,122	1,206,374
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	96.7070	24.4834	41.8879
3. Inflated Cost Per Diem (Line 2 x Inflation):	120.3475	30.0188	51.3584
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.0929	5.6426	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.2654	32.9103	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	30.0	36.1109

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	18	0.87	43,725	20.1765

	Total	Per Diem
11. Taxes:	60,217	1.6845
12. Insurance:	26,761	0.7486

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.1435
16. Budget Neutrality Adjustment:		(33.9104)

Rate Adjustment:	
17. Final Rate*	263.9987

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 263524-00 2023/10
274.30

Medicana Nursing And Rehab Center

Zip Code:	33460				
Peer Group:	South		Price	Floor	Inflation
Beds:	117	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	22,710	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	31,884	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	24,106				
Medicaid Utilization:	75.60532 %	2023 Cost per Square Foot:		\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,424,673	570,106	1,137,677
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	106.7667	25.1037	50.0958
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.1601	31.5028	62.8656
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.5429	7.5055	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	143.5655	34.6657	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	26	0.84	26,927	16.0669

	Total	Per Diem
11. Taxes:	68,977	2.1633
12. Insurance:	20,735	0.6503

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.7430
16. Budget Neutrality Adjustment:		(36.8796)

Rate Adjustment:	
17. Final Rate*	274.3037

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 263532-00 2023/10
266.99

Tiffany Hall Nursing And Rehab Center

Zip Code:	34952					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	26,471			92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/22	34,471			86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/22	20,631					
Medicaid Utilization:	59.85031 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,899,021	742,260	1,218,750
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	109.5168	28.0404	46.0409
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.2888	34.3801	56.4503
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.2813	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	37.2716	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	15	0.84	41,973	19.8460

	Total	Per Diem
11. Taxes:	139,036	4.0334
12. Insurance:	25,982	0.7537

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.5666
16. Budget Neutrality Adjustment:		(36.3938)

Rate Adjustment:	
17. Final Rate*	266.9902

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 263541-00 2023/10
278.68

Metrowest Nursing And Rehab

Zip Code:	32835				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	25,476	Indirect Care	92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	37,920	Operating	86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	28,711				
Medicaid Utilization:	75.71466 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,882,620	785,627	1,203,529
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	113.1504	30.8379	47.2416
3. Inflated Cost Per Diem (Line 2 x Inflation):	140.8106	37.8100	57.9225
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.5	31.8979

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	20	0.89	59,322	26.4523

	Total	Per Diem
11. Taxes:	99,877	2.6338
12. Insurance:	26,215	0.6913

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.5276
16. Budget Neutrality Adjustment:		(37.3068)

Rate Adjustment:	
17. Final Rate*	278.6768

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

0 263559-00 2023/10
264.40

Moultrie Creek Nursing And Rehab

Zip Code:	32086					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	21,696			92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/22	38,304			86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/22	17,949					
Medicaid Utilization:	46.85934 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,579,744	661,213	1,017,668
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	118.9041	30.4762	46.9057
3. Inflated Cost Per Diem (Line 2 x Inflation):	147.9708	37.3666	57.5107
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.5	28.2869

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	23	0.87	45,000	18.8332

	Total	Per Diem
11. Taxes:	38,991	1.0179
12. Insurance:	36,851	0.9620

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.5503
16. Budget Neutrality Adjustment:		(36.0330)

Rate Adjustment:	
17. Final Rate*	264.3978

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263567-00 2023/10
262.58

Orange City Nursing And Rehab

Zip Code:	32713				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	22,559	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	34,727	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	20,919				
Medicaid Utilization:	60.23843 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,505,494	645,273	1,045,474
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	111.0640	28.6037	46.3439
3. Inflated Cost Per Diem (Line 2 x Inflation):	141.6405	35.8951	58.1574
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	20	0.89	43,800	19.8875

	Total	Per Diem
11. Taxes:	67,491	1.9434
12. Insurance:	21,739	0.6259

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.3294
16. Budget Neutrality Adjustment:		(36.2666)

Rate Adjustment:	
17. Final Rate*	262.5779

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 263575-00 2023/10
260.10

Bayshore Pointe Nursing And Rehab Center

Zip Code:	33611-2927					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	117			100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	22,496			92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/21	35,737			86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/21	19,145					
Medicaid Utilization:	53.57193 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,669,227	747,650	1,030,976
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	118.6534	33.2347	45.8293
3. Inflated Cost Per Diem (Line 2 x Inflation):	147.6588	40.7488	56.1908
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	52	40	0.88	56,234	15.8532

	Total	Per Diem
11. Taxes:	106,238	2.9727
12. Insurance:	33,021	0.9240

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.7747
16. Budget Neutrality Adjustment:		(35.8820)

Rate Adjustment:	
17. Final Rate*	260.0990

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263583-00 2023/10
268.46

Royal Oaks Nursing And Rehab Center

Zip Code:	32780			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	18,085	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	39,374	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	20,358			
Medicaid Utilization:	51.70417 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,981,586	562,835	833,564
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	109.5706	31.1216	46.0914
3. Inflated Cost Per Diem (Line 2 x Inflation):	139.7360	39.0547	57.8405
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	16	0.89	44,965	21.9233

	Total	Per Diem
11. Taxes:	76,051	1.9315
12. Insurance:	30,415	0.7724

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.5332
16. Budget Neutrality Adjustment:		(36.5750)

Rate Adjustment:	
17. Final Rate*	268.4584

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263591-00 2023/10
270.38

Tuskawilla Nursing and Rehab			
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Zip Code:	32708			
Peer Group:	North		Price	Floor
Beds:	98	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/19	16,108	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	30,053	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	14,886			1.22608988
Medicaid Utilization:	49.53249 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,950,050	548,842	787,899
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	121.0609	34.0726	48.9135
3. Inflated Cost Per Diem (Line 2 x Inflation):	150.6549	41.7761	59.9723
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	20	0.89	42,987	23.6250

	Total	Per Diem
11. Taxes:	70,727	2.3534
12. Insurance:	29,645	0.9864

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.6560
16. Budget Neutrality Adjustment:		(36.9071)

Rate Adjustment:	
17. Final Rate*	270.3829

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

0 263613-00 2023/10
278.03

Boulevard Rehabilitation Center

Zip Code:	33435-7994					
Peer Group:	South		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	167			100.0%	95.0%	1.24445518
Medicaid Days FYE 12/31/19	36,216			92.0%	92.5%	1.22608988
Total Patient Days FYE 12/31/22	44,979			86.0%	N/A	1.22608988
Medicaid Days FYE 12/31/22	29,232					
Medicaid Utilization:	64.99033 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,996,229	1,067,482	1,731,195
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	110.3442	29.4754	47.8019
3. Inflated Cost Per Diem (Line 2 x Inflation):	137.3185	36.1395	58.6094
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.3845	2.8689	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	144.7239	39.3023	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	59	27	0.84	61,499	16.4831

	Total	Per Diem
11. Taxes:	176,141	3.9160
12. Insurance:	44,133	0.9811

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.5607
16. Budget Neutrality Adjustment:		(38.0582)

Rate Adjustment:	Per Diem
17. Final Rate*	278.0338

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 263621-00 2023/10
280.30

Palm City Nursing & Rehab Center

Zip Code:	34990		Price	Floor	Inflation
Peer Group:	North				
Beds:	120				
Medicaid Days FYE 12/31/19	24,913				
Total Patient Days FYE 12/31/22	35,231				
Medicaid Days FYE 12/31/22	23,529				
Medicaid Utilization:	66.78493 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,873,448	813,347	1,118,808
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	115.3393	32.6474	44.9086
3. Inflated Cost Per Diem (Line 2 x Inflation):	143.5345	40.0287	55.0619
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	12	0.84	52,890	25.8758

	Total	Per Diem
11. Taxes:	156,135	4.4317
12. Insurance:	38,699	1.0984

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.3513
16. Budget Neutrality Adjustment:		(37.5382)

Rate Adjustment:	
17. Final Rate*	280.2957

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263834-00 2023/10
266.17

Bay Pointe Nursing Pavilion

Zip Code:	33712				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	34,463	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	32,631	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	26,535				
Medicaid Utilization:	81.31838 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,865,312	1,142,120	1,455,820
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	112.1583	33.1404	42.2429
3. Inflated Cost Per Diem (Line 2 x Inflation):	143.0360	41.5882	53.0110
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	21	0.89	34,240	18.7639

	Total	Per Diem
11. Taxes:	66,071	2.0247
12. Insurance:	80,543	2.4682

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.6445
16. Budget Neutrality Adjustment:		(36.3803)

Rate Adjustment:	
17. Final Rate*	266.1719

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263842-00 2023/10
250.40

Boca Raton Rehabilitation Center

Zip Code:	33486			
Peer Group:	South		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	29,211	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	37,694	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	24,281			
Medicaid Utilization:	64.41609 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,851,609	953,554	1,714,884
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	97.6210	32.6436	58.7067
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.4966	40.9647	73.6716
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	16.2064	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.9020	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	52	4	0.84	31,862	23.6251

	Total	Per Diem
11. Taxes:	96,420	2.5579
12. Insurance:	80,544	2.1367

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.1958
16. Budget Neutrality Adjustment:		(37.6300)

Rate Adjustment:	
17. Final Rate*	250.3986

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263851-00 2023/10
277.34

Deerfield Beach Health and Rehabilitation Center

Zip Code:	33064	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	South		100.0%	95.0%	1.30667404
Beds:	194		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	38,611		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/22	62,690		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/22	47,098				
Medicaid Utilization:	75.12841 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,720,011	1,314,528	1,433,893
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	96.3458	34.0454	37.1369
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.8926	43.8933	47.8790
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.8103	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	133.2980	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	11	0.89	69,764	22.9565

	Total	Per Diem
11. Taxes:	244,509	3.9002
12. Insurance:	136,981	2.1850

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.8433
16. Budget Neutrality Adjustment:		(37.9310)

Rate Adjustment:	
17. Final Rate*	277.3445

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263869-00 2023/10
241.92

Rehabilitation & Healthcare Center Of Cape Coral

Zip Code:	33904			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	22,998	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	39,457	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	22,798			1.27530471
Medicaid Utilization:	57.77935 %			1.25490778
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,497,803	1,039,389	1,050,392
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	108.6095	45.1947	45.6731
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.5103	56.7152	57.3156
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	44	8	0.87	36,720	22.9628

	Total	Per Diem
11. Taxes:	90,458	2.2925
12. Insurance:	90,253	2.2873

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.5898
16. Budget Neutrality Adjustment:		(36.9892)

Rate Adjustment:	
17. Final Rate*	241.9238

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263877-00 2023/10
248.34

Carrollwood Care Center

Zip Code:	33625					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	25,921			92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	39,684			86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	24,804					
Medicaid Utilization:	62.50378 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,767,358	943,008	986,151
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	106.7612	36.3800	38.0444
3. Inflated Cost Per Diem (Line 2 x Inflation):	139.5021	46.9033	49.0491
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

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

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	0	0.88	47,215	28.9022

	Total	Per Diem
11. Taxes:	43,884	1.1058
12. Insurance:	77,268	1.9470

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.2246
16. Budget Neutrality Adjustment:		(37.6162)

Rate Adjustment:	
17. Final Rate*	248.3440

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263885-00 2023/10
246.22

Casa Mora Rehabilitation and Extended Care

Zip Code:	34209					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	240			100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	59,736			92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	66,037			86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	57,895					
Medicaid Utilization:	87.67055 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	6,622,824	1,607,542	2,474,942
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	110.8682	26.9107	41.4313
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.8686	34.6949	53.4156
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.9665	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	37.5864	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	45	18	0.87	68,631	19.4366

	Total	Per Diem
11. Taxes:	147,791	2.2380
12. Insurance:	161,089	2.4393

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.7879
16. Budget Neutrality Adjustment:		(36.3647)

Rate Adjustment:	
17. Final Rate*	246.2214

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263893-00 2023/10
269.80

Evergreen Woods

Zip Code:	34608				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	18,946	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	35,665	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	22,079				
Medicaid Utilization:	61.90663 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,172,940	865,297	788,706
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	114.6912	45.6717	41.6291
3. Inflated Cost Per Diem (Line 2 x Inflation):	146.2662	57.3138	52.2407
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.5	25.8795

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	5	0.88	39,241	24.3045

	Total	Per Diem
11. Taxes:	106,986	2.9997
12. Insurance:	80,543	2.2583

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.8502
16. Budget Neutrality Adjustment:		(37.2762)

Rate Adjustment:	
17. Final Rate*	269.7965

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263907-00 2023/10
267.47

Highland Pines Rehabilitation Center

Zip Code:	33756			
Peer Group:	North			
Beds:	120			
Medicaid Days FYE 12/31/18	31,007			
Total Patient Days FYE 12/31/21	37,273			
Medicaid Days FYE 12/31/21	30,236			
Medicaid Utilization:	81.12038 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,599,599	1,095,184	1,512,138
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	116.0898	35.3205	48.7676
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.0499	44.3240	61.1988
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	57	7	0.89	34,799	23.8356

	Total	Per Diem
11. Taxes:	48,924	1.3125
12. Insurance:	59,350	1.5923

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.9648
16. Budget Neutrality Adjustment:		(36.8753)

Rate Adjustment:	
17. Final Rate*	267.4715

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263915-00 2023/10
297.55

The Rehabilitation Center Of The Palm Beaches

Zip Code:	33407					
Peer Group:	South		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	109			100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	19,078			92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	37,533			86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	22,146					
Medicaid Utilization:	59.00408 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,968,419	846,120	958,878
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	103.1774	44.3505	50.2609
3. Inflated Cost Per Diem (Line 2 x Inflation):	131.5826	55.6558	63.0728
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	9.1203	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.9880	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	31.0	37.3146

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	3	0.84	52,184	30.6252

	Total	Per Diem
11. Taxes:	216,887	5.7785
12. Insurance:	65,611	1.7480

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.5204
16. Budget Neutrality Adjustment:		(40.0339)

Rate Adjustment:	
17. Final Rate*	297.5520

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263923-00 2023/10
244.98

Pompano Health and Rehabilitation Center			
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Zip Code:	33064			
Peer Group:	South		Price	Floor
Beds:	127	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	31,971	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	40,582	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	34,904			1.28925856
Medicaid Utilization:	86.00858 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,982,564	967,743	1,332,949
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	93.2896	30.2694	41.6924
3. Inflated Cost Per Diem (Line 2 x Inflation):	121.8991	39.0250	53.7523
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.8038	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.3046	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	52	24	0.89	42,561	17.6771

	Total	Per Diem
11. Taxes:	140,436	3.4605
12. Insurance:	80,552	1.9849

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.4627
16. Budget Neutrality Adjustment:		(36.5225)

Rate Adjustment:	
17. Final Rate*	244.9783

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263931-00 2023/10
239.62

Healthcare and Rehabilitation Center of Sanford

Zip Code:	32771			
Peer Group:	North		Price	Floor
Beds:	114	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	27,832	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	33,288	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	27,008			
Medicaid Utilization:	81.13434 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,954,847	830,550	1,275,370
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	106.1672	29.8415	45.8238
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.3955	37.4483	57.5047
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

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

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	32	0.89	34,020	14.7790

	Total	Per Diem
11. Taxes:	43,932	1.3197
12. Insurance:	88,750	2.6661

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.8155
16. Budget Neutrality Adjustment:		(35.7420)

Rate Adjustment:	
17. Final Rate*	239.6188

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 263940-00 2023/10
240.44

Rehabilitation and Healthcare Center of Tampa

Zip Code:	33614				
Peer Group:	North				
Beds:	174	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	44,752	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	57,088	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	44,148				
Medicaid Utilization:	77.33324 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,677,904	1,658,871	2,018,840
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	104.5294	37.0680	45.1117
3. Inflated Cost Per Diem (Line 2 x Inflation):	133.3069	46.5170	56.6110
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	9.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	54	25	0.88	60,405	17.1340

	Total	Per Diem
11. Taxes:	129,403	2.2667
12. Insurance:	112,771	1.9753

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.3929
16. Budget Neutrality Adjustment:		(36.1130)

Rate Adjustment:	
17. Final Rate*	240.4365

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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Rate Semester 10/01/2023 through 09/30/2024

0 263958-00 2023/10
239.99

Abbey Rehabilitation And Nursing Center
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Zip Code:	33702				
Peer Group:	North			Price	Floor
Bed:	152	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	36,305	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	41,973	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	36,088				
Medicaid Utilization:	85.97908 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,116,685	1,061,359	1,538,886
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	113.3916	29.2345	42.3877
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.6089	36.6866	53.1926
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

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

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	60	31	0.89	36,045	15.1413

	Total	Per Diem
11. Taxes:	55,935	1.3326
12. Insurance:	105,085	2.5036

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.9995
16. Budget Neutrality Adjustment:		(35.7722)

Rate Adjustment:	
17. Final Rate*	239.9853

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 263966-00 2023/10
276.70

The Oaks At Avon Park

Zip Code:	33825			
Peer Group:	North		Price	Floor
Beds:	104	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	21,096	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	32,101	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	19,618			
Medicaid Utilization:	61.11336 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,066,041	850,249	853,079
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	97.9352	40.3038	40.4379
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.8972	50.5775	50.7458
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.5433	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.8151	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	31.0	37.3146

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	9	0.87	38,744	23.9784

	Total	Per Diem
11. Taxes:	91,185	2.8405
12. Insurance:	64,447	2.0076

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.5631
16. Budget Neutrality Adjustment:		(36.2419)

Rate Adjustment:	
17. Final Rate*	276.6996

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 263974-00 2023/10
242.70

Titusville Rehabilitation and Nursing Center

Zip Code:	32796							
Peer Group:	North		Direct Care	Price	Floor	Inflation		
Beds:	157			100.0%	95.0%	1.30667404		
Medicaid Days FYE 12/31/17	32,105			Indirect Care	92.0%	92.5%	1.28925856	
Total Patient Days FYE 12/31/22	28,959				Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	22,297					2023 Cost per Square Foot: \$292.90		
Medicaid Utilization:	76.99506 %							

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,347,327	1,038,142	1,462,679
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	104.2618	32.3358	45.5592
3. Inflated Cost Per Diem (Line 2 x Inflation):	136.2362	41.6892	58.7376
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	26	0.89	44,525	16.9526

	Total	Per Diem
11. Taxes:	50,478	1.7430
12. Insurance:	98,173	3.3900

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.0477
16. Budget Neutrality Adjustment:		(36.2139)

Rate Adjustment:	
17. Final Rate*	242.7001

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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Rate Semester 10/01/2023 through 09/30/2024

0 263982-00 2023/10
240.26

Sarasota Health and Rehabilitation Center

Zip Code:	34239	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30667404
Beds:	169		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	36,508		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/22	42,917				
Medicaid Days FYE 12/31/22	35,534				
Medicaid Utilization:	82.79703 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,194,304	1,184,057	1,710,890
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	114.8872	32.4328	46.8634
3. Inflated Cost Per Diem (Line 2 x Inflation):	150.1201	41.8142	60.4190
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	34	0.87	28,067	13.7601

	Total	Per Diem
11. Taxes:	68,484	1.5957
12. Insurance:	112,764	2.6274

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.1272
16. Budget Neutrality Adjustment:		(35.6310)

Rate Adjustment:	
17. Final Rate*	240.2600

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 263991-00 2023/10
261.27

Windsor Woods Rehab And Healthcare Center

Zip Code:	34667			
Peer Group:	North		Price	Floor
Beds:	103	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/19	22,312	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	33,991	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	21,696			
Medicaid Utilization:	63.82866 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,211,575	752,226	953,820
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	99.1204	33.7139	42.7491
3. Inflated Cost Per Diem (Line 2 x Inflation):	123.3509	41.3363	52.4143
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.0895	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.2688	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	14	0.88	26,002	20.9813

	Total	Per Diem
11. Taxes:	39,110	1.1505
12. Insurance:	78,397	2.3064

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.2596
16. Budget Neutrality Adjustment:		(35.3987)

Rate Adjustment:	
17. Final Rate*	261.2677

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 264008-00 2023/10
243.72

Winkler Court

Zip Code:	33916						
Peer Group:	North			Price	Floor	Inflation	
Beds:	120			Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	30,343			Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	39,492			Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	25,007						
Medicaid Utilization:	63.32169 %	2023 Cost per Square Foot:			\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,043,507	986,530	1,512,008
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	100.3034	32.5126	49.8305
3. Inflated Cost Per Diem (Line 2 x Inflation):	131.0638	41.9171	64.2444
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.3766	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.9818	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	10	0.87	34,339	22.2342

	Total	Per Diem
11. Taxes:	136,039	3.4447
12. Insurance:	81,698	2.0687

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.5315
16. Budget Neutrality Adjustment:		(36.9648)

Rate Adjustment:	
17. Final Rate*	243.7181

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 264512-00 2023/10
241.43

Conway Lakes Health & Rehabilitation Center

Zip Code:	32812			
Peer Group:	North			
Beds:	120			
Medicaid Days FYE 12/31/17	12,306			
Total Patient Days FYE 12/31/21	40,102			
Medicaid Days FYE 12/31/21	15,621			
Medicaid Utilization:	38.95317 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,377,994	651,992	744,589
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	111.9774	52.9816	60.5061
3. Inflated Cost Per Diem (Line 2 x Inflation):	146.3179	68.3070	78.0081
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	1	0.89	43,755	26.5565

	Total	Per Diem
11. Taxes:	66,579	1.6602
12. Insurance:	63,153	1.5748

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.1619
16. Budget Neutrality Adjustment:		(37.3088)

Rate Adjustment:	
17. Final Rate*	241.4251

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 264521-00 2023/10
278.30

Belleair Health Care Center

Zip Code:	33756	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30667404
Beds:	120		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	20,138		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/21	38,400		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	19,899				
Medicaid Utilization:	51.82031 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,091,993	798,139	1,048,940
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	103.8828	39.6334	52.0875
3. Inflated Cost Per Diem (Line 2 x Inflation):	135.7410	51.0978	67.1543
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	6	0.89	41,543	24.1979

	Total	Per Diem
11. Taxes:	60,385	1.5725
12. Insurance:	140,849	3.6679

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.4304
16. Budget Neutrality Adjustment:		(37.2586)

Rate Adjustment:	
17. Final Rate*	278.2979

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 264539-00 2023/10
269.89

East Bay Rehabilitation Center			
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Zip Code:	33764			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	21,828	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	40,531	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	21,629			1.28925856
Medicaid Utilization:	53.36409 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,578,786	858,460	1,208,964
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	118.1411	39.3283	55.3859
3. Inflated Cost Per Diem (Line 2 x Inflation):	154.3720	50.7044	71.4067
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	1	0.89	41,862	25.2963

	Total	Per Diem
11. Taxes:	67,462	1.6644
12. Insurance:	100,255	2.4735

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.4524
16. Budget Neutrality Adjustment:		(37.2580)

Rate Adjustment:	
17. Final Rate*	269.8905

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 264547-00 2023/10
277.32

Melbourne Terrace Rehabilitation Center

Zip Code:	32901				
Peer Group:	North				
Beds:	170	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	12,915	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	57,391	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	19,971				
Medicaid Utilization:	34.79814 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,564,322	778,729	789,758
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	121.1244	60.2964	61.1504
3. Inflated Cost Per Diem (Line 2 x Inflation):	158.2701	77.7377	78.8387
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.5	30.6942

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	2	0.91	90,208	35.6062

	Total	Per Diem
11. Taxes:	176,423	3.0740
12. Insurance:	199,662	3.4789

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		10.7481
16. Budget Neutrality Adjustment:		(39.0661)

Rate Adjustment:	
17. Final Rate*	277.3160

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 264563-00 2023/10
274.46

Centre Pointe Health and Rehab Center

Zip Code:	32308				
Peer Group:	North				
Beds:	140	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	15,936	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	41,999	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	18,093				
Medicaid Utilization:	43.07960 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,687,765	611,841	831,278
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	105.9089	38.3936	52.1635
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3884	49.4993	67.2522
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	4	0.88	66,208	32.6815

	Total	Per Diem
11. Taxes:	113,348	2.6988
12. Insurance:	120,978	2.8804

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		14.2418
16. Budget Neutrality Adjustment:		(38.5122)

Rate Adjustment:	
17. Final Rate*	274.4560

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 264571-00 2023/10
248.09

Spring Lake Rehabilitation Center

Zip Code:	33881				
Peer Group:	North				
Beds:	132	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	9,999	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	44,415	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	12,435				
Medicaid Utilization:	27.99730 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,164,784	515,832	550,718
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	116.4900	51.5883	55.0773
3. Inflated Cost Per Diem (Line 2 x Inflation):	152.2145	66.5107	71.0088
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	1	0.87	78,826	34.7177

	Total	Per Diem
11. Taxes:	178,913	4.0282
12. Insurance:	158,192	3.5616

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		12.0880
16. Budget Neutrality Adjustment:		(39.0872)

Rate Adjustment:	
17. Final Rate*	248.0889

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 265381-00 2023/10
281.13

Life Care Center of Estero

Zip Code:	33928				
Peer Group:	North				
Beds:	155	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	23,566	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	47,963	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	25,314				
Medicaid Utilization:	52.77818 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,909,141	680,934	1,208,923
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	123.4465	28.8947	51.2994
3. Inflated Cost Per Diem (Line 2 x Inflation):	161.3043	37.2528	66.1382
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	20	12	0.87	76,075	29.5988

	Total	Per Diem
11. Taxes:	119,875	2.4993
12. Insurance:	66,121	1.3785

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.4098
16. Budget Neutrality Adjustment:		(37.8324)

Rate Adjustment:	
17. Final Rate*	281.1307

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 265560-00 2023/10
218.29

Valencia Hills Health and Rehabilitation Center
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Zip Code:	33810			
Peer Group:	North		Price	Floor
Beds:	249	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	55,695	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	67,100	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	43,852			1.28925856
Medicaid Utilization:	65.35320 %			
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,916,573	1,751,132	2,431,488
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	106.2316	31.4414	43.6572
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.8101	40.5361	56.2854
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	46	30	0.87	85,606	15.1792

	Total	Per Diem
11. Taxes:	96,996	1.4455
12. Insurance:	66,406	0.9896

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.4776
16. Budget Neutrality Adjustment:		(35.5785)

Rate Adjustment:	
17. Final Rate*	218.2939

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 265730-00 2023/10
277.03

The Terrace of Hialeah

Zip Code:	33010			
Peer Group:	South		Price	Floor
Beds:	276	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	76,329	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/20	75,805	Operating	86.0%	N/A
Medicaid Days FYE 12/31/20	57,421			
Medicaid Utilization:	75.74830 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	8,825,486	2,322,120	3,123,080
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	115.6242	30.4225	40.9160
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.0832	39.2224	52.7513
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	73	40	0.89	52,912	11.8809

	Total	Per Diem
11. Taxes:	121,975	1.6090
12. Insurance:	212,683	2.8056

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.5685
16. Budget Neutrality Adjustment:		(38.2243)

Rate Adjustment:	
17. Final Rate*	277.0258

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 266108-00 2023/10
277.44

Life Care Center of Ocala

Zip Code:	34474				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	19,697	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 1/31/22	37,261	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 1/31/22	19,773				
Medicaid Utilization:	53.06621 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,424,082	731,657	1,025,317
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	123.0685	37.1456	52.0544
3. Inflated Cost Per Diem (Line 2 x Inflation):	156.5583	46.5195	65.1907
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	25	11	0.87	57,576	29.4464

	Total	Per Diem
11. Taxes:	99,200	2.6623
12. Insurance:	65,542	1.7589

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.5880
16. Budget Neutrality Adjustment:		(37.8880)

Rate Adjustment:	
17. Final Rate*	277.4407

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 266124-00 2023/10
261.27

Elevate Care Lake Worth

Zip Code:	33460				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	27,532	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/20	32,237	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/20	19,304				
Medicaid Utilization:	59.88150 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,097,712	919,074	1,291,855
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	112.5131	33.3820	46.9219
3. Inflated Cost Per Diem (Line 2 x Inflation):	147.0180	43.0380	60.4945
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	24	0.84	41,686	16.7540

	Total	Per Diem
11. Taxes:	114,554	3.5534
12. Insurance:	81,100	2.5157

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.8743
16. Budget Neutrality Adjustment:		(39.1518)

Rate Adjustment:	
17. Final Rate*	261.2651

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 266612-00 2023/10
233.85

Whispering Oaks			
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Zip Code:	33610			
Peer Group:	North		Price	Floor
Beds:	240	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	70,719	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	80,941	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	69,033			1.25490778
Medicaid Utilization:	85.28805 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	7,082,994	1,653,278	2,633,940
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	100.1568	23.3781	37.2451
3. Inflated Cost Per Diem (Line 2 x Inflation):	127.7305	29.3373	46.7392
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.7099	6.3240	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.6484	32.2288	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	50	33	0.88	53,609	13.8955

	Total	Per Diem
11. Taxes:	4,911	0.0606
12. Insurance:	66,943	0.8270

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.5937
16. Budget Neutrality Adjustment:		(33.7505)

Rate Adjustment:	
17. Final Rate*	233.8542

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 267724-00 2023/10
265.48

The Springs at Boca Ciega Bay

Zip Code:	33707				
Peer Group:	North				
Beds:	109	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	15,252	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	32,955	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	18,919				
Medicaid Utilization:	57.40859 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,875,904	688,603	785,665
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	122.9939	45.1483	51.5122
3. Inflated Cost Per Diem (Line 2 x Inflation):	160.7130	58.2079	66.4126
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	49	29	0.89	51,011	20.8436

	Total	Per Diem
11. Taxes:	87,364	2.6510
12. Insurance:	86,937	2.6380

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.0776
16. Budget Neutrality Adjustment:		(36.7889)

Rate Adjustment:	
17. Final Rate*	265.4795

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 268062-00 2023/10
298.70

Susanna Wesley Health Center

Zip Code:	33012			
Peer Group:	South			
Beds:	120			
Medicaid Days FYE 12/31/19	24,052			
Total Patient Days FYE 12/31/21	34,707			
Medicaid Days FYE 12/31/21	20,680			
Medicaid Utilization:	59.58452 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,184,167	989,837	1,485,452
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	132.3867	41.1540	61.7600
3. Inflated Cost Per Diem (Line 2 x Inflation):	164.7494	50.4585	75.7233
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	4	0.89	54,376	31.7270

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	216,959	6.2511

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.6176
16. Budget Neutrality Adjustment:		(41.3051)

Rate Adjustment:	
17. Final Rate*	298.6950

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 268186-00 2023/10
277.87

Life Care Center of Palm Bay

Zip Code:	32907				
Peer Group:	North				
Beds:	141	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	24,163	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	44,446	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	27,346				
Medicaid Utilization:	61.52635 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,987,839	823,166	1,261,345
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	123.6534	34.0672	52.2015
3. Inflated Cost Per Diem (Line 2 x Inflation):	157.6958	42.7512	65.5080
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	19	15	0.91	63,334	27.0032

	Total	Per Diem
11. Taxes:	108,165	2.4336
12. Insurance:	40,316	0.9070

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.8333
16. Budget Neutrality Adjustment:		(37.3873)

Rate Adjustment:	
17. Final Rate*	277.8666

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 268763-00 2023/10
281.91

Good Samaritan Center

Zip Code:	32060				
Peer Group:	North				
Beds:	161	Direct Care	100.0%	95.0%	1.29075005
Medicaid Days FYE 6/30/18	41,919	Indirect Care	92.0%	92.5%	1.27259702
Total Patient Days FYE 6/30/22	37,202	Operating	86.0%	N/A	1.27259702
Medicaid Days FYE 6/30/22	29,949				
Medicaid Utilization:	80.50374 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,600,232	1,186,450	1,844,017
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/18):	109.7409	28.3033	43.9900
3. Inflated Cost Per Diem (Line 2 x Inflation):	141.6481	36.0188	55.9815
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	4	0.87	80,630	34.0778

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	36,875	0.9912

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.0332
16. Budget Neutrality Adjustment:		(38.0587)

Rate Adjustment:	
17. Final Rate*	281.9072

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 268780-00 2023/10
276.32

The Springs At Lake Pointe Woods

Zip Code:	34231				
Peer Group:	North				
Beds:	119	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	24,318	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	32,500	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	18,122				
Medicaid Utilization:	55.76000 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,001,603	961,939	1,110,364
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	123.4313	39.5566	45.6601
3. Inflated Cost Per Diem (Line 2 x Inflation):	161.2845	50.9987	58.8677
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	7	0.87	55,403	30.4705

	Total	Per Diem
11. Taxes:	94,957	2.9217
12. Insurance:	47,247	1.4537

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.6331
16. Budget Neutrality Adjustment:		(38.0270)

Rate Adjustment:	
17. Final Rate*	276.3158

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 269000-00 2023/10
263.89

Majestic Oaks Continuing Care Complex

Zip Code:	32763				
Peer Group:	North				
Beds:	150	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	20,738	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	39,584	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	17,757				
Medicaid Utilization:	44.85903 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,872,619	626,524	1,248,842
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	138.5195	30.2113	60.2199
3. Inflated Cost Per Diem (Line 2 x Inflation):	176.6546	37.9125	75.5705
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	20	7	0.89	93,656	33.3041

	Total	Per Diem
11. Taxes:	132,057	3.3361
12. Insurance:	178,412	4.5071

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.9223)

Rate Adjustment:	
17. Final Rate*	263.8943

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 269697-00 2023/10
286.89

Regents Park of Sunrise

Zip Code:	33351				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	28,934	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	41,012	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	29,034				
Medicaid Utilization:	70.79391 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,856,733	896,246	1,166,973
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	98.7327	30.9755	40.3322
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.0115	39.9354	51.9986
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	11.6915	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.4169	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	14	0.87	78,979	28.0037

	Total	Per Diem
11. Taxes:	175,534	4.2800
12. Insurance:	64,522	1.5732

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.1749
16. Budget Neutrality Adjustment:		(39.0583)

Rate Adjustment:	
17. Final Rate*	286.8902

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 269719-00 2023/10
262.78

Regents Park of Winter Park

Zip Code:	32792			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	27,052	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	37,998	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	23,121			
Medicaid Utilization:	60.84794 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,636,665	858,471	1,022,541
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	97.4665	31.7341	37.7990
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.2995	39.8233	47.4343
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.1409	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.2174	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	19	0.89	72,408	27.2441

	Total	Per Diem
11. Taxes:	185,323	4.8771
12. Insurance:	60,607	1.5950

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.4184
16. Budget Neutrality Adjustment:		(36.8518)

Rate Adjustment:	
17. Final Rate*	262.7834

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 269727-00 2023/10
248.41

Regents Park of Jacksonville

Zip Code:	32256				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	26,614	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	30,469	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	24,211				
Medicaid Utilization:	79.46109 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,721,276	890,381	1,026,345
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	102.2497	33.4553	38.5641
3. Inflated Cost Per Diem (Line 2 x Inflation):	133.6071	43.1326	49.7190
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

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

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	13	0.87	49,226	24.5900

	Total	Per Diem
11. Taxes:	104,851	3.4412
12. Insurance:	51,004	1.6739

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.2207
16. Budget Neutrality Adjustment:		(37.2965)

Rate Adjustment:	
17. Final Rate*	248.4099

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 282464-00 2023/10
268.65

Ridgecrest Healthcare and Rehabilitation Center

Zip Code:	32720				
Peer Group:	North				
Beds:	146	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	31,551	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 1/31/23	26,556	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 1/31/23	14,669				
Medicaid Utilization:	55.23799 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,201,449	1,062,506	1,851,383
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	101.4690	33.6758	58.6790
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.5869	43.4168	75.6524
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	7	0.89	61,499	26.4952

	Total	Per Diem
11. Taxes:	47,801	1.8000
12. Insurance:	72,173	2.7177

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.6759
16. Budget Neutrality Adjustment:		(37.4823)

Rate Adjustment:	
17. Final Rate*	268.6536

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 282529-00 2023/10
278.07

Coral Reef Nursing & Rehabilitation Center

Zip Code:	33157			
Peer Group:	South		Price	Floor
Beds:	180	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	29,978	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	53,686	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	24,623			
Medicaid Utilization:	45.86484 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,814,426	870,761	1,443,079
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	127.2408	29.0466	48.1379
3. Inflated Cost Per Diem (Line 2 x Inflation):	162.2708	36.4508	60.4086
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	2.5575	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	39.6137	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	11	0.89	62,567	22.3866

	Total	Per Diem
11. Taxes:	180,780	3.3673
12. Insurance:	114,381	2.1305

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.6565
16. Budget Neutrality Adjustment:		(39.5075)

Rate Adjustment:	
17. Final Rate*	278.0656

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 283193-00 2023/10
271.62

Life Care Center of Jacksonville

Zip Code:	32216				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	10,581	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	32,977	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	21,116				
Medicaid Utilization:	64.03251 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,322,999	397,859	586,096
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	125.0353	37.6012	55.3913
3. Inflated Cost Per Diem (Line 2 x Inflation):	163.3804	48.4777	71.4137
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	19	16	0.87	58,444	27.4545

	Total	Per Diem
11. Taxes:	123,768	3.7531
12. Insurance:	56,775	1.7216

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.9975
16. Budget Neutrality Adjustment:		(37.7546)

Rate Adjustment:	
17. Final Rate*	271.6192

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 284289-00 2023/10
275.85

Life Care Center of Orange Park

Zip Code:	32073				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	31,034	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	58,814	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	38,503				
Medicaid Utilization:	65.46571 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,423,209	973,864	1,472,997
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	110.3051	31.3805	47.4639
3. Inflated Cost Per Diem (Line 2 x Inflation):	140.6726	39.3796	59.5629
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.5	31.8979

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	27	21	0.87	75,537	21.7629

	Total	Per Diem
11. Taxes:	119,470	2.0313
12. Insurance:	110,789	1.8837

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.2176
16. Budget Neutrality Adjustment:		(36.7243)

Rate Adjustment:	
17. Final Rate*	275.8497

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 308251-00 2023/10
288.73

Ponce Health and Rehabilitation Center

Zip Code:	33130				
Peer Group:	South				
Beds:	147	Direct Care	100.0%	95.0%	1.30393797
Medicaid Days FYE 1/31/18	36,816	Indirect Care	92.0%	92.5%	1.28678308
Total Patient Days FYE 12/31/22	63,874	Operating	86.0%	N/A	1.28678308
Medicaid Days FYE 12/31/22	35,661				
Medicaid Utilization:	55.83023 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,175,938	1,145,223	1,641,995
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	113.4272	31.1066	44.6000
3. Inflated Cost Per Diem (Line 2 x Inflation):	147.9021	40.0275	57.3905
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	5	0.89	56,606	26.8410

	Total	Per Diem
11. Taxes:	157,830	2.4709
12. Insurance:	251,040	3.9302

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.5333
16. Budget Neutrality Adjustment:		(40.6322)

Rate Adjustment:	
17. Final Rate*	288.7329

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 310841-00 2023/10
262.57

St Mark Village, Inc.

Zip Code:	34684				
Peer Group:	North				
Beds:	80	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	7,889	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	21,406	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	9,639				
Medicaid Utilization:	45.02943 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,320,010	374,682	566,813
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	167.3228	47.4942	71.8485
3. Inflated Cost Per Diem (Line 2 x Inflation):	213.3876	59.6008	90.1632
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	33.0	39.7220

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	4	0.88	22,691	24.6630

	Total	Per Diem
11. Taxes:	4,568	0.2133
12. Insurance:	44,824	2.0939

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(36.9079)

Rate Adjustment:	
17. Final Rate*	262.5650

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 311685-00 2023/10
286.68

Life Care Center of Punta Gorda

Zip Code:	33950				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.30120764
Medicaid Days FYE 2/28/18	30,840	Indirect Care	92.0%	92.5%	1.28431236
Total Patient Days FYE 2/28/23	41,852	Operating	86.0%	N/A	1.28431236
Medicaid Days FYE 2/28/23	27,830				
Medicaid Utilization:	66.49622 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,891,774	955,539	1,604,907
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/18):	126.1924	30.9837	52.0397
3. Inflated Cost Per Diem (Line 2 x Inflation):	164.2025	39.7928	66.8353
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	35.0	42.1294

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	18	17	0.87	71,437	22.2476

	Total	Per Diem
11. Taxes:	164,045	3.9196
12. Insurance:	57,554	1.3751

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.2158
16. Budget Neutrality Adjustment:		(36.9892)

Rate Adjustment:	
17. Final Rate*	286.6789

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 312142-00 2023/10
234.87

The Pavilion at Crescent Lake

Zip Code:	32112				
Peer Group:	North				
Beds:	92	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	21,900	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	14,363	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	10,640				
Medicaid Utilization:	74.07923 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,350,275	547,282	931,478
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	107.3184	24.9900	42.5332
3. Inflated Cost Per Diem (Line 2 x Inflation):	140.2302	32.2186	54.8363
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.4428	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	35.1101	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	54	40	0.88	44,260	15.8675

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	18,364	1.2785

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.4070
16. Budget Neutrality Adjustment:		(35.0228)

Rate Adjustment:	
17. Final Rate*	234.8679

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

0 312550-00 2023/10
243.36

Savannah Cove			
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Zip Code:	32751			
Peer Group:	North			
Beds:	39	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	3,766	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	11,863	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	4,674			1.25490778
Medicaid Utilization:	39.39981 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	427,031	143,795	254,763
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	113.3911	38.1824	67.6481
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.6082	47.9154	84.8922
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	17	0.89	15,372	22.5799

	Total	Per Diem
11. Taxes:	18,693	1.5757
12. Insurance:	9,130	0.7696

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(36.6173)

Rate Adjustment:	
17. Final Rate*	243.3568

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 315664-00 2023/10
282.09

Life Care Center of Pensacola

Zip Code:	32514	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.30667404	
Beds:	120		92.0%	92.5%	1.28925856	
Medicaid Days FYE 12/31/17	17,749		86.0%	N/A	1.28925856	
Total Patient Days FYE 12/31/21	37,146		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/21	24,300					
Medicaid Utilization:	65.41754 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,158,333	620,701	854,507
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	121.6030	34.9710	48.1439
3. Inflated Cost Per Diem (Line 2 x Inflation):	158.8955	45.0867	62.0700
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	17	10	0.89	60,700	31.7891

	Total	Per Diem
11. Taxes:	101,165	2.7234
12. Insurance:	65,034	1.7507

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.1806
16. Budget Neutrality Adjustment:		(38.2284)

Rate Adjustment:	
17. Final Rate*	282.0885

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 317349-00 2023/10
234.47

Darcy Hall of Life Care

Zip Code:	33409			
Peer Group:	South		Price	Floor
Beds:	197	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	41,769	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	59,704	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	47,771			1.28925856
Medicaid Utilization:	80.01306 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,240,639	1,111,739	2,153,001
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	125.4671	26.6163	51.5454
3. Inflated Cost Per Diem (Line 2 x Inflation):	163.9447	34.3153	66.4553
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	4.6930	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	37.4782	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	59	21	0.84	58,400	17.7847

	Total	Per Diem
11. Taxes:	137,650	2.3055
12. Insurance:	40,276	0.6745

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.8720
16. Budget Neutrality Adjustment:		(38.1925)

Rate Adjustment:	
17. Final Rate*	234.4707

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 319244-00 2023/10
271.67

Palmer Ranch Healthcare and Rehabilitation

Zip Code:	34238			
Peer Group:	North		Price	Floor
Bed:	60	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	7,359	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	16,075	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	5,450			1.28925856
Medicaid Utilization:	33.90358 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	949,440	374,673	423,232
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	129.0175	50.9135	57.5121
3. Inflated Cost Per Diem (Line 2 x Inflation):	168.5838	65.6407	74.1480
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	2	0.87	25,750	30.3663

	Total	Per Diem
11. Taxes:	41,004	2.5507
12. Insurance:	37,093	2.3074

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.8799
16. Budget Neutrality Adjustment:		(38.0808)

Rate Adjustment:	
17. Final Rate*	271.6745

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 319325-00 2023/10
275.62

Port Charlotte Rehabilitation Center

Zip Code:	33983						
Peer Group:	North			Price	Floor	Inflation	
Beds:	152			Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	18,420			Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	44,860			Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	16,816						
Medicaid Utilization:	37.48551 %	2023 Cost per Square Foot: \$292.90					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,033,927	889,426	996,030
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	110.4194	48.2858	54.0732
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.2822	62.2529	69.7144
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	1	0.87	81,226	35.5608

	Total	Per Diem
11. Taxes:	116,203	2.5903
12. Insurance:	74,888	1.6693

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.4711
16. Budget Neutrality Adjustment:		(38.7338)

Rate Adjustment:	
17. Final Rate*	275.6160

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 320391-00 2023/10
277.66

Zephyr Haven Health & Rehab Center, Inc.

Zip Code:	33542					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.33840457
Medicaid Days FYE 12/31/16	30,723			92.0%	92.5%	1.32392297
Total Patient Days FYE 12/31/20	33,708			86.0%	N/A	1.32392297
Medicaid Days FYE 12/31/20	21,844					
Medicaid Utilization:	64.80361 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,945,598	972,916	1,538,879
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	95.8759	31.6673	50.0888
3. Inflated Cost Per Diem (Line 2 x Inflation):	128.3208	41.9251	66.3137
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.1196	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.2387	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	58	1	0.88	43,893	26.8122

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	16,225	0.4813

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.3073
16. Budget Neutrality Adjustment:		(36.5106)

Rate Adjustment:	
17. Final Rate*	277.6583

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 320404-00 2023/10
270.28

Zephyrhills Health & Rehab Center, Inc.

Zip Code:	33540				
Peer Group:	North				
Beds:	113	Direct Care	100.0%	95.0%	1.33533722
Medicaid Days FYE 12/31/16	18,779	Indirect Care	92.0%	92.5%	1.32100729
Total Patient Days FYE 12/31/20	35,019	Operating	86.0%	N/A	1.32100729
Medicaid Days FYE 12/31/20	19,675				
Medicaid Utilization:	56.18379 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,933,667	805,860	1,024,341
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	102.9696	42.9128	54.5471
3. Inflated Cost Per Diem (Line 2 x Inflation):	137.4992	56.6881	72.0571
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	11	0.88	56,312	30.8533

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	16,298	0.4654

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.4334
16. Budget Neutrality Adjustment:		(37.5258)

Rate Adjustment:	
17. Final Rate*	270.2845

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 320412-00 2023/10
272.74

Sunbelt Health & Rehab Center - Apopka, Inc.

Zip Code:	32703				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.33533722
Medicaid Days FYE 12/31/16	20,485	Indirect Care	92.0%	92.5%	1.32100729
Total Patient Days FYE 12/31/20	40,411	Operating	86.0%	N/A	1.32100729
Medicaid Days FYE 12/31/20	26,062				
Medicaid Utilization:	64.49234 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,017,759	777,825	1,049,506
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	98.4993	37.9704	51.2329
3. Inflated Cost Per Diem (Line 2 x Inflation):	131.5298	50.1592	67.6790
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	4	0.89	52,666	30.1141

	Total	Per Diem
11. Taxes:	147	0.0036
12. Insurance:	17,272	0.4274

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.7500
16. Budget Neutrality Adjustment:		(37.4159)

Rate Adjustment:	
17. Final Rate*	272.7430

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 320421-00 2023/10
284.74

East Orlando Health & Rehab Center, Inc.

Zip Code:	32825-3308				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.33533722
Medicaid Days FYE 12/31/16	22,056	Indirect Care	92.0%	92.5%	1.32100729
Total Patient Days FYE 12/31/20	38,693	Operating	86.0%	N/A	1.32100729
Medicaid Days FYE 12/31/20	20,675				
Medicaid Utilization:	53.43344 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,468,562	1,114,371	1,239,607
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	111.9224	50.5246	56.2027
3. Inflated Cost Per Diem (Line 2 x Inflation):	149.4542	66.7433	74.2441
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	3	0.89	118,683	35.3242

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	25,444	0.6575

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	1234	11.9371
15. Quality Assess-Medicaid Share:		15.1442
16. Budget Neutrality Adjustment:		(38.1884)

Rate Adjustment:	
17. Final Rate*	284.7384

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Computation of Nursing Home Medicaid Reimbursement Rate
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0 320439-00 2023/10
277.46

Adventist Care Centers - Courtland, Inc.

Zip Code:	32804				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.33840457
Medicaid Days FYE 12/31/16	22,996	Indirect Care	92.0%	92.5%	1.32392297
Total Patient Days FYE 12/31/20	39,822	Operating	86.0%	N/A	1.32392297
Medicaid Days FYE 12/31/20	28,687				
Medicaid Utilization:	72.03807 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,296,668	823,985	1,104,353
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	99.8724	35.8316	48.0236
3. Inflated Cost Per Diem (Line 2 x Inflation):	133.6698	47.4383	63.5796
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	23	3	0.89	52,651	30.9948

	Total	Per Diem
11. Taxes:	490	0.0123
12. Insurance:	16,903	0.4244

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.9023
16. Budget Neutrality Adjustment:		(37.5418)

Rate Adjustment:	
17. Final Rate*	277.4613

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 320463-00 2023/10
284.94

Florida Living Nursing Center

Zip Code:	32703				
Peer Group:	North				
Beds:	222	Direct Care	100.0%	95.0%	1.33533722
Medicaid Days FYE 12/31/16	36,920	Indirect Care	92.0%	92.5%	1.32100729
Total Patient Days FYE 12/31/20	54,267	Operating	86.0%	N/A	1.32100729
Medicaid Days FYE 12/31/20	39,350				
Medicaid Utilization:	72.51184 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,013,826	1,471,480	1,937,925
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	108.7168	39.8559	52.4898
3. Inflated Cost Per Diem (Line 2 x Inflation):	145.1736	52.6499	69.3394
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	54	2	0.89	73,769	25.6470

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	22,969	0.4232

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	3106	15.7865
15. Quality Assess-Medicaid Share:		23.6118
16. Budget Neutrality Adjustment:		(36.7800)

Rate Adjustment:	
17. Final Rate*	284.9411

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 320978-00 2023/10
269.46

Lehigh Acres Healthcare & Rehabilitation Center

Zip Code:	33936			
Peer Group:	North			
Beds:	128			
Medicaid Days FYE 12/31/17	25,705			
Total Patient Days FYE 12/31/20	42,274			
Medicaid Days FYE 12/31/20	26,900			
Medicaid Utilization:	63.63249 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,836,362	1,082,229	1,670,219
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	110.3428	42.1018	64.9764
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.1820	54.2802	83.7714
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	2	0.87	44,873	25.0850

	Total	Per Diem
11. Taxes:	49,151	1.1626
12. Insurance:	118,514	2.8034

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.5565
16. Budget Neutrality Adjustment:		(37.2036)

Rate Adjustment:	
17. Final Rate*	269.4622

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 323772-00 2023/10
268.39

Coral Gables Nursing and Rehabilitation

Zip Code:	33144				
Peer Group:	South				
Beds:	87	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	22,597	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	27,809	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	19,709				
Medicaid Utilization:	70.87274 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,113,409	735,760	1,103,019
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	93.5260	32.5600	48.8126
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.2081	41.9783	62.9321
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.4949	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.6135	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	65	40	0.89	24,979	11.8809

	Total	Per Diem
11. Taxes:	81,456	2.9291
12. Insurance:	105,031	3.7768

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.8195
16. Budget Neutrality Adjustment:		(35.9219)

Rate Adjustment:	
17. Final Rate*	268.3940

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 323781-00 2023/10
269.73

The Meadows Center for Nursing and Healing

Zip Code:	34235	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.39405328	
Beds:	120		92.0%	92.5%	1.38384574	
Medicaid Days FYE 12/31/14	26,959		86.0%	N/A	1.38384574	
Total Patient Days FYE 12/31/20	35,734		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/20	27,097					
Medicaid Utilization:	75.82974 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,920,265	904,419	1,464,789
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	108.3224	33.5479	54.3339
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.0072	46.4251	75.1898
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	6	0.87	44,120	24.8005

	Total	Per Diem
11. Taxes:	75,342	2.1084
12. Insurance:	84,221	2.3568

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.2532
16. Budget Neutrality Adjustment:		(37.2341)

Rate Adjustment:	
17. Final Rate*	269.7320

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 323799-00 2023/10
260.95

St. Andrew's Bay Skilled Nursing and Rehabilitation Center

Zip Code:	32405				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	22,991	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/20	37,367	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/20	22,485				
Medicaid Utilization:	60.17342 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,092,725	679,078	946,347
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	91.0236	29.5366	41.1616
3. Inflated Cost Per Diem (Line 2 x Inflation):	126.8918	40.8742	56.9613
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.5486	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	133.8097	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	19	0.88	40,691	19.2851

	Total	Per Diem
11. Taxes:	33,752	0.9032
12. Insurance:	74,221	1.9862

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.0459
16. Budget Neutrality Adjustment:		(35.5802)

Rate Adjustment:	
17. Final Rate*	260.9461

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 324027-00 2023/10
304.28

Hampton Court Nursing and Rehabilitation Center

Zip Code:	33169				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.29848303
Medicaid Days FYE 3/31/18	21,459	Indirect Care	92.0%	92.5%	1.28184638
Total Patient Days FYE 3/31/22	38,286	Operating	86.0%	N/A	1.28184638
Medicaid Days FYE 3/31/22	20,157				
Medicaid Utilization:	52.64849 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,669,638	590,869	1,006,044
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/18):	124.4064	27.5347	46.8821
3. Inflated Cost Per Diem (Line 2 x Inflation):	161.5396	35.2953	60.0957
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.7130	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	38.4582	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	31.0	37.3146

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	4	0.89	37,936	24.9224

	Total	Per Diem
11. Taxes:	114,061	2.9791
12. Insurance:	169,455	4.4260

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	656	6.5089
15. Quality Assess-Medicaid Share:		19.1004
16. Budget Neutrality Adjustment:		(39.9747)

Rate Adjustment:	
17. Final Rate*	304.2832

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 324213-00 2023/10
266.42

Royal Care of Avon Park

Zip Code:	33825				
Peer Group:	North				
Beds:	90	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	18,655	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	30,619	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	12,499				
Medicaid Utilization:	40.82106 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,794,344	589,905	755,543
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	96.1856	31.6218	40.5008
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.6833	40.7686	52.2160
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.7571	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.6012	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	2	0.87	26,648	24.2486

	Total	Per Diem
11. Taxes:	63,041	2.0588
12. Insurance:	95,503	3.1190

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		15.1091
16. Budget Neutrality Adjustment:		(36.4389)

Rate Adjustment:	
17. Final Rate*	266.4162

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 324345-00 2023/10
263.76

Heritage Park Care and Rehabilitation Center

Zip Code:	34209				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	17,928	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	30,668	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	15,109				
Medicaid Utilization:	49.26634 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,854,950	629,707	832,710
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	103.4666	35.1242	46.4474
3. Inflated Cost Per Diem (Line 2 x Inflation):	131.9514	44.0776	58.2872
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	19	0.87	44,699	20.2186

	Total	Per Diem
11. Taxes:	92,750	3.0243
12. Insurance:	29,620	0.9658

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.2157
16. Budget Neutrality Adjustment:		(36.5155)

Rate Adjustment:	
17. Final Rate*	263.7634

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 324353-00 2023/10
256.68

Washington Rehabilitation & Nursing Center

Zip Code:	32428				
Peer Group:	North				
Beds:	180	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	43,272	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	44,659	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	39,167				
Medicaid Utilization:	87.70237 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,074,767	1,201,024	1,560,261
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	94.1663	27.7552	36.0570
3. Inflated Cost Per Diem (Line 2 x Inflation):	123.0447	35.7836	46.4868
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.3957	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.9626	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	30	0.88	53,794	15.3414

	Total	Per Diem
11. Taxes:	42,934	0.9613
12. Insurance:	39,339	0.8808

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.9536
16. Budget Neutrality Adjustment:		(34.3244)

Rate Adjustment:	
17. Final Rate*	256.6789

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 324361-00 2023/10
262.07

Chautauqua Rehabilitation & Nursing Center			
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Zip Code:	32433	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.27530471
Beds:	180		92.0%	92.5%	1.25490778
Medicaid Days FYE 12/31/18	31,086		86.0%	N/A	1.25490778
Total Patient Days FYE 12/31/21	44,713				
Medicaid Days FYE 12/31/21	31,135				
Medicaid Utilization:	69.63299 %				
			2023 Cost per Square Foot:	\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,026,505	856,077	1,316,214
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	97.3591	27.5389	42.3410
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.1625	34.5588	53.1341
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.2780	1.1025	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.0804	37.4503	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	44	25	0.88	53,702	17.1340

	Total	Per Diem
11. Taxes:	25,808	0.5771
12. Insurance:	34,980	0.7823

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.7772
16. Budget Neutrality Adjustment:		(34.5126)

Rate Adjustment:	
17. Final Rate*	262.0652

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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0 324370-00 2023/10
243.23

Ambassador Healthcare at College Park

Zip Code:	33919			
Peer Group:	North		Price	Floor
Beds:	107	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	22,382	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	34,391	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	17,425			1.27530471
Medicaid Utilization:	50.66733 %			1.25490778
				1.25490778
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,041,454	693,456	1,196,187
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	91.2096	30.9827	53.4441
3. Inflated Cost Per Diem (Line 2 x Inflation):	116.3200	38.8804	67.0674
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.1204	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.2379	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	66	40	0.87	30,760	11.6314

	Total	Per Diem
11. Taxes:	39,337	1.1438
12. Insurance:	27,097	0.7879

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.5878
16. Budget Neutrality Adjustment:		(32.8544)

Rate Adjustment:	
17. Final Rate*	243.2342

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 324396-00 2023/10
241.52

Signature HealthCARE of North Florida

Zip Code:	32440				
Peer Group:	North			Price	Floor
Beds:	180	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	43,190	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	46,445	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	38,693				
Medicaid Utilization:	83.30929 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,605,216	1,166,856	1,467,314
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	83.4733	27.0168	33.9734
3. Inflated Cost Per Diem (Line 2 x Inflation):	109.0725	34.8316	43.8005
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	22.3680	0.8298	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	115.9904	37.7231	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	45	26	0.88	49,883	16.7754

	Total	Per Diem
11. Taxes:	28,564	0.6150
12. Insurance:	36,364	0.7829

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.6433
16. Budget Neutrality Adjustment:		(32.3618)

Rate Adjustment:	
17. Final Rate*	241.5189

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 324400-00 2023/10
246.41

Signature HealthCARE Center of Waterford

Zip Code:	33016				
Peer Group:	South				
Beds:	214	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	49,905	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	62,836	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	44,785				
Medicaid Utilization:	71.27284 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	5,200,012	1,367,205	2,267,811
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	104.1982	27.3961	45.4425
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.8844	34.3796	57.0262
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.8185	4.6287	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	140.2899	37.5424	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	13.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	24	0.89	59,928	17.6771

	Total	Per Diem
11. Taxes:	216,188	3.4405
12. Insurance:	57,591	0.9165

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.3743
16. Budget Neutrality Adjustment:		(37.2710)

Rate Adjustment:	
17. Final Rate*	246.4094

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

0 324418-00 2023/10
262.29

Brookwood Gardens Rehabilitation and Nursing Center

Zip Code:	33035					
Peer Group:	South		Price	Floor	Inflation	
Beds:	180		Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	21,162		Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	38,583		Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	26,404					
Medicaid Utilization:	68.43428 %					
			2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,903,514	548,158	1,019,546
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	89.9496	25.9029	48.1781
3. Inflated Cost Per Diem (Line 2 x Inflation):	117.5348	33.3955	62.1140
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	23.1682	5.6128	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.9402	36.5584	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	17	0.89	57,893	20.2130

	Total	Per Diem
11. Taxes:	160,539	4.1608
12. Insurance:	36,299	0.9408

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.1711
16. Budget Neutrality Adjustment:		(35.4163)

Rate Adjustment:	
17. Final Rate*	262.2855

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2023 through 09/30/2024

0 324426-00 2023/10
255.48

Signature Healthcare at The Courtyard

Zip Code:	32446					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	30,655			92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	35,789			86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	25,894					
Medicaid Utilization:	72.35184 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,792,407	896,364	1,478,500
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	91.0914	29.2403	48.2303
3. Inflated Cost Per Diem (Line 2 x Inflation):	116.1692	36.6939	60.5245
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.2712	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	123.0872	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.5	30.6942

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	16	0.88	41,114	20.3607

	Total	Per Diem
11. Taxes:	40,994	1.1454
12. Insurance:	30,365	0.8484

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.0071
16. Budget Neutrality Adjustment:		(34.0822)

Rate Adjustment:	
17. Final Rate*	255.4830

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 324434-00 2023/10
260.07

Signature HealthCARE of Orange Park

Zip Code:	32073				
Peer Group:	North				
Beds:	105	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	21,615	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	31,530	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	21,268				
Medicaid Utilization:	67.45322 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,013,820	644,740	981,988
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	93.1677	29.8283	45.4308
3. Inflated Cost Per Diem (Line 2 x Inflation):	118.8172	37.4318	57.0115
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	12.6233	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.7351	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	19	0.87	30,435	19.0818

	Total	Per Diem
11. Taxes:	44,887	1.4236
12. Insurance:	22,755	0.7216

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.0948
16. Budget Neutrality Adjustment:		(34.2982)

Rate Adjustment:	
17. Final Rate*	260.0696

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 324442-00 2023/10
258.23

Signature HealthCARE of Ormond

Zip Code:	32174-5982
Peer Group:	North
Beds:	60
Medicaid Days FYE 12/31/18	9,775
Total Patient Days FYE 12/31/21	17,165
Medicaid Days FYE 12/31/21	9,571
Medicaid Utilization:	55.75881 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.27530471
Indirect Care	92.0%	92.5%	1.25490778
Operating	86.0%	N/A	1.25490778

2023 Cost per Square Foot: \$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	924,224	338,117	550,600
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	94.5497	34.5899	56.3273
3. Inflated Cost Per Diem (Line 2 x Inflation):	120.5797	43.4072	70.6856
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.8607	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.4976	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	17	0.88	25,060	23.5888

	Total	Per Diem
11. Taxes:	34,738	2.0237
12. Insurance:	16,938	0.9867

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		15.5366
16. Budget Neutrality Adjustment:		(35.3120)

Rate Adjustment:	
17. Final Rate*	258.2343

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2023 through 09/30/2024

0 324477-00 2023/10
260.83

Charlotte Bay Rehab and Care Center

Zip Code:	33952				
Peer Group:	North				
Beds:	164	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	31,607	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	46,139	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	32,128				
Medicaid Utilization:	69.63307 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,218,610	938,118	1,661,254
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	101.8321	29.6807	52.5596
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.8670	37.2465	65.9575
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.5734	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.7849	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	45	9	0.87	46,748	22.6296

	Total	Per Diem
11. Taxes:	114,982	2.4920
12. Insurance:	36,294	0.7866

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.7835
16. Budget Neutrality Adjustment:		(36.5334)

Rate Adjustment:	
17. Final Rate*	260.8282

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 324507-00 2023/10
242.31

Peninsula Care and Rehabilitation Center

Zip Code:	34689				
Peer Group:	North			Price	Floor
Bed:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	28,823	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	41,011	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	28,625				
Medicaid Utilization:	69.79835 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,537,093	694,029	1,815,106
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	88.0232	24.0789	62.9742
3. Inflated Cost Per Diem (Line 2 x Inflation):	112.2564	30.2169	79.0268
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	19.1841	5.4445	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.1743	33.1083	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	23	0.88	27,061	17.1585

	Total	Per Diem
11. Taxes:	59,764	1.4572
12. Insurance:	33,683	0.8213

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.7851
16. Budget Neutrality Adjustment:		(32.3380)

Rate Adjustment:	
17. Final Rate*	242.3136

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 325309-00 2023/10
256.76

Heartland Health Care Center- Boynton Beach

Zip Code:	33436			
Peer Group:	South		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	29,429	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	38,434	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	28,080			
Medicaid Utilization:	73.06031 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,488,493	580,300	1,690,223
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	84.5592	19.7186	57.4339
3. Inflated Cost Per Diem (Line 2 x Inflation):	107.8387	24.7450	72.0742
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	32.8642	14.2633	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	115.2441	27.9079	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.5	34.3053

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	13	0.84	46,713	22.6614

	Total	Per Diem
11. Taxes:	104,540	2.7199
12. Insurance:	24,892	0.6476

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.7477
16. Budget Neutrality Adjustment:		(32.9109)

Rate Adjustment:	
17. Final Rate*	256.7629

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 325325-00 2023/10
267.67

Heartland Health Care Center-Ft. Myers

Zip Code:	33907				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	16,314	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	33,136	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	15,745				
Medicaid Utilization:	47.51630 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,920,432	509,099	830,374
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	117.7168	31.2062	50.8994
3. Inflated Cost Per Diem (Line 2 x Inflation):	150.1247	39.1609	63.8741
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	6	0.87	45,565	25.5547

	Total	Per Diem
11. Taxes:	115,530	3.4865
12. Insurance:	21,659	0.6536

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.0204
16. Budget Neutrality Adjustment:		(37.2950)

Rate Adjustment:	
17. Final Rate*	267.6728

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

0 325341-00 2023/10
276.33

Heartland Health Care Center-Prosperity Oaks

Zip Code:	33410	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	South		100.0%	95.0%	1.30667404
Beds:	120		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	24,213		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/21	31,570		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	18,353				
Medicaid Utilization:	58.13430 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,346,888	651,929	1,459,322
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	96.9267	26.9247	60.2701
3. Inflated Cost Per Diem (Line 2 x Inflation):	126.6517	34.7129	77.7038
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.0513	4.2954	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.0571	37.8758	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	6	0.84	46,713	25.3132

	Total	Per Diem
11. Taxes:	90,961	2.8812
12. Insurance:	22,102	0.7000

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.3789
16. Budget Neutrality Adjustment:		(37.4075)

Rate Adjustment:	
17. Final Rate*	276.3309

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 325368-00 2023/10
240.69

Manor Care of Boca Raton FL, LLC

Zip Code:	33431				
Peer Group:	South				
Beds:	180	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	36,457	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	56,166	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	36,914				
Medicaid Utilization:	65.72304 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,437,557	919,136	1,841,583
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	94.2907	25.2115	50.5138
3. Inflated Cost Per Diem (Line 2 x Inflation):	123.2072	32.5041	65.1253
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	17.4958	6.5042	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	130.6126	35.6670	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	8	0.84	57,515	22.2509

	Total	Per Diem
11. Taxes:	147,539	2.6268
12. Insurance:	41,096	0.7316

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.4991
16. Budget Neutrality Adjustment:		(36.1375)

Rate Adjustment:	
17. Final Rate*	240.6903

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 325376-00 2023/10
280.48

Manor Care of Boynton Beach FL, LLC

Zip Code:	33426				
Peer Group:	South				
Beds:	180	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	31,881	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	46,026	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	27,365				
Medicaid Utilization:	59.45553 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,445,249	819,616	1,631,304
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	108.0659	25.7086	51.1685
3. Inflated Cost Per Diem (Line 2 x Inflation):	137.8169	32.2619	64.2117
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.8860	6.7465	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	145.2223	35.4247	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	10	0.84	47,093	21.5638

	Total	Per Diem
11. Taxes:	167,317	3.6352
12. Insurance:	28,188	0.6124

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.6927
16. Budget Neutrality Adjustment:		(38.2077)

Rate Adjustment:	
17. Final Rate*	280.4757

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 325384-00 2023/10
245.29

ManorCare Health Services

Zip Code:	33912				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	16,533	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	36,479	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	19,871				
Medicaid Utilization:	54.47244 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,894,114	535,001	988,103
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	114.5656	32.3595	59.7654
3. Inflated Cost Per Diem (Line 2 x Inflation):	146.1061	40.6082	75.0001
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	12.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	23	9	0.87	52,090	27.6615

	Total	Per Diem
11. Taxes:	77,766	2.1318
12. Insurance:	26,170	0.7173

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.4081
16. Budget Neutrality Adjustment:		(37.4110)

Rate Adjustment:	
17. Final Rate*	245.2883

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 325422-00 2023/10
238.49

Manor Care @ Lely Palms

Zip Code:	34113			
Peer Group:	North		Price	Floor
Beds:	117	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	17,309	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	35,712	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	18,089			1.25490778
Medicaid Utilization:	50.65244 %			
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,025,927	633,615	863,622
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	117.0447	36.6061	49.8943
3. Inflated Cost Per Diem (Line 2 x Inflation):	149.2676	45.9372	62.6128
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	8	0.87	39,213	22.9844

	Total	Per Diem
11. Taxes:	38,153	1.0683
12. Insurance:	21,352	0.5978

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.6386
16. Budget Neutrality Adjustment:		(36.5783)

Rate Adjustment:	
17. Final Rate*	238.4914

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 325449-00 2023/10
241.55

Manor Care Nursing and Rehabilitation Center

Zip Code:	34112	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30667404
Beds:	120		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	22,637		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/21	30,299		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	19,581				
Medicaid Utilization:	64.62590 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,506,535	595,275	951,366
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	110.7273	26.2965	42.0270
3. Inflated Cost Per Diem (Line 2 x Inflation):	144.6845	33.9030	54.1837
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.7584	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	36.7945	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	12.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	4	0.87	40,645	24.4035

	Total	Per Diem
11. Taxes:	32,662	1.0779
12. Insurance:	19,913	0.6572

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.9252
16. Budget Neutrality Adjustment:		(36.5399)

Rate Adjustment:	
17. Final Rate*	241.5461

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 325465-00 2023/10
256.86

ManorCare Health Services-Sarasota

Zip Code:	34231				
Peer Group:	North				
Beds:	178	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	32,732	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	51,435	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	34,893				
Medicaid Utilization:	67.83902 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,792,861	715,046	1,257,403
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	115.8762	21.8454	38.4150
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.4124	28.1644	49.5269
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	7.4970	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	31.0559	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	9	0.87	58,939	22.6296

	Total	Per Diem
11. Taxes:	71,807	1.3960
12. Insurance:	26,321	0.5117

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.6737
16. Budget Neutrality Adjustment:		(35.4970)

Rate Adjustment:	
17. Final Rate*	256.8586

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 325473-00 2023/10
260.31

Manor Care Health Services

Zip Code:	34292				
Peer Group:	North				
Beds:	129	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	17,945	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	33,901	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	13,594				
Medicaid Utilization:	40.09911 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,278,456	508,974	1,300,912
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	126.9688	28.3629	72.4943
3. Inflated Cost Per Diem (Line 2 x Inflation):	161.9239	35.5929	90.9737
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0685	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.4844	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	19	0.87	55,756	23.2372

	Total	Per Diem
11. Taxes:	85,057	2.5089
12. Insurance:	29,951	0.8834

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.3526
16. Budget Neutrality Adjustment:		(36.8498)

Rate Adjustment:	
17. Final Rate*	260.3073

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 325481-00 2023/10
276.27

ManorCare Health Services-West Palm Beach

Zip Code:	33409				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	22,288	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	35,011	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	19,011				
Medicaid Utilization:	54.30008 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,214,173	724,786	1,340,062
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	99.3437	32.5191	60.1248
3. Inflated Cost Per Diem (Line 2 x Inflation):	126.6935	40.8084	75.4511
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.0095	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.0989	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	27	13	0.84	56,185	26.9386

	Total	Per Diem
11. Taxes:	148,438	4.2397
12. Insurance:	25,563	0.7301

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.6347
16. Budget Neutrality Adjustment:		(38.4521)

Rate Adjustment:	
17. Final Rate*	276.2731

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 325490-00 2023/10
261.54

Heartland Health Care Center-North Sarasota

Zip Code:	34237			
Peer Group:	North		Price	Floor
Beds:	87	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	16,214	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	24,456	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	14,996			
Medicaid Utilization:	61.31829 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,123,050	557,504	991,794
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	130.9393	34.3841	61.1689
3. Inflated Cost Per Diem (Line 2 x Inflation):	166.9875	43.1488	76.7614
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	9	0.87	34,465	25.3914

	Total	Per Diem
11. Taxes:	42,444	1.7355
12. Insurance:	15,471	0.6326

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.1590
16. Budget Neutrality Adjustment:		(37.0201)

Rate Adjustment:	
17. Final Rate*	261.5400

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 325520-00 2023/10
278.19

ManorCare Health Services (Delray Beach)

Zip Code:	33446			
Peer Group:	South		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	19,199	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	34,404	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	20,669			
Medicaid Utilization:	60.07732 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,010,567	660,778	1,121,659
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	104.7224	34.4173	58.4227
3. Inflated Cost Per Diem (Line 2 x Inflation):	133.5530	43.1905	73.3152
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.1499	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	140.9585	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	9	0.84	48,704	25.1354

	Total	Per Diem
11. Taxes:	205,974	5.9869
12. Insurance:	26,124	0.7593

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.3047
16. Budget Neutrality Adjustment:		(39.4229)

Rate Adjustment:	
17. Final Rate*	278.1938

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 325686-00 2023/10
274.38

Manor-Care Health Services-Dunedin

Zip Code:	34698				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	20,796	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	35,630	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	20,490				
Medicaid Utilization:	57.50772 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,387,379	573,138	886,139
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	114.7999	27.5600	42.6110
3. Inflated Cost Per Diem (Line 2 x Inflation):	146.4048	34.5852	53.4729
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.0762	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	37.4767	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	4	0.88	52,615	30.4337

	Total	Per Diem
11. Taxes:	58,700	1.6474
12. Insurance:	27,259	0.7650

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.9267
16. Budget Neutrality Adjustment:		(37.5899)

Rate Adjustment:	
17. Final Rate*	274.3779

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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0 325694-00 2023/10
236.70

ManorCare Health Services-Palm Harbor
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Zip Code:	34684				
Peer Group:	North			Price	Floor
Beds:	180	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	31,877	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	53,964	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	33,955				
Medicaid Utilization:	62.92158 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,486,334	696,429	1,425,510
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	109.3683	21.8473	44.7190
3. Inflated Cost Per Diem (Line 2 x Inflation):	139.4779	27.4164	56.1183
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	8.2450	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	30.3079	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	6	0.88	69,119	26.0996

	Total	Per Diem
11. Taxes:	101,531	1.8814
12. Insurance:	40,925	0.7583

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.4121
16. Budget Neutrality Adjustment:		(35.9878)

Rate Adjustment:	
17. Final Rate*	236.6992

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 325708-00 2023/10
260.35

Heartland of Zephyrhills

Zip Code:	33542			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	24,650	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	28,715	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	15,926			
Medicaid Utilization:	55.46230 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,876,430	800,086	1,298,107
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	116.6908	32.4578	52.6615
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.8164	40.7316	66.0853
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	18	0.88	36,000	19.6436

	Total	Per Diem
11. Taxes:	34,055	1.1859
12. Insurance:	19,200	0.6686

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.7408
16. Budget Neutrality Adjustment:		(36.1304)

Rate Adjustment:	
17. Final Rate*	260.3520

*The Final Rate includes the \$15 Minimum Wage Increase.



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0 326011-00 2023/10
262.80

Moosehaven, Inc.

Zip Code:	32073			
Peer Group:	North		Price	Floor
Beds:	74	Direct Care	100.0%	95.0%
Medicaid Days FYE 4/30/19	5,173	Indirect Care	92.0%	92.5%
Total Patient Days FYE 4/30/22	10,615	Operating	86.0%	N/A
Medicaid Days FYE 4/30/22	3,557			
Medicaid Utilization:	33.50919 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	895,455	377,462	758,924
2. Cost Per Diem (Line 1 / Medicaid Days 4/30/19):	173.1016	72.9677	146.7086
3. Inflated Cost Per Diem (Line 2 x Inflation):	218.5774	90.8064	182.5752
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	21	5	0.87	42,208	33.5835

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	66,697	6.2832

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.7404)

Rate Adjustment:	
17. Final Rate*	262.7956

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 000022-00 2023/10
242.03

Martin Nursing and Rehabilitation

Zip Code:	34997				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	20,423	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	30,555	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	13,963				
Medicaid Utilization:	45.69792 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,452,883	583,602	1,188,414
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	120.1039	28.5757	58.1899
3. Inflated Cost Per Diem (Line 2 x Inflation):	156.9367	36.8415	75.0219
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	7.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	26	16	0.84	53,698	24.5222

	Total	Per Diem
11. Taxes:	134,636	4.4063
12. Insurance:	42,509	1.3912

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.3165
16. Budget Neutrality Adjustment:		(37.3838)

Rate Adjustment:	
17. Final Rate*	242.0329

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 002711-00 2023/10
295.47

Crystal Health and Rehab

Zip Code:	33070				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.25442801
Medicaid Days FYE 7/31/19	19,423	Indirect Care	92.0%	92.5%	1.23649066
Total Patient Days FYE 7/31/21	28,266	Operating	86.0%	N/A	1.23649066
Medicaid Days FYE 7/31/21	20,078				
Medicaid Utilization:	71.03234 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,047,238	627,252	978,508
2. Cost Per Diem (Line 1 / Medicaid Days 7/31/19):	105.4027	32.2942	50.3788
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.2201	39.9315	62.2929
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.4828	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	139.6256	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	3	0.89	45,576	27.2792

	Total	Per Diem
11. Taxes:	83,770	2.9636
12. Insurance:	245,984	8.7024

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.0323
16. Budget Neutrality Adjustment:		(40.2372)

Rate Adjustment:	
17. Final Rate*	295.4675

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 002777-00 2023/10
272.76

Northdale Rehabilitation Center

Zip Code:	33618-1811			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	14,029	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	34,717	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	19,279			
Medicaid Utilization:	55.53187 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,556,807	576,095	726,485
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	110.9706	41.0645	51.7845
3. Inflated Cost Per Diem (Line 2 x Inflation):	145.0024	52.9428	66.7636
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	3	0.88	49,531	29.1747

	Total	Per Diem
11. Taxes:	142,900	4.1161
12. Insurance:	26,937	0.7759

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.3455
16. Budget Neutrality Adjustment:		(37.9162)

Rate Adjustment:	
17. Final Rate*	272.7578

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 002787-00 2023/10
264.00

Parkview Rehabilitation Center at Winter Park

Zip Code:	32792				
Peer Group:	North				
Beds:	138	Direct Care	100.0%	95.0%	1.24822623
Medicaid Days FYE 12/31/19	28,196	Indirect Care	92.0%	92.5%	1.22980473
Total Patient Days FYE 12/31/21	32,050	Operating	86.0%	N/A	1.22980473
Medicaid Days FYE 12/31/21	21,646				
Medicaid Utilization:	67.53822 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,188,651	795,599	1,348,002
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	113.0887	28.2167	47.8082
3. Inflated Cost Per Diem (Line 2 x Inflation):	141.1603	34.7010	58.7948
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.9604	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	37.5925	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	46	24	0.89	40,856	17.6771

	Total	Per Diem
11. Taxes:	64,755	2.0204
12. Insurance:	23,381	0.7295

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.5221
16. Budget Neutrality Adjustment:		(35.8417)

Rate Adjustment:	
17. Final Rate*	264.0015

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 002969-00 2023/10
265.61

Nspire Healthcare Lauderhill

Zip Code:	33313				
Peer Group:	South				
Beds:	109	Direct Care	100.0%	95.0%	1.25658957
Medicaid Days FYE 3/31/19	15,353	Indirect Care	92.0%	92.5%	1.23890989
Total Patient Days FYE 12/31/21	23,831	Operating	86.0%	N/A	1.23890989
Medicaid Days FYE 12/31/21	13,342				
Medicaid Utilization:	55.98590 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,546,685	328,487	825,647
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	100.7415	21.3956	53.7775
3. Inflated Cost Per Diem (Line 2 x Inflation):	126.5907	26.5072	66.6255
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.1122	12.5011	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	133.9962	29.6700	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	7	0.87	37,676	23.3392

	Total	Per Diem
11. Taxes:	118,995	4.9932
12. Insurance:	41,113	1.7251

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.1803
16. Budget Neutrality Adjustment:		(36.3982)

Rate Adjustment:	
17. Final Rate*	265.6122

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 002974-00 2023/10
283.28

Nspire Healthcare Miami Lakes

Zip Code:	33015				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.25658957
Medicaid Days FYE 3/31/19	7,051	Indirect Care	92.0%	92.5%	1.23890989
Total Patient Days FYE 12/31/21	31,818	Operating	86.0%	N/A	1.23890989
Medicaid Days FYE 12/31/21	9,473				
Medicaid Utilization:	29.77246 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	909,171	240,008	432,430
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	128.9421	34.0388	61.3288
3. Inflated Cost Per Diem (Line 2 x Inflation):	162.0273	42.1710	75.9809
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	7	0.89	44,315	25.0534

	Total	Per Diem
11. Taxes:	188,767	5.9327
12. Insurance:	46,634	1.4656

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		10.9452
16. Budget Neutrality Adjustment:		(40.5199)

Rate Adjustment:	
17. Final Rate*	283.2815

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 002982-00 2023/10
293.19

Nspire Healthcare Tamarac

Zip Code:	33321	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	South		100.0%	95.0%	1.25658957	
Beds:	151		92.0%	92.5%	1.23890989	
Medicaid Days FYE 3/31/19	14,196		86.0%	N/A	1.23890989	
Total Patient Days FYE 12/31/21	36,948		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/21	23,880					
Medicaid Utilization:	64.63137 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,683,016	484,449	1,001,705
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	118.5556	34.1257	70.5624
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.9757	42.2787	87.4205
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	11	0.87	73,396	29.8097

	Total	Per Diem
11. Taxes:	174,952	4.7350
12. Insurance:	76,680	2.0753

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.6894
16. Budget Neutrality Adjustment:		(41.1122)

Rate Adjustment:	
17. Final Rate*	293.1944

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 002991-00 2023/10
282.29

Nspire Healthcare Plantation

Zip Code:	33313				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.25658957
Medicaid Days FYE 3/31/19	12,923	Indirect Care	92.0%	92.5%	1.23890989
Total Patient Days FYE 12/31/21	32,992	Operating	86.0%	N/A	1.23890989
Medicaid Days FYE 12/31/21	19,843				
Medicaid Utilization:	60.14488 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,492,149	368,070	835,359
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	115.4645	28.4817	64.6412
3. Inflated Cost Per Diem (Line 2 x Inflation):	145.0916	35.2863	80.0846
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.7220	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	38.4492	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	9	0.87	44,431	23.8420

	Total	Per Diem
11. Taxes:	70,633	2.1409
12. Insurance:	48,630	1.4739

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.0469
16. Budget Neutrality Adjustment:		(39.2813)

Rate Adjustment:	
17. Final Rate*	282.2938

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 002999-00 2023/10
283.99

Nspire Healthcare Kendall

Zip Code:	33186				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.25658957
Medicaid Days FYE 3/31/19	6,699	Indirect Care	92.0%	92.5%	1.23890989
Total Patient Days FYE 12/31/21	37,829	Operating	86.0%	N/A	1.23890989
Medicaid Days FYE 12/31/21	18,146				
Medicaid Utilization:	47.96849 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	765,195	258,265	389,564
2. Cost Per Diem (Line 1 / Medicaid Days 3/31/19):	114.2252	38.5527	58.1525
3. Inflated Cost Per Diem (Line 2 x Inflation):	143.5342	47.7634	72.0457
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	3	0.89	48,500	28.9101

	Total	Per Diem
11. Taxes:	198,841	5.2563
12. Insurance:	76,204	2.0144

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		13.8710
16. Budget Neutrality Adjustment:		(41.0497)

Rate Adjustment:	
17. Final Rate*	283.9899

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 004024-00 2023/10
272.75

Stratford Court of Boca Raton

Zip Code:	33433				
Peer Group:	South				
Beds:	60	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	5,281	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	15,201	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	4,349				
Medicaid Utilization:	28.60996 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	735,039	251,987	360,196
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	139.1855	47.7157	68.2060
3. Inflated Cost Per Diem (Line 2 x Inflation):	181.8701	61.5179	87.9351
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	25	0.84	17,721	16.4105

	Total	Per Diem
11. Taxes:	62,492	4.1110
12. Insurance:	7,563	0.4975

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		10.2258
16. Budget Neutrality Adjustment:		(38.8954)

Rate Adjustment:	
17. Final Rate*	272.7539

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 008120-00 2023/10
280.58

Westminster Saint Augustine

Zip Code:	32092	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	0.00000000	
Beds:	30		92.0%	92.5%	0.00000000	
Medicaid Days FYE			86.0%	N/A	0.00000000	
Total Patient Days FYE 3/31/22	7,754		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 3/31/22	1					
Medicaid Utilization:	0.01290 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	37.5	45.1386

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	22	0	0.87	24,833	36.0551

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	43,395	5.5964

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.9940)

Rate Adjustment:	
17. Final Rate*	280.5767

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 009647-00 2023/10
279.17

Fountain Inn Nursing & Rehabilitation Center, Inc.

Zip Code:	32778	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	0.00000000	
Beds:	120		92.0%	92.5%	0.00000000	
Medicaid Days FYE			86.0%	N/A	0.00000000	
Total Patient Days FYE 12/31/20	35,969		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/20	14,405					
Medicaid Utilization:	40.04837 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.5	33.1016

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	5	3	0.89	85,539	35.3242

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	19,925	0.5539

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		15.5821
16. Budget Neutrality Adjustment:		(38.1736)

Rate Adjustment:	
17. Final Rate*	279.1688

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 009887-00 2023/10
272.17

Scott Lake Health and Rehabilitation Center

Zip Code:	33813			
Peer Group:	North			
Beds:	120			
Medicaid Days FYE 12/31/19	8,494			
Total Patient Days FYE 12/31/21	35,528			
Medicaid Days FYE 12/31/21	18,506			
Medicaid Utilization:	52.08849 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,055,609	510,199	680,654
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	124.2770	60.0658	80.1335
3. Inflated Cost Per Diem (Line 2 x Inflation):	155.1258	73.8692	98.5485
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	5	5	0.87	75,690	33.5835

	Total	Per Diem
11. Taxes:	146,480	4.1229
12. Insurance:	43,253	1.2174

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.0047
16. Budget Neutrality Adjustment:		(38.6064)

Rate Adjustment:	
17. Final Rate*	272.1674

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 013748-00 2023/10
274.69

Page Rehabilitation and Healthcare Center

Zip Code:	33907				
Peer Group:	North		Price	Floor	Inflation
Beds:	180	Direct Care	100.0%	95.0%	1.31539223
Medicaid Days FYE 9/30/17	34,156	Indirect Care	92.0%	92.5%	1.29808728
Total Patient Days FYE 12/31/22	57,601	Operating	86.0%	N/A	1.29808728
Medicaid Days FYE 12/31/22	34,380				
Medicaid Utilization:	59.68646 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,569,822	1,364,209	1,758,738
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/17):	133.7926	39.9405	51.4913
3. Inflated Cost Per Diem (Line 2 x Inflation):	175.9898	51.8463	66.8402
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	10	0.87	70,306	24.6661

	Total	Per Diem
11. Taxes:	201,601	3.4999
12. Insurance:	116,941	2.0301

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.3928
16. Budget Neutrality Adjustment:		(37.3663)

Rate Adjustment:	
17. Final Rate*	274.6883

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 015069-00 2023/10
260.00

Lanier Rehabilitation Center

Zip Code:	32226-1704	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.31539223
Beds:	120		92.0%	92.5%	1.29808728
Medicaid Days FYE 9/30/17	32,762		86.0%	N/A	1.29808728
Total Patient Days FYE 12/31/21	28,164		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	21,922				
Medicaid Utilization:	77.83695 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,889,579	803,262	1,549,712
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/17):	88.1991	24.5181	47.3021
3. Inflated Cost Per Diem (Line 2 x Inflation):	116.0164	31.8266	61.4022
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	15.4241	3.8348	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	122.9343	34.7181	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.5	35.5090

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	25	0.87	47,040	18.8415

	Total	Per Diem
11. Taxes:	52,316	1.8575
12. Insurance:	26,174	0.9293

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.7572
16. Budget Neutrality Adjustment:		(33.4124)

Rate Adjustment:	
17. Final Rate*	260.0038

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 017621-00 2023/10
252.99

Water's Edge Health and Rehabilitation

Zip Code:	34990				
Peer Group:	North				
Beds:	36	Direct Care	100.0%	95.0%	1.27778987
Medicaid Days FYE 11/19/18	2,563	Indirect Care	92.0%	92.5%	1.25734040
Total Patient Days FYE 12/31/22	11,041	Operating	86.0%	N/A	1.25734040
Medicaid Days FYE 12/31/22	2,313				
Medicaid Utilization:	20.94919 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	560,146	162,299	503,554
2. Cost Per Diem (Line 1 / Medicaid Days 11/19/18):	218.5509	63.3238	196.4705
3. Inflated Cost Per Diem (Line 2 x Inflation):	279.2621	79.6196	247.0303
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	30	6	0.84	21,498	32.0093

	Total	Per Diem
11. Taxes:	23,837	2.1589
12. Insurance:	37,474	3.3940

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.4129)

Rate Adjustment:	
17. Final Rate*	252.9946

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 019625-00 2023/10
266.03

Gateway Care Center

Zip Code:	33782				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.25227016
Medicaid Days FYE 5/31/19	16,902	Indirect Care	92.0%	92.5%	1.23407616
Total Patient Days FYE 5/31/21	38,114	Operating	86.0%	N/A	1.23407616
Medicaid Days FYE 5/31/21	31,815				
Medicaid Utilization:	83.47326 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,803,660	465,078	862,930
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	106.7128	27.5161	51.0549
3. Inflated Cost Per Diem (Line 2 x Inflation):	133.6332	33.9570	63.0056
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.7044	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	36.8484	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	15	0.89	43,004	21.4020

	Total	Per Diem
11. Taxes:	67,853	1.7802
12. Insurance:	126,131	3.3093

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.1921
16. Budget Neutrality Adjustment:		(36.5977)

Rate Adjustment:	
17. Final Rate*	266.0323

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 021302-00 2023/10
304.02

Kendall Lakes Health and Rehab Center

Zip Code:	33185				
Peer Group:	South				
Beds:	150	Direct Care	100.0%	95.0%	1.21181312
Medicaid Days FYE 12/31/20	31,246	Indirect Care	92.0%	92.5%	1.19799401
Total Patient Days FYE 1/31/23	27,504	Operating	86.0%	N/A	1.19799401
Medicaid Days FYE 1/31/23	11,625				
Medicaid Utilization:	42.26658 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,896,651	1,607,639	2,257,760
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/20):	124.7087	51.4510	72.2575
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.1237	61.6380	86.5641
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	5	4	0.89	103,967	32.3012

	Total	Per Diem
11. Taxes:	215,954	7.8517
12. Insurance:	143,662	5.2233

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		14.5800
16. Budget Neutrality Adjustment:		(42.3563)

Rate Adjustment:	
17. Final Rate*	304.0228

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 022071-00 2023/10
280.65

The Ponce Therapy Care Center and Rehab

Zip Code:	32086				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	16,496	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 12/31/21	33,479	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 12/31/21	20,125				
Medicaid Utilization:	60.11231 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,976,488	670,527	1,145,688
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	119.8161	40.6478	69.4524
3. Inflated Cost Per Diem (Line 2 x Inflation):	152.4209	50.9055	86.9791
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	27.0	32.4998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	2	0.87	48,636	28.7826

	Total	Per Diem
11. Taxes:	63,833	1.9066
12. Insurance:	106,920	3.1936

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.3817
16. Budget Neutrality Adjustment:		(37.8901)

Rate Adjustment:	
17. Final Rate*	280.6548

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 023109-00 2023/10
264.86

Barrington Terrace at Boynton Beach

Zip Code:	33426-6381	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	South		100.0%	95.0%	0.00000000	
Beds:	29		92.0%	92.5%	0.00000000	
Medicaid Days FYE			86.0%	N/A	0.00000000	
Total Patient Days FYE 12/31/20	7,742		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/20	283					
Medicaid Utilization:	3.65539 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.1084	45.8383	72.6043
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	29	0.84	6,698	15.0362

	Total	Per Diem
11. Taxes:	44,702	5.7739
12. Insurance:	44,387	5.7332

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(39.6804)

Rate Adjustment:	
17. Final Rate*	264.8601

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 023546-00 2023/10
239.96

The Palms of Sebring

Zip Code:	33870				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	17,743	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 6/30/22	33,285	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 6/30/22	16,310				
Medicaid Utilization:	49.00105 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,979,794	506,655	708,020
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	111.5816	28.5552	39.9041
3. Inflated Cost Per Diem (Line 2 x Inflation):	145.8009	36.8150	51.4468
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	10.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	52	10	0.87	43,910	23.2125

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	56,412	1.6948

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.8875
16. Budget Neutrality Adjustment:		(36.6148)

Rate Adjustment:	
17. Final Rate*	239.9605

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 023745-00 2023/10
286.34

PruittHealth - Panama City

Zip Code:	32405				
Peer Group:	North				
Beds:	77	Direct Care	100.0%	95.0%	1.22978189
Medicaid Days FYE 6/30/20	6,026	Indirect Care	92.0%	92.5%	1.21372193
Total Patient Days FYE 6/30/22	26,807	Operating	86.0%	N/A	1.21372193
Medicaid Days FYE 6/30/22	12,267				
Medicaid Utilization:	45.76044 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	795,425	409,711	463,921
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/20):	131.9988	67.9905	76.9865
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	5	3	0.88	62,528	32.9763

	Total	Per Diem
11. Taxes:	203,211	7.5805
12. Insurance:	45,005	1.6788

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.9053
16. Budget Neutrality Adjustment:		(39.0770)

Rate Adjustment:	
17. Final Rate*	286.3351

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 030069-00 2023/10
303.85

Aventura Rehab and Nursing Center

Zip Code:	33162				
Peer Group:	South				
Beds:	86	Direct Care	100.0%	95.0%	1.30120764
Medicaid Days FYE 2/28/18	21,310	Indirect Care	92.0%	92.5%	1.28431236
Total Patient Days FYE 1/31/22	28,460	Operating	86.0%	N/A	1.28431236
Medicaid Days FYE 1/31/22	19,455				
Medicaid Utilization:	68.35910 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,999,106	1,042,910	1,431,909
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/18):	140.7370	48.9399	67.1942
3. Inflated Cost Per Diem (Line 2 x Inflation):	183.1280	62.8541	86.2983
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	59	3	0.89	51,916	35.0648

	Total	Per Diem
11. Taxes:	93,315	3.2788
12. Insurance:	73,805	2.5932

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.6205
16. Budget Neutrality Adjustment:		(41.7255)

Rate Adjustment:	
17. Final Rate*	303.8474

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 030145-00 2023/10
264.79

Grace Healthcare of Lake Wales

Zip Code:	33853-3208			
Peer Group:	North		Price	Floor
Beds:	100	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/16	21,170	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	27,438	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	18,248			1.33840457
Medicaid Utilization:	66.50631 %			1.32392297
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,028,306	478,597	1,113,409
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	95.8103	22.6073	52.5937
3. Inflated Cost Per Diem (Line 2 x Inflation):	128.2330	29.9303	69.6300
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.2074	5.7311	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.1509	32.8218	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.5	28.2869

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	14	0.87	17,686	20.8557

	Total	Per Diem
11. Taxes:	44,255	1.6129
12. Insurance:	44,664	1.6278

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.7923
16. Budget Neutrality Adjustment:		(35.2295)

Rate Adjustment:	
17. Final Rate*	264.7880

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 031622-00 2023/10
259.85

Harmony Health Center

Zip Code:	33176					
Peer Group:	South		Price	Floor	Inflation	
Beds:	203		Direct Care	100.0%	95.0%	0.00000000
Medicaid Days FYE			Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 12/31/22	71,454		Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 12/31/22	42,012					
Medicaid Utilization:	58.79587 %					
			2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.1084	45.8383	72.6043
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	40	0.89	83,526	12.9074

	Total	Per Diem
11. Taxes:	236,480	3.3095
12. Insurance:	376,948	5.2753

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		2.9378
16. Budget Neutrality Adjustment:		(38.9627)

Rate Adjustment:	
17. Final Rate*	259.8534

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 032432-00 2023/10
274.31

Adventhealth Care Center Celebration

Zip Code:	34747	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	0.00000000	
Beds:	120		92.0%	92.5%	0.00000000	
Medicaid Days FYE			86.0%	N/A	0.00000000	
Total Patient Days FYE 8/31/20	16,675		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 8/31/20	7,698					
Medicaid Utilization:	46.16492 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	4	3	0.89	85,337	35.3242

	Total	Per Diem
11. Taxes:	43,228	2.5923
12. Insurance:	10,745	0.6443

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		15.0418
16. Budget Neutrality Adjustment:		(38.5548)

Rate Adjustment:	
17. Final Rate*	274.3098

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 032910-00 2023/10
278.53

Viera Del Mar Health and Rehabilitation Center

Zip Code:	32940	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	0.00000000	
Beds:	131		92.0%	92.5%	0.00000000	
Medicaid Days FYE			86.0%	N/A	0.00000000	
Total Patient Days FYE 12/31/20	25,043		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/20	4,416					
Medicaid Utilization:	17.63367 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	4	2	0.91	92,600	36.5919

	Total	Per Diem
11. Taxes:	213,646	8.5311
12. Insurance:	72,047	2.8769

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		15.3813
16. Budget Neutrality Adjustment:		(39.8960)

Rate Adjustment:	
17. Final Rate*	278.5342

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 034242-00 2023/10
289.20

The Luxe at Wellington Rehabilitation Center

Zip Code:	33414	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	South		100.0%	95.0%	1.43367807	
Beds:	120		92.0%	92.5%	1.43979617	
Medicaid Days FYE 4/30/12	1		86.0%	N/A	1.43979617	
Total Patient Days FYE 4/30/12	15,951		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 4/30/12	1					
Medicaid Utilization:	0.00627 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	158	70	53
2. Cost Per Diem (Line 1 / Medicaid Days 4/30/12):	157.9474	69.9776	53.0750
3. Inflated Cost Per Diem (Line 2 x Inflation):	226.4457	100.7534	76.4171
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	12	7	0.84	47,300	25.2258

	Total	Per Diem
11. Taxes:	184,035	11.5375
12. Insurance:	116,842	7.3250

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		9.2854
16. Budget Neutrality Adjustment:		(42.1733)

Rate Adjustment:	
17. Final Rate*	289.1975

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 036022-00 2023/10
277.26

Fair Havens Center			
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Zip Code:	33166-5291	Direct Care				
Peer Group:	South		Indirect Care	Price	Floor	Inflation
Beds:	269			100.0%	95.0%	0.00000000
Medicaid Days FYE			92.0%	92.5%	0.00000000	
Total Patient Days FYE 2/28/22	47,101		Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 2/28/22	25,706			2023 Cost per Square Foot:		
Medicaid Utilization:	54.57634 %			\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.1084	45.8383	72.6043
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	99	40	0.89	94,794	11.9568

	Total	Per Diem
11. Taxes:	283,684	6.0228
12. Insurance:	235,021	4.9897

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.8869
16. Budget Neutrality Adjustment:		(39.1725)

Rate Adjustment:	
17. Final Rate*	277.2642

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 036390-00 2023/10
257.58

Haines City Rehabilitation and Nursing Center

Zip Code:	33844-5603
Peer Group:	North
Beds:	120
Medicaid Days FYE 11/30/18	25,168
Total Patient Days FYE 1/31/22	37,161
Medicaid Days FYE 1/31/22	29,253
Medicaid Utilization:	78.71963 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.27778987
Indirect Care	92.0%	92.5%	1.25734040
Operating	86.0%	N/A	1.25734040

2023 Cost per Square Foot: \$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,724,804	723,320	1,001,015
2. Cost Per Diem (Line 1 / Medicaid Days 11/30/18):	108.2646	28.7396	39.7733
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3394	36.1355	50.0086
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	30	0.87	39,750	15.1792

	Total	Per Diem
11. Taxes:	67,700	1.8218
12. Insurance:	75,749	2.0384

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.0825
16. Budget Neutrality Adjustment:		(35.7810)

Rate Adjustment:	
17. Final Rate*	257.5842

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 036398-00 2023/10
268.56

North Port Rehabilitation and Nursing Center

Zip Code:	34287-0947
Peer Group:	North
Beds:	120
Medicaid Days FYE 2/28/19	24,067
Total Patient Days FYE 1/31/22	31,160
Medicaid Days FYE 1/31/22	22,416
Medicaid Utilization:	71.93838 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.26894916
Indirect Care	92.0%	92.5%	1.24980861
Operating	86.0%	N/A	1.24980861

2023 Cost per Square Foot: \$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,094,740	762,502	1,147,035
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	128.5885	31.6824	47.6600
3. Inflated Cost Per Diem (Line 2 x Inflation):	163.1722	39.5970	59.5659
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	0	0.87	41,054	25.8226

	Total	Per Diem
11. Taxes:	68,342	2.1932
12. Insurance:	74,453	2.3893

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.6942
16. Budget Neutrality Adjustment:		(37.3960)

Rate Adjustment:	
17. Final Rate*	268.5579

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

1 036404-00 2023/10
264.11

Winter Garden Rehabilitation and Nursing

Zip Code:	34787				
Peer Group:	North		Price	Floor	Inflation
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	19,424	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 1/31/22	27,942	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 1/31/22	19,320				
Medicaid Utilization:	69.14323 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,502,261	672,156	933,162
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	128.8231	34.6044	48.0417
3. Inflated Cost Per Diem (Line 2 x Inflation):	168.3298	44.6140	61.9381
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	31	0.89	35,510	15.1413

	Total	Per Diem
11. Taxes:	144,337	5.1655
12. Insurance:	64,455	2.3067

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.9335
16. Budget Neutrality Adjustment:		(36.2889)

Rate Adjustment:	
17. Final Rate*	264.1127

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

1 036415-00 2023/10
263.39

Fernandina Beach Rehabilitation and Nursing Center

Zip Code:	32034					
Peer Group:	North		Price	Floor	Inflation	
Beds:	120		Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	22,229		Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 1/31/22	34,811		Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 1/31/22	24,243					
Medicaid Utilization:	69.64178 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,490,281	699,519	922,739
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	112.0284	31.4687	41.5105
3. Inflated Cost Per Diem (Line 2 x Inflation):	142.8704	39.4903	52.0919
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	34	0.87	25,453	13.7601

	Total	Per Diem
11. Taxes:	136,834	3.9307
12. Insurance:	64,373	1.8492

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.4376
16. Budget Neutrality Adjustment:		(35.8522)

Rate Adjustment:	
17. Final Rate*	263.3874

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

1 037353-00 2023/10
268.05

TimberRidge Nursing and Rehabilitation Center

Zip Code:	34481			
Peer Group:	North		Price	Floor
Beds:	180	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/18	27,182	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	53,778	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	27,857			
Medicaid Utilization:	51.79999 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,598,547	1,153,356	1,098,669
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	132.3871	42.4308	40.4189
3. Inflated Cost Per Diem (Line 2 x Inflation):	168.8339	53.2468	50.7221
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	13	0.87	69,278	23.1679

	Total	Per Diem
11. Taxes:	115,792	2.1531
12. Insurance:	129,909	2.4156

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.0698
16. Budget Neutrality Adjustment:		(37.0168)

Rate Adjustment:	
17. Final Rate*	268.0515

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

1 038712-00 2023/10
293.52

PruittHealth - Fleming Island

Zip Code:	32003				
Peer Group:	North				
Beds:	97	Direct Care	100.0%	95.0%	0.00000000
Medicaid Days FYE		Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 6/30/22	26,677	Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 6/30/22	10,668				
Medicaid Utilization:	39.98950 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	4	4	0.87	71,492	34.0778

	Total	Per Diem
11. Taxes:	447,771	16.7849
12. Insurance:	58,189	2.1812

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.2281
16. Budget Neutrality Adjustment:		(40.6127)

Rate Adjustment:	
17. Final Rate*	293.5230

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

1 045184-00 2023/10
278.25

Bedrock Rehabilitation and Nursing Center at Lake City

Zip Code:	32024					
Peer Group:	North		Price	Floor	Inflation	
Beds:	120		100.0%	95.0%	0.00000000	
Medicaid Days FYE			Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 12/31/22	23,554		Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 12/31/22	10,329					
Medicaid Utilization:	43.85242 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	4	4	0.87	83,179	34.0778

	Total	Per Diem
11. Taxes:	138,567	5.8829
12. Insurance:	51,182	2.1729

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.7231
16. Budget Neutrality Adjustment:		(39.0625)

Rate Adjustment:	
17. Final Rate*	278.2506

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

1 046531-00 2023/10
263.34

Golden Glades Nursing and Rehabilitation Center

Zip Code:	33179	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	South		100.0%	95.0%	0.00000000
Beds:	180		92.0%	92.5%	0.00000000
Medicaid Days FYE			86.0%	N/A	0.00000000
Total Patient Days FYE 11/30/22	62,280		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 11/30/22	45,035				
Medicaid Utilization:	72.31053 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.1084	45.8383	72.6043
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	25	0.89	70,172	18.1790

	Total	Per Diem
11. Taxes:	169,760	2.7257
12. Insurance:	161,558	2.5940

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.4970
16. Budget Neutrality Adjustment:		(39.2478)

Rate Adjustment:	
17. Final Rate*	263.3377

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

1 046541-00 2023/10
272.05

South Dade Nursing and Rehabilitation Center

Zip Code:	33157	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	South		100.0%	95.0%	0.00000000	
Beds:	180		92.0%	92.5%	0.00000000	
Medicaid Days FYE			86.0%	N/A	0.00000000	
Total Patient Days FYE 5/31/22	62,032		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 5/31/22	42,744					
Medicaid Utilization:	68.90637 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.1084	45.8383	72.6043
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	33	0.89	73,221	15.8197

	Total	Per Diem
11. Taxes:	193,303	3.1161
12. Insurance:	131,732	2.1236

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.4722
16. Budget Neutrality Adjustment:		(38.9012)

Rate Adjustment:	
17. Final Rate*	272.0534

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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Rate Semester 10/01/2023 through 09/30/2024

1 047077-00 2023/10
262.79

North Dade Nursing and Rehabilitation Center

Zip Code:	33161				
Peer Group:	South				
Beds:	245	Direct Care	100.0%	95.0%	0.00000000
Medicaid Days FYE		Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 6/30/22	68,410	Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 6/30/22	51,900				
Medicaid Utilization:	75.86610 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.1084	45.8383	72.6043
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	58	32	0.89	48,730	14.7790

	Total	Per Diem
11. Taxes:	304,419	4.4499
12. Insurance:	228,155	3.3351

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.7551
16. Budget Neutrality Adjustment:		(39.1149)

Rate Adjustment:	
17. Final Rate*	262.7938

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

1 049565-00 2023/10
257.49

Orlando Health Center for Rehabilitation

Zip Code:	34761	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	0.00000000	
Beds:	110		92.0%	92.5%	0.00000000	
Medicaid Days FYE			86.0%	N/A	0.00000000	
Total Patient Days FYE 9/30/22	20,120		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 9/30/22	11,489					
Medicaid Utilization:	57.10239 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	12.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	4	4	0.89	59,186	34.8192

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	34,202	1.6999

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		26.4564
16. Budget Neutrality Adjustment:		(38.2647)

Rate Adjustment:	
17. Final Rate*	257.4913

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 052140-00 2023/10
268.78

Century Center for Rehabilitation and Healing

Zip Code:	32535			
Peer Group:	North		Price	Floor
Beds:	88	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	21,964	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	27,626	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	19,697			
Medicaid Utilization:	71.29878 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,235,424	755,361	1,033,846
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	101.7767	34.3908	47.0700
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.9890	44.3387	60.6854
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	29	21	0.89	34,538	20.8793

	Total	Per Diem
11. Taxes:	36,795	1.3318
12. Insurance:	36,056	1.3051

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.6240
16. Budget Neutrality Adjustment:		(36.4171)

Rate Adjustment:	
17. Final Rate*	268.7813

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 052155-00 2023/10
263.54

Sandy Ridge Center for Rehabilitation and Healing

Zip Code:	32570						
Peer Group:	North		Direct Care	Price	Floor	Inflation	
Beds:	60			100.0%	95.0%	1.27530471	
Medicaid Days FYE 12/31/18	13,482			Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	19,175			Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	11,425						
Medicaid Utilization:	59.58279 %	2023 Cost per Square Foot:			\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,534,658	469,839	674,124
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	113.8301	34.8493	50.0017
3. Inflated Cost Per Diem (Line 2 x Inflation):	145.1681	43.7327	62.7476
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	18	0.89	20,543	19.8507

	Total	Per Diem
11. Taxes:	19,261	1.0044
12. Insurance:	23,098	1.2045

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.2372
16. Budget Neutrality Adjustment:		(36.2102)

Rate Adjustment:	
17. Final Rate*	263.5431

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

1 052167-00 2023/10
267.15

Santa Rosa Center for Rehabilitation & Healing

Zip Code:	32570-2235	Direct Care	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.27530471
Beds:	110		92.0%	92.5%	1.25490778
Medicaid Days FYE 12/31/18	27,304		86.0%	N/A	1.25490778
Total Patient Days FYE 12/31/21	30,625		Operating		
Medicaid Days FYE 12/31/21	23,179				
Medicaid Utilization:	75.68653 %	2023 Cost per Square Foot: \$292.90			

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,959,453	892,664	1,158,672
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	108.3889	32.6935	42.4359
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.2289	41.0273	53.2532
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	52	16	0.89	31,824	20.5752

	Total	Per Diem
11. Taxes:	35,315	1.1531
12. Insurance:	38,849	1.2685

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.2321
16. Budget Neutrality Adjustment:		(36.3433)

Rate Adjustment:	
17. Final Rate*	267.1475

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 052176-00 2023/10
273.38

Northbrook Center for Rehabilitation and Health

Zip Code:	34601				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.29590023
Medicaid Days FYE 4/30/18	26,209	Indirect Care	92.0%	92.5%	1.27875582
Total Patient Days FYE 12/31/21	34,159	Operating	86.0%	N/A	1.27875582
Medicaid Days FYE 12/31/21	21,109				
Medicaid Utilization:	61.79631 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,614,115	993,511	1,130,151
2. Cost Per Diem (Line 1 / Medicaid Days 4/30/18):	99.7411	37.9072	43.1207
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.2545	48.4741	55.1408
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.1859	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.1724	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.5	28.2869

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	1	0.88	37,349	25.7386

	Total	Per Diem
11. Taxes:	81,915	2.3980
12. Insurance:	39,544	1.1576

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.1349
16. Budget Neutrality Adjustment:		(36.9275)

Rate Adjustment:	
17. Final Rate*	273.3831

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 052186-00 2023/10
268.01

Ybor City Center for Rehabilitations & Healing

Zip Code:	33602				
Peer Group:	North				
Beds:	80	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	22,096	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	23,267	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	17,393				
Medicaid Utilization:	74.75394 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,329,931	767,698	1,068,971
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	105.4458	34.7437	48.3784
3. Inflated Cost Per Diem (Line 2 x Inflation):	137.7833	44.7936	62.3723
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	54	17	0.88	22,212	20.0022

	Total	Per Diem
11. Taxes:	32,344	1.3901
12. Insurance:	23,895	1.0269

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.5878
16. Budget Neutrality Adjustment:		(36.2613)

Rate Adjustment:	
17. Final Rate*	268.0077

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 054508-00 2023/10
202.37

Jacksonville Center for Rehabilitation and Healthcare

Zip Code:	32209				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	34,880	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/20	46,930	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/20	39,946				
Medicaid Utilization:	85.11826 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,847,079	562,829	1,446,541
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	81.6249	16.1361	41.4719
3. Inflated Cost Per Diem (Line 2 x Inflation):	104.0967	20.2493	52.0434
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	27.3438	15.4120	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	111.0146	23.1408	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	27	0.87	32,259	14.8404

	Total	Per Diem
11. Taxes:	47,640	1.0151
12. Insurance:	59,459	1.2669

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.6546
16. Budget Neutrality Adjustment:		(29.4335)

Rate Adjustment:	
17. Final Rate*	202.3682

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 059598-00 2023/10
280.30

De Luna Health and Rehabilitation Center

Zip Code:	32514						
Peer Group:	North			Price	Floor	Inflation	
Beds:	90			Direct Care	100.0%	95.0%	0.00000000
Medicaid Days FYE				Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 2/20/21	8,173			Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 2/20/21	522						
Medicaid Utilization:	6.38688 %			2023 Cost per Square Foot:		\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	3	3	0.89	73,997	35.3242

	Total	Per Diem
11. Taxes:	132,000	16.1507
12. Insurance:	69,298	8.4788

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		2.6796
16. Budget Neutrality Adjustment:		(41.5945)

Rate Adjustment:	
17. Final Rate*	280.3007

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 059993-00 2023/10
288.47

Dolphin Pointe Health Care Center

Zip Code:	32211					
Peer Group:	North		Price	Floor	Inflation	
Beds:	146		Direct Care	100.0%	95.0%	0.00000000
Medicaid Days FYE			Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 12/31/21	25,391		Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 12/31/21	9,102					
Medicaid Utilization:	35.84735 %					
			2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq. Footage	Per Diem
10. FRVS:	3	1	0.87	88,019	35.5608

	Total	Per Diem
11. Taxes:	248,099	9.7711
12. Insurance:	74,313	2.9267

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.2825
16. Budget Neutrality Adjustment:		(39.9328)

Rate Adjustment:	
17. Final Rate*	288.4721

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

1 060909-00 2023/10
255.53

The Preserve			
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Zip Code:	33912			
Peer Group:	North		Price	Floor
Beds:	75			Inflation
Medicaid Days FYE		Direct Care	100.0%	95.0%
Total Patient Days FYE 6/30/22	25,477	Indirect Care	92.0%	92.5%
Medicaid Days FYE 6/30/22	5,974	Operating	86.0%	N/A
Medicaid Utilization:	23.44860 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	4	4	0.87	81,351	34.0778

	Total	Per Diem
11. Taxes:	2,515	0.0987
12. Insurance:	379,213	14.8845

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		13.7385
16. Budget Neutrality Adjustment:		(40.0468)

Rate Adjustment:	
17. Final Rate*	255.5332

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 064829-00 2023/10
289.43

Pruitthealth - Southwood

Zip Code:	32311				
Peer Group:	North				
Beds:	101	Direct Care	100.0%	95.0%	0.00000000
Medicaid Days FYE		Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 6/30/22	24,300	Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 6/30/22	12,838				
Medicaid Utilization:	52.83128 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.5	27.0832

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	3	2	0.88	55,618	35.4478

	Total	Per Diem
11. Taxes:	213,372	8.7807
12. Insurance:	76,257	3.1381

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.0084
16. Budget Neutrality Adjustment:		(39.8060)

Rate Adjustment:	
17. Final Rate*	289.4327

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 065142-00 2023/10
259.47

Orchid Cove at Rockledge

Zip Code:	32955			
Peer Group:	North		Price	Floor
Beds:	100	Direct Care	100.0%	95.0%
Medicaid Days FYE 1/31/18	21,840	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	30,359	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	23,290			1.28678308
Medicaid Utilization:	76.71531 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,175,041	543,591	871,977
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	99.5897	24.8896	39.9256
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.8589	32.0276	51.3756
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.5816	3.6338	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.7768	34.9191	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	36	0.91	31,855	13.6093

	Total	Per Diem
11. Taxes:	40,037	1.3187
12. Insurance:	25,063	0.8255

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		26.0474
16. Budget Neutrality Adjustment:		(34.5731)

Rate Adjustment:	Per Diem
17. Final Rate*	259.4688

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 065143-00 2023/10
260.09

Orchid Cove at Naples

Zip Code:	34103				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	29,640	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 12/31/21	25,732	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 12/31/21	18,398				
Medicaid Utilization:	71.49852 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,272,425	752,912	1,064,819
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	110.4057	25.4018	35.9250
3. Inflated Cost Per Diem (Line 2 x Inflation):	140.4496	31.8121	44.9909
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.8492	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	34.7036	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	27	0.87	30,912	16.2435

	Total	Per Diem
11. Taxes:	72,076	2.8010
12. Insurance:	28,106	1.0922

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.7419
16. Budget Neutrality Adjustment:		(35.3900)

Rate Adjustment:	
17. Final Rate*	260.0864

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 065145-00 2023/10
266.10

Orchid Cove at Venice

Zip Code:	34285				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30393797
Medicaid Days FYE 1/31/18	23,845	Indirect Care	92.0%	92.5%	1.28678308
Total Patient Days FYE 12/31/21	30,270	Operating	86.0%	N/A	1.28678308
Medicaid Days FYE 12/31/21	18,912				
Medicaid Utilization:	62.47770 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,719,441	690,559	892,723
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	114.0465	28.9603	37.4385
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.7096	37.2656	48.1753
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	22	0.87	41,569	18.0174

	Total	Per Diem
11. Taxes:	73,318	2.4221
12. Insurance:	34,038	1.1244

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.8023
16. Budget Neutrality Adjustment:		(36.1397)

Rate Adjustment:	
17. Final Rate*	266.0995

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 065146-00 2023/10
263.01

Orchid Cove at Sarasota

Zip Code:	34234			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 1/31/18	32,717	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	26,941	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	19,911			
Medicaid Utilization:	73.90594 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,515,640	858,068	1,154,042
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	107.4560	26.2269	35.2734
3. Inflated Cost Per Diem (Line 2 x Inflation):	140.1160	33.7484	45.3892
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	1.9130	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	36.6399	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	23	0.87	39,369	17.6627

	Total	Per Diem
11. Taxes:	67,395	2.5015
12. Insurance:	27,749	1.0299

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.8965
16. Budget Neutrality Adjustment:		(35.8154)

Rate Adjustment:	
17. Final Rate*	263.0131

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 065544-00 2023/10
291.35

Chatham Glen Healthcare & Rehabilitation Center

Zip Code:	32162	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	0.00000000	
Beds:	120		92.0%	92.5%	0.00000000	
Medicaid Days FYE			86.0%	N/A	0.00000000	
Total Patient Days FYE 12/31/21	22,878		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/21	5,255					
Medicaid Utilization:	22.96967 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	33.5	40.3238

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	3	3	0.88	77,000	34.9482

	Total	Per Diem
11. Taxes:	195,834	8.5599
12. Insurance:	59,272	2.5907

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		11.7713
16. Budget Neutrality Adjustment:		(39.6259)

Rate Adjustment:	
17. Final Rate*	291.3487

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 065707-00 2023/10
256.57

Orchid Cove at Daytona

Zip Code:	32114			
Peer Group:	North		Price	Floor
Beds:	99	Direct Care	100.0%	95.0%
Medicaid Days FYE 9/30/17	11,985	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/22	30,827	Operating	86.0%	N/A
Medicaid Days FYE 12/31/22	20,764			1.28925856
Medicaid Utilization:	67.35654 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,419,753	419,860	842,916
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/17):	118.4608	35.0321	70.3309
3. Inflated Cost Per Diem (Line 2 x Inflation):	154.7896	45.1654	90.6747
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	61	40	0.88	36,748	12.4208

	Total	Per Diem
11. Taxes:	77,704	2.5206
12. Insurance:	53,870	1.7474

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.0839
16. Budget Neutrality Adjustment:		(35.4470)

Rate Adjustment:	
17. Final Rate*	256.5691

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 075659-00 2023/10
274.73

Fountains Rehabilitation at Mill Cove

Zip Code:	32225				
Peer Group:	North				
Beds:	84	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	7,549	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 2/28/23	28,726	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 2/28/23	11,502				
Medicaid Utilization:	40.04038 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	762,706	268,738	350,993
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	101.0340	35.5991	46.4952
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.0185	45.8965	59.9444
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	27	9	0.87	43,139	30.3608

	Total	Per Diem
11. Taxes:	52,074	1.8127
12. Insurance:	49,188	1.7123

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		16.4681
16. Budget Neutrality Adjustment:		(37.8905)

Rate Adjustment:	
17. Final Rate*	274.7345

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 078092-00 2023/10
258.01

River City Rehabilitation Center

Zip Code:	32218			
Peer Group:	North		Price	Floor
Beds:	116	Direct Care	100.0%	95.0%
Medicaid Days FYE		Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	30,226	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	16,088			0.0000000
Medicaid Utilization:	53.22570 %			
		2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	3	3	0.87	81,076	34.5722

	Total	Per Diem
11. Taxes:	266,580	8.8195
12. Insurance:	81,456	2.6948

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.7674
16. Budget Neutrality Adjustment:		(39.6242)

Rate Adjustment:	
17. Final Rate*	258.0104

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 078570-00 2023/10
269.52

Lakes of Clermont Health and Rehabilitation
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Zip Code:	34711					
Peer Group:	North		Price	Floor	Inflation	
Beds:	80	Direct Care	100.0%	95.0%	0.00000000	
Medicaid Days FYE			Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 12/31/21	24,245			Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	8,743					
Medicaid Utilization:	36.06104 %		2023 Cost per Square Foot:		\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	4	3	0.89	61,058	35.3242

	Total	Per Diem
11. Taxes:	132,531	5.4663
12. Insurance:	78,647	3.2438

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		7.9656
16. Budget Neutrality Adjustment:		(39.3325)

Rate Adjustment:	
17. Final Rate*	269.5219

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 078766-00 2023/10
268.58

GARDENS CARE CENTER

Zip Code:	33179					
Peer Group:	South		Price	Floor	Inflation	
Beds:	120		Direct Care	100.0%	95.0%	1.26894916
Medicaid Days FYE 2/28/19	32,166		Indirect Care	92.0%	92.5%	1.24980861
Total Patient Days FYE 4/30/22	49,505		Operating	86.0%	N/A	1.24980861
Medicaid Days FYE 4/30/22	43,951					
Medicaid Utilization:	88.78093 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,611,385	373,490	1,776,528
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	143.3620	11.6113	55.2299
3. Inflated Cost Per Diem (Line 2 x Inflation):	181.9192	14.5119	69.0269
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	24.4964	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	17.6747	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.0	28.8887

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	31	30	0.89	30,844	15.5035

	Total	Per Diem
11. Taxes:	111,010	2.2423
12. Insurance:	32,603	0.6585

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		3.9171
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.1899
16. Budget Neutrality Adjustment:		(35.0432)

Rate Adjustment:	
17. Final Rate*	268.5800

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 078899-00 2023/10
268.26

Breeze Care Center

Zip Code:	34234			
Peer Group:	North		Price	Floor
Beds:	101	Direct Care	100.0%	95.0%
Medicaid Days FYE 2/28/19	28,828	Indirect Care	92.0%	92.5%
Total Patient Days FYE 4/30/22	39,745	Operating	86.0%	N/A
Medicaid Days FYE 4/30/22	33,889			1.24980861
Medicaid Utilization:	85.26607 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,768,569	566,260	1,575,162
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	130.7259	19.6427	54.6400
3. Inflated Cost Per Diem (Line 2 x Inflation):	165.8846	24.5496	68.2895
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	11.1118	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	27.4410	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	12	0.87	43,679	26.2702

	Total	Per Diem
11. Taxes:	85,554	2.1525
12. Insurance:	22,682	0.5706

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.1219
16. Budget Neutrality Adjustment:		(35.6165)

Rate Adjustment:	
17. Final Rate*	268.2599

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 080823-00 2023/10
256.36

Saints Care Center

Zip Code:	32244					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.32190608
Medicaid Days FYE 6/30/17	23,275			92.0%	92.5%	1.30680926
Total Patient Days FYE 5/31/22	46,071			86.0%	N/A	1.30680926
Medicaid Days FYE 5/31/22	32,089					
Medicaid Utilization:	69.65119 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,669,585	275,877	1,069,486
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/17):	114.6975	11.8529	45.9499
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.6193	15.4895	60.0478
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	20.1719	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	18.3809	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.5	28.2869

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	15	0.87	51,806	24.9351

	Total	Per Diem
11. Taxes:	149,185	3.2381
12. Insurance:	40,037	0.8690

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.7537
16. Budget Neutrality Adjustment:		(34.3361)

Rate Adjustment:	
17. Final Rate*	256.3553

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 081367-00 2023/10
272.85

Aidan Post-Acute and Rehab Center

Zip Code:	34947	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.27530471
Beds:	79		92.0%	92.5%	1.25490778
Medicaid Days FYE 12/31/18	17,311		86.0%	N/A	1.25490778
Total Patient Days FYE 12/31/22	26,330		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/22	12,429				
Medicaid Utilization:	47.20471 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,995,540	709,031	1,287,976
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	115.2758	40.9584	74.4021
3. Inflated Cost Per Diem (Line 2 x Inflation):	147.0118	51.3990	93.3678
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	49	5	0.84	35,563	29.0060

	Total	Per Diem
11. Taxes:	83,454	3.1695
12. Insurance:	65,817	2.4996

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.1151
16. Budget Neutrality Adjustment:		(38.0027)

Rate Adjustment:	
17. Final Rate*	272.8458

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 082738-00 2023/10
287.84

Middleburg Rehabilitation and Nursing Center

Zip Code:	32068					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	0.00000000
Medicaid Days FYE				92.0%	92.5%	0.00000000
Total Patient Days FYE 12/31/21	12,479			86.0%	N/A	0.00000000
Medicaid Days FYE 12/31/21	3,125					
Medicaid Utilization:	25.04207 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	3	2	0.87	71,061	35.0665

	Total	Per Diem
11. Taxes:	146,677	11.7539
12. Insurance:	37,317	2.9903

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		11.7017
16. Budget Neutrality Adjustment:		(40.1533)

Rate Adjustment:		
17. Final Rate*		287.8432

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 084762-00 2023/10
231.77

Radiant Nursing and Rehab at Palatka

Zip Code:	32177				
Peer Group:	North				
Beds:	65	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	12,945	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	15,477	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	9,721				
Medicaid Utilization:	62.80933 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,292,628	245,536	728,305
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	99.8553	18.9676	56.2614
3. Inflated Cost Per Diem (Line 2 x Inflation):	130.4784	24.4541	72.5356
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.9620	11.2072	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.3963	27.3456	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	10.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	65	40	0.88	54,502	16.4607

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	85,971	5.5547

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.6132
16. Budget Neutrality Adjustment:		(34.4747)

Rate Adjustment:	
17. Final Rate*	231.7650

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 085192-00 2023/10
267.34

The Luxe at Lutz Rehabilitation Center

Zip Code:	33548				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.28277469
Medicaid Days FYE 6/30/18	1,370	Indirect Care	92.0%	92.5%	1.26221982
Total Patient Days FYE 12/31/21	35,876	Operating	86.0%	N/A	1.26221982
Medicaid Days FYE 12/31/21	11,924				
Medicaid Utilization:	33.23670 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	259,401	77,638	85,192
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/18):	189.3437	56.6700	62.1839
3. Inflated Cost Per Diem (Line 2 x Inflation):	242.8854	71.5300	78.4898
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	12	8	0.88	55,227	30.0048

	Total	Per Diem
11. Taxes:	140,812	3.9249
12. Insurance:	110,818	3.0889

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		11.8036
16. Budget Neutrality Adjustment:		(38.3357)

Rate Adjustment:	
17. Final Rate*	267.3410

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 085549-00 2023/10
263.18

Apopka Health & Rehabilitation Center

Zip Code:	32703	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	0.00000000
Beds:	180		92.0%	92.5%	0.00000000
Medicaid Days FYE			86.0%	N/A	0.00000000
Total Patient Days FYE 12/31/21	23,481		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	13,923				
Medicaid Utilization:	59.29475 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	4	4	0.89	101,943	34.8192

	Total	Per Diem
11. Taxes:	230,692	9.8246
12. Insurance:	115,363	4.9130

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.9596
16. Budget Neutrality Adjustment:		(40.1172)

Rate Adjustment:	
17. Final Rate*	263.1797

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 085659-00 2023/10
260.48

Seaside Health and Rehabilitation Center

Zip Code:	32114						
Peer Group:	North			Price	Floor	Inflation	
Beds:	192			Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	41,345			Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	45,834			Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	40,967						
Medicaid Utilization:	89.38125 %	2023 Cost per Square Foot:			\$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,928,486	1,373,010	2,210,446
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	95.0171	33.2086	53.4634
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.1565	42.8144	68.9281
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.2840	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.0744	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	62	40	0.88	52,300	11.7561

	Total	Per Diem
11. Taxes:	56,029	1.2224
12. Insurance:	100,263	2.1875

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		26.3316
16. Budget Neutrality Adjustment:		(34.1957)

Rate Adjustment:	
17. Final Rate*	260.4835

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

1 085662-00 2023/10
262.44

DEBARY HEALTH AND REHABILITATION CENTER

Zip Code:	32713				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	22,803	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	39,412	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	26,270				
Medicaid Utilization:	66.65483 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,479,540	921,522	1,138,695
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	108.7374	40.4123	49.9361
3. Inflated Cost Per Diem (Line 2 x Inflation):	142.0843	52.1019	64.3806
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	23.0	27.6850

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	58	40	0.89	43,843	12.3680

	Total	Per Diem
11. Taxes:	67,035	1.7008
12. Insurance:	82,221	2.0861

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.1858
16. Budget Neutrality Adjustment:		(35.3712)

Rate Adjustment:	
17. Final Rate*	262.4352

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 085667-00 2023/10
233.82

Parkside Health and Rehabilitation Center

Zip Code:	32724	Direct Care	Price	Floor	Inflation
Peer Group:	North				
Beds:	122				
Medicaid Days FYE 12/31/17	31,040				
Total Patient Days FYE 12/31/22	36,720				
Medicaid Days FYE 12/31/22	24,417				
Medicaid Utilization:	66.49510 %	Operating	100.0%	95.0%	1.30667404
			92.0%	92.5%	1.28925856
			86.0%	N/A	1.28925856
		2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,059,931	1,160,919	1,775,430
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	98.5802	37.4007	57.1981
3. Inflated Cost Per Diem (Line 2 x Inflation):	128.8122	48.2192	73.7431
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.6282	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.7301	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	56	34	0.89	38,000	14.0545

	Total	Per Diem
11. Taxes:	60,864	1.6575
12. Insurance:	68,911	1.8766

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.2782
16. Budget Neutrality Adjustment:		(35.2014)

Rate Adjustment:	
17. Final Rate*	233.8177

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 085669-00 2023/10
262.36

FLAGLER HEALTH AND REHABILITATION CENTER

Zip Code:	32110				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	19,099	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	35,854	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	16,892				
Medicaid Utilization:	47.11329 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,040,437	811,782	1,029,368
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	106.8347	42.5039	53.8964
3. Inflated Cost Per Diem (Line 2 x Inflation):	139.5982	54.7985	69.4864
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	21	0.88	36,226	18.5681

	Total	Per Diem
11. Taxes:	54,876	1.5305
12. Insurance:	78,767	2.1968

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		17.0455
16. Budget Neutrality Adjustment:		(36.2437)

Rate Adjustment:	
17. Final Rate*	262.3592

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 085670-00 2023/10
239.16

Coastal Health and Rehabilitation Center

Zip Code:	32117					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	120			100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	28,241			92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	36,767			86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	28,733					
Medicaid Utilization:	78.14888 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,754,936	936,091	1,295,527
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	97.5509	33.1465	45.8739
3. Inflated Cost Per Diem (Line 2 x Inflation):	127.4672	42.7344	59.1434
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.9732	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.3851	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	14.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	36	20	0.88	44,216	19.8533

	Total	Per Diem
11. Taxes:	57,672	1.5685
12. Insurance:	79,115	2.1517

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.6400
16. Budget Neutrality Adjustment:		(35.8607)

Rate Adjustment:	
17. Final Rate*	239.1602

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 085905-00 2023/10
265.47

Orchid Cove at Lake Placid

Zip Code:	33852-8123			
Peer Group:	North		Price	Floor
Beds:	180	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	37,226	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	45,426	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	31,587			
Medicaid Utilization:	69.53507 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,004,874	1,475,348	1,703,415
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	107.5827	39.6321	45.7587
3. Inflated Cost Per Diem (Line 2 x Inflation):	140.5755	51.0961	58.9948
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	24	0.87	61,410	17.3079

	Total	Per Diem
11. Taxes:	120,742	2.6579
12. Insurance:	134,209	2.9544

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.4325
16. Budget Neutrality Adjustment:		(36.3325)

Rate Adjustment:	
17. Final Rate*	265.4674

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 085911-00 2023/10
260.51

Riverchase Health and Rehabilitation Center
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Zip Code:	32351				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	34,305	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	38,846	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	28,809				
Medicaid Utilization:	74.16208 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,284,009	1,084,255	1,778,103
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	95.7297	31.6063	51.8321
3. Inflated Cost Per Diem (Line 2 x Inflation):	125.0875	40.7487	66.8250
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	6.3529	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	132.0054	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	32	0.88	36,622	14.6243

	Total	Per Diem
11. Taxes:	304,952	7.8502
12. Insurance:	20,547	0.5289

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.6494
16. Budget Neutrality Adjustment:		(35.4416)

Rate Adjustment:	
17. Final Rate*	260.5091

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 085913-00 2023/10
261.45

Brynwood Health and Rehabilitation Center
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Zip Code:	32344					
Peer Group:	North		Price	Floor	Inflation	
Beds:	97		100.0%	95.0%	1.30667404	
Medicaid Days FYE 12/31/17	27,116		Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	30,971		Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	24,123					
Medicaid Utilization:	77.88899 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,668,655	733,036	1,397,762
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	98.4162	27.0333	51.5474
3. Inflated Cost Per Diem (Line 2 x Inflation):	128.5979	34.8529	66.4580
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	2.8425	0.8085	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.5158	37.7444	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	25	0.88	29,828	17.1340

	Total	Per Diem
11. Taxes:	38,415	1.2403
12. Insurance:	85,060	2.7464

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.6891
16. Budget Neutrality Adjustment:		(35.5580)

Rate Adjustment:	
17. Final Rate*	261.4460

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 085914-00 2023/10
241.66

Orchid Cove at Longwood

Zip Code:	32750				
Peer Group:	North			Price	Floor
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	26,920	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	41,234	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	25,567				
Medicaid Utilization:	62.00466 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,694,007	963,671	1,306,369
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	100.0745	35.7975	48.5278
3. Inflated Cost Per Diem (Line 2 x Inflation):	130.7648	46.1523	62.5649
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.6757	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.6827	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	12.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	25	0.89	31,582	17.3149

	Total	Per Diem
11. Taxes:	71,281	1.7286
12. Insurance:	92,506	2.2434

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.2678
16. Budget Neutrality Adjustment:		(36.0044)

Rate Adjustment:	
17. Final Rate*	241.6552

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 085922-00 2023/10
271.22

Ventura Health and Rehabilitation Center

Zip Code:	33437-7402
Peer Group:	South
Beds:	99
Medicaid Days FYE 12/31/17	11,368
Total Patient Days FYE 12/31/21	27,463
Medicaid Days FYE 12/31/21	14,110
Medicaid Utilization:	51.37822 %

	Price	Floor	Inflation
Direct Care	100.0%	95.0%	1.30667404
Indirect Care	92.0%	92.5%	1.28925856
Operating	86.0%	N/A	1.28925856

2023 Cost per Square Foot: \$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,277,279	480,549	606,929
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	112.3574	42.2720	53.3892
3. Inflated Cost Per Diem (Line 2 x Inflation):	146.8145	54.4996	68.8325
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	1	0.84	46,295	32.2975

	Total	Per Diem
11. Taxes:	153,100	5.5747
12. Insurance:	121,089	4.4091

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.1378
16. Budget Neutrality Adjustment:		(41.9166)

Rate Adjustment:	
17. Final Rate*	271.2220

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 087283-00 2023/10
272.74

West Gables Health Care Center

Zip Code:	33155				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	11,573	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 12/31/21	20,106	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 12/31/21	3,268				
Medicaid Utilization:	16.25385 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,252,885	743,432	730,047
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	108.2593	64.2384	63.0819
3. Inflated Cost Per Diem (Line 2 x Inflation):	150.9192	88.8961	87.2956
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	29.0	34.9072

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	21	0.89	39,199	18.7639

	Total	Per Diem
11. Taxes:	1,831	0.0910
12. Insurance:	4,545	0.2260

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		4.6514
16. Budget Neutrality Adjustment:		(38.6200)

Rate Adjustment:	
17. Final Rate*	272.7390

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 087765-00 2023/10
203.67

Balanced Healthcare

Zip Code:	33709				
Peer Group:	North				
Beds:	299	Direct Care	100.0%	95.0%	1.33840457
Medicaid Days FYE 12/31/16	89,960	Indirect Care	92.0%	92.5%	1.32392297
Total Patient Days FYE 12/31/21	82,047	Operating	86.0%	N/A	1.32392297
Medicaid Days FYE 12/31/21	68,553				
Medicaid Utilization:	83.55333 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	8,529,149	1,803,861	3,786,056
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	94.8104	20.0518	42.0859
3. Inflated Cost Per Diem (Line 2 x Inflation):	126.8947	26.5470	55.7186
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.5457	9.1144	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	133.8126	29.4385	55.8691

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

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	40	0.89	72,170	11.8809

	Total	Per Diem
11. Taxes:	101,640	1.2388
12. Insurance:	76,299	0.9299

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		3.6292
16. Budget Neutrality Adjustment:		(33.1310)

Rate Adjustment:	
17. Final Rate*	203.6681

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 088821-00 2023/10
263.10

Gulf Shores Care Center

Zip Code:	32456	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.25011604
Beds:	120		92.0%	92.5%	1.23166637
Medicaid Days FYE 9/30/19	14,419		86.0%	N/A	1.23166637
Total Patient Days FYE 8/31/22	33,041		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 8/31/22	23,866				
Medicaid Utilization:	72.23147 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,100,316	427,468	1,121,366
2. Cost Per Diem (Line 1 / Medicaid Days 9/30/19):	145.6630	29.6461	77.7700
3. Inflated Cost Per Diem (Line 2 x Inflation):	182.0957	36.5141	95.7867
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	23	0.88	39,728	17.8510

	Total	Per Diem
11. Taxes:	87,566	2.6502
12. Insurance:	38,228	1.1569

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.5376
16. Budget Neutrality Adjustment:		(36.1531)

Rate Adjustment:	
17. Final Rate*	263.1008

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 090451-00 2023/10
253.52

Hardee Manor Healthcare Center

Zip Code:	33873				
Peer Group:	North				
Beds:	79	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	13,276	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	24,535	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	13,746				
Medicaid Utilization:	56.02609 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,274,039	272,412	770,259
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	95.9655	20.5191	58.0189
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.3853	25.7496	72.8084
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	9.0552	9.9118	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.3032	28.6411	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	22.0	26.4813

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	16	0.87	18,828	20.1461

	Total	Per Diem
11. Taxes:	65,584	2.6730
12. Insurance:	48,364	1.9712

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.3334
16. Budget Neutrality Adjustment:		(33.9031)

Rate Adjustment:	
17. Final Rate*	253.5155

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 096155-00 2023/10
258.77

ADVINIA CARE AT VENICE

Zip Code:	34285-7147			
Peer Group:	North		Price	Floor
Beds:	45	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/19	3,788	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	7,878	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	2,379			
Medicaid Utilization:	30.19802 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	500,030	230,777	300,181
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/19):	132.0036	60.9231	79.2452
3. Inflated Cost Per Diem (Line 2 x Inflation):	164.2726	74.6972	97.1617
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	26.0	31.2961

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	12	0.87	10,042	21.5653

	Total	Per Diem
11. Taxes:	53,084	6.7382
12. Insurance:	32,037	4.0666

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.6752)

Rate Adjustment:	
17. Final Rate*	258.7716

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 096157-00 2023/10
252.53

Advinia Care at Naples

Zip Code:	34109				
Peer Group:	North				
Beds:	40	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	2,698	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	8,955	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	1,775				
Medicaid Utilization:	19.82133 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	363,512	156,577	214,111
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	134.7338	58.0344	79.3591
3. Inflated Cost Per Diem (Line 2 x Inflation):	176.0532	74.8214	102.3144
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	25	8	0.87	11,287	22.9844

	Total	Per Diem
11. Taxes:	54,726	6.1112
12. Insurance:	39,568	4.4185

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.8377)

Rate Adjustment:	
17. Final Rate*	252.5309

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 096802-00 2023/10
267.94

Orchid Cove at Vero Beach

Zip Code:	32960			
Peer Group:	North			
Beds:	72			
Medicaid Days FYE 12/31/16	7,029			
Total Patient Days FYE 12/31/21	18,018			
Medicaid Days FYE 12/31/21	8,710			
Medicaid Utilization:	48.34055 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	761,856	300,512	499,019
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/16):	108.3875	42.7531	70.9943
3. Inflated Cost Per Diem (Line 2 x Inflation):	145.0663	56.6018	93.9909
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	59	4	0.91	21,991	25.4414

	Total	Per Diem
11. Taxes:	41,862	2.3233
12. Insurance:	19,400	1.0767

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.6253
16. Budget Neutrality Adjustment:		(37.1738)

Rate Adjustment:	
17. Final Rate*	267.9437

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 096950-00 2023/10
265.38

Davenport Care Center

Zip Code:	33837					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	60			100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	13,518			92.0%	92.5%	1.25235559
Total Patient Days FYE 1/31/20	15,841			86.0%	N/A	1.25235559
Medicaid Days FYE 1/31/20	10,666					
Medicaid Utilization:	67.33161 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,515,807	436,530	548,561
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	112.1324	32.2924	40.5800
3. Inflated Cost Per Diem (Line 2 x Inflation):	142.6463	40.4416	50.8206
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	53	26	0.87	28,198	21.8805

	Total	Per Diem
11. Taxes:	10,353	0.6535
12. Insurance:	10,757	0.6790

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.8925
16. Budget Neutrality Adjustment:		(36.3741)

Rate Adjustment:	
17. Final Rate*	265.3823

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 097928-00 2023/10
270.67

Palm Vista Nursing and Rehabilitation Center

Zip Code:	33040-4314	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	South		100.0%	95.0%	1.22978189
Beds:	120		92.0%	92.5%	1.21372193
Medicaid Days FYE 6/30/20	29,219		86.0%	N/A	1.21372193
Total Patient Days FYE 12/31/22	34,818		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/22	23,155				
Medicaid Utilization:	66.50296 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,471,789	843,718	1,378,771
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/20):	118.8195	28.8756	47.1874
3. Inflated Cost Per Diem (Line 2 x Inflation):	146.1221	35.0470	57.2724
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.9614	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	38.2098	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.5	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	2	0.89	39,082	25.6470

	Total	Per Diem
11. Taxes:	75,851	2.1784
12. Insurance:	432,114	12.4106

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.7399
16. Budget Neutrality Adjustment:		(41.0631)

Rate Adjustment:	
17. Final Rate*	270.6709

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 098770-00 2023/10
246.99

Hawthorne Center for Rehabilitation and Healing of Ocala

Zip Code:	34474				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.29075005
Medicaid Days FYE 6/30/18	18,515	Indirect Care	92.0%	92.5%	1.27259702
Total Patient Days FYE 12/31/22	36,699	Operating	86.0%	N/A	1.27259702
Medicaid Days FYE 12/31/22	18,184				
Medicaid Utilization:	49.54903 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,291,507	579,983	930,585
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/18):	123.7648	31.3250	50.2611
3. Inflated Cost Per Diem (Line 2 x Inflation):	159.7495	39.8641	63.9621
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	12.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	11	0.87	54,074	27.7542

	Total	Per Diem
11. Taxes:	81,482	2.2202
12. Insurance:	112,530	3.0662

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.9381
16. Budget Neutrality Adjustment:		(37.7705)

Rate Adjustment:	
17. Final Rate*	246.9889

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 098821-00 2023/10
263.35

Lake Gibson Village Health and Rehabilitation Center

Zip Code:	33809	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	0.00000000	
Beds:	120		92.0%	92.5%	0.00000000	
Medicaid Days FYE			86.0%	N/A	0.00000000	
Total Patient Days FYE 12/31/21	12,719		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/21	6,642					
Medicaid Utilization:	52.22109 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	3	3	0.87	75,922	34.5722

	Total	Per Diem
11. Taxes:	149,184	11.7292
12. Insurance:	83,947	6.6001

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.2628
16. Budget Neutrality Adjustment:		(40.5925)

Rate Adjustment:	
17. Final Rate*	263.3523

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 101965-00 2023/10
271.84

Oak Hill Health and Rehabilitation Center

Zip Code:	34613				
Peer Group:	North				
Beds:	109	Direct Care	100.0%	95.0%	0.00000000
Medicaid Days FYE		Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 2/28/22	13,142	Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 2/28/22	521				
Medicaid Utilization:	3.96439 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	2	2	0.88	67,885	35.4478

	Total	Per Diem
11. Taxes:	170,268	12.9560
12. Insurance:	45,637	3.4726

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		4.7549
16. Budget Neutrality Adjustment:		(40.4468)

Rate Adjustment:	
17. Final Rate*	271.8352

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 102178-00 2023/10
264.87

Village on the Green

Zip Code:	32779						
Peer Group:	North			Price	Floor	Inflation	
Beds:	48			Direct Care	100.0%	95.0%	0.00000000
Medicaid Days FYE				Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 12/31/22	16,266			Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 12/31/22	1						
Medicaid Utilization:	0.00615 %			2023 Cost per Square Foot:		\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	24.5	29.4906

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	2	0.89	37,082	34.7322

	Total	Per Diem
11. Taxes:	46,372	2.8508
12. Insurance:	65,009	3.9966

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.9838)

Rate Adjustment:	
17. Final Rate*	264.8670

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 104832-00 2023/10
261.34

Lakeside Neurologic

Zip Code:	33873					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	25			100.0%	95.0%	0.00000000
Medicaid Days FYE				92.0%	92.5%	0.00000000
Total Patient Days FYE 6/30/21	4,092			86.0%	N/A	0.00000000
Medicaid Days FYE 6/30/21	1					
Medicaid Utilization:	0.02444 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	17	17	0.87	3,496	19.7914

	Total	Per Diem
11. Taxes:	1,690	0.4130
12. Insurance:	90,726	22.1715

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(39.0969)

Rate Adjustment:	
17. Final Rate*	261.3372

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 105166-00 2023/10
277.39

Blue Heron Health and Rehabilitation

Zip Code:	33544					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	106			100.0%	95.0%	0.00000000
Medicaid Days FYE				92.0%	92.5%	0.00000000
Total Patient Days FYE 2/28/22	6,702			86.0%	N/A	0.00000000
Medicaid Days FYE 2/28/22	233					
Medicaid Utilization:	3.47657 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	2	2	0.88	67,189	35.4478

	Total	Per Diem
11. Taxes:	37,450	5.5878
12. Insurance:	61,048	9.1089

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		12.9972
16. Budget Neutrality Adjustment:		(40.2007)

Rate Adjustment:	
17. Final Rate*	277.3881

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108305-00 2023/10
252.76

Winter Park Care and Rehabilitation

Zip Code:	32792					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	103			100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	22,061			92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	29,777			86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	20,638					
Medicaid Utilization:	69.30853 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,042,704	709,551	990,932
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	92.5934	32.1631	44.9178
3. Inflated Cost Per Diem (Line 2 x Inflation):	120.9894	41.4666	57.9106
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.4510	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.9073	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	45	27	0.89	30,544	16.5903

	Total	Per Diem
11. Taxes:	45,767	1.5369
12. Insurance:	26,451	0.8883

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.0363
16. Budget Neutrality Adjustment:		(34.2926)

Rate Adjustment:	
17. Final Rate*	252.7552

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108317-00 2023/10
267.41

Orchid Cove at Stuart

Zip Code:	34997-1602	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30667404
Beds:	120		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	25,909		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/22	37,772				
Medicaid Days FYE 12/31/22	23,883				
Medicaid Utilization:	63.22938 %		2023 Cost per Square Foot: \$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,623,801	921,538	1,490,354
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	101.2698	35.5682	57.5226
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.3267	45.8566	74.1615
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	38	28	0.84	41,715	15.3798

	Total	Per Diem
11. Taxes:	116,242	3.0774
12. Insurance:	76,585	2.0275

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.8493
16. Budget Neutrality Adjustment:		(35.9864)

Rate Adjustment:	
17. Final Rate*	267.4059

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 108325-00 2023/10
265.92

Royal Palm Beach Health and Rehabilitation Center

Zip Code:	33411-1747				
Peer Group:	South				
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	23,759	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	34,263	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	24,425				
Medicaid Utilization:	71.28681 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,660,328	937,301	1,240,707
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	111.9713	39.4503	52.2205
3. Inflated Cost Per Diem (Line 2 x Inflation):	146.3100	50.8617	67.3257
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	19	0.84	45,077	19.7231

	Total	Per Diem
11. Taxes:	196,624	5.7386
12. Insurance:	77,929	2.2744

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.3188
16. Budget Neutrality Adjustment:		(39.8499)

Rate Adjustment:	
17. Final Rate*	265.9245

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108328-00 2023/10
276.35

Orchid Cove at Labelle

Zip Code:	33935			
Peer Group:	North		Price	Floor
Beds:	93	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	21,200	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	32,833	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	23,640			1.28925856
Medicaid Utilization:	72.00073 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,284,815	861,031	1,118,830
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	107.7742	40.6146	52.7750
3. Inflated Cost Per Diem (Line 2 x Inflation):	140.8258	52.3628	68.0406
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	25.0	30.0924

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	37	11	0.87	28,874	21.9200

	Total	Per Diem
11. Taxes:	34,816	1.0603
12. Insurance:	67,387	2.0524

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.0808
16. Budget Neutrality Adjustment:		(36.6326)

Rate Adjustment:	
17. Final Rate*	276.3539

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108336-00 2023/10
265.18

Orchid Cove at Kissimmee

Zip Code:	34741			
Peer Group:	North		Price	Floor
Beds:	59	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	12,707	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	18,110	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	12,474			
Medicaid Utilization:	68.87907 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,265,458	567,660	815,316
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	99.5874	44.6730	64.1627
3. Inflated Cost Per Diem (Line 2 x Inflation):	130.1283	57.5950	82.7223
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.3121	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.0462	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.5	25.8795

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	51	27	0.89	14,037	16.5903

	Total	Per Diem
11. Taxes:	32,157	1.7756
12. Insurance:	56,238	3.1053

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.3030
16. Budget Neutrality Adjustment:		(35.9401)

Rate Adjustment:	
17. Final Rate*	265.1820

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108440-00 2023/10
266.60

Orchid Cove at Palm Harbor

Zip Code:	34684-2114				
Peer Group:	North		Price	Floor	Inflation
Beds:	120	Direct Care	100.0%	95.0%	1.30393797
Medicaid Days FYE 1/31/18	26,562	Indirect Care	92.0%	92.5%	1.28678308
Total Patient Days FYE 12/31/21	34,770	Operating	86.0%	N/A	1.28678308
Medicaid Days FYE 12/31/21	28,682				
Medicaid Utilization:	82.49065 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,015,352	796,975	1,086,132
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	113.5212	30.0043	40.8904
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.0246	38.6090	52.6171
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	42	24	0.88	37,814	17.4925

	Total	Per Diem
11. Taxes:	97,154	2.7941
12. Insurance:	108,484	3.1200

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.5486
16. Budget Neutrality Adjustment:		(36.4016)

Rate Adjustment:	
17. Final Rate*	266.6027

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108442-00 2023/10
256.08

Gardens at Terracina Health and Rehab

Zip Code:	34104					
Peer Group:	North		Price	Floor	Inflation	
Beds:	30		Direct Care	100.0%	95.0%	0.00000000
Medicaid Days FYE			Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 12/31/22	8,821		Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 12/31/22	1					
Medicaid Utilization:	0.01134 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	4	4	0.87	4,200	24.4035

	Total	Per Diem
11. Taxes:	56,061	6.3554
12. Insurance:	48,406	5.4875

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.2260)

Rate Adjustment:	
17. Final Rate*	256.0787

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108468-00 2023/10
263.73

Orchid Cove at Dade City

Zip Code:	33525-4526			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/17	29,952	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	37,182	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	23,340			
Medicaid Utilization:	62.77231 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,038,432	1,159,071	1,413,727
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	101.4433	38.6976	47.1997
3. Inflated Cost Per Diem (Line 2 x Inflation):	132.5534	49.8912	60.8526
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	48	29	0.88	0	15.6999

	Total	Per Diem
11. Taxes:	53,284	1.4330
12. Insurance:	99,336	2.6716

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.7683
16. Budget Neutrality Adjustment:		(35.8897)

Rate Adjustment:	
17. Final Rate*	263.7320

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108473-00 2023/10
259.53

Orchid Cove at Gulfside

Zip Code:	33756-4104	Direct Care				
Peer Group:	North		Price	Floor	Inflation	
Beds:	76		100.0%	95.0%	1.30667404	
Medicaid Days FYE 12/31/17	23,311		Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/21	22,163		Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/21	18,756					
Medicaid Utilization:	84.62753 %	2023 Cost per Square Foot:			\$292.90	

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,543,097	720,490	1,275,408
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	109.0942	30.9077	54.7127
3. Inflated Cost Per Diem (Line 2 x Inflation):	142.5506	39.8480	70.5388
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	62	40	0.89	26,371	11.8809

	Total	Per Diem
11. Taxes:	26,090	1.1771
12. Insurance:	77,557	3.4993

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.1529
16. Budget Neutrality Adjustment:		(35.4284)

Rate Adjustment:	
17. Final Rate*	259.5254

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108586-00 2023/10
244.83

Monticello Care Center

Zip Code:	32344-5536			
Peer Group:	North		Price	Floor
Beds:	60	Direct Care	100.0%	95.0%
Medicaid Days FYE 2/28/19	15,468	Indirect Care	92.0%	92.5%
Total Patient Days FYE 2/29/20	16,327	Operating	86.0%	N/A
Medicaid Days FYE 2/29/20	14,781			
Medicaid Utilization:	90.53102 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,973,023	440,317	1,051,824
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	127.5551	28.4663	68.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	161.8609	35.5774	84.9869
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0840	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.4689	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	15.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	22	0.88	26,961	23.0082

	Total	Per Diem
11. Taxes:	12,421	0.7607
12. Insurance:	9,890	0.6057

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.2877
16. Budget Neutrality Adjustment:		(36.5272)

Rate Adjustment:	
17. Final Rate*	244.8317

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108606-00 2023/10
257.07

Greenville Care Center

Zip Code:	32331				
Peer Group:	North				
Beds:	58	Direct Care	100.0%	95.0%	1.26894916
Medicaid Days FYE 2/28/19	16,163	Indirect Care	92.0%	92.5%	1.24980861
Total Patient Days FYE 2/29/20	17,080	Operating	86.0%	N/A	1.24980861
Medicaid Days FYE 2/29/20	16,078				
Medicaid Utilization:	94.13349 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,061,862	386,065	986,428
2. Cost Per Diem (Line 1 / Medicaid Days 2/28/19):	127.5667	23.8857	61.0300
3. Inflated Cost Per Diem (Line 2 x Inflation):	161.8757	29.8525	76.2758
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	5.8088	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	32.7440	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.5	23.4721

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	27	0.88	13,944	16.4169

	Total	Per Diem
11. Taxes:	17,324	1.0142
12. Insurance:	8,676	0.5079

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.4896
16. Budget Neutrality Adjustment:		(34.7993)

Rate Adjustment:	
17. Final Rate*	257.0731

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108695-00 2023/10
256.43

Orchid Cove at Oldsmar

Zip Code:	34677			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 1/31/18	27,374	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	27,311	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	21,750			
Medicaid Utilization:	79.63824 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,742,626	616,914	1,020,325
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	100.1909	22.5364	37.2735
3. Inflated Cost Per Diem (Line 2 x Inflation):	130.6427	28.9995	47.9629
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.7977	6.6619	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.5606	31.8910	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	41	23	0.88	37,705	17.8510

	Total	Per Diem
11. Taxes:	56,780	2.0790
12. Insurance:	86,865	3.1805

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.2364
16. Budget Neutrality Adjustment:		(35.2995)

Rate Adjustment:	
17. Final Rate*	256.4330

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108699-00 2023/10
269.15

Orchid Cove at New Port Richey

Zip Code:	34653			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 1/31/18	25,865	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	38,509	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	24,927			
Medicaid Utilization:	64.73032 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,526,068	703,968	1,013,539
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	97.6635	27.2170	39.1857
3. Inflated Cost Per Diem (Line 2 x Inflation):	127.3472	35.0223	50.4235
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	4.0932	0.6390	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.2651	37.9138	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.5	25.8795

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	19	0.88	48,424	22.0219

	Total	Per Diem
11. Taxes:	109,830	2.8520
12. Insurance:	127,028	3.2986

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.4600
16. Budget Neutrality Adjustment:		(36.4063)

Rate Adjustment:	
17. Final Rate*	269.1539

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108709-00 2023/10
230.51

Orchid Cove at Clearwater

Zip Code:	33765-1132	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30393797
Beds:	120		92.0%	92.5%	1.28678308
Medicaid Days FYE 1/31/18	23,932		86.0%	N/A	1.28678308
Total Patient Days FYE 12/31/21	33,806				
Medicaid Days FYE 12/31/21	23,572				
Medicaid Utilization:	69.72727 %		2023 Cost per Square Foot: \$292.90		

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,318,262	482,646	946,630
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	96.8687	20.1673	39.5549
3. Inflated Cost Per Diem (Line 2 x Inflation):	126.3107	25.9510	50.8986
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	5.1297	9.7104	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	133.2287	28.8425	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	11.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	28	0.89	37,813	16.2281

	Total	Per Diem
11. Taxes:	81,799	2.4196
12. Insurance:	111,496	3.2981

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.7090
16. Budget Neutrality Adjustment:		(34.0854)

Rate Adjustment:	
17. Final Rate*	230.5098

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108713-00 2023/10
242.21

Arbor Springs Health and Rehabilitation Center

Zip Code:	34471-6005	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	North		100.0%	95.0%	1.30393797	
Beds:	180		92.0%	92.5%	1.28678308	
Medicaid Days FYE 1/31/18	40,298		86.0%	N/A	1.28678308	
Total Patient Days FYE 12/31/21	44,385		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/21	30,243					
Medicaid Utilization:	68.13788 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,948,317	1,045,300	1,545,591
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/18):	97.9779	25.9392	38.3540
3. Inflated Cost Per Diem (Line 2 x Inflation):	127.7572	33.3781	49.3533
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.6833	2.2832	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	134.6751	36.2696	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	13.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	21	0.87	69,125	20.0288

	Total	Per Diem
11. Taxes:	141,872	3.1963
12. Insurance:	193,902	4.3686

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.9506
16. Budget Neutrality Adjustment:		(36.1487)

Rate Adjustment:	
17. Final Rate*	242.2096

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 108917-00 2023/10
256.12

Gainesville Health and Rehabilitation

Zip Code:	32607				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	27,773	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	28,921	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	21,979				
Medicaid Utilization:	75.99668 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,668,001	767,761	1,273,062
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	96.0645	27.6441	45.8381
3. Inflated Cost Per Diem (Line 2 x Inflation):	122.5115	34.6908	57.5226
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	8.9289	0.9706	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	129.4295	37.5823	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.5	25.8795

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	66	40	0.87	36,651	11.6314

	Total	Per Diem
11. Taxes:	173,821	6.0102
12. Insurance:	32,574	1.1263

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.9282
16. Budget Neutrality Adjustment:		(34.3358)

Rate Adjustment:	
17. Final Rate*	256.1207

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 109202-00 2023/10
256.29

Anchor Care and Rehabilitation Center

Zip Code:	32905-5455				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	24,935	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	27,683	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	20,021				
Medicaid Utilization:	72.32236 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,359,824	642,207	1,116,390
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	94.6390	25.7552	44.7720
3. Inflated Cost Per Diem (Line 2 x Inflation):	120.6935	32.3204	56.1847
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.7469	3.3410	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	127.6115	35.2119	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.5	24.6758

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	20	0.91	31,168	19.5254

	Total	Per Diem
11. Taxes:	40,360	1.4579
12. Insurance:	31,733	1.1462

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.0071
16. Budget Neutrality Adjustment:		(34.2183)

Rate Adjustment:	
17. Final Rate*	256.2867

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 113688-00 2023/10
238.53

St. Andrew Post-Acute and Rehabilitation Center

Zip Code:	33618-1055				
Peer Group:	North				
Beds:	45	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	2,242	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	14,388	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	5,945				
Medicaid Utilization:	41.31915 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	280,791	138,203	172,883
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	125.2413	61.6427	77.1110
3. Inflated Cost Per Diem (Line 2 x Inflation):	163.6495	79.4734	99.4160
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	24	24	0.88	10,674	17.4925

	Total	Per Diem
11. Taxes:	15,749	1.0945
12. Insurance:	171	0.0118

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(35.7184)

Rate Adjustment:	
17. Final Rate*	238.5313

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 117617-00 2023/10
314.62

The Luxe at Jupiter Rehabilitation Center

Zip Code:	33458	Direct Care Indirect Care Operating	Price	Floor	Inflation	
Peer Group:	South		100.0%	95.0%	0.00000000	
Beds:	129		92.0%	92.5%	0.00000000	
Medicaid Days FYE			86.0%	N/A	0.00000000	
Total Patient Days FYE 12/31/22	20,683		2023 Cost per Square Foot:			\$292.90
Medicaid Days FYE 12/31/22	1,263					
Medicaid Utilization:	6.10646 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.1084	45.8383	72.6043
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	4	2	0.84	122,707	33.9224

	Total	Per Diem
11. Taxes:	654,835	31.6605
12. Insurance:	210,497	10.1772

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		7.5363
16. Budget Neutrality Adjustment:		(46.6736)

Rate Adjustment:	
17. Final Rate*	314.6200

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 121326-00 2023/10
219.74

ST. CAMILLUS POST-ACUTE AND REHABILITATION CENTER

Zip Code:	33870				
Peer Group:	North				
Beds:	104	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	15,928	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/22	41,898	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/22	24,930				
Medicaid Utilization:	59.50165 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,412,052	470,265	672,827
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	88.6521	29.5244	42.2417
3. Inflated Cost Per Diem (Line 2 x Inflation):	113.0585	37.0504	53.0095
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	18.3819	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	119.9764	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	13.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	45	32	0.87	31,081	14.4696

	Total	Per Diem
11. Taxes:	112,274	2.6796
12. Insurance:	70,154	1.6743

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.6530
16. Budget Neutrality Adjustment:		(33.1385)

Rate Adjustment:	
17. Final Rate*	219.7367

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 121563-00 2023/10
276.14

Hawthorne Center for Rehabilitation and Healing of Sarasota

Zip Code:	34235				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.25658957
Medicaid Days FYE 6/30/19	15,642	Indirect Care	92.0%	92.5%	1.23890989
Total Patient Days FYE 6/30/20	34,755	Operating	86.0%	N/A	1.23890989
Medicaid Days FYE 6/30/20	16,668				
Medicaid Utilization:	47.95857 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,070,166	666,593	803,141
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/19):	132.3466	42.6155	51.3451
3. Inflated Cost Per Diem (Line 2 x Inflation):	166.3053	52.7968	63.6120
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.5	25.8795

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	11	11	0.87	82,006	30.6176

	Total	Per Diem
11. Taxes:	165,234	4.7542
12. Insurance:	65,892	1.8958

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.5833
16. Budget Neutrality Adjustment:		(38.3711)

Rate Adjustment:	
17. Final Rate*	276.1400

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 122901-00 2023/10
269.70

Hawthorne Center for Rehabilitation and Healing of Brandon

Zip Code:	33511				
Peer Group:	North				
Beds:	132	Direct Care	100.0%	95.0%	1.25658957
Medicaid Days FYE 6/30/19	16,290	Indirect Care	92.0%	92.5%	1.23890989
Total Patient Days FYE 6/30/20	38,618	Operating	86.0%	N/A	1.23890989
Medicaid Days FYE 6/30/20	15,604				
Medicaid Utilization:	40.40603 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,969,369	533,929	770,582
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/19):	120.8943	32.7764	47.3039
3. Inflated Cost Per Diem (Line 2 x Inflation):	151.9145	40.6071	58.6053
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	6	0.88	72,837	33.4492

	Total	Per Diem
11. Taxes:	2,685	0.0695
12. Insurance:	79,030	2.0464

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		15.4129
16. Budget Neutrality Adjustment:		(38.1292)

Rate Adjustment:	
17. Final Rate*	269.7034

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

1 123562-00 2023/10
250.31

COLONIAL SKILLED NURSING FACILITY, LLC

Zip Code:	33401				
Peer Group:	South				
Beds:	30	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	4,062	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/20	8,695	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/20	5,209				
Medicaid Utilization:	59.90799 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	415,917	134,605	301,507
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	102.3921	33.1376	74.2262
3. Inflated Cost Per Diem (Line 2 x Inflation):	130.5812	41.5846	93.1470
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	10.1218	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	137.9866	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	20	0.84	12,776	21.7623

	Total	Per Diem
11. Taxes:	29,128	3.3499
12. Insurance:	7,851	0.9029

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(38.1671)

Rate Adjustment:	
17. Final Rate*	250.3066

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 124247-00 2023/10
301.13

Magnolia Ridge Health and Rehabilitation Center
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Zip Code:	32606					
Peer Group:	North		Price	Floor	Inflation	
Beds:	223		100.0%	95.0%	0.00000000	
Medicaid Days FYE			Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 3/17/23	17,587		Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 3/17/23	16,519		2023 Cost per Square Foot: \$292.90			
Medicaid Utilization:	93.92733 %					

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	138.3584	41.9053	64.9641
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq. Footage	Per Diem
10. FRVS:	2	2	0.87	138,603	35.0665

	Total	Per Diem
11. Taxes:	548,489	31.1871
12. Insurance:	157,839	8.9747

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		11.6046
16. Budget Neutrality Adjustment:		(43.7649)

Rate Adjustment:	
17. Final Rate*	301.1263

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 126344-00 2023/10
290.11

Dania Pointe Care Center

Zip Code:	33004				
Peer Group:	South				
Beds:	88	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	24,814	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 1/31/21	31,073	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 1/31/21	24,333				
Medicaid Utilization:	78.30914 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,269,266	697,919	971,221
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	131.7508	28.1260	39.1400
3. Inflated Cost Per Diem (Line 2 x Inflation):	167.6033	35.2237	49.0172
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	3.7846	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	38.3866	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	32.0	38.5183

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	39	33	0.89	20,758	13.4490

	Total	Per Diem
11. Taxes:	37,946	1.2211
12. Insurance:	12,542	0.4036

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		25.0958
16. Budget Neutrality Adjustment:		(37.5129)

Rate Adjustment:	
17. Final Rate*	290.1098

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 126348-00 2023/10
277.95

Crossing Care Center

Zip Code:	33463-4676				
Peer Group:	South				
Beds:	60	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	14,185	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 1/31/21	17,292	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 1/31/21	12,144				
Medicaid Utilization:	70.22901 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,737,949	345,541	654,215
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	122.5201	24.3596	46.1201
3. Inflated Cost Per Diem (Line 2 x Inflation):	155.8607	30.5068	57.7588
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	8.5015	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	33.6697	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.5	22.2684

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	35	20	0.84	34,534	25.3134

	Total	Per Diem
11. Taxes:	18,492	1.0693
12. Insurance:	7,982	0.4616

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.1352
16. Budget Neutrality Adjustment:		(38.5152)

Rate Adjustment:	
17. Final Rate*	277.9507

*The Final Rate includes the \$15 Minimum Wage Increase.



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1 126367-00 2023/10
257.31

Dunedin Care Center

Zip Code:	34698				
Peer Group:	North		Price	Floor	Inflation
Beds:	104	Direct Care	100.0%	95.0%	1.27212297
Medicaid Days FYE 1/31/19	22,296	Indirect Care	92.0%	92.5%	1.25235559
Total Patient Days FYE 1/31/21	26,615	Operating	86.0%	N/A	1.25235559
Medicaid Days FYE 1/31/21	18,722				
Medicaid Utilization:	70.34379 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,492,272	674,271	948,027
2. Cost Per Diem (Line 1 / Medicaid Days 1/31/19):	111.7811	30.2417	42.5200
3. Inflated Cost Per Diem (Line 2 x Inflation):	142.1993	37.8734	53.2502
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	44	39	0.88	31,726	12.1146

	Total	Per Diem
11. Taxes:	37,588	1.4122
12. Insurance:	23,811	0.8946

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.5668
16. Budget Neutrality Adjustment:		(35.1249)

Rate Adjustment:	
17. Final Rate*	257.3105

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 128403-00 2023/10
225.06

Alliance Health and Rehabilitation Center

Zip Code:	32720	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.27530471
Beds:	130		92.0%	92.5%	1.25490778
Medicaid Days FYE 12/31/18	23,449		86.0%	N/A	1.25490778
Total Patient Days FYE 12/31/21	13,684		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/21	6,431				
Medicaid Utilization:	46.99649 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,753,641	760,840	1,311,878
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	117.4310	32.4465	55.9460
3. Inflated Cost Per Diem (Line 2 x Inflation):	149.7603	40.7174	70.2070
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	55	4	0.89	50,476	27.4479

	Total	Per Diem
11. Taxes:	4,484	0.3276
12. Insurance:	24,265	1.7732

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(37.2743)

Rate Adjustment:	
17. Final Rate*	225.0550

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 128679-00 2023/10
256.62

Bridgwalk on Harden Health and Rehabilitation, LLC

Zip Code:	33803-5987				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.39405328
Medicaid Days FYE 12/31/14	21,217	Indirect Care	92.0%	92.5%	1.38384574
Total Patient Days FYE 9/9/21	2,204	Operating	86.0%	N/A	1.38384574
Medicaid Days FYE 9/9/21	572				
Medicaid Utilization:	25.95281 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,811,650	599,631	1,070,802
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	85.3867	28.2618	50.4690
3. Inflated Cost Per Diem (Line 2 x Inflation):	119.0336	39.1100	69.8413
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	12.4068	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	125.9515	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	13.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	13	0.87	36,118	21.2105

	Total	Per Diem
11. Taxes:	57,424	26.0544
12. Insurance:	20,144	9.1397

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		19.1671
16. Budget Neutrality Adjustment:		(39.3273)

Rate Adjustment:	
17. Final Rate*	256.6180

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 136354-00 2023/10
246.69

Normandy Center for Nursing and Healing

Zip Code:	32221				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	16,589	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 8/31/22	31,521	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 8/31/22	18,812				
Medicaid Utilization:	59.68085 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,913,456	562,487	741,062
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	115.3448	33.9072	44.6718
3. Inflated Cost Per Diem (Line 2 x Inflation):	147.0998	42.5504	56.0591
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	9.0	0.0000

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	34	10	0.87	48,054	25.2470

	Total	Per Diem
11. Taxes:	77,025	2.4436
12. Insurance:	100,974	3.2033

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.4774
16. Budget Neutrality Adjustment:		(37.4654)

Rate Adjustment:	
17. Final Rate*	246.6864

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 136355-00 2023/10
261.38

Orange Park Center for Nursing and Healing

Zip Code:	32073-2999	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30667404
Beds:	120		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	20,691		86.0%	N/A	1.28925856
Total Patient Days FYE 8/31/22	32,293		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 8/31/22	17,828				
Medicaid Utilization:	55.20701 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,058,479	652,917	814,417
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	99.4866	31.5556	39.3609
3. Inflated Cost Per Diem (Line 2 x Inflation):	129.9966	40.6833	50.7464
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	1.4438	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	136.9145	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	16.5	19.8610

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	33	14	0.87	37,483	20.8557

	Total	Per Diem
11. Taxes:	73,464	2.2749
12. Insurance:	82,043	2.5405

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.0326
16. Budget Neutrality Adjustment:		(36.5182)

Rate Adjustment:	
17. Final Rate*	261.3833

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
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Rate Semester 10/01/2023 through 09/30/2024

1 136360-00 2023/10
265.79

University Center for Nursing and Healing

Zip Code:	32216	<table border="1"> <tr> <td></td> <td align="center">Price</td> <td align="center">Floor</td> <td align="center">Inflation</td> </tr> <tr> <td>Peer Group:</td> <td align="center">North</td> <td></td> <td></td> </tr> <tr> <td>Beds:</td> <td align="center">117</td> <td>Direct Care</td> <td>100.0%</td> <td>95.0%</td> <td>1.27530471</td> </tr> <tr> <td>Medicaid Days FYE 12/31/18</td> <td align="center">19,365</td> <td>Indirect Care</td> <td>92.0%</td> <td>92.5%</td> <td>1.25490778</td> </tr> <tr> <td>Total Patient Days FYE 8/31/22</td> <td align="center">32,043</td> <td>Operating</td> <td>86.0%</td> <td>N/A</td> <td>1.25490778</td> </tr> <tr> <td>Medicaid Days FYE 8/31/22</td> <td align="center">20,613</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Medicaid Utilization:</td> <td align="center">64.32918 %</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>2023 Cost per Square Foot:</td> <td></td> <td></td> <td align="right">\$292.90</td> </tr> </table>		Price	Floor	Inflation	Peer Group:	North			Beds:	117	Direct Care	100.0%	95.0%	1.27530471	Medicaid Days FYE 12/31/18	19,365	Indirect Care	92.0%	92.5%	1.25490778	Total Patient Days FYE 8/31/22	32,043	Operating	86.0%	N/A	1.25490778	Medicaid Days FYE 8/31/22	20,613					Medicaid Utilization:	64.32918 %							2023 Cost per Square Foot:			\$292.90
	Price		Floor	Inflation																																										
Peer Group:	North																																													
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Medicaid Days FYE 8/31/22	20,613																																													
Medicaid Utilization:	64.32918 %																																													
		2023 Cost per Square Foot:			\$292.90																																									

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	2,354,123	639,668	1,146,403
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	121.5658	33.0321	59.1997
3. Inflated Cost Per Diem (Line 2 x Inflation):	155.0335	41.4523	74.2902
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.0	20.4628

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	5	0.87	33,181	24.0487

	Total	Per Diem
11. Taxes:	56,753	1.7711
12. Insurance:	82,933	2.5881

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		21.2534
16. Budget Neutrality Adjustment:		(37.1122)

Rate Adjustment:	
17. Final Rate*	265.7926

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

1 139241-00 2023/10
243.72

WINTER HAVEN FL OPCO LLC

Zip Code:	33881			
Peer Group:	North		Price	Floor
Beds:	120	Direct Care	100.0%	95.0%
Medicaid Days FYE 12/31/14	22,680	Indirect Care	92.0%	92.5%
Total Patient Days FYE 12/31/21	26,341	Operating	86.0%	N/A
Medicaid Days FYE 12/31/21	18,078			
Medicaid Utilization:	68.63065 %	2023 Cost per Square Foot:		\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,759,953	657,688	1,067,657
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/14):	77.5993	28.9985	47.0748
3. Inflated Cost Per Diem (Line 2 x Inflation):	108.1776	40.1295	65.1442
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	23.2629	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	115.0955	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	17.5	21.0647

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	25	19	0.87	44,662	20.2030

	Total	Per Diem
11. Taxes:	94,611	3.5917
12. Insurance:	61,383	2.3303

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.4903
16. Budget Neutrality Adjustment:		(33.4824)

Rate Adjustment:	
17. Final Rate*	243.7153

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

1 147494-00 2023/10
266.92

Buffalo Crossing Healthcare and Rehabilitation Center

Zip Code:	32162				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	5,902	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/21	35,673	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/21	7,025				
Medicaid Utilization:	19.69276 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	718,011	313,916	336,307
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	121.6555	53.1880	56.9818
3. Inflated Cost Per Diem (Line 2 x Inflation):	155.1478	66.7461	71.5069
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	20.0	24.0739

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	8	8	0.88	79,950	32.4499

	Total	Per Diem
11. Taxes:	107,848	3.0232
12. Insurance:	76,605	2.1474

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		10.8624
16. Budget Neutrality Adjustment:		(38.4212)

Rate Adjustment:	
17. Final Rate*	266.9162

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2023 through 09/30/2024

1 150765-00 2023/10
268.08

GANDY FL OPCO, LLC

Zip Code:	33611				
Peer Group:	North		Price	Floor	Inflation
Beds:	160	Direct Care	100.0%	95.0%	1.25964669
Medicaid Days FYE 5/31/19	40,611	Indirect Care	92.0%	92.5%	1.24168928
Total Patient Days FYE 5/31/21	48,984	Operating	86.0%	N/A	1.24168928
Medicaid Days FYE 5/31/21	35,189				
Medicaid Utilization:	71.83774 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,543,307	1,217,832	1,656,105
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	111.8738	29.9877	40.7797
3. Inflated Cost Per Diem (Line 2 x Inflation):	140.9214	37.2354	50.6357
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	45	23	0.88	65,689	20.7189

	Total	Per Diem
11. Taxes:	123,028	2.5115
12. Insurance:	181,157	3.6982

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.3996
16. Budget Neutrality Adjustment:		(36.9020)

Rate Adjustment:	
17. Final Rate*	268.0771

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 10/01/2023 through 09/30/2024

1 152686-00 2023/10
254.42

Hidden Lakes Senior Living Community

Zip Code:	32960				
Peer Group:	North				
Beds:	24	Direct Care	100.0%	95.0%	1.27530471
Medicaid Days FYE 12/31/18	3,256	Indirect Care	92.0%	92.5%	1.25490778
Total Patient Days FYE 12/31/20	6,378	Operating	86.0%	N/A	1.25490778
Medicaid Days FYE 12/31/20	2,457				
Medicaid Utilization:	38.52305 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	419,827	117,254	176,671
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/18):	128.9394	36.0116	54.2601
3. Inflated Cost Per Diem (Line 2 x Inflation):	164.4371	45.1913	68.0914
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	31.0	37.3146

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	68	40	0.91	11,885	16.8399

	Total	Per Diem
11. Taxes:	0	0.0000
12. Insurance:	21,925	3.4375

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		0.0000
16. Budget Neutrality Adjustment:		(35.9569)

Rate Adjustment:	
17. Final Rate*	254.4157

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

1 154556-00 2023/10
265.36

Harbourwood FL OPCO

Zip Code:	33759				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.25227016
Medicaid Days FYE 5/31/19	16,695	Indirect Care	92.0%	92.5%	1.23407616
Total Patient Days FYE 5/31/21	36,743	Operating	86.0%	N/A	1.23407616
Medicaid Days FYE 5/31/21	28,538				
Medicaid Utilization:	77.66922 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,658,952	462,234	848,600
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	99.3681	27.6869	50.8295
3. Inflated Cost Per Diem (Line 2 x Inflation):	124.4358	34.1678	62.7275
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	7.0047	1.4936	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	131.3537	37.0593	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	19.0	22.8702

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	27	6	0.89	49,165	28.0237

	Total	Per Diem
11. Taxes:	119,035	3.2396
12. Insurance:	119,169	3.2433

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		20.4730
16. Budget Neutrality Adjustment:		(36.7712)

Rate Adjustment:	
17. Final Rate*	265.3608

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Rate Semester 10/01/2023 through 09/30/2024

1 160111-00 2023/10
278.02

LAURELLWOOD FL OPCO, LLC

Zip Code:	33714					
Peer Group:	North		Direct Care Indirect Care Operating	Price	Floor	Inflation
Beds:	60			100.0%	95.0%	1.25227016
Medicaid Days FYE 5/31/19	8,201			92.0%	92.5%	1.23407616
Total Patient Days FYE 5/31/21	16,291			86.0%	N/A	1.23407616
Medicaid Days FYE 5/31/21	13,972					
Medicaid Utilization:	85.76515 %	2023 Cost per Square Foot: \$292.90				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	871,331	336,027	408,040
2. Cost Per Diem (Line 1 / Medicaid Days 5/31/19):	106.2469	40.9739	49.7549
3. Inflated Cost Per Diem (Line 2 x Inflation):	133.0498	50.5649	61.4013
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	28.0	33.7035

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	43	19	0.89	14,467	19.4884

	Total	Per Diem
11. Taxes:	21,072	1.2934
12. Insurance:	62,053	3.8090

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		23.5117
16. Budget Neutrality Adjustment:		(36.5698)

Rate Adjustment:	
17. Final Rate*	278.0168

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2023 through 09/30/2024

1 160809-00 2023/10
231.72

Blountstown Health and Rehabilitation Center

Zip Code:	32424	Direct Care Indirect Care Operating	Price	Floor	Inflation
Peer Group:	North		100.0%	95.0%	1.30667404
Beds:	96		92.0%	92.5%	1.28925856
Medicaid Days FYE 12/31/17	20,559		86.0%	N/A	1.28925856
Total Patient Days FYE 12/31/22	27,720		2023 Cost per Square Foot: \$292.90		
Medicaid Days FYE 12/31/22	19,349				
Medicaid Utilization:	69.80159 %				

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	1,843,969	518,509	1,045,473
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	89.6915	25.2205	50.8523
3. Inflated Cost Per Diem (Line 2 x Inflation):	117.1976	32.5157	65.5617
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	14.2428	3.1456	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	124.1155	35.4072	55.8691

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

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	28	16	0.88	37,223	22.2686

	Total	Per Diem
11. Taxes:	63,315	2.2840
12. Insurance:	41,177	1.4854

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		24.5967
16. Budget Neutrality Adjustment:		(34.3047)

Rate Adjustment:	
17. Final Rate*	231.7220

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
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1 161006-00 2023/10
262.06

Pinellas Park FL OPCO, LLC

Zip Code:	33782				
Peer Group:	North				
Beds:	120	Direct Care	100.0%	95.0%	1.26578327
Medicaid Days FYE 6/30/19	39,998	Indirect Care	92.0%	92.5%	1.24726680
Total Patient Days FYE 6/30/21	38,800	Operating	86.0%	N/A	1.24726680
Medicaid Days FYE 6/30/21	29,515				
Medicaid Utilization:	76.06959 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	4,050,374	1,220,798	1,897,058
2. Cost Per Diem (Line 1 / Medicaid Days 6/30/19):	101.2644	30.5214	47.4288
3. Inflated Cost Per Diem (Line 2 x Inflation):	128.1788	38.0684	59.1563
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	3.2617	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	135.0967	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	40	25	0.89	44,640	18.3267

	Total	Per Diem
11. Taxes:	108,970	2.8085
12. Insurance:	123,557	3.1844

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		22.6275
16. Budget Neutrality Adjustment:		(36.0678)

Rate Adjustment:	
17. Final Rate*	262.0647

*The Final Rate includes the \$15 Minimum Wage Increase.



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 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

1 162179-00 2023/10
260.60

Specialty Health and Rehabilitation Center

Zip Code:	32526				
Peer Group:	North		Price	Floor	Inflation
Beds:	120	Direct Care	100.0%	95.0%	1.30667404
Medicaid Days FYE 12/31/17	25,357	Indirect Care	92.0%	92.5%	1.28925856
Total Patient Days FYE 12/31/22	25,814	Operating	86.0%	N/A	1.28925856
Medicaid Days FYE 12/31/22	12,781				
Medicaid Utilization:	49.51189 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	3,061,708	820,763	1,202,426
2. Cost Per Diem (Line 1 / Medicaid Days 12/31/17):	120.7440	32.3683	47.4198
3. Inflated Cost Per Diem (Line 2 x Inflation):	157.7731	41.7311	61.1364
4. Median:	138.3584	41.9053	64.9641
5. Price (Line 4 x Price Percentage):	138.3584	38.5529	55.8691
6. Floor (Line 5 x Floor Percentage):	131.4405	35.6614	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	138.3584	38.5529	55.8691

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	18.0	21.6665

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	32	21	0.89	37,904	18.7639

	Total	Per Diem
11. Taxes:	41,883	1.6224
12. Insurance:	86,066	3.3340

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		18.8740
16. Budget Neutrality Adjustment:		(36.4461)

Rate Adjustment:	
17. Final Rate*	260.5954

*The Final Rate includes the \$15 Minimum Wage Increase.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2023 through 09/30/2024

1 166584-00 2023/10
311.60

The Lilac at Silver Palms

Zip Code:	33161				
Peer Group:	South				
Beds:	104	Direct Care	100.0%	95.0%	0.00000000
Medicaid Days FYE		Indirect Care	92.0%	92.5%	0.00000000
Total Patient Days FYE 1/4/24	8,074	Operating	86.0%	N/A	0.00000000
Medicaid Days FYE 1/4/24	3,169				
Medicaid Utilization:	39.24944 %	2023 Cost per Square Foot:			\$292.90

Cost Component:	Direct Care	Indirect Care	Operating
1. Total Cost:	0	0	0
2. Cost Per Diem (Line 1 / Medicaid Days):	0.0000	0.0000	0.0000
3. Inflated Cost Per Diem (Line 2 x Inflation):	148.1084	45.8383	72.6043
4. Median:	148.1084	45.8383	72.6043
5. Price (Line 4 x Price Percentage):	148.1084	42.1712	62.4397
6. Floor (Line 5 x Floor Percentage):	140.7030	39.0084	0.0000
7. Floor Adjustment (Greater of Line 6 - Line 3 and 0):	0.0000	0.0000	0.0000
8. Rate (If Line 3 > Line 6 then Line 5, else Line 5 - Line 7):	148.1084	42.1712	62.4397

Quality Component:	Total Points	Per Diem
9. Quality Incentive:	21.0	25.2776

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sq.Footage	Per Diem
10. FRVS:	1	1	0.89	30,000	26.0092

	Total	Per Diem
11. Taxes:	26,453	3.2763
12. Insurance:	158,691	19.6545

Add-ons:	Vent. Days	Per Diem
13. Direct Care Staffing Add-On:		0.0000
14. Ventilator Add-On	0	0.0000
15. Quality Assess-Medicaid Share:		27.5300
16. Budget Neutrality Adjustment:		(42.8627)

Rate Adjustment:	
17. Final Rate*	311.6044

*The Final Rate includes the \$15 Minimum Wage Increase.