



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028003800 - 2024/07

RI: 639.41

NM: 943.33

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Sunland Marianna I

Ownership:State

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.06459885	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.09043839	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	102.228	489.758	591.986	102.228	772.822	875.050
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	102.228	489.758	591.986	102.228	772.822	875.050
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	102.228	489.758	591.986	102.228	772.822	875.050
12.Plus: Property Rate Component			3.822			3.822
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			595.808			878.872
15.Prospective Rate: Line 11 x Inflation 1.07365911	109.758	525.833	635.591	109.758	829.747	939.505
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	109.758	525.833	635.591	109.758	829.747	939.505
19.Property Rate Component			3.822			3.822
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			639.41			943.33
23.Medicaid Days			13,632			3,412
24.Resident Days			13,632			3,412
25.Medicaid Utilization			100.00%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			639.41			943.33



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028004600 - 2024/07

RI: 496.98

NM: 701.82

Tacachale Facility I

Ownership:State

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.06459885	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.09043839	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	108.553	353.766	462.319	108.553	544.556	653.109
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	108.553	353.766	462.319	108.553	544.556	653.109
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	108.553	353.766	462.319	108.553	544.556	653.109
12.Plus: Property Rate Component			0.608			0.608
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			462.927			653.717
15.Prospective Rate: Line 11 x Inflation 1.07365911	116.549	379.824	496.373	116.549	584.667	701.216
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	116.549	379.824	496.373	116.549	584.667	701.216
19.Property Rate Component			0.608			0.608
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			496.98			701.82
23.Medicaid Days			4,504			10,948
24.Resident Days			4,538			11,392
25.Medicaid Utilization			99.25%			96.10%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			496.98			701.82



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028006200 - 2024/07

RI: 502.36

NM: 692.48

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Tacachale Facility II

Ownership: State

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.06459885	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.09043839	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	105.774	361.537	467.311	105.774	538.618	644.392
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	105.774	361.537	467.311	105.774	538.618	644.392
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	105.774	361.537	467.311	105.774	538.618	644.392
12.Plus: Property Rate Component			0.627			0.627
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			467.937			645.018
15.Prospective Rate: Line 11 x Inflation 1.07365911	113.565	388.167	501.732	113.565	578.292	691.857
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	113.565	388.167	501.732	113.565	578.292	691.857
19.Property Rate Component			0.627			0.627
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			502.36			692.48
23.Medicaid Days			6,351			9,998
24.Resident Days			6,356			10,068
25.Medicaid Utilization			99.92%			99.30%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			502.36			692.48



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028009700 - 2024/07

RI: 972.15

NM: 1472.79

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Sunland Marianna II

Ownership:State

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.06459885	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.09043839	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	175.294	723.973	899.267	175.294	1190.266	1365.559
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	175.294	723.973	899.267	175.294	1190.266	1365.559
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	175.294	723.973	899.267	175.294	1190.266	1365.559
12.Plus: Property Rate Component			6.641			6.641
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			905.908			1372.200
15.Prospective Rate: Line 11 x Inflation 1.07365911	188.206	777.300	965.506	188.206	1277.939	1466.145
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	188.206	777.300	965.506	188.206	1277.939	1466.145
19.Property Rate Component			6.641			6.641
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			972.15			1472.79
23.Medicaid Days			16,817			1,028
24.Resident Days			17,547			1,028
25.Medicaid Utilization			95.84%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			972.15			1472.79



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028015100 - 2024/07

RI: 573.70

NM: 847.68

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Tacachale Facility IV

Ownership:State

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.06459885	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.09043839	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	119.908	413.831	533.738	119.908	669.007	788.915
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	119.908	413.831	533.738	119.908	669.007	788.915
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	119.908	413.831	533.738	119.908	669.007	788.915
12.Plus: Property Rate Component			0.651			0.651
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			534.389			789.565
15.Prospective Rate: Line 11 x Inflation 1.07365911	128.740	444.313	573.053	128.740	718.286	847.026
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	128.740	444.313	573.053	128.740	718.286	847.026
19.Property Rate Component			0.651			0.651
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			573.70			847.68
23.Medicaid Days			7,823			5,077
24.Resident Days			7,823			5,077
25.Medicaid Utilization			100.00%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			573.70			847.68



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028016000 - 2024/07

RI: 595.76

NM: 894.90

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Sunland Marianna III

Ownership:State

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.06459885	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.09043839	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	103.443	447.608	551.051	103.443	726.232	829.675
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	103.443	447.608	551.051	103.443	726.232	829.675
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	103.443	447.608	551.051	103.443	726.232	829.675
12.Plus: Property Rate Component			4.116			4.116
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			555.167			833.790
15.Prospective Rate: Line 11 x Inflation 1.07365911	111.062	480.579	591.641	111.062	779.725	890.788
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	111.062	480.579	591.641	111.062	779.725	890.788
19.Property Rate Component			4.116			4.116
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			595.76			894.90
23.Medicaid Days			7,588			2,635
24.Resident Days			8,318			2,635
25.Medicaid Utilization			91.22%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			595.76			894.90



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028024100 - 2024/07

RI: 589.53

NM: 884.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Tacachale Facility V

Ownership:State

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.06459885	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.09043839	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	107.993	440.582	548.575	107.993	714.847	822.840
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	107.993	440.582	548.575	107.993	714.847	822.840
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	107.993	440.582	548.575	107.993	714.847	822.840
12.Plus: Property Rate Component			0.550			0.550
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			549.125			823.390
15.Prospective Rate: Line 11 x Inflation 1.07365911	115.948	473.035	588.983	115.948	767.502	883.450
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	115.948	473.035	588.983	115.948	767.502	883.450
19.Property Rate Component			0.550			0.550
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			589.53			884.00
23.Medicaid Days			11,645			2,758
24.Resident Days			11,680			2,778
25.Medicaid Utilization			99.70%			99.28%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			589.53			884.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028026700 - 2024/07

RI: 444.68

NM: 581.67

Tacachale Facility VII

Ownership: State

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.06459885	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.09043839	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	91.753	321.943	413.696	91.753	449.531	541.284
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	91.753	321.943	413.696	91.753	449.531	541.284
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	91.753	321.943	413.696	91.753	449.531	541.284
12.Plus: Property Rate Component			0.515			0.515
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			414.211			541.799
15.Prospective Rate: Line 11 x Inflation 1.07365911	98.512	345.657	444.169	98.512	482.643	581.154
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	98.512	345.657	444.169	98.512	482.643	581.154
19.Property Rate Component			0.515			0.515
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			444.68			581.67
23.Medicaid Days			0			9,981
24.Resident Days			0			10,112
25.Medicaid Utilization			0.00%			98.70%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			444.68			581.67



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028055100 - 2024/07

RI: 608.97

NM: 903.31

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Tacachale Facility VIII

Ownership:State

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.06459885	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.09043839	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	125.690	440.837	566.527	125.690	714.987	840.677
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	125.690	440.837	566.527	125.690	714.987	840.677
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	125.690	440.837	566.527	125.690	714.987	840.677
12.Plus: Property Rate Component			0.709			0.709
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			567.236			841.385
15.Prospective Rate: Line 11 x Inflation 1.07365911	134.948	473.309	608.257	134.948	767.652	902.600
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	134.948	473.309	608.257	134.948	767.652	902.600
19.Property Rate Component			0.709			0.709
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			608.97			903.31
23.Medicaid Days			12,822			6,021
24.Resident Days			12,822			6,021
25.Medicaid Utilization			100.00%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			608.97			903.31



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028058500 - 2024/07

RI: 553.29

NM: 770.52

Sunland Marianna IV

Ownership:State

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.06459885	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.09043839	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	77.881	435.232	513.113	77.881	637.550	715.431
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	77.881	435.232	513.113	77.881	637.550	715.431
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	77.881	435.232	513.113	77.881	637.550	715.431
12.Plus: Property Rate Component			2.387			2.387
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			515.500			717.818
15.Prospective Rate: Line 11 x Inflation 1.07365911	83.618	467.291	550.908	83.618	684.512	768.129
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	83.618	467.291	550.908	83.618	684.512	768.129
19.Property Rate Component			2.387			2.387
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			553.29			770.52
23.Medicaid Days			3,661			5,023
24.Resident Days			3,661			5,023
25.Medicaid Utilization			100.00%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			553.29			770.52



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028562500 - 2024/07

RI: 672.79

NM: 954.49

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Sunland Marianna V

Ownership:State

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.06459885	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.09043839	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	126.975	496.297	623.272	126.975	758.675	885.650
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	126.975	496.297	623.272	126.975	758.675	885.650
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	126.975	496.297	623.272	126.975	758.675	885.650
12.Plus: Property Rate Component			3.608			3.608
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			626.879			889.258
15.Prospective Rate: Line 11 x Inflation 1.07365911	136.328	532.853	669.181	136.328	814.559	950.887
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	136.328	532.853	669.181	136.328	814.559	950.887
19.Property Rate Component			3.608			3.608
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			672.79			954.49
23.Medicaid Days		534			6,080	
24.Resident Days		534			6,080	
25.Medicaid Utilization		100.00%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			672.79			954.49