



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

<b>0 253707-00 - 2015/01</b>
<b>233.99</b>

**EDEN SPRINGS NURSING & REHABILITATION CENTER**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4679 CRAWFORDVILLE HWY</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>CRAWFORDVILLE , FL</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>229</b>
<b>32326</b>			
County: <b>Wakulla [65]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>14</b>
Region: <b>North</b> Area: <b>2</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,265</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>5,738</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>25,044</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>North Large</b>	Medical Utilization		Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>65.44884%</b>	Cost: <b>1.05323681</b>
Open Date: <b>06/01/1974</b>	Statewide Low Occupancy Threshold:	<b>87.36301%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/01/1974</b>	Medicaid Low Occupancy Threshold:	<b>78.31130%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>06/01/1974</b>	Low Occupancy Adjustment Factor:	<b>41.41010%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>08/01/2001</b>	Weighted Low Occ Adjustment Factor:	<b>111.55863%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>221392</b>		<b>100.00000%</b>	PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,069,606	2,407,854	1,178,339	406,965		5,062,764	
1a	Audit Adjustments							
2	Cost Per Diem	42.7091	96.1450	47.0508	16.2500		202.1549	
3	Cost Per Diem Inflated	44.9828	99.7218	49.5556				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.9828</b>	<b>99.7218</b>	<b>49.5556</b>	<b>16.2500</b>		<b>210.5102</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.7797		72.0887				
7	Provider Target Rate	<b>49.5294</b>		<b>74.7287</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.9828</b>	<b>96.4319</b>	<b>49.5556</b>	<b>13.6500</b>		<b>204.6203</b>	
12/13	Medical Adjustment Rate		1.5794	0.8117				
14	Prospective Per Diem 11	<b>44.9828</b>	<b>98.0113</b>	<b>50.3673</b>	<b>13.6500</b>		<b>207.0114</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**EDEN SPRINGS NURSING & REHABILITATION CENTER**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>10/01/1985</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,300,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1974/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>3,179,186</b>	<b>9.1796</b>
Indexed Asset Value	<b>3,973,983</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>794,797</b>	<b>0.3024</b>
FRVS Base Asset:	<b>1,939,160</b>	Interest Rate:	<b>10.5000%</b>	Insurance Cost(3):	<b>42,336</b>	<b>1.1064</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.7500%</b>	Taxes Cost(3):	<b>26,759</b>	<b>0.6993</b>
ROE Factor	<b>0.015000</b>	Amortization Rate:	<b>9.7500%</b>	Home Office(3):	<b>15,478</b>	<b>0.4045</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>23,955</b>	<b>0.0000</b>
		Yearly Payment:	<b>361,861</b>	Total FRVS PD:		<b>11.6922</b>

- (1) 80% Capital (\$3,179,186) amortized at 9.7500 % for 20 years Principal & Interest of \$361,861 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.1796
- (2) 20% ROE (\$794,797) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3024
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>120</b>	Effective PBS Limitation	52,276
			3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.9828</b>	<b>44.9828</b>	<b>0.7826</b>	<b>44.2002</b>
Direct Care	<b>98.0113</b>	<b>98.0113</b>	<b>1.7052</b>	<b>96.3061</b>
Indirect Care	<b>50.3673</b>	<b>50.3673</b>	<b>0.8763</b>	<b>49.4910</b>
Property	<b>13.6500</b>	<b>11.6922</b>	<b>0.2034</b>	<b>11.4888</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.5966</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>207.0114</b>	<b>205.0536</b>	<b>3.5675</b>	<b>233.9852</b>

**Medicaid Trend Adjustment**



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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2013

**0 253707-00 - 2015/01**

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1974/01	1,277,775	0.00	5.2272	3.0000	2.2272	120	100.00	1,277,775	1,570,560	
1974/07		0.10	5.3308	3.0000	2.3308	120	100.00	1,277,775	1,619,280	4
1975/01		0.10	5.4213	3.0000	2.4213	120	100.00	1,277,775	1,669,320	4
1975/07		0.20	6.4847	3.0000	3.4847	120	100.00	1,277,775	1,737,240	4
1976/01		0.20	7.5292	3.0000	4.5292	120	100.00	1,277,775	1,807,440	4
1976/07		0.30	8.0145	3.0000	5.0145	120	100.00	1,289,275	1,870,440	
1977/01		0.30	8.7650	3.0000	5.7650	120	100.00	1,300,878	1,940,640	
1977/07		0.40	10.8226	3.0000	7.8226	120	100.00	1,316,489	2,038,680	
1978/01		0.40	12.5623	3.0000	9.5623	120	100.00	1,332,287	2,135,400	
1978/07	27,077	0.50	15.1018	3.0000	12.1018	120	100.00	1,379,348	2,253,600	
1979/01		0.50	17.2290	3.0000	14.2290	120	100.00	1,400,038	2,369,160	
1979/07		0.60	18.4272	3.0000	15.4272	120	100.00	1,425,239	2,468,640	
1980/01		0.60	21.5930	3.0000	18.5930	120	88.86	1,450,893	2,620,920	
1980/07		0.70	22.4036	3.0000	19.4036	120	88.86	1,481,362	2,720,760	
1981/01		0.70	23.2276	3.0000	20.2276	120	89.44	1,512,471	2,824,800	
1981/07		0.80	22.8164	3.0000	19.8164	120	89.44	1,548,770	2,897,880	
1982/01		0.80	22.4924	3.0000	19.4924	120	88.12	1,585,940	2,975,520	
1982/07		0.90	21.7901	3.0000	18.7901	120	100.00	1,628,760	3,043,800	
1983/04		0.90	21.4189	3.0000	18.4189	120	100.00	1,672,737	3,123,840	
1983/07		1.00	22.3767	3.0000	19.3767	120	88.33	1,722,919	3,247,440	
1984/01		1.00	20.6719	3.0000	17.6719	120	95.69	1,774,607	3,289,560	
1984/07		1.00	19.5898	3.0000	16.5898	120	95.69	1,827,845	3,352,680	
1985/01		1.00	17.7369	3.0000	14.7369	120	91.47	1,882,680	3,391,080	
1985/10		1.00	15.5891	3.0000	12.5891	120	91.47	1,939,160	3,420,000	
1986/01		1.00	13.4190	3.0000	10.4190	120	90.33	1,997,335	3,448,440	
1986/07		1.00	10.7164	3.0000	7.7164	120	90.33	2,057,255	3,441,840	
1987/01		1.00	8.7255	3.0000	5.7255	120	89.34	2,118,973	3,503,400	
1987/07		1.00	6.6262	3.0000	3.6262	120	89.34	2,182,542	3,530,760	
1988/01		1.00	4.5269	3.0000	1.5269	120	86.66	2,248,018	3,559,440	
1988/07		1.00	2.1168	2.1168		120	86.66	2,295,604	3,557,520	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01		1.00	0.5899	0.5899		120	89.19	2,309,146	3,578,520	
1989/07		1.00	0.5899	0.5899		120	89.19	2,322,768	3,602,760	
1990/01		1.00	0.5899	0.5899		120	91.32	2,336,470	3,620,880	
1990/07		1.00	0.5899	0.5899		120	91.32	2,350,253	3,642,240	
1991/01		1.00	0.5899	0.5899		120	90.64	2,350,253	3,663,600	5
1991/07		1.00	1.4932	1.4932		120	90.64	2,364,117	3,718,320	5
1992/01	143,491	1.00	2.0117	2.0117		120	92.10	2,542,909	3,793,080	5
1992/07		1.00	1.8152	1.8152		120	92.10	2,591,178	3,861,960	5
1993/01		1.00	1.7710	1.7710		120	92.10	2,684,936	3,930,360	
1993/07	136,584	1.00	1.5329	1.5329		120	90.49	2,862,677	3,990,600	
1994/01		1.00	1.6983	1.6983		120	90.49	2,911,294	4,058,400	
1994/07	55,862	0.95	1.5991	1.5991		120	91.31	3,011,381	4,123,320	
1995/01		0.95	1.5812	1.5812		120	91.31	3,056,615	4,188,480	
1995/07		0.90	1.5250	1.5250		120	89.40	3,098,567	4,252,320	
1996/01		0.90	1.7228	1.7228		120	89.40	3,146,610	4,325,640	
1996/07		0.85	1.3294	1.3294		120	88.41	3,182,167	4,383,120	
1997/01		0.85	1.4109	1.4109		120	88.41	3,220,331	4,444,920	
1997/07		0.80	1.0917	1.0917		120	91.05	3,248,457	4,493,400	
1998/01		0.80	1.1663	1.1663		120	91.62	3,278,765	4,545,840	
1998/07		0.75	1.0794	1.0794		120	91.62	3,305,310	4,594,920	
1999/01		0.75	1.4499	1.4499		120	91.62	3,341,252	4,661,520	
1999/07	2,810	0.70	1.2299	1.2299		120	87.29	3,344,062	4,718,880	5
2000/01	15,047	0.70	1.3356	1.3356		120	87.29	3,387,874	4,781,880	5
2000/07		0.65	1.1129	1.1129		120	87.29	3,444,143	4,835,040	
2001/01		0.65	1.2976	1.2976		120	87.29	3,473,191	4,897,800	
2001/07		0.60	0.9615	0.9615		120	85.62	3,493,228	4,944,840	
2002/01		0.60	1.0301	1.0301		120	85.62	3,514,820	4,995,720	
2002/07		0.55	0.8337	0.8337		120	85.62	3,530,935	5,037,360	
2003/01		0.55	1.3271	1.3271		120	85.62	3,556,707	5,104,200	
2003/07		0.50	1.1664	1.1664		120	85.62	3,577,450	5,163,720	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01	52,708	0.50	1.1103	1.1103		120	82.34	3,650,020	5,221,080	
2004/07		0.45	0.8378	0.8378		120	82.34	3,663,781	5,264,880	
2005/01		0.45	0.8595	0.8595		120	74.87	3,677,953	5,310,120	
2005/07		0.40	0.7364	0.7364		120	74.87	3,677,953	5,349,240	5
2006/01	48,335	0.40	0.9068	0.9068		120	71.21	3,737,123	5,397,720	5
2006/07		0.35	0.8133	0.8133		120	71.21	3,750,502	5,441,640	5
2007/01		0.35	1.0133	1.0133		120	73.22	3,774,521	5,496,720	
2007/07		0.30	1.1050	1.1050		120	73.22	3,787,034	5,557,440	
2008/01		0.30	0.8556	0.8556		120	73.22	3,796,755	5,604,960	
2008/07		0.25	0.6104	0.6104		120	72.18	3,802,549	5,639,160	
2009/01	39,298	0.25	1.3268	1.3268		120	74.39	3,854,460	5,714,040	
2009/07		0.20	0.6841	0.6841		120	74.39	3,859,733	5,753,160	
2010/01		0.20	0.8643	0.8643		120	74.39	3,866,406	5,802,840	
2010/07		0.15	0.7107	0.7107		120	68.66	3,870,528	5,844,120	
2011/01	45,086	0.15	0.9198	0.9198		120	70.33	3,920,955	5,897,880	
2011/07		0.10	0.9028	0.9028		120	70.33	3,924,496	5,951,160	
2012/01	21,030	0.10	0.3865	0.3865		120	70.29	3,947,045	5,974,200	
2012/07		0.05	0.9417	0.9417		120	70.29	3,948,904	6,030,480	
2013/01		0.05	0.4901	0.4901		120	70.29	3,949,871	6,060,000	
2013/07	24,112	0.00	0.6196	0.6196		120	67.44	3,973,983	6,097,560	
2014/01		0.00	0.8564	0.8564		120	67.44	3,973,983	6,149,760	
2014/07		0.00	1.2383	1.2383		120	65.45	3,973,983	6,225,960	
2015/01		0.00	0.7571	0.7571		120	65.45	3,973,983	6,273,120	

**Message Code:**

- |                                    |
|------------------------------------|
| 4 Index Cost Limitation            |
| 5 Uncorrected Licensure Deficiency |



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**0 253723-00 - 2015/01**

**271.24**

**Jackson Plaza Nursing & Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1861 NW 8TH AVENUE</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>MIAMI , FL 33136</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,519</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>8,990</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>29,010</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>71.59604%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.50913%</b>	Cost: <b>1.04336242</b>
Open Date: <b>12/07/2000</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/06/2000</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>12/07/2000</b>	Low Occupancy Adjustment Factor:	<b>118.12999%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med # <b>228460</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,862,211	3,052,794	1,958,217	990,111		7,863,333	
1a	Audit Adjustments							
2	Cost Per Diem	64.1920	105.2325	67.5014	34.1300		271.0559	
3	Cost Per Diem Inflated	66.9755	108.4154	70.4284				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>66.9755</b>	<b>108.4154</b>	<b>70.4284</b>	<b>34.1300</b>		<b>279.9493</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.8523		67.5764				
7	Provider Target Rate	<b>53.7512</b>		<b>70.0511</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>53.7512</b>	<b>99.8648</b>	<b>65.5807</b>	<b>13.6500</b>		<b>232.8467</b>	
12/13	Medical Adjustment Rate		2.4263	1.5933				
14	Prospective Per Diem 11	<b>53.7512</b>	<b>102.2911</b>	<b>67.1740</b>	<b>13.6500</b>		<b>236.8663</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**271.24**

Rate Semester 01/01/2015 through 08/31/2015

**Jackson Plaza Nursing & Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/01/2002	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,100,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,611,792 14.2527</b>
RS to Start Calcs:	<b>2000/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,152,948 0.5879</b>
Indexed Asset Value	<b>5,764,740</b>	Interest Rate:	<b>11.0000%</b>	Insurance Cost(3):	<b>168,162 4.1502</b>
FRVS Base Asset:	<b>0</b>	Chase Rate:	<b>7.7500%</b>	Taxes Cost(3):	<b>0 0.0000</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>10.7500%</b>	Home Office(3):	<b>29,052 0.7170</b>
ROE Factor	<b>0.020100</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>303,649 0.0000</b>
		Yearly Payment:	<b>561,843</b>	Total FRVS PD:	<b>19.7078</b>

- (1) 80% Capital (\$4,611,792) amortized at 10.7500 % for 20 years Principal & Interest of \$561,843 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.2527
- (2) 20% ROE (\$1,152,948) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5879
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	39,849
Comparison Date:	<b>01/01/2000</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	4,781,880

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>53.7512</b>	<b>53.7512</b>	<b>0.9351</b>	<b>52.8161</b>
Direct Care	<b>102.2911</b>	<b>102.2911</b>	<b>1.7796</b>	<b>100.5115</b>
Indirect Care	<b>67.1740</b>	<b>67.1740</b>	<b>1.1687</b>	<b>66.0053</b>
Property	<b>13.6500</b>	<b>19.7078</b>	<b>0.3429</b>	<b>19.3649</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.6400</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>236.8663</b>	<b>242.9241</b>	<b>4.2263</b>	<b>271.2403</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 2/28/2014

**0 253723-00 - 2015/01**

**271.24**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01	6,858,189	0.00	1.2976	1.2976		120	74.70	4,781,880	4,781,880	1
2001/07	933	0.10	0.9615	0.9615		120	74.70	4,787,413	4,944,840	
2002/01		0.10	1.0301	1.0301		120	74.70	4,792,344	4,995,720	
2002/07		0.20	0.8337	0.8337		120	74.70	4,800,333	5,037,360	
2003/01		0.20	1.3271	1.3271		120	74.70	4,813,073	5,104,200	
2003/07		0.30	1.1664	1.1664		120	74.70	4,829,914	5,163,720	
2004/01		0.30	1.1103	1.1103		120	78.57	4,846,002	5,221,080	
2004/07		0.40	0.8378	0.8378		120	78.57	4,862,241	5,264,880	
2005/01		0.40	0.8595	0.8595		120	83.13	4,878,957	5,310,120	
2005/07		0.50	0.7364	0.7364		120	73.77	4,896,921	5,349,240	
2006/01		0.50	0.9068	0.9068		120	73.77	4,919,124	5,397,720	
2006/07		0.60	0.8133	0.8133		120	73.77	4,943,129	5,441,640	
2007/01		0.60	1.0133	1.0133		120	76.02	4,973,183	5,496,720	
2007/07		0.70	1.1050	1.1050		120	76.02	5,011,651	5,557,440	
2008/01		0.70	0.8556	0.8556		120	75.38	5,041,666	5,604,960	
2008/07	60,000	0.80	0.6104	0.6104		120	76.72	5,126,284	5,639,160	
2009/01		0.80	1.3268	1.3268		120	76.72	5,180,694	5,714,040	
2009/07		0.90	0.6841	0.6841		120	76.72	5,212,592	5,753,160	
2010/01	25,893	0.90	0.8643	0.8643		120	72.05	5,279,034	5,802,840	
2010/07		1.00	0.7107	0.7107		120	70.28	5,316,552	5,844,120	
2011/01		1.00	0.9198	0.9198		120	70.28	5,365,454	5,897,880	
2011/07		1.00	0.9028	0.9028		120	71.86	5,413,893	5,951,160	
2012/01		1.00	0.3865	0.3865		120	71.86	5,434,818	5,974,200	
2012/07		1.00	0.9417	0.9417		120	69.60	5,485,998	6,030,480	
2013/01		1.00	0.4901	0.4901		120	69.60	5,512,885	6,060,000	
2013/07	56,410	1.00	0.6196	0.6196		120	68.14	5,603,453	6,097,560	
2014/01		1.00	0.8564	0.8564		120	68.14	5,651,441	6,149,760	
2014/07		1.00	1.2383	1.2383		120	71.60	5,721,423	6,225,960	
2015/01		1.00	0.7571	0.7571		120	71.60	5,764,740	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation







Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 254177-00 - 2015/01**

**224.88**

**Manor Pines Convalescent Center, LLC**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1701 NE 26TH ST</b>	<b>7/1/2012-6/30/2013</b>	Number of Beds: <b>206</b>	Superior: <b>0</b>
<b>WILTON MANORS, FL 33305</b>	Days in CR <b>365</b>	Maximum: <b>75,190</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2014/01</b>	Max Annualized: <b>75,190</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>46,878</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>10,340</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>20,026</b>	FY Index: <b>1.29878490</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>42.71940%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>62.34606%</b>	Cost: <b>1.05607860</b>
Open Date: <b>07/01/1966</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/06/2002</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20850000</b>
Entered Medicaid <b>03/06/2002</b>	Low Occupancy Adjustment Factor:	<b>79.61311%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>03/06/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03805959</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	970,998	1,632,933	1,003,637	310,804		3,918,372	
1a	Audit Adjustments							
2	Cost Per Diem	48.4869	81.5406	50.1167	15.5200		195.6642	
3	Cost Per Diem Inflated	51.2060	84.6440	52.9272				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>51.2060</b>	<b>84.6440</b>	<b>52.9272</b>	<b>15.5200</b>		<b>204.2972</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.4006		56.9504				
7	Provider Target Rate	<b>61.5759</b>		<b>59.0360</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.2060</b>	<b>84.6440</b>	<b>52.9272</b>	<b>13.6500</b>		<b>202.4272</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>51.2060</b>	<b>84.6440</b>	<b>52.9272</b>	<b>13.6500</b>		<b>202.4272</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 254177-00 - 2015/01**

**224.88**

Rate Semester 01/01/2015 through 08/31/2015

**Manor Pines Convalescent Center, LLC**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	03/06/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>375,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>2002/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>2,086,913</b>	<b>2.5978</b>
Indexed Asset Value	<b>2,608,641</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>521,728</b>	<b>0.1109</b>
FRVS Base Asset:	<b>2,113,766</b>	Interest Rate:	<b>9.5700%</b>	Insurance Cost(3):	<b>141,875</b>	<b>3.0265</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>196,038</b>	<b>4.1819</b>
ROE Factor	<b>0.014380</b>	Amortization Rate:	<b>8.5000%</b>	Home Office(3):	<b>69,702</b>	<b>1.4869</b>
		Interest Only:	<b>True</b>	Replacement(3&4):	<b>104,363</b>	<b>0.0000</b>
		Yearly Payment:	<b>175,794</b>	Total FRVS PD:		<b>11.4040</b>

(1) 80% Capital (\$2,086,913) amortized at 8.5000 % for 20 years Interest of \$175,794 divided by annual available days (75190) divided by Occup. Adj. (0.90) = \$2.5978

(2) 20% ROE (\$521,728) times the ROE factor (0.014380) divided by annual available days (75190) divided by Occup. Adj. (0.90) = \$0.1109

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	10,261
Comparison Date:	<b>01/01/1971</b>	Current RS PBS:	52,276
Comparison Bed	<b>206</b>	Effective PBS Limitation	2,113,766

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.2060</b>	<b>51.2060</b>	<b>0.8909</b>	<b>50.3151</b>
Direct Care	<b>84.6440</b>	<b>84.6440</b>	<b>1.4726</b>	<b>83.1714</b>
Indirect Care	<b>52.9272</b>	<b>52.9272</b>	<b>0.9208</b>	<b>52.0064</b>
Property	<b>13.6500</b>	<b>11.4040</b>	<b>0.1984</b>	<b>11.2056</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>18.2775</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>202.4272</b>	<b>200.1812</b>	<b>3.4827</b>	<b>224.8785</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

**0 254177-00 - 2015/01**

**224.88**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01	2,113,766	0.00	1.0301	1.0301		206	11.50	2,113,766	8,575,986	
2002/07		0.10	0.8337	0.8337		206	11.50	2,113,766	8,647,468	
2003/01		0.10	1.3271	1.3271		206	11.50	2,113,766	8,762,210	
2003/07		0.20	1.1664	1.1664		206	11.50	2,113,766	8,864,386	
2004/01		0.20	1.1103	1.1103		206	11.50	2,113,766	8,962,854	
2004/07		0.30	0.8378	0.8378		206	11.50	2,113,766	9,038,044	
2005/01		0.30	0.8595	0.8595		206	11.50	2,113,766	9,115,706	
2005/07		0.40	0.7364	0.7364		206	11.50	2,113,766	9,182,862	
2006/01		0.40	0.9068	0.9068		206	19.32	2,113,766	9,266,086	
2006/07		0.50	0.8133	0.8133		206	19.32	2,113,766	9,341,482	
2007/01		0.50	1.0133	1.0133		206	26.62	2,118,950	9,436,036	
2007/07		0.60	1.1050	1.1050		206	26.62	2,125,750	9,540,272	
2008/01		0.60	0.8556	0.8556		206	26.62	2,131,032	9,621,848	
2008/07		0.70	0.6104	0.6104		206	35.80	2,136,959	9,680,558	
2009/01		0.70	1.3268	1.3268		206	37.27	2,150,409	9,809,102	
2009/07		0.80	0.6841	0.6841		206	37.27	2,158,384	9,876,258	
2010/01		0.80	0.8643	0.8643		206	37.27	2,168,496	9,961,542	
2010/07	264,178	0.90	0.7107	0.7107		206	35.30	2,441,576	10,032,406	
2011/01		0.90	0.9198	0.9198		206	35.30	2,454,548	10,124,694	
2011/07	37,745	1.00	0.9028	0.9028		206	35.67	2,506,665	10,216,158	
2012/01		1.00	0.3865	0.3865		206	39.01	2,513,537	10,255,710	
2012/07		1.00	0.9417	0.9417		206	39.01	2,530,325	10,352,324	
2013/01		1.00	0.4901	0.4901		206	39.01	2,539,121	10,403,000	
2013/07		1.00	0.6196	0.6196		206	44.01	2,551,710	10,467,478	
2014/01		1.00	0.8564	0.8564		206	42.72	2,568,684	10,557,088	
2014/07		1.00	1.2383	1.2383		206	42.72	2,593,390	10,687,898	
2015/01		1.00	0.7571	0.7571		206	42.72	2,608,641	10,768,856	

**Message Code:**



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 254291-00 - 2015/01**

**277.63**

**Arch Plaza Nursing & Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>12505 NE 16TH AVENUE</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>98</b>	Superior: <b>0</b>
<b>NORTH MIAMI, FL 33161</b>	Days in CR <b>365</b>	Maximum: <b>35,770</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2014/01</b>	Max Annualized: <b>35,770</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>31,132</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>4,456</b>	Inflation
Current Class <b>South Small</b>	Initial CR? <b>False</b>	Medicaid: <b>25,357</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>South Small</b>	Medical Utilization	<b>81.44996%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>87.03383%</b>	Cost: <b>1.05323681</b>
Open Date: <b>11/23/1998</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1978</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>05/01/1971</b>	Low Occupancy Adjustment Factor:	<b>111.13828%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>213845</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,498,199	2,280,478	1,784,981	589,804		6,153,462	
1a	Audit Adjustments							
2	Cost Per Diem	59.0842	89.9348	70.3940	23.2600		242.6730	
3	Cost Per Diem Inflated	62.2297	93.2806	74.1416				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>62.2297</b>	<b>93.2806</b>	<b>74.1416</b>	<b>23.2600</b>		<b>252.9119</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.0623		69.1600				
7	Provider Target Rate	<b>61.2252</b>		<b>71.6927</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>61.2252</b>	<b>93.2806</b>	<b>71.6927</b>	<b>13.6500</b>		<b>239.8485</b>	
12/13	Medical Adjustment Rate		3.3004	2.5366				
14	Prospective Per Diem 11	<b>61.2252</b>	<b>96.5810</b>	<b>74.2293</b>	<b>13.6500</b>		<b>245.6855</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 254291-00 - 2015/01**

**277.63**

Rate Semester 01/01/2015 through 08/31/2015

**Arch Plaza Nursing & Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	05/01/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>1,800,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1978/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>3,604,051</b>	<b>13.6387</b>
Indexed Asset Value	<b>4,505,064</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>901,013</b>	<b>0.4198</b>
FRVS Base Asset:	<b>1,103,440</b>	Interest Rate:	<b>11.0000%</b>	Insurance Cost(3):	<b>31,154</b>	<b>1.0007</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>7.7500%</b>	Taxes Cost(3):	<b>0</b>	<b>0.0000</b>
ROE Factor	<b>0.015000</b>	Amortization Rate:	<b>10.7500%</b>	Home Office(3):	<b>19,821</b>	<b>0.6367</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>426,992</b>	<b>0.0000</b>
		Yearly Payment:	<b>439,072</b>	Total FRVS PD:		<b>15.6959</b>

(1) 80% Capital (\$3,604,051) amortized at 10.7500 % for 20 years Principal & Interest of \$439,072 divided by annual available days (35770) divided by Occup. Adj. (0.90) = \$13.6387

(2) 20% ROE (\$901,013) times the ROE factor (0.015000) divided by annual available days (35770) divided by Occup. Adj. (0.90) = \$0.4198

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>118</b>	Effective PBS Limitation	3,363,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>61.2252</b>	<b>61.2252</b>	<b>1.0652</b>	<b>60.1600</b>
Direct Care	<b>96.5810</b>	<b>96.5810</b>	<b>1.6803</b>	<b>94.9007</b>
Indirect Care	<b>74.2293</b>	<b>74.2293</b>	<b>1.2914</b>	<b>72.9379</b>
Property	<b>13.6500</b>	<b>15.6959</b>	<b>0.2731</b>	<b>15.4228</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>24.3012</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>245.6855</b>	<b>247.7314</b>	<b>4.3100</b>	<b>277.6251</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2013

**0 254291-00 - 2015/01**

**277.63**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/07	1,096,849	0.00	5.5395	3.0000	2.5395	118	100.00	1,096,849	2,216,040	
1979/01		0.10	7.6667	3.0000	4.6667	118	100.00	1,100,140	2,329,674	
1979/07		0.10	8.8649	3.0000	5.8649	118	100.00	1,103,440	2,427,496	
1980/01		0.20	12.0306	3.0000	9.0306	118	24.88	1,103,440	2,577,238	
1980/07		0.20	12.8413	3.0000	9.8413	118	24.88	1,103,440	2,675,414	
1981/01		0.30	13.6653	3.0000	10.6653	118	19.88	1,103,440	2,777,720	
1981/07		0.30	13.2541	3.0000	10.2541	118	19.88	1,103,440	2,849,582	
1982/01		0.40	12.9301	3.0000	9.9301	118	15.57	1,103,440	2,925,928	
1982/07		0.40	12.2278	3.0000	9.2278	118	15.57	1,103,440	2,993,070	
1983/04		0.50	11.8566	3.0000	8.8566	118	23.40	1,103,440	3,071,776	
1983/07		0.50	12.8144	3.0000	9.8144	118	23.40	1,103,440	3,193,316	
1984/01		0.60	11.1096	3.0000	8.1096	118	15.57	1,103,440	3,234,734	
1984/07		0.60	10.0275	3.0000	7.0275	118	23.40	1,103,440	3,296,802	
1985/01		0.70	8.1746	3.0000	5.1746	118	23.40	1,103,440	3,334,562	
1985/10		0.70	6.0268	3.0000	3.0268	118	0.80	1,103,440	3,363,000	
1986/01		0.80	3.8567	3.0000	0.8567	118	0.80	1,103,440	3,390,966	
1986/07		0.80	1.1541	1.1541		118	0.80	1,103,440	3,384,476	
1987/01		0.90	1.0091	1.0091		118	0.80	1,103,440	3,445,010	
1987/07		0.90	0.9007	0.9007		118	3.83	1,103,440	3,471,914	
1988/01		1.00	0.9007	0.9007		118	3.83	1,103,440	3,500,116	
1988/07		1.00	0.5899	0.5899		118	3.83	1,103,440	3,498,228	
1989/01		1.00	0.5899	0.5899		118	18.42	1,103,440	3,518,878	
1989/07		1.00	0.5899	0.5899		118	18.42	1,103,440	3,542,714	5
1990/01		1.00	0.5899	0.5899		118	37.08	1,103,440	3,560,532	5
1990/07		1.00	0.5899	0.5899		118	44.72	1,113,142	3,581,536	
1991/01		1.00	0.5899	0.5899		118	44.72	1,113,142	3,602,540	5
1991/07		1.00	1.4932	1.4932		118	59.84	1,118,481	3,656,348	5
1992/01		1.00	2.0117	2.0117		118	59.84	1,158,018	3,729,862	
1992/07		1.00	1.8152	1.8152		118	73.73	1,179,038	3,797,594	
1993/01		1.00	1.7710	1.7710		118	73.73	1,199,919	3,864,854	



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2013

**0 254291-00 - 2015/01**

**277.63**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07		1.00	1.5329	1.5329		118	77.37	1,199,919	3,924,090	5
1994/01		1.00	1.6983	1.6983		118	77.37	1,218,313	3,990,760	5
1994/07		1.00	1.5991	1.5991		118	87.65	1,258,817	4,054,598	
1995/01		1.00	1.5812	1.5812		118	87.65	1,278,721	4,118,672	
1995/07		1.00	1.5250	1.5250		118	91.04	1,298,221	4,181,448	
1996/01		1.00	1.7228	1.7228		118	90.53	1,320,587	4,253,546	
1996/07		1.00	1.3294	1.3294		118	90.53	1,338,143	4,310,068	
1997/01		1.00	1.4109	1.4109		118	90.53	1,357,023	4,370,838	
1997/07		1.00	1.0917	1.0917		118	90.53	1,371,838	4,418,510	
1998/01		1.00	1.1663	1.1663		118	90.53	1,387,838	4,470,076	
1998/07	2,397,185	1.00	1.0794	1.0794		80	85.13	3,063,280	3,063,280	8
1999/01	16,266	0.95	1.4499	1.4499		80	85.13	3,107,680	3,107,680	8
1999/07		0.95	1.2299	1.2299		80	85.13	3,107,680	3,145,920	5
2000/01		0.90	1.3356	1.3356		80	85.13	3,181,781	3,187,920	
2000/07		0.90	1.1129	1.1129		80	85.13	3,213,650	3,223,360	
2001/01		0.85	1.2976	1.2976		80	85.13	3,249,097	3,265,200	
2001/07		0.85	0.9615	0.9615		80	90.69	3,275,652	3,296,560	
2002/01		0.80	1.0301	1.0301		80	89.29	3,302,647	3,330,480	
2002/07		0.80	0.8337	0.8337		80	89.29	3,324,676	3,358,240	
2003/01		0.75	1.3271	1.3271		80	84.95	3,357,767	3,402,800	
2003/07		0.75	1.1664	1.1664		80	84.95	3,387,141	3,442,480	
2004/01	731,415	0.70	1.1103	1.1103		98	75.63	4,144,881	4,263,882	
2004/07		0.70	0.8378	0.8378		98	75.63	4,169,191	4,299,652	
2005/01		0.65	0.8595	0.8595		98	82.30	4,192,484	4,336,598	
2005/07		0.65	0.7364	0.7364		98	82.30	4,212,553	4,368,546	
2006/01		0.60	0.9068	0.9068		98	74.05	4,235,474	4,408,138	
2006/07		0.60	0.8133	0.8133		98	74.05	4,256,143	4,444,006	
2007/01		0.55	1.0133	1.0133		98	74.04	4,279,862	4,488,988	
2007/07		0.55	1.1050	1.1050		98	74.04	4,305,875	4,538,576	
2008/01		0.50	0.8556	0.8556		98	71.36	4,324,296	4,577,384	





Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2013

**0 254291-00 - 2015/01**

**277.63**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		0.50	0.6104	0.6104		98	71.36	4,337,494	4,605,314	
2009/01		0.45	1.3268	1.3268		98	69.11	4,363,393	4,666,466	
2009/07		0.45	0.6841	0.6841		98	69.11	4,376,824	4,698,414	
2010/01		0.40	0.8643	0.8643		98	68.60	4,391,955	4,738,986	
2010/07		0.40	0.7107	0.7107		98	68.60	4,404,441	4,772,698	
2011/01		0.35	0.9198	0.9198		98	73.41	4,418,619	4,816,602	
2011/07		0.35	0.9028	0.9028		98	73.41	4,432,582	4,860,114	
2012/01		0.30	0.3865	0.3865		98	73.41	4,437,724	4,878,930	
2012/07	18,491	0.30	0.9417	0.9417		98	78.88	4,468,752	4,924,892	
2013/01		0.25	0.4901	0.4901		98	78.88	4,474,226	4,949,000	
2013/07		0.25	0.6196	0.6196		98	77.83	4,481,157	4,979,674	
2014/01		0.20	0.8564	0.8564		98	81.45	4,488,833	5,022,304	
2014/07		0.20	1.2383	1.2383		98	81.45	4,499,952	5,084,534	
2015/01		0.15	0.7571	0.7571		98	81.45	4,505,064	5,123,048	

**Message Code:**

- |   |  |
|---|--|
| 5 | Uncorrected Licensure Deficiency       |
| 8 | Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 254762-00 - 2015/01**

**216.05**

**Wrights Healthcare & Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>11300 110TH AVE N</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>60</b>	Superior: <b>0</b>
<b>SEMINOLE, FL 33778</b>	Days in CR <b>365</b>	Maximum: <b>21,900</b>	Standard: <b>190</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>21,900</b>	Conditional: <b>53</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>18,841</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>3,459</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>7,755</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>41.16024%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>86.03196%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1962</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/01/2002</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>05/21/2002</b>	Low Occupancy Adjustment Factor:	<b>109.85893%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/21/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	298,797	577,181	397,264	275,613		1,548,855	
1a	Audit Adjustments							
2	Cost Per Diem	38.5296	74.4269	51.2268	35.5400		199.7233	
3	Cost Per Diem Inflated	40.2018	76.8462	53.4501				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>40.2018</b>	<b>76.8462</b>	<b>53.4501</b>	<b>35.5400</b>		<b>206.0381</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.5971		63.3459				
7	Provider Target Rate	<b>56.5965</b>		<b>65.6657</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>40.2018</b>	<b>76.8462</b>	<b>53.4501</b>	<b>13.6500</b>		<b>184.1481</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>40.2018</b>	<b>76.8462</b>	<b>53.4501</b>	<b>13.6500</b>		<b>184.1481</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 254762-00 - 2015/01**

**216.05**

Rate Semester 01/01/2015 through 08/31/2015

**Wrights Healthcare & Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	05/21/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,000,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>2002/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>2,130,371</b>	<b>10.6479</b>
Indexed Asset Value	<b>2,662,964</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>532,593</b>	<b>0.5067</b>
FRVS Base Asset:	<b>2,472,420</b>	Interest Rate:	<b>9.5000%</b>	Insurance Cost(3):	<b>91,197</b>	<b>4.8403</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.7500%</b>	Taxes Cost(3):	<b>17,622</b>	<b>0.9353</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>7.7500%</b>	Home Office(3):	<b>8,812</b>	<b>0.4677</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>18,356</b>	<b>0.0000</b>
		Yearly Payment:	<b>209,871</b>	Total FRVS PD:		<b>17.3979</b>

- (1) 80% Capital (\$2,130,371) amortized at 7.7500 % for 20 years Principal & Interest of \$209,871 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$10.6479
- (2) 20% ROE (\$532,593) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.5067
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	41,207
Comparison Date:	<b>07/01/2001</b>	Current RS PBS:	52,276
Comparison Bed	<b>60</b>	Effective PBS Limitation	2,472,420

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>40.2018</b>	<b>40.2018</b>	<b>0.6994</b>	<b>39.5024</b>
Direct Care	<b>76.8462</b>	<b>76.8462</b>	<b>1.3369</b>	<b>75.5093</b>
Indirect Care	<b>53.4501</b>	<b>53.4501</b>	<b>0.9299</b>	<b>52.5202</b>
Property	<b>13.6500</b>	<b>17.3979</b>	<b>0.3027</b>	<b>17.0952</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>21.5180</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>184.1481</b>	<b>187.8960</b>	<b>3.2689</b>	<b>216.0476</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 254762-00 - 2015/01**

**216.05**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01	3,000,000	0.00	1.0301	1.0301		60	16.37	2,472,420	2,472,420	1
2002/07		0.10	0.8337	0.8337		60	16.37	2,472,420	2,518,680	
2003/01		0.10	1.3271	1.3271		60	16.37	2,472,420	2,552,100	
2003/07		0.20	1.1664	1.1664		60	16.37	2,472,420	2,581,860	
2004/01		0.20	1.1103	1.1103		60	16.37	2,472,420	2,610,540	
2004/07		0.30	0.8378	0.8378		60	22.28	2,472,420	2,632,440	
2005/01		0.30	0.8595	0.8595		60	22.28	2,472,420	2,655,060	
2005/07		0.40	0.7364	0.7364		60	22.28	2,472,420	2,674,620	
2006/01		0.40	0.9068	0.9068		60	28.89	2,477,130	2,698,860	
2006/07		0.50	0.8133	0.8133		60	28.31	2,482,316	2,720,820	
2007/01		0.50	1.0133	1.0133		60	28.31	2,488,790	2,748,360	
2007/07		0.60	1.1050	1.1050		60	28.17	2,497,241	2,778,720	
2008/01		0.60	0.8556	0.8556		60	28.17	2,503,808	2,802,480	
2008/07		0.70	0.6104	0.6104		60	28.17	2,509,288	2,819,580	
2009/01		0.70	1.3268	1.3268		60	25.73	2,520,191	2,857,020	
2009/07		0.80	0.6841	0.6841		60	25.73	2,526,644	2,876,580	
2010/01		0.80	0.8643	0.8643		60	23.21	2,526,644	2,901,420	
2010/07		0.90	0.7107	0.7107		60	23.21	2,526,644	2,922,060	
2011/01		0.90	0.9198	0.9198		60	35.17	2,540,019	2,948,940	
2011/07		1.00	0.9028	0.9028		60	40.60	2,556,946	2,975,580	
2012/01		1.00	0.3865	0.3865		60	40.60	2,564,241	2,987,100	
2012/07		1.00	0.9417	0.9417		60	45.02	2,584,007	3,015,240	
2013/01		1.00	0.4901	0.4901		60	45.02	2,594,373	3,030,000	
2013/07		1.00	0.6196	0.6196		60	45.02	2,607,531	3,048,780	
2014/01		1.00	0.8564	0.8564		60	40.56	2,623,999	3,074,880	
2014/07		1.00	1.2383	1.2383		60	40.56	2,647,961	3,112,980	
2015/01		1.00	0.7571	0.7571		60	41.16	2,662,964	3,136,560	

**Message Code:**

1 Per Bed Standard Limitation



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 254878-00 - 2015/01**

**210.55**

**EdgeWood Nursing Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1771 EDGEWOOD AVE W</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>60</b>	Superior: <b>0</b>
<b>JACKSONVILLE, FL 32208</b>	Days in CR <b>365</b>	Maximum: <b>21,900</b>	Standard: <b>243</b>
County: <b>Duval [16]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>21,900</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>20,954</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>2,295</b>	Inflation
Current Class <b>North Small</b>	Initial CR? <b>False</b>	Medicaid: <b>17,140</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>81.79822%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.68037%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1988</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1988</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>02/12/1988</b>	Low Occupancy Adjustment Factor:	<b>122.17952%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/16/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>212521</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	731,816	1,152,173	749,927	334,573		2,968,489	
1a	Audit Adjustments							
2	Cost Per Diem	42.6964	67.2213	43.7530	19.5200		173.1907	
3	Cost Per Diem Inflated	44.5495	69.4064	45.6519				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.5495</b>	<b>69.4064</b>	<b>45.6519</b>	<b>19.5200</b>		<b>179.1278</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.4272		57.5320				
7	Provider Target Rate	<b>50.2006</b>		<b>59.6389</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>57.4318</b>	<b>96.7541</b>	<b>74.4105</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	<b>55.8134</b>		<b>67.8397</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.5495</b>	<b>69.4064</b>	<b>45.6519</b>	<b>13.6500</b>		<b>173.2578</b>	
12/13	Medical Adjustment Rate		2.4829	1.6331				
14	Prospective Per Diem 11	<b>44.5495</b>	<b>71.8893</b>	<b>47.2850</b>	<b>13.6500</b>		<b>177.3738</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 254878-00 - 2015/01**

**210.55**

Rate Semester 01/01/2015 through 08/31/2015

**EdgeWood Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/01/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,353,489.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>2,320,892</b>	<b>12.7133</b>
RS to Start Calcs:	<b>1988/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>580,223</b>	<b>0.5520</b>
Indexed Asset Value	<b>2,901,115</b>	Interest Rate:	<b>9.7500%</b>	Insurance Cost(3):	<b>13,014</b>	<b>0.6211</b>
FRVS Base Asset:	<b>1,765,380</b>	Chase Rate:	<b>6.0000%</b>	Taxes Cost(3):	<b>34,553</b>	<b>1.6490</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>9.0000%</b>	Home Office(3):	<b>2,279</b>	<b>0.1088</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>0</b>	<b>0.0000</b>
		Yearly Payment:	<b>250,580</b>	Total FRVS PD:		<b>15.6442</b>

- (1) 80% Capital (\$2,320,892) amortized at 9.0000 % for 20 years Principal & Interest of \$250,580 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$12.7133
- (2) 20% ROE (\$580,223) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.5520
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	29,423
Comparison Date: <b>07/01/1987</b>	Current RS PBS:	52,276
Comparison Bed <b>60</b>	Effective PBS Limitation	1,765,380

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.5495</b>	<b>44.5495</b>	<b>0.7751</b>	<b>43.7744</b>
Direct Care	<b>71.8893</b>	<b>71.8893</b>	<b>1.2507</b>	<b>70.6386</b>
Indirect Care	<b>47.2850</b>	<b>47.2850</b>	<b>0.8226</b>	<b>46.4624</b>
Property	<b>13.6500</b>	<b>15.6442</b>	<b>0.2722</b>	<b>15.3720</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>24.4025</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>177.3738</b>	<b>179.3680</b>	<b>3.1206</b>	<b>210.5524</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 254878-00 - 2015/01**

**210.55**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	4,147,920	0.00	0.9007	0.9007		60	95.39	1,765,380	1,765,380	1
1988/07		0.10	0.5899	0.5899		60	95.39	1,766,422	1,778,760	
1989/01		0.10	0.5899	0.5899		60	95.39	1,767,464	1,789,260	
1989/07		0.20	0.5899	0.5899		60	95.39	1,769,550	1,801,380	
1990/01		0.20	0.5899	0.5899		60	95.39	1,771,638	1,810,440	
1990/07	21,561	0.30	0.5899	0.5899		60	100.00	1,796,335	1,821,120	
1991/01		0.30	0.5899	0.5899		60	100.00	1,799,515	1,831,800	
1991/07		0.40	1.4932	1.4932		60	100.00	1,810,264	1,859,160	
1992/01		0.40	2.0117	2.0117		60	100.00	1,824,831	1,896,540	
1992/07		0.50	1.8152	1.8152		60	100.00	1,824,831	1,930,980	5
1993/01		0.50	1.7710	1.7710		60	100.00	1,857,699	1,965,180	
1993/07		0.60	1.5329	1.5329		60	100.00	1,874,784	1,995,300	
1994/01		0.60	1.6983	1.6983		60	100.00	1,893,888	2,029,200	
1994/07		0.70	1.5991	1.5991		60	100.00	1,915,088	2,061,660	
1995/01	11,650	0.70	1.5812	1.5812		60	100.00	1,947,934	2,094,240	
1995/07		0.80	1.5250	1.5250		60	100.00	1,971,699	2,126,160	
1996/01		0.80	1.7228	1.7228		60	100.00	1,998,873	2,162,820	
1996/07		0.90	1.3294	1.3294		60	93.19	2,022,790	2,191,560	
1997/01		0.90	1.4109	1.4109		60	93.19	2,048,475	2,222,460	
1997/07		1.00	1.0917	1.0917		60	93.19	2,070,838	2,246,700	
1998/01		1.00	1.1663	1.1663		60	92.29	2,070,838	2,272,920	5
1998/07	11,498	1.00	1.0794	1.0794		60	82.62	2,129,101	2,297,460	
1999/01		1.00	1.4499	1.4499		60	82.62	2,159,971	2,330,760	
1999/07		1.00	1.2299	1.2299		60	82.62	2,186,536	2,359,440	
2000/01	25,967	1.00	1.3356	1.3356		60	84.61	2,241,706	2,390,940	
2000/07	19,972	1.00	1.1129	1.1129		60	82.99	2,286,626	2,417,520	
2001/01		1.00	1.2976	1.2976		60	82.99	2,316,297	2,448,900	
2001/07		1.00	0.9615	0.9615		60	88.22	2,338,568	2,472,420	
2002/01		1.00	1.0301	1.0301		60	84.45	2,362,658	2,497,860	
2002/07		1.00	0.8337	0.8337		60	84.45	2,382,355	2,518,680	



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0 254878-00 - 2015/01

210.55

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		60	84.45	2,413,971	2,552,100	
2003/07		1.00	1.1664	1.1664		60	84.45	2,442,128	2,581,860	
2004/01		1.00	1.1103	1.1103		60	84.45	2,469,243	2,610,540	
2004/07		1.00	0.8378	0.8378		60	77.43	2,489,930	2,632,440	
2005/01		1.00	0.8595	0.8595		60	77.43	2,489,930	2,655,060	5
2005/07		1.00	0.7364	0.7364		60	75.31	2,529,824	2,674,620	
2006/01		1.00	0.9068	0.9068		60	75.31	2,552,764	2,698,860	
2006/07		1.00	0.8133	0.8133		60	75.31	2,573,526	2,720,820	
2007/01		1.00	1.0133	1.0133		60	81.14	2,599,604	2,748,360	
2007/07		1.00	1.1050	1.1050		60	81.14	2,628,330	2,778,720	
2008/01		1.00	0.8556	0.8556		60	81.14	2,650,818	2,802,480	
2008/07		0.95	0.6104	0.6104		60	81.14	2,666,190	2,819,580	
2009/01		0.95	1.3268	1.3268		60	81.14	2,699,797	2,857,020	
2009/07		0.90	0.6841	0.6841		60	76.78	2,716,420	2,876,580	
2010/01		0.90	0.8643	0.8643		60	80.58	2,737,551	2,901,420	
2010/07		0.85	0.7107	0.7107		60	80.58	2,754,089	2,922,060	
2011/01		0.85	0.9198	0.9198		60	81.27	2,775,620	2,948,940	
2011/07		0.80	0.9028	0.9028		60	73.56	2,795,666	2,975,580	
2012/01		0.80	0.3865	0.3865		60	73.56	2,804,310	2,987,100	
2012/07		0.75	0.9417	0.9417		60	75.08	2,824,117	3,015,240	
2013/01		0.75	0.4901	0.4901		60	75.08	2,834,498	3,030,000	
2013/07		0.70	0.6196	0.6196		60	75.08	2,846,791	3,048,780	
2014/01		0.70	0.8564	0.8564		60	76.58	2,863,858	3,074,880	
2014/07		0.65	1.2383	1.2383		60	81.80	2,886,909	3,112,980	
2015/01		0.65	0.7571	0.7571		60	81.80	2,901,115	3,136,560	

**Message Code:**

- |                                    |
|------------------------------------|
| 1 Per Bed Standard Limitation      |
| 5 Uncorrected Licensure Deficiency |





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 256269-00 - 2015/01**

**231.76**

**Diamond Ridge Health & Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2730 W MARC KNIGHTON CT</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>243</b>
<b>LECANTO, FL 34461</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>0</b>
County: <b>Citrus [9]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,632</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>14,104</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>19,149</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>47.12788%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.76712%</b>	Cost: <b>1.04340134</b>
Open Date: <b>03/01/1989</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/01/1989</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>06/23/1989</b>	Low Occupancy Adjustment Factor:	<b>118.45943%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>06/01/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211893</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	781,999	1,664,774	1,223,948	630,194		4,300,915	
1a	Audit Adjustments							
2	Cost Per Diem	40.8376	86.9379	63.9171	32.9100		224.6026	
3	Cost Per Diem Inflated	42.6100	89.7639	66.6912				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>42.6100</b>	<b>89.7639</b>	<b>66.6912</b>	<b>32.9100</b>		<b>231.9751</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	42.6973		60.6381				
7	Provider Target Rate	<b>44.2609</b>		<b>62.8587</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>42.6100</b>	<b>89.7639</b>	<b>61.6580</b>	<b>13.6500</b>		<b>207.6819</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>42.6100</b>	<b>89.7639</b>	<b>61.6580</b>	<b>13.6500</b>		<b>207.6819</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**0 256269-00 - 2015/01**

**231.76**

Rate Semester 01/01/2015 through 08/31/2015

**Diamond Ridge Health & Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/23/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,963,838 10.6072
RS to Start Calcs:	1989/01	<60% of Base:	True	20% ROE(2):	1,240,959 0.5903
Indexed Asset Value	6,204,797	Interest Rate:	8.5000%	Insurance Cost(3):	65,585 1.6141
FRVS Base Asset:	1,778,760	Chase Rate:	8.5000%	Taxes Cost(3):	93,227 2.2944
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	8,048 0.1981
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	94,526 0.0000
		Yearly Payment:	418,136	Total FRVS PD:	15.3041

- (1) 80% Capital (\$4,963,838) amortized at 8.5000 % for 20 years Interest of \$418,136 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.6072
- (2) 20% ROE (\$1,240,959) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5903
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,646
Comparison Date:	07/01/1988	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,778,760

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.6100	42.6100	0.7413	41.8687
Direct Care	89.7639	89.7639	1.5617	88.2022
Indirect Care	61.6580	61.6580	1.0727	60.5853
Property	13.6500	15.3041	0.2663	15.0378
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.1630
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>207.6819</b>	<b>209.3360</b>	<b>3.6420</b>	<b>231.7595</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 256269-00 - 2015/01**

**231.76**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	2,299,530	0.00	0.5899	0.5899		60	38.67	1,778,760	1,778,760	1
1989/07		0.10	0.5899	0.5899		60	38.67	1,779,498	1,801,380	
1990/01		0.10	0.5899	0.5899		60	38.67	1,780,236	1,810,440	
1990/07		0.20	0.5899	0.5899		60	38.67	1,781,713	1,821,120	
1991/01		0.20	0.5899	0.5899		60	38.67	1,783,191	1,831,800	
1991/07		0.30	1.4932	1.4932		60	38.67	1,788,808	1,859,160	
1992/01	30,620	0.30	2.0117	2.0117		60	55.76	1,830,223	1,896,540	
1992/07		0.40	1.8152	1.8152		60	65.07	1,843,512	1,930,980	
1993/01		0.40	1.7710	1.7710		60	65.07	1,856,571	1,965,180	
1993/07		0.50	1.5329	1.5329		60	68.02	1,870,802	1,995,300	
1994/01		0.50	1.6983	1.6983		60	68.02	1,886,689	2,029,200	
1994/07		0.60	1.5991	1.5991		60	68.02	1,904,792	2,061,660	
1995/01	19,372	0.60	1.5812	1.5812		60	64.28	1,942,235	2,094,240	
1995/07		0.70	1.5250	1.5250		60	64.28	1,942,235	2,126,160	5
1996/01	1,708,528	0.70	1.7228	1.7228		120	64.50	3,695,169	4,325,640	
1996/07		0.80	1.3294	1.3294		120	64.50	3,734,467	4,383,120	
1997/01		0.80	1.4109	1.4109		120	68.70	3,776,618	4,444,920	
1997/07		0.90	1.0917	1.0917		120	73.42	3,813,723	4,493,400	
1998/01		0.90	1.1663	1.1663		120	73.42	3,853,756	4,545,840	
1998/07		1.00	1.0794	1.0794		120	73.42	3,895,353	4,594,920	
1999/01		1.00	1.4499	1.4499		120	70.93	3,951,832	4,661,520	
1999/07		1.00	1.2299	1.2299		120	70.76	4,000,436	4,718,880	
2000/01		1.00	1.3356	1.3356		120	70.76	4,053,866	4,781,880	
2000/07		1.00	1.1129	1.1129		120	70.44	4,098,981	4,835,040	
2001/01		1.00	1.2976	1.2976		120	70.44	4,152,169	4,897,800	
2001/07		1.00	0.9615	0.9615		120	70.44	4,192,092	4,944,840	
2002/01		1.00	1.0301	1.0301		120	62.86	4,235,275	4,995,720	
2002/07		1.00	0.8337	0.8337		120	62.86	4,270,584	5,037,360	
2003/01		1.00	1.3271	1.3271		120	62.86	4,327,259	5,104,200	
2003/07		1.00	1.1664	1.1664		120	62.86	4,377,732	5,163,720	



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**0 256269-00 - 2015/01**

**231.76**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		120	62.86	4,426,338	5,221,080	
2004/07		1.00	0.8378	0.8378		120	62.39	4,463,422	5,264,880	
2005/01		1.00	0.8595	0.8595		120	62.39	4,501,785	5,310,120	
2005/07		1.00	0.7364	0.7364		120	62.39	4,534,936	5,349,240	
2006/01		1.00	0.9068	0.9068		120	63.31	4,576,059	5,397,720	
2006/07		1.00	0.8133	0.8133		120	63.31	4,613,276	5,441,640	
2007/01		1.00	1.0133	1.0133		120	66.35	4,660,022	5,496,720	
2007/07		1.00	1.1050	1.1050		120	52.98	4,709,624	5,557,440	
2008/01		1.00	0.8556	0.8556		120	52.98	4,748,440	5,604,960	
2008/07		1.00	0.6104	0.6104		120	52.98	4,776,360	5,639,160	
2009/01		1.00	1.3268	1.3268		120	46.97	4,830,480	5,714,040	
2009/07		0.95	0.6841	0.6841		120	46.97	4,857,290	5,753,160	
2010/01	47,477	0.95	0.8643	0.8643		120	44.99	4,937,391	5,802,840	
2010/07		0.90	0.7107	0.7107		120	44.99	4,963,223	5,844,120	
2011/01		0.90	0.9198	0.9198		120	42.31	4,994,829	5,897,880	
2011/07		0.85	0.9028	0.9028		120	45.86	5,026,790	5,951,160	
2012/01		0.85	0.3865	0.3865		120	45.86	5,040,559	5,974,200	
2012/07	32,340	0.80	0.9417	0.9417		120	51.42	5,108,403	6,030,480	
2013/01		0.80	0.4901	0.4901		120	51.42	5,127,129	6,060,000	
2013/07	4,125,421	0.75	0.6196	0.6196		120	47.18	6,097,560	6,097,560	8
2014/01		0.75	0.8564	0.8564		120	47.18	6,131,156	6,149,760	
2014/07		0.70	1.2383	1.2383		120	47.18	6,176,745	6,225,960	
2015/01		0.70	0.7571	0.7571		120	47.13	6,204,797	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency<br>8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration  
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**0 256277-00 - 2015/01**

**257.41**

**Surrey Place Healthcare and Rehabilitation**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Partnership    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>5525 21ST AVE W</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>60</b>	Superior: <b>0</b>
<b>BRADENTON, FL 34209</b>	Days in CR <b>365</b>	Maximum: <b>21,900</b>	Standard: <b>243</b>
County: <b>Manatee [41]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>21,900</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>20,420</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>10,675</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>6,729</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>32.95299%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.24201%</b>	Cost: <b>1.04340134</b>
Open Date: <b>02/08/1989</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>02/08/1989</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>02/08/1989</b>	Low Occupancy Adjustment Factor:	<b>119.06584%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>06/01/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>212938</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	303,365	737,390	550,877	303,209		1,894,841	
1a	Audit Adjustments							
2	Cost Per Diem	45.0832	109.5839	81.8661	45.0600		281.5932	
3	Cost Per Diem Inflated	47.0399	113.1461	85.4192				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>47.0399</b>	<b>113.1461</b>	<b>85.4192</b>	<b>45.0600</b>		<b>290.6652</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7451		75.9599				
7	Provider Target Rate	<b>55.7133</b>		<b>78.7416</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>47.0399</b>	<b>102.1848</b>	<b>74.3444</b>	<b>13.6500</b>		<b>237.2191</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>47.0399</b>	<b>102.1848</b>	<b>74.3444</b>	<b>13.6500</b>		<b>237.2191</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 256277-00 - 2015/01**

**257.41**

Rate Semester 01/01/2015 through 08/31/2015

**Surrey Place Healthcare and Rehabilitation**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/08/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	None	80% Capital(1):	2,467,738	10.5466
Indexed Asset Value	3,084,672	<60% of Base:	True	20% ROE(2):	616,934	0.5869
FRVS Base Asset:	1,778,760	Interest Rate:	8.5000%	Insurance Cost(3):	45,894	2.2475
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	46,644	2.2842
ROE Factor	0.018750	Amortization Rate:	8.5000%	Home Office(3):	4,031	0.1974
		Interest Only:	True	Replacement(3&4):	27,377	0.0000
		Yearly Payment:	207,874	Total FRVS PD:		15.8626

(1) 80% Capital (\$2,467,738) amortized at 8.5000 % for 20 years Interest of \$207,874 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$10.5466

(2) 20% ROE (\$616,934) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.5869

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,646
Comparison Date:	07/01/1988	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,778,760

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.0399	47.0399	0.8184	46.2215
Direct Care	102.1848	102.1848	1.7778	100.4070
Indirect Care	74.3444	74.3444	1.2934	73.0510
Property	13.6500	15.8626	0.2760	15.5866
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				12.2461
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>237.2191</b>	<b>239.4317</b>	<b>4.1656</b>	<b>257.4147</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	2,371,326	0.00	0.5899	0.5899		60	44.02	1,778,760	1,778,760	1
1989/07		0.10	0.5899	0.5899		60	44.02	1,779,600	1,801,380	
1990/01		0.10	0.5899	0.5899		60	44.02	1,780,440	1,810,440	
1990/07		0.20	0.5899	0.5899		60	44.02	1,782,121	1,821,120	
1991/01		0.20	0.5899	0.5899		60	44.02	1,782,121	1,831,800	5
1991/07		0.30	1.4932	1.4932		60	44.02	1,790,200	1,859,160	
1992/01	39,109	0.30	2.0117	2.0117		60	61.11	1,840,113	1,896,540	
1992/07		0.40	1.8152	1.8152		60	61.11	1,853,474	1,930,980	
1993/01		0.40	1.7710	1.7710		60	55.96	1,866,604	1,965,180	
1993/07		0.50	1.5329	1.5329		60	55.78	1,880,912	1,995,300	
1994/01		0.50	1.6983	1.6983		60	55.78	1,896,885	2,029,200	
1994/07		0.60	1.5991	1.5991		60	55.78	1,915,086	2,061,660	
1995/01	19,372	0.60	1.5812	1.5812		60	54.92	1,952,600	2,094,240	
1995/07		0.70	1.5250	1.5250		60	54.92	1,973,414	2,126,160	
1996/01		0.70	1.7228	1.7228		60	54.92	1,997,179	2,162,820	
1996/07		0.80	1.3294	1.3294		60	58.72	2,018,419	2,191,560	
1997/01		0.80	1.4109	1.4109		60	59.22	2,041,201	2,222,460	
1997/07		0.90	1.0917	1.0917		60	59.22	2,061,256	2,246,700	
1998/01		0.90	1.1663	1.1663		60	49.17	2,080,599	2,272,920	
1998/07		1.00	1.0794	1.0794		60	49.17	2,100,676	2,297,460	
1999/01		1.00	1.4499	1.4499		60	46.35	2,126,344	2,330,760	
1999/07		1.00	1.2299	1.2299		60	45.44	2,147,950	2,359,440	
2000/01		1.00	1.3356	1.3356		60	45.44	2,171,652	2,390,940	
2000/07		1.00	1.1129	1.1129		60	40.32	2,189,370	2,417,520	
2001/01		1.00	1.2976	1.2976		60	40.32	2,210,197	2,448,900	
2001/07		1.00	0.9615	0.9615		60	39.32	2,225,390	2,472,420	
2002/01		1.00	1.0301	1.0301		60	38.58	2,241,470	2,497,860	
2002/07		1.00	0.8337	0.8337		60	38.58	2,254,578	2,518,680	
2003/01		1.00	1.3271	1.3271		60	38.58	2,275,566	2,552,100	
2003/07		1.00	1.1664	1.1664		60	38.58	2,294,184	2,581,860	



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257.41

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		60	38.58	2,312,052	2,610,540	
2004/07		1.00	0.8378	0.8378		60	38.58	2,325,639	2,632,440	
2005/01		1.00	0.8595	0.8595		60	38.58	2,339,660	2,655,060	
2005/07		1.00	0.7364	0.7364		60	38.58	2,351,746	2,674,620	
2006/01		1.00	0.9068	0.9068		60	36.32	2,365,829	2,698,860	
2006/07		1.00	0.8133	0.8133		60	36.32	2,378,535	2,720,820	
2007/01		1.00	1.0133	1.0133		60	43.74	2,397,702	2,748,360	
2007/07		1.00	1.1050	1.1050		60	35.16	2,414,639	2,778,720	
2008/01		1.00	0.8556	0.8556		60	35.16	2,427,846	2,802,480	
2008/07	13,224	1.00	0.6104	0.6104		60	36.79	2,450,983	2,819,580	
2009/01		1.00	1.3268	1.3268		60	36.79	2,472,736	2,857,020	
2009/07		0.95	0.6841	0.6841		60	36.79	2,483,486	2,876,580	
2010/01		0.95	0.8643	0.8643		60	30.83	2,494,917	2,901,420	
2010/07		0.90	0.7107	0.7107		60	27.72	2,502,960	2,922,060	
2011/01		0.90	0.9198	0.9198		60	27.72	2,513,403	2,948,940	
2011/07		0.85	0.9028	0.9028		60	27.72	2,523,124	2,975,580	
2012/01		0.85	0.3865	0.3865		60	30.32	2,527,693	2,987,100	
2012/07		0.80	0.9417	0.9417		60	30.32	2,538,191	3,015,240	
2013/01		0.80	0.4901	0.4901		60	27.83	2,543,227	3,030,000	
2013/07	3,866,125	0.75	0.6196	0.6196		60	31.17	3,048,780	3,048,780	8
2014/01		0.75	0.8564	0.8564		60	31.17	3,059,878	3,074,880	
2014/07		0.70	1.2383	1.2383		60	31.17	3,074,909	3,112,980	
2015/01		0.70	0.7571	0.7571		60	32.95	3,084,672	3,136,560	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency<br>8 Limited to Current RS Per Bed Standard |
|---|





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 256757-00 - 2015/01**

**208.12**

**Lakeside Nursing & Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Partnership    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>11411 ARMSDALE ROAD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>122</b>	Superior: <b>0</b>
<b>JACKSONVILLE, FL 32218</b>	Days in CR <b>365</b>	Maximum: <b>44,530</b>	Standard: <b>243</b>
County: <b>Duval [16]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>44,530</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,463</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>12,901</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>25,193</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>63.83955%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.62115%</b>	Cost: <b>1.04340134</b>
Open Date: <b>12/10/1997</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/10/1997</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>01/21/1998</b>	Low Occupancy Adjustment Factor:	<b>113.16521%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/23/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>213420</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	967,769	1,868,363	1,166,428	623,023		4,625,583	
1a	Audit Adjustments							
2	Cost Per Diem	38.4142	74.1620	46.2997	24.7300		183.6059	
3	Cost Per Diem Inflated	40.0814	76.5727	48.3092				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>40.0814</b>	<b>76.5727</b>	<b>48.3092</b>	<b>24.7300</b>		<b>189.6933</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	43.1250		52.2722				
7	Provider Target Rate	<b>44.7043</b>		<b>54.1865</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>40.0814</b>	<b>76.5727</b>	<b>48.3092</b>	<b>13.6500</b>		<b>178.6133</b>	
12/13	Medical Adjustment Rate		1.1922	0.7521				
14	Prospective Per Diem 11	<b>40.0814</b>	<b>77.7649</b>	<b>49.0613</b>	<b>13.6500</b>		<b>180.5576</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 256757-00 - 2015/01**

**208.12**

Rate Semester 01/01/2015 through 08/31/2015

**Lakeside Nursing & Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/21/1998	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	5,102,138	10.7240
RS to Start Calcs:	1997/07	<60% of Base:	True	20% ROE(2):	1,275,534	0.5968
Indexed Asset Value	6,377,672	Interest Rate:	8.5000%	Insurance Cost(3):	47,846	1.2124
FRVS Base Asset:	2,222,460	Chase Rate:	8.5000%	Taxes Cost(3):	112,242	2.8442
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	18,259	0.4627
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	61,975	0.0000
		Yearly Payment:	429,786	Total FRVS PD:		15.8401

- (1) 80% Capital (\$5,102,138) amortized at 8.5000 % for 20 years Interest of \$429,786 divided by annual available days (44530) divided by Occup. Adj. (0.90) = \$10.7240
- (2) 20% ROE (\$1,275,534) times the ROE factor (0.018750) divided by annual available days (44530) divided by Occup. Adj. (0.90) = \$0.5968
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,041
Comparison Date:	01/01/1997	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	2,222,460

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.0814	40.0814	0.6973	39.3841
Direct Care	77.7649	77.7649	1.3529	76.4120
Indirect Care	49.0613	49.0613	0.8535	48.2078
Property	13.6500	15.8401	0.2756	15.5645
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.6477
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>180.5576</b>	<b>182.7477</b>	<b>3.1793</b>	<b>208.1186</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 256757-00 - 2015/01**

**208.12**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	4,167,139	0.00	1.0917	1.0917		60	54.46	2,222,460	2,222,460	1
1998/01		0.00	1.1663	1.1663		60	54.46	2,222,460	2,272,920	
1998/07		0.10	1.0794	1.0794		60	54.46	2,224,834	2,297,460	
1999/01		0.10	1.4499	1.4499		60	54.46	2,228,028	2,330,760	
1999/07		0.20	1.2299	1.2299		60	54.46	2,233,455	2,359,440	
2000/01		0.20	1.3356	1.3356		60	54.46	2,239,362	2,390,940	
2000/07		0.30	1.1129	1.1129		60	54.46	2,246,766	2,417,520	
2001/01		0.30	1.2976	1.2976		60	64.59	2,255,513	2,448,900	
2001/07		0.40	0.9615	0.9615		60	64.59	2,264,188	2,472,420	
2002/01		0.40	1.0301	1.0301		60	66.68	2,273,516	2,497,860	
2002/07	16,003	0.50	0.8337	0.8337		60	67.15	2,298,997	2,518,680	
2003/01	34,118	0.50	1.3271	1.3271		60	67.15	2,348,371	2,552,100	
2003/07		0.60	1.1664	1.1664		60	67.15	2,364,805	2,581,860	
2004/01		0.60	1.1103	1.1103		60	67.15	2,380,559	2,610,540	
2004/07		0.70	0.8378	0.8378		60	67.15	2,394,521	2,632,440	
2005/01		0.70	0.8595	0.8595		60	64.47	2,408,929	2,655,060	
2005/07		0.80	0.7364	0.7364		60	64.47	2,423,120	2,674,620	
2006/01		0.80	0.9068	0.9068		60	64.47	2,440,697	2,698,860	
2006/07		0.90	0.8133	0.8133		60	59.35	2,458,563	2,720,820	
2007/01	3,950,580	0.90	1.0133	1.0133		122	61.42	5,588,332	5,588,332	8
2007/07		1.00	1.1050	1.1050		122	61.42	5,588,332	5,650,064	5
2008/01		1.00	0.8556	0.8556		122	64.72	5,698,376	5,698,376	8
2008/07		1.00	0.6104	0.6104		122	64.04	5,733,146	5,733,146	8
2009/01		1.00	1.3268	1.3268		122	64.04	5,809,213	5,809,274	
2009/07		1.00	0.6841	0.6841		122	64.04	5,848,954	5,849,046	
2010/01		1.00	0.8643	0.8643		122	61.13	5,899,507	5,899,554	
2010/07	25,251	1.00	0.7107	0.7107		122	61.35	5,941,522	5,941,522	8
2011/01		1.00	0.9198	0.9198		122	61.35	5,996,172	5,996,178	
2011/07		1.00	0.9028	0.9028		122	63.27	6,050,305	6,050,346	
2012/01		1.00	0.3865	0.3865		122	63.27	6,073,689	6,073,770	



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208.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07	24,657	1.00	0.9417	0.9417		122	62.21	6,130,988	6,130,988	8
2013/01		1.00	0.4901	0.4901		122	62.21	6,161,000	6,161,000	8
2013/07	52,114	1.00	0.6196	0.6196		122	62.59	6,199,186	6,199,186	8
2014/01		1.00	0.8564	0.8564		122	62.59	6,252,256	6,252,256	8
2014/07		1.00	1.2383	1.2383		122	62.59	6,329,678	6,329,726	
2015/01	33,239	1.00	0.7571	0.7571		122	63.84	6,377,672	6,377,672	8

**Message Code:**

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 256757123120130101201310272014134242



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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 256846-00 - 2015/01**

**217.16**

**Lakeside Pavillion Care & Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2900 12TH STREET N</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>NAPLES, FL 34103</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Collier [11]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,712</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>7,112</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>27,277</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>66.99990%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.94977%</b>	Cost: <b>1.05323681</b>
Open Date: <b>05/01/1982</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/01/1982</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>05/01/1982</b>	Low Occupancy Adjustment Factor:	<b>118.69267%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2001</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>212245</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,006,673	2,296,524	1,183,235	486,349		4,972,781	
1a	Audit Adjustments							
2	Cost Per Diem	36.9056	84.1927	43.3785	17.8300		182.3068	
3	Cost Per Diem Inflated	38.8703	87.3248	45.6878				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>38.8703</b>	<b>87.3248</b>	<b>45.6878</b>	<b>17.8300</b>		<b>189.7129</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.6225		56.6225				
7	Provider Target Rate	<b>52.4763</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>38.8703</b>	<b>87.3248</b>	<b>45.6878</b>	<b>13.6500</b>		<b>185.5329</b>	
12/13	Medical Adjustment Rate		1.6701	0.8738				
14	Prospective Per Diem 11	<b>38.8703</b>	<b>88.9949</b>	<b>46.5616</b>	<b>13.6500</b>		<b>188.0768</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**217.16**

Rate Semester 01/01/2015 through 08/31/2015

**Lakeside Pavillion Care & Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/01/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>900,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1982/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>3,477,134</b>	<b>10.0816</b>
Indexed Asset Value	<b>4,346,417</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>869,283</b>	<b>0.3308</b>
FRVS Base Asset:	<b>1,621,501</b>	Interest Rate:	<b>11.5000%</b>	Insurance Cost(3):	<b>7,429</b>	<b>0.1825</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>11.5000%</b>	Taxes Cost(3):	<b>25,570</b>	<b>0.6281</b>
ROE Factor	<b>0.015000</b>	Amortization Rate:	<b>11.5000%</b>	Home Office(3):	<b>29,195</b>	<b>0.7171</b>
		Interest Only:	<b>True</b>	Replacement(3&4):	<b>1,705</b>	<b>0.0000</b>
		Yearly Payment:	<b>397,416</b>	Total FRVS PD:		<b>11.9401</b>

(1) 80% Capital (\$3,477,134) amortized at 11.5000 % for 20 years Interest of \$397,416 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.0816

(2) 20% ROE (\$869,283) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3308

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>99</b>	Effective PBS Limitation	2,821,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>38.8703</b>	<b>38.8703</b>	<b>0.6762</b>	<b>38.1941</b>
Direct Care	<b>88.9949</b>	<b>88.9949</b>	<b>1.5483</b>	<b>87.4466</b>
Indirect Care	<b>46.5616</b>	<b>46.5616</b>	<b>0.8101</b>	<b>45.7515</b>
Property	<b>13.6500</b>	<b>11.9401</b>	<b>0.2077</b>	<b>11.7324</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>24.1344</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>188.0768</b>	<b>186.3669</b>	<b>3.2423</b>	<b>217.1615</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**217.16**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	1,578,225	0.00	2.6760	2.6760		99	70.75	1,578,225	2,454,804	
1982/07		0.10	2.2977	2.2977		99	70.75	1,581,852	2,511,135	
1983/04		0.10	2.6288	2.6288		99	52.42	1,585,816	2,577,168	
1983/07		0.20	3.9578	3.0000	0.9578	99	52.42	1,594,885	2,679,138	
1984/01		0.20	2.2530	2.2530		99	89.07	1,602,072	2,713,887	
1984/07		0.30	1.9179	1.9179		99	89.07	1,611,290	2,765,961	
1985/01		0.30	1.1471	1.1471		99	50.80	1,616,411	2,797,641	
1985/10		0.40	0.8522	0.8522		99	50.80	1,621,501	2,821,500	
1986/01		0.40	0.8299	0.8299		99	50.80	1,626,473	2,844,963	
1986/07		0.50	0.2974	0.2974		99	50.80	1,628,707	2,839,518	
1987/01		0.50	1.0091	1.0091		99	50.80	1,636,298	2,890,305	
1987/07		0.60	0.9007	0.9007		99	54.17	1,645,007	2,912,877	
1988/01		0.60	0.9007	0.9007		99	54.17	1,653,762	2,936,538	
1988/07		0.70	0.5899	0.5899		99	54.17	1,660,487	2,934,954	
1989/01		0.70	0.5899	0.5899		120	47.68	1,666,431	3,578,520	
1989/07		0.80	0.5899	0.5899		120	47.68	1,673,248	3,602,760	
1990/01		0.80	0.5899	0.5899		120	47.68	1,680,093	3,620,880	
1990/07	622,566	0.90	0.5899	0.5899		120	47.68	2,310,391	3,642,240	
1991/01		0.90	0.5899	0.5899		120	47.69	2,321,027	3,663,600	
1991/07	15,852	1.00	1.4932	1.4932		120	47.69	2,366,930	3,718,320	
1992/01		1.00	2.0117	2.0117		120	43.77	2,404,823	3,793,080	
1992/07		1.00	1.8152	1.8152		120	46.55	2,441,769	3,861,960	
1993/01		1.00	1.7710	1.7710		120	46.55	2,478,369	3,930,360	
1993/07		1.00	1.5329	1.5329		120	44.74	2,509,273	3,990,600	
1994/01		1.00	1.6983	1.6983		120	44.74	2,543,938	4,058,400	
1994/07		1.00	1.5991	1.5991		120	49.24	2,580,358	4,123,320	
1995/01		1.00	1.5812	1.5812		120	49.24	2,616,886	4,188,480	
1995/07	20,866	1.00	1.5250	1.5250		120	62.21	2,677,660	4,252,320	
1996/01		1.00	1.7228	1.7228		120	62.21	2,723,791	4,325,640	
1996/07	26,547	1.00	1.3294	1.3294		120	63.91	2,786,548	4,383,120	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		120	63.91	2,825,863	4,444,920	
1997/07		1.00	1.0917	1.0917		120	69.00	2,856,713	4,493,400	
1998/01		1.00	1.1663	1.1663		120	69.00	2,890,031	4,545,840	
1998/07		1.00	1.0794	1.0794		120	69.93	2,921,226	4,594,920	
1999/01		1.00	1.4499	1.4499		120	69.93	2,921,226	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	69.89	3,000,030	4,718,880	
2000/01		1.00	1.3356	1.3356		120	69.89	3,040,098	4,781,880	
2000/07		1.00	1.1129	1.1129		120	72.99	3,073,931	4,835,040	
2001/01		1.00	1.2976	1.2976		120	72.99	3,073,931	4,897,800	5
2001/07	35,090	1.00	0.9615	0.9615		120	70.68	3,178,847	4,944,840	
2002/01	24,152	1.00	1.0301	1.0301		120	68.67	3,235,744	4,995,720	
2002/07		0.95	0.8337	0.8337		120	68.67	3,261,371	5,037,360	
2003/01		0.95	1.3271	1.3271		120	68.00	3,302,487	5,104,200	
2003/07		0.90	1.1664	1.1664		120	68.00	3,337,157	5,163,720	
2004/01		0.90	1.1103	1.1103		120	65.86	3,370,505	5,221,080	
2004/07		0.85	0.8378	0.8378		120	65.86	3,370,505	5,264,880	5
2005/01		0.85	0.8595	0.8595		120	73.18	3,419,306	5,310,120	
2005/07		0.80	0.7364	0.7364		120	73.18	3,439,449	5,349,240	
2006/01		0.80	0.9068	0.9068		120	73.18	3,464,399	5,397,720	
2006/07	275,741	0.75	0.8133	0.8133		120	72.41	3,761,273	5,441,640	
2007/01		0.75	1.0133	1.0133		120	72.41	3,789,859	5,496,720	
2007/07	106,132	0.70	1.1050	1.1050		120	71.48	3,895,991	5,557,440	5
2008/01		0.70	0.8556	0.8556		120	71.48	3,948,815	5,604,960	
2008/07		0.65	0.6104	0.6104		120	64.16	3,964,484	5,639,160	
2009/01		0.65	1.3268	1.3268		120	64.16	3,998,674	5,714,040	
2009/07	34,188	0.60	0.6841	0.6841		120	62.75	4,049,277	5,753,160	
2010/01		0.60	0.8643	0.8643		120	62.75	4,070,277	5,802,840	
2010/07	60,218	0.55	0.7107	0.7107		120	65.28	4,146,406	5,844,120	
2011/01		0.55	0.9198	0.9198		120	65.28	4,167,383	5,897,880	
2011/07	24,092	0.50	0.9028	0.9028		120	61.51	4,210,287	5,951,160	





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**0 256846-00 - 2015/01**

**217.16**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		120	61.51	4,218,425	5,974,200	
2012/07	45,108	0.45	0.9417	0.9417		120	67.37	4,281,411	6,030,480	
2013/01		0.45	0.4901	0.4901		120	67.37	4,290,852	6,060,000	
2013/07		0.40	0.6196	0.6196		120	66.81	4,301,485	6,097,560	
2014/01		0.40	0.8564	0.8564		120	66.81	4,316,222	6,149,760	
2014/07		0.35	1.2383	1.2383		120	67.00	4,334,929	6,225,960	
2015/01		0.35	0.7571	0.7571		120	67.00	4,346,417	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

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Report Printed: 12/23/2014 ID: 256846073120130801201204022014111233



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 256935-00 - 2015/01**

**229.51**

**Manor Oaks Nursing & Rehab Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2121 E COMMERCIAL BLVD</b>	<b>9/1/2013-8/31/2014</b>	Number of Beds: <b>116</b>	Superior: <b>0</b>
<b>FORT LAUDERDALE, FL 33308</b>	Days in CR <b>365</b>	Maximum: <b>42,340</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>42,340</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>27,351</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>3,320</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>18,224</b>	FY Index: <b>1.32975299</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>66.63010%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>64.59849%</b>	Cost: <b>1.03148401</b>
Open Date: <b>01/01/1966</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1974</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22466610</b>
Entered Medicaid <b>12/01/2002</b>	Low Occupancy Adjustment Factor:	<b>82.48936%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02435677</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	990,199	1,348,106	976,272	301,060		3,615,637	
1a	Audit Adjustments							
2	Cost Per Diem	54.3349	73.9742	53.5707	16.5200		198.3998	
3	Cost Per Diem Inflated	56.0456	75.7760	55.2573				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>56.0456</b>	<b>75.7760</b>	<b>55.2573</b>	<b>16.5200</b>		<b>203.5989</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	72.3935		61.0706				
7	Provider Target Rate	<b>75.0446</b>		<b>63.3071</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.0456</b>	<b>75.7760</b>	<b>55.2573</b>	<b>13.6500</b>		<b>200.7289</b>	
12/13	Medical Adjustment Rate		1.4177	1.0338				
14	Prospective Per Diem 11	<b>56.0456</b>	<b>77.1937</b>	<b>56.2911</b>	<b>13.6500</b>		<b>203.1804</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 256935-00 - 2015/01**

**229.51**

Rate Semester 01/01/2015 through 08/31/2015

**Manor Oaks Nursing & Rehab Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	12/01/2002	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,367,043	1.5022
RS to Start Calcs:	1974/07	<60% of Base:	True	20% ROE(2):	341,761	0.2065
Indexed Asset Value	1,708,804	Interest Rate:	4.2500%	Insurance Cost(3):	95,197	3.4806
FRVS Base Asset:	0	Chase Rate:	4.2500%	Taxes Cost(3):	114,260	4.1775
Occup Adj Factor	0.9000	Amortization Rate:	4.2500%	Home Office(3):	40,245	1.4714
ROE Factor	0.023020	Interest Only:	True	Replacement(3&4):	28,731	0.0000
		Yearly Payment:	57,242	Total FRVS PD:		10.8382

(1) 80% Capital (\$1,367,043) amortized at 4.2500 % for 20 years Interest of \$57,242 divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$1.5022

(2) 20% ROE (\$341,761) times the ROE factor (0.023020) divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$0.2065

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>		Used Per Bed Standard:	13,088
Comparison Date:	01/01/1974	Current RS PBS:	52,276
Comparison Bed	116	Effective PBS Limitation	1,518,208

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.0456	56.0456	0.9751	55.0705
Direct Care	77.1937	77.1937	1.3430	75.8507
Indirect Care	56.2911	56.2911	0.9793	55.3118
Property	13.6500	10.8382	0.1886	10.6496
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.7230
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>203.1804</b>	<b>200.3686</b>	<b>3.4860</b>	<b>229.5081</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/31/2014

**0 256935-00 - 2015/01**

**229.51**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		0.00	0.8337	0.8337		116	16.29		4,869,448	
2003/01	1,518,208	0.10	1.3271	1.3271		116	16.29	1,518,208	4,934,060	
2003/07		0.10	1.1664	1.1664		116	16.29	1,518,208	4,991,596	
2004/01		0.20	1.1103	1.1103		116	16.29	1,518,208	5,047,044	
2004/07		0.20	0.8378	0.8378		116	16.29	1,518,208	5,089,384	
2005/01		0.30	0.8595	0.8595		116	16.29	1,518,208	5,133,116	
2005/07		0.30	0.7364	0.7364		116	16.29	1,518,208	5,170,932	
2006/01		0.40	0.9068	0.9068		116	16.29	1,518,208	5,217,796	
2006/07		0.40	0.8133	0.8133		116	27.56	1,520,683	5,260,252	
2007/01		0.50	1.0133	1.0133		116	28.40	1,524,662	5,313,496	
2007/07		0.50	1.1050	1.1050		116	28.40	1,529,012	5,372,192	
2008/01		0.60	0.8556	0.8556		116	28.40	1,533,065	5,418,128	
2008/07	21,112	0.60	0.6104	0.6104		116	34.98	1,557,748	5,451,188	
2009/01		0.70	1.3268	1.3268		116	44.71	1,569,509	5,523,572	
2009/07		0.70	0.6841	0.6841		116	44.71	1,575,619	5,561,388	
2010/01		0.80	0.8643	0.8643		116	53.14	1,586,144	5,609,412	
2010/07		0.80	0.7107	0.7107		116	53.14	1,594,858	5,649,316	
2011/01		0.90	0.9198	0.9198		116	57.20	1,608,060	5,701,284	
2011/07		0.90	0.9028	0.9028		116	57.20	1,621,125	5,752,788	
2012/01		1.00	0.3865	0.3865		116	57.39	1,627,391	5,775,060	
2012/07		1.00	0.9417	0.9417		116	57.39	1,642,716	5,829,464	
2013/01		1.00	0.4901	0.4901		116	57.39	1,650,767	5,858,000	
2013/07		1.00	0.6196	0.6196		116	67.90	1,660,995	5,894,308	
2014/01		1.00	0.8564	0.8564		116	67.90	1,675,220	5,944,768	
2014/07		1.00	1.2383	1.2383		116	64.87	1,695,964	6,018,428	
2015/01		1.00	0.7571	0.7571		116	66.63	1,708,804	6,064,016	

**Message Code:**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 257419-00 - 2015/01**

**246.12**

**Citrus Health and Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : Other

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>701 MEDICAL COURT EAST</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>111</b>	Superior: <b>0</b>
<b>INVERNESS, FL 34452</b>	Days in CR <b>365</b>	Maximum: <b>40,515</b>	Standard: <b>243</b>
County: <b>Citrus [9]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>40,515</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>31,946</b>	Total: <b>243</b>
Control: <b>Nonprofit : Other</b>	<b>Unaudited</b>	Medicare: <b>7,135</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>22,418</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>70.17467%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>78.84981%</b>	Cost: <b>1.03938564</b>
Open Date: <b>07/29/1994</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/29/1994</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>07/29/1994</b>	Low Occupancy Adjustment Factor:	<b>100.68765%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>04/11/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>211087</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,441,388	1,985,561	1,414,496	326,630		5,168,075	
1a	Audit Adjustments							
2	Cost Per Diem	64.2960	88.5699	63.0964	14.5700		230.5323	
3	Cost Per Diem Inflated	66.8283	90.9500	65.5815				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>66.8283</b>	<b>90.9500</b>	<b>65.5815</b>	<b>14.5700</b>		<b>237.9298</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.0602		62.3614				
7	Provider Target Rate	<b>57.0766</b>		<b>64.6451</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.5678</b>	<b>90.9500</b>	<b>61.6580</b>	<b>13.6500</b>		<b>217.8258</b>	
12/13	Medical Adjustment Rate		2.0642	1.3994				
14	Prospective Per Diem 11	<b>51.5678</b>	<b>93.0142</b>	<b>63.0574</b>	<b>13.6500</b>		<b>221.2894</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration  
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**0 257419-00 - 2015/01**

**246.12**

Rate Semester 01/01/2015 through 08/31/2015

**Citrus Health and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>07/29/1994</b>		Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>5,275,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1994/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,475,769 7.7909</b>
Indexed Asset Value	<b>5,594,711</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,118,942 0.6840</b>
FRVS Base Asset:	<b>3,754,020</b>	Interest Rate:	<b>2.4800%</b>	Insurance Cost(3):	<b>51,084 1.5991</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>0 0.0000</b>
ROE Factor	<b>0.022290</b>	Amortization Rate:	<b>2.4800%</b>	Home Office(3):	<b>50,787 1.5898</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>161,304 0.0000</b>
		Yearly Payment:	<b>284,084</b>	Total FRVS PD:	<b>11.6638</b>

- (1) 80% Capital (\$4,475,769) amortized at 2.4800 % for 20 years Principal & Interest of \$284,084 divided by annual available days (40515) divided by Occup. Adj. (0.90) = \$7.7909
- (2) 20% ROE (\$1,118,942) times the ROE factor (0.022290) divided by annual available days (40515) divided by Occup. Adj. (0.90) = \$0.6840
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/1994</b>	Current RS PBS:	33,820
Comparison Bed	<b>111</b>	Effective PBS Limitation	52,276
			3,754,020

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.5678</b>	<b>51.5678</b>	<b>0.8972</b>	<b>50.6706</b>
Direct Care	<b>93.0142</b>	<b>93.0142</b>	<b>1.6182</b>	<b>91.3960</b>
Indirect Care	<b>63.0574</b>	<b>63.0574</b>	<b>1.0970</b>	<b>61.9604</b>
Property	<b>13.6500</b>	<b>11.6638</b>	<b>0.2029</b>	<b>11.4609</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>20.7259</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>221.2894</b>	<b>219.3032</b>	<b>3.8153</b>	<b>246.1163</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 257419-00 - 2015/01**

**246.12**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	5,150,550	0.00	1.5991	1.5991		111	43.69	3,754,020	3,754,020	1
1995/01		0.10	1.5812	1.5812		111	43.69	3,758,735	3,874,344	
1995/07		0.10	1.5250	1.5250		111	43.69	3,763,288	3,933,396	
1996/01		0.20	1.7228	1.7228		111	43.69	3,773,590	4,001,217	
1996/07		0.20	1.3294	1.3294		111	43.69	3,781,561	4,054,386	
1997/01		0.30	1.4109	1.4109		111	43.69	3,794,277	4,111,551	
1997/07		0.30	1.0917	1.0917		111	61.05	3,794,277	4,156,395	5
1998/01	36,115	0.40	1.1663	1.1663		111	64.78	3,860,576	4,204,902	
1998/07		0.40	1.0794	1.0794		111	64.78	3,877,246	4,250,301	
1999/01		0.50	1.4499	1.4499		111	64.78	3,905,356	4,311,906	
1999/07		0.50	1.2299	1.2299		111	64.93	3,929,374	4,364,964	
2000/01		0.60	1.3356	1.3356		111	64.93	3,929,374	4,423,239	5
2000/07		0.60	1.1129	1.1129		111	68.87	3,987,311	4,472,412	
2001/01		0.70	1.2976	1.2976		111	68.87	4,023,528	4,530,465	
2001/07		0.70	0.9615	0.9615		111	65.21	4,050,610	4,573,977	
2002/01		0.80	1.0301	1.0301		111	56.56	4,083,991	4,621,041	
2002/07		0.80	0.8337	0.8337		111	56.56	4,111,231	4,659,558	
2003/01		0.90	1.3271	1.3271		111	56.56	4,111,231	4,721,385	5
2003/07		0.90	1.1664	1.1664		111	56.56	4,204,011	4,776,441	
2004/01		1.00	1.1103	1.1103		111	56.56	4,250,688	4,829,499	
2004/07		1.00	0.8378	0.8378		111	56.56	4,286,300	4,870,014	
2005/01		1.00	0.8595	0.8595		111	56.12	4,323,141	4,911,861	
2005/07		1.00	0.7364	0.7364		111	56.12	4,354,977	4,948,047	
2006/01		1.00	0.9068	0.9068		111	58.56	4,394,468	4,992,891	
2006/07		1.00	0.8133	0.8133		111	58.56	4,430,208	5,033,517	
2007/01	26,485	1.00	1.0133	1.0133		111	58.60	4,501,584	5,084,466	
2007/07		1.00	1.1050	1.1050		111	58.60	4,551,327	5,140,632	
2008/01	193,293	1.00	0.8556	0.8556		111	59.06	4,783,561	5,184,588	
2008/07		1.00	0.6104	0.6104		111	59.06	4,812,760	5,216,223	
2009/01	21,796	1.00	1.3268	1.3268		111	58.09	4,898,412	5,285,487	



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**0 257419-00 - 2015/01**

**246.12**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		1.00	0.6841	0.6841		111	58.09	4,931,922	5,321,673	
2010/01		1.00	0.8643	0.8643		111	53.98	4,973,758	5,367,627	
2010/07		1.00	0.7107	0.7107		111	53.98	5,008,451	5,405,811	
2011/01	31,750	1.00	0.9198	0.9198		111	61.25	5,086,269	5,455,539	
2011/07		1.00	0.9028	0.9028		111	61.25	5,132,188	5,504,823	
2012/01	94,008	1.00	0.3865	0.3865		111	59.01	5,246,032	5,526,135	
2012/07		1.00	0.9417	0.9417		111	59.01	5,295,434	5,578,194	
2013/01	46,342	1.00	0.4901	0.4901		111	63.97	5,367,729	5,605,500	
2013/07		1.00	0.6196	0.6196		111	63.97	5,400,987	5,640,243	
2014/01	39,577	1.00	0.8564	0.8564		111	65.07	5,486,818	5,688,528	
2014/07		1.00	1.2383	1.2383		111	65.07	5,554,761	5,759,013	
2015/01		0.95	0.7571	0.7571		111	70.17	5,594,711	5,802,636	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 258342-00 - 2015/01**

**210.23**

**Oak Manor Healthcare and Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3500 OAK MANOR LANE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>180</b>	Superior: <b>0</b>
<b>LARGO, FL 33774</b>	Days in CR <b>365</b>	Maximum: <b>65,700</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>56,655</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>10,603</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>35,573</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>62.78881%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>86.23288%</b>	Cost: <b>1.04340134</b>
Open Date: <b>07/01/1990</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1990</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>08/08/1990</b>	Low Occupancy Adjustment Factor:	<b>110.11550%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>223875</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,264,646	2,789,833	1,570,461	1,038,732		6,663,672	
1a	Audit Adjustments							
2	Cost Per Diem	35.5507	78.4256	44.1476	29.2000		187.3239	
3	Cost Per Diem Inflated	37.0936	80.9749	46.0637				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>37.0936</b>	<b>80.9749</b>	<b>46.0637</b>	<b>29.2000</b>		<b>193.3322</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.2834		54.4474				
7	Provider Target Rate	<b>46.9417</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>37.0936</b>	<b>80.9749</b>	<b>46.0637</b>	<b>13.6500</b>		<b>177.7822</b>	
12/13	Medical Adjustment Rate		1.1650	0.6627				
14	Prospective Per Diem 11	<b>37.0936</b>	<b>82.1399</b>	<b>46.7264</b>	<b>13.6500</b>		<b>179.6099</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 258342-00 - 2015/01**

**210.23**

Rate Semester 01/01/2015 through 08/31/2015

**Oak Manor Healthcare and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>08/08/1990</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>8,500,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1990/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>6,879,772</b>	<b>10.8247</b>
Indexed Asset Value	<b>8,599,715</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,719,943</b>	<b>0.5454</b>
FRVS Base Asset:	<b>5,431,320</b>	Interest Rate:	<b>7.6700%</b>	Insurance Cost(3):	<b>203,274</b>	<b>3.5879</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.0000%</b>	Taxes Cost(3):	<b>85,366</b>	<b>1.5068</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>7.0000%</b>	Home Office(3):	<b>20,273</b>	<b>0.3578</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>50,093</b>	<b>0.0000</b>
		Yearly Payment:	<b>640,066</b>	Total FRVS PD:		<b>16.8226</b>

- (1) 80% Capital (\$6,879,772) amortized at 7.0000 % for 20 years Principal & Interest of \$640,066 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$10.8247  
 (2) 20% ROE (\$1,719,943) times the ROE factor (0.018750) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.5454  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/1990</b>	Current RS PBS:	30,174
Comparison Bed	<b>180</b>	Effective PBS Limitation	52,276
			5,431,320

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>37.0936</b>	<b>37.0936</b>	<b>0.6453</b>	<b>36.4483</b>
Direct Care	<b>82.1399</b>	<b>82.1399</b>	<b>1.4290</b>	<b>80.7109</b>
Indirect Care	<b>46.7264</b>	<b>46.7264</b>	<b>0.8129</b>	<b>45.9135</b>
Property	<b>13.6500</b>	<b>16.8226</b>	<b>0.2927</b>	<b>16.5299</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>20.7201</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>179.6099</b>	<b>182.7825</b>	<b>3.1799</b>	<b>210.2252</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 258342-00 - 2015/01**

**210.23**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	7,146,000	0.00	0.5899	0.5899		180	12.73	5,431,320	5,431,320	1
1991/01		0.10	0.5899	0.5899		180	12.73	5,431,320	5,495,400	
1991/07		0.10	1.4932	1.4932		180	12.73	5,431,320	5,577,480	
1992/01		0.20	2.0117	2.0117		180	12.73	5,431,320	5,689,620	
1992/07		0.20	1.8152	1.8152		180	12.73	5,431,320	5,792,940	
1993/01	40,267	0.30	1.7710	1.7710		180	28.15	5,486,356	5,895,540	
1993/07		0.30	1.5329	1.5329		180	28.15	5,499,270	5,985,900	
1994/01		0.40	1.6983	1.6983		180	27.51	5,517,955	6,087,600	
1994/07		0.40	1.5991	1.5991		180	44.72	5,546,651	6,184,980	
1995/01		0.50	1.5812	1.5812		180	44.72	5,582,307	6,282,720	
1995/07		0.50	1.5250	1.5250		180	51.19	5,621,923	6,378,480	
1996/01		0.60	1.7228	1.7228		180	51.19	5,676,011	6,488,460	
1996/07		0.60	1.3294	1.3294		180	51.19	5,718,147	6,574,680	
1997/01		0.70	1.4109	1.4109		180	60.49	5,774,619	6,667,380	
1997/07		0.70	1.0917	1.0917		180	60.49	5,818,749	6,740,100	
1998/01		0.80	1.1663	1.1663		180	62.72	5,873,038	6,818,760	
1998/07		0.80	1.0794	1.0794		180	62.72	5,923,752	6,892,380	
1999/01		0.90	1.4499	1.4499		180	74.42	5,923,752	6,992,280	5
1999/07		0.90	1.2299	1.2299		180	74.42	6,067,477	7,078,320	
2000/01		1.00	1.3356	1.3356		180	74.42	6,148,514	7,172,820	
2000/07		1.00	1.1129	1.1129		180	74.42	6,216,941	7,252,560	
2001/01		1.00	1.2976	1.2976		180	74.42	6,297,612	7,346,700	
2001/07		1.00	0.9615	0.9615		180	68.51	6,358,164	7,417,260	
2002/01		1.00	1.0301	1.0301		180	68.51	6,423,659	7,493,580	
2002/07		1.00	0.8337	0.8337		180	70.83	6,477,213	7,556,040	
2003/01		1.00	1.3271	1.3271		180	70.83	6,563,172	7,656,300	
2003/07		1.00	1.1664	1.1664		180	70.83	6,639,725	7,745,580	
2004/01		1.00	1.1103	1.1103		180	70.83	6,713,446	7,831,620	
2004/07		1.00	0.8378	0.8378		180	70.83	6,769,691	7,897,320	
2005/01		1.00	0.8595	0.8595		180	71.51	6,827,876	7,965,180	



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0 258342-00 - 2015/01

210.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		180	71.51	6,878,156	8,023,860	
2006/01		1.00	0.9068	0.9068		180	67.46	6,940,527	8,096,580	
2006/07		1.00	0.8133	0.8133		180	67.46	6,996,974	8,162,460	
2007/01		1.00	1.0133	1.0133		180	69.37	7,067,874	8,245,080	
2007/07	420,000	1.00	1.1050	1.1050		180	66.85	7,565,974	8,336,160	
2008/01		1.00	0.8556	0.8556		180	66.85	7,630,708	8,407,440	
2008/07		1.00	0.6104	0.6104		180	62.60	7,677,286	8,458,740	
2009/01		1.00	1.3268	1.3268		180	62.60	7,779,148	8,571,060	
2009/07		1.00	0.6841	0.6841		180	62.60	7,832,365	8,629,740	
2010/01		1.00	0.8643	0.8643		180	65.32	7,900,060	8,704,260	
2010/07	33,651	1.00	0.7107	0.7107		180	66.66	7,989,857	8,766,180	
2011/01		0.95	0.9198	0.9198		180	66.66	8,059,672	8,846,820	
2011/07		0.95	0.9028	0.9028		180	66.66	8,128,800	8,926,740	
2012/01		0.90	0.3865	0.3865		180	62.66	8,157,080	8,961,300	
2012/07		0.90	0.9417	0.9417		180	62.66	8,226,211	9,045,720	
2013/01	38,215	0.85	0.4901	0.4901		180	60.53	8,298,696	9,090,000	
2013/07		0.85	0.6196	0.6196		180	60.53	8,342,405	9,146,340	
2014/01		0.80	0.8564	0.8564		180	64.87	8,399,559	9,224,640	
2014/07	68,397	0.80	1.2383	1.2383		180	62.79	8,551,162	9,338,940	
2015/01		0.75	0.7571	0.7571		180	62.79	8,599,715	9,409,680	

**Message Code:**

1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 258750-00 - 2015/01**

**240.15**

**Indigo Manor**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>595 N WILLIAMSON BLVD</b>	<b>7/1/2012-6/30/2013</b>	Number of Beds: <b>173</b>	Superior: <b>0</b>
<b>DAYTONA BEACH, FL 32114</b>	Days in CR <b>365</b>	Maximum: <b>63,145</b>	Standard: <b>243</b>
County: <b>Volusia [64]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>63,145</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>50,220</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,554</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>31,441</b>	FY Index: <b>1.29878490</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>62.60653%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>79.53124%</b>	Cost: <b>1.05607860</b>
Open Date: <b>07/01/1987</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1987</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20850000</b>
Entered Medicaid <b>07/01/1987</b>	Low Occupancy Adjustment Factor:	<b>101.55781%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2001</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03805959</b>
Previous Med # <b>209651</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,431,120	2,714,735	1,670,619	522,549		6,339,023	
1a	Audit Adjustments							
2	Cost Per Diem	45.5176	86.3438	53.1350	16.6200		201.6164	
3	Cost Per Diem Inflated	48.0702	89.6300	56.1147				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>48.0702</b>	<b>89.6300</b>	<b>56.1147</b>	<b>16.6200</b>		<b>210.4349</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.0255		64.3403				
7	Provider Target Rate	<b>51.8575</b>		<b>66.6965</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>48.0702</b>	<b>89.6300</b>	<b>56.1147</b>	<b>13.6500</b>		<b>207.4649</b>	
12/13	Medical Adjustment Rate		1.2712	0.7958				
14	Prospective Per Diem 11	<b>48.0702</b>	<b>90.9012</b>	<b>56.9105</b>	<b>13.6500</b>		<b>209.5319</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



**Florida Agency for Health Care Administration**  
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**240.15**

Rate Semester 01/01/2015 through 08/31/2015

**Indigo Manor**

**FRVS**

**FRVS Status as of this Semester**

**On FRVS**

Began FRVS:	01/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,405,700.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	6,644,857	12.8504
RS to Start Calcs:	1987/07	<60% of Base:	False	20% ROE(2):	1,661,214	0.4203
Indexed Asset Value	8,306,071	Interest Rate:	11.4050%	Insurance Cost(3):	71,062	1.4150
FRVS Base Asset:	3,503,400	Chase Rate:	7.2500%	Taxes Cost(3):	0	0.0000
Occup Adj Factor	0.9000	Amortization Rate:	9.2500%	Home Office(3):	33,573	0.6685
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	99,665	0.0000
		Yearly Payment:	730,297	Total FRVS PD:		15.3542

- (1) 80% Capital (\$6,644,857) amortized at 9.2500 % for 20 years Principal & Interest of \$730,297 divided by annual available days (63145) divided by Occup. Adj. (0.90) = \$12.8504
- (2) 20% ROE (\$1,661,214) times the ROE factor (0.014380) divided by annual available days (63145) divided by Occup. Adj. (0.90) = \$0.4203
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,503,400

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.0702	48.0702	0.8363	47.2339
Direct Care	90.9012	90.9012	1.5815	89.3197
Indirect Care	56.9105	56.9105	0.9901	55.9204
Property	13.6500	15.3542	0.2671	15.0871
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.6904
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>209.5319</b>	<b>211.2361</b>	<b>3.6750</b>	<b>240.1540</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

**0 258750-00 - 2015/01**

**240.15**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	4,129,197	0.00	0.9007	0.9007		120	44.99	3,503,400	3,503,400	1
1988/01		0.10	0.9007	0.9007		120	44.99	3,505,982	3,559,440	
1988/07		0.10	0.5899	0.5899		120	44.99	3,507,674	3,557,520	
1989/01		0.20	0.5899	0.5899		120	44.99	3,511,060	3,578,520	
1989/07		0.20	0.5899	0.5899		120	44.99	3,514,449	3,602,760	
1990/01		0.30	0.5899	0.5899		120	44.99	3,519,537	3,620,880	
1990/07		0.30	0.5899	0.5899		120	44.99	3,524,633	3,642,240	
1991/01		0.40	0.5899	0.5899		120	56.44	3,532,951	3,663,600	
1991/07		0.40	1.4932	1.4932		120	60.21	3,554,053	3,718,320	
1992/01		0.50	2.0117	2.0117		120	60.21	3,589,803	3,793,080	
1992/07		0.50	1.8152	1.8152		120	64.54	3,622,384	3,861,960	
1993/01		0.60	1.7710	1.7710		120	64.54	3,660,875	3,930,360	
1993/07		0.60	1.5329	1.5329		120	68.64	3,694,544	3,990,600	
1994/01		0.70	1.6983	1.6983		120	68.64	3,738,465	4,058,400	
1994/07	1,722,425	0.70	1.5991	1.5991		173	65.26	5,502,738	5,944,453	
1995/01		0.80	1.5812	1.5812		173	65.26	5,572,348	6,038,392	
1995/07		0.80	1.5250	1.5250		173	73.97	5,640,331	6,130,428	
1996/01		0.90	1.7228	1.7228		173	73.97	5,727,784	6,236,131	
1996/07		0.90	1.3294	1.3294		173	73.60	5,796,317	6,318,998	
1997/01		1.00	1.4109	1.4109		173	73.60	5,878,097	6,408,093	
1997/07		1.00	1.0917	1.0917		173	73.88	5,942,268	6,477,985	
1998/01		1.00	1.1663	1.1663		173	73.88	6,011,573	6,553,586	
1998/07		1.00	1.0794	1.0794		173	74.15	6,076,462	6,624,343	
1999/01		1.00	1.4499	1.4499		173	74.15	6,164,565	6,720,358	
1999/07		1.00	1.2299	1.2299		173	74.15	6,240,383	6,803,052	
2000/01		1.00	1.3356	1.3356		173	74.15	6,323,730	6,893,877	
2000/07		1.00	1.1129	1.1129		173	74.40	6,394,107	6,970,516	
2001/01		1.00	1.2976	1.2976		173	70.51	6,477,077	7,060,995	
2001/07	57,028	1.00	0.9615	0.9615		173	70.51	6,596,382	7,128,811	
2002/01		1.00	1.0301	1.0301		173	70.51	6,664,331	7,202,163	



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0 258750-00 - 2015/01

240.15

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		173	70.51	6,719,892	7,262,194	
2003/01		1.00	1.3271	1.3271		173	70.51	6,809,072	7,358,555	
2003/07		1.00	1.1664	1.1664		173	70.51	6,888,493	7,444,363	
2004/01		1.00	1.1103	1.1103		173	68.77	6,964,976	7,527,057	
2004/07		1.00	0.8378	0.8378		173	68.77	7,023,329	7,590,202	
2005/01		1.00	0.8595	0.8595		173	61.98	7,083,695	7,655,423	
2005/07		1.00	0.7364	0.7364		173	61.98	7,135,859	7,711,821	
2006/01		1.00	0.9068	0.9068		173	63.37	7,200,567	7,781,713	
2006/07		1.00	0.8133	0.8133		173	63.37	7,259,129	7,845,031	
2007/01		1.00	1.0133	1.0133		173	63.37	7,332,686	7,924,438	
2007/07	35,070	1.00	1.1050	1.1050		173	61.72	7,448,782	8,011,976	
2008/01		0.95	0.8556	0.8556		173	61.72	7,509,326	8,080,484	
2008/07	33,790	0.95	0.6104	0.6104		173	61.44	7,586,663	8,129,789	
2009/01		0.90	1.3268	1.3268		173	61.33	7,677,255	8,237,741	
2009/07		0.90	0.6841	0.6841		173	61.33	7,724,524	8,294,139	
2010/01		0.85	0.8643	0.8643		173	61.33	7,781,276	8,365,761	
2010/07		0.85	0.7107	0.7107		173	60.85	7,828,283	8,425,273	
2011/01		0.80	0.9198	0.9198		173	60.85	7,885,884	8,502,777	
2011/07		0.80	0.9028	0.9028		173	58.61	7,942,836	8,579,589	
2012/01		0.75	0.3865	0.3865		173	58.61	7,965,862	8,612,805	
2012/07		0.75	0.9417	0.9417		173	58.92	8,022,125	8,693,942	
2013/01		0.70	0.4901	0.4901		173	58.92	8,049,649	8,736,500	
2013/07	34,622	0.70	0.6196	0.6196		173	65.34	8,119,182	8,790,649	
2014/01		0.65	0.8564	0.8564		173	65.34	8,164,381	8,865,904	
2014/07	38,411	0.65	1.2383	1.2383		173	62.61	8,268,507	8,975,759	
2015/01		0.60	0.7571	0.7571		173	62.61	8,306,071	9,043,748	

**Message Code:**

1 Per Bed Standard Limitation





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**234.49**

**Haven of Our Lady of Peace**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Nonprofit : Church    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1900 SUMMIT BOULEVARD</b>	<b>7/1/2012-6/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PENSACOLA, FL 32503</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Escambia [17]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>1</b>	Last Used: <b>2015/01</b>	Total Patient: <b>42,015</b>	Total: <b>243</b>
Control: <b>Nonprofit : Church</b>	<b>Unaudited</b>	Medicare: <b>13,284</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>13,633</b>	FY Index: <b>1.29878490</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>32.44794%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.92466%</b>	Cost: <b>1.05607860</b>
Open Date: <b>11/08/2001</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/08/2001</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20850000</b>
Entered Medicaid <b>11/08/2001</b>	Low Occupancy Adjustment Factor:	<b>122.49147%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/08/2001</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03805959</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	687,136	1,273,052	953,841	146,009		3,060,038	
1a	Audit Adjustments							
2	Cost Per Diem	50.4024	93.3802	69.9656	10.7100		224.4582	
3	Cost Per Diem Inflated	53.2289	96.9342	73.8892				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>53.2289</b>	<b>96.9342</b>	<b>73.8892</b>	<b>10.7100</b>		<b>234.7623</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.3362		52.2722				
7	Provider Target Rate	<b>56.3260</b>		<b>54.1865</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.5678</b>	<b>96.4319</b>	<b>54.1865</b>	<b>10.7100</b>		<b>212.8962</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>51.5678</b>	<b>96.4319</b>	<b>54.1865</b>	<b>10.7100</b>		<b>212.8962</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**234.49**

Rate Semester 01/01/2015 through 08/31/2015

**Haven of Our Lady of Peace**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/08/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>0.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>2001/07</b>	Type:	<b>None</b>	80% Capital(1):	<b>4,668,036</b>	<b>5.8406</b>
Indexed Asset Value	<b>5,835,045</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>1,167,009</b>	<b>0.4257</b>
FRVS Base Asset:	<b>4,897,800</b>	Interest Rate:	<b>5.0000%</b>	Insurance Cost(3):	<b>8,882</b>	<b>0.2114</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>5.0000%</b>	Taxes Cost(3):	<b>1,741</b>	<b>0.0414</b>
ROE Factor	<b>0.014380</b>	Amortization Rate:	<b>5.0000%</b>	Home Office(3):	<b>25,922</b>	<b>0.6170</b>
		Interest Only:	<b>True</b>	Replacement(3&4):	<b>0</b>	<b>0.0000</b>
		Yearly Payment:	<b>230,235</b>	Total FRVS PD:		<b>7.1361</b>

- (1) 80% Capital (\$4,668,036) amortized at 5.0000 % for 20 years Interest of \$230,235 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$5.8406
- (2) 20% ROE (\$1,167,009) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4257
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	40,815
Comparison Date:	<b>01/01/2001</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	4,897,800

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.5678</b>	<b>51.5678</b>	<b>0.8972</b>	<b>50.6706</b>
Direct Care	<b>96.4319</b>	<b>96.4319</b>	<b>1.6777</b>	<b>94.7542</b>
Indirect Care	<b>54.1865</b>	<b>54.1865</b>	<b>0.9427</b>	<b>53.2438</b>
Property	<b>10.7100</b>	<b>7.1361</b>	<b>0.1242</b>	<b>7.0119</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>18.9027</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>212.8962</b>	<b>209.3223</b>	<b>3.6418</b>	<b>234.4857</b>

**Medicaid Trend Adjustment**



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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

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**234.49**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07	10,003,175	0.00	0.9615	0.9615		120	44.18	4,897,800	4,897,800	1
2002/01	50,644	0.10	1.0301	1.0301		120	44.18	4,952,496	4,995,720	
2002/07		0.10	0.8337	0.8337		120	44.18	4,955,814	5,037,360	
2003/01		0.20	1.3271	1.3271		120	44.18	4,966,379	5,104,200	
2003/07		0.20	1.1664	1.1664		120	44.18	4,975,686	5,163,720	
2004/01		0.30	1.1103	1.1103		120	51.97	4,991,347	5,221,080	
2004/07		0.30	0.8378	0.8378		120	51.97	5,003,199	5,264,880	
2005/01		0.40	0.8595	0.8595		120	51.97	5,019,452	5,310,120	
2005/07		0.40	0.7364	0.7364		120	51.97	5,033,425	5,349,240	
2006/01		0.50	0.9068	0.9068		120	51.97	5,054,989	5,397,720	
2006/07	78,453	0.50	0.8133	0.8133		120	37.67	5,147,523	5,441,640	
2007/01		0.60	1.0133	1.0133		120	32.93	5,166,261	5,496,720	
2007/07		0.60	1.1050	1.1050		120	32.93	5,186,769	5,557,440	
2008/01		0.70	0.8556	0.8556		120	32.93	5,205,368	5,604,960	
2008/07	22,716	0.70	0.6104	0.6104		120	30.96	5,240,605	5,639,160	
2009/01		0.80	1.3268	1.3268		120	30.96	5,271,916	5,714,040	
2009/07	144,391	0.80	0.6841	0.6841		120	33.97	5,434,128	5,753,160	
2010/01		0.90	0.8643	0.8643		120	33.97	5,460,237	5,802,840	
2010/07		0.90	0.7107	0.7107		120	32.80	5,481,064	5,844,120	
2011/01		1.00	0.9198	0.9198		120	32.80	5,511,130	5,897,880	
2011/07	32,819	1.00	0.9028	0.9028		120	35.85	5,576,380	5,951,160	
2012/01		1.00	0.3865	0.3865		120	35.85	5,590,428	5,974,200	
2012/07	77,755	1.00	0.9417	0.9417		120	33.67	5,700,411	6,030,480	
2013/01		1.00	0.4901	0.4901		120	33.67	5,717,514	6,060,000	
2013/07		1.00	0.6196	0.6196		120	32.16	5,738,228	6,097,560	
2014/01		1.00	0.8564	0.8564		120	32.16	5,766,963	6,149,760	
2014/07		1.00	1.2383	1.2383		120	32.45	5,809,096	6,225,960	
2015/01		1.00	0.7571	0.7571		120	32.45	5,835,045	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation
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**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 259080-00 - 2015/01**

**242.04**

**Life Care Center at Inverrary**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4300 ROCK ISLAND ROAD</b>	<b>9/1/2013-8/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>LAUDERHILL, FL 33319</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,356</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>14,255</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>19,865</b>	FY Index: <b>1.32975299</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>49.22440%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.13699%</b>	Cost: <b>1.03148401</b>
Open Date: <b>12/26/2002</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/26/2002</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22466610</b>
Entered Medicaid <b>01/30/2003</b>	Low Occupancy Adjustment Factor:	<b>117.65478%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/30/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02435677</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,017,284	1,619,718	1,237,030	905,645		4,779,677
1a	Audit Adjustments						
2	Cost Per Diem	51.2099	81.5363	62.2718	45.5900		240.6080
3	Cost Per Diem Inflated	52.8222	83.5223	64.2324			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>52.8222</b>	<b>83.5223</b>	<b>64.2324</b>	<b>45.5900</b>		<b>246.1669</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.0889		60.3225			
7	Provider Target Rate	<b>74.7289</b>		<b>62.5316</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	<b>52.8222</b>	<b>83.5223</b>	<b>62.5316</b>	<b>13.6500</b>		<b>212.5261</b>
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	<b>52.8222</b>	<b>83.5223</b>	<b>62.5316</b>	<b>13.6500</b>		<b>212.5261</b>
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



**Florida Agency for Health Care Administration**  
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**0 259080-00 - 2015/01**

**242.04**

Rate Semester 01/01/2015 through 08/31/2015

**Life Care Center at Inverrary**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/30/2003	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	12,700,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,738,864	9.7207
RS to Start Calcs:	2002/07	<60% of Base:	False	20% ROE(2):	1,184,716	0.6918
Indexed Asset Value	5,923,580	Interest Rate:	8.1315%	Insurance Cost(3):	31,154	0.7720
FRVS Base Asset:	0	Chase Rate:	3.2500%	Taxes Cost(3):	286,029	7.0876
Occup Adj Factor	0.9000	Amortization Rate:	5.2500%	Home Office(3):	50,983	1.2633
ROE Factor	0.023020	Interest Only:	False	Replacement(3&4):	189,096	0.0000
		Yearly Payment:	383,191	Total FRVS PD:		19.5354

- (1) 80% Capital (\$4,738,864) amortized at 5.2500 % for 20 years Principal & Interest of \$383,191 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.7207  
 (2) 20% ROE (\$1,184,716) times the ROE factor (0.023020) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6918  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	41,631
Comparison Date:	01/01/2002	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,995,720

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.8222	52.8222	0.9190	51.9032
Direct Care	83.5223	83.5223	1.4531	82.0692
Indirect Care	62.5316	62.5316	1.0879	61.4437
Property	13.6500	19.5354	0.3399	19.1955
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.5289
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>212.5261</b>	<b>218.4115</b>	<b>3.7999</b>	<b>242.0430</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/31/2014

**0 259080-00 - 2015/01**

**242.04**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01	11,265,310	0.00	1.3271	1.3271		120	7.92	4,995,720	4,995,720	1
2003/07	17,912	0.10	1.1664	1.1664		120	7.92	5,013,632	5,163,720	
2004/01		0.10	1.1103	1.1103		120	7.92	5,013,632	5,221,080	
2004/07		0.20	0.8378	0.8378		120	7.92	5,013,632	5,264,880	
2005/01		0.20	0.8595	0.8595		120	7.92	5,013,632	5,310,120	
2005/07	102,550	0.30	0.7364	0.7364		120	38.48	5,123,931	5,349,240	
2006/01	28,939	0.30	0.9068	0.9068		120	48.37	5,165,127	5,397,720	
2006/07		0.40	0.8133	0.8133		120	48.37	5,179,904	5,441,640	
2007/01		0.40	1.0133	1.0133		120	48.37	5,198,367	5,496,720	
2007/07		0.50	1.1050	1.1050		120	42.28	5,220,446	5,557,440	
2008/01	22,479	0.50	0.8556	0.8556		120	36.34	5,257,681	5,604,960	
2008/07		0.60	0.6104	0.6104		120	36.34	5,270,402	5,639,160	
2009/01		0.60	1.3268	1.3268		120	36.34	5,298,125	5,714,040	
2009/07	36,900	0.70	0.6841	0.6841		120	34.65	5,351,010	5,753,160	
2010/01	113,551	0.70	0.8643	0.8643		120	41.02	5,488,706	5,802,840	
2010/07		0.80	0.7107	0.7107		120	41.02	5,511,982	5,844,120	
2011/01		0.80	0.9198	0.9198		120	41.02	5,542,230	5,897,880	
2011/07	30,152	0.90	0.9028	0.9028		120	41.77	5,606,581	5,951,160	
2012/01	45,981	0.90	0.3865	0.3865		120	39.90	5,666,712	5,974,200	
2012/07		1.00	0.9417	0.9417		120	39.90	5,705,425	6,030,480	
2013/01		1.00	0.4901	0.4901		120	39.90	5,725,710	6,060,000	
2013/07		1.00	0.6196	0.6196		120	45.82	5,755,265	6,097,560	
2014/01		1.00	0.8564	0.8564		120	45.82	5,796,326	6,149,760	
2014/07	21,709	1.00	1.2383	1.2383		120	50.33	5,883,716	6,225,960	
2015/01		1.00	0.7571	0.7571		120	49.22	5,923,580	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 259225-00 - 2015/01**

**218.30**

**Lakeview Terrace Skilled Nursing Facility**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Nonprofit : 501(c)(3) Organization    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>110 LODGE TERRACE DR</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>20</b>	Superior: <b>243</b>
<b>ALTOONA, FL 32702</b>	Days in CR <b>365</b>	Maximum: <b>7,300</b>	Standard: <b>0</b>
County: <b>Lake [35]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>7,300</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>6,982</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>1,409</b>	Inflation
Current Class <b>North Small</b>	Initial CR? <b>False</b>	Medicaid: <b>1,003</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>14.36551%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.64384%</b>	Cost: <b>1.04340134</b>
Open Date: <b>12/01/1981</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/01/1981</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>05/28/1987</b>	Low Occupancy Adjustment Factor:	<b>122.13287%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/03/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>212067</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	61,644	91,753	52,092	14,734		220,223	
1a	Audit Adjustments							
2	Cost Per Diem	61.4596	91.4781	51.9362	14.6899		219.5638	
3	Cost Per Diem Inflated	64.1270	94.4517	54.1903				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>64.1270</b>	<b>94.4517</b>	<b>54.1903</b>	<b>14.6899</b>		<b>227.4589</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	70.8405		70.5901				
7	Provider Target Rate	<b>73.4347</b>		<b>73.1752</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>57.4318</b>	<b>96.7541</b>	<b>74.4105</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	<b>55.8134</b>		<b>67.8397</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>55.8134</b>	<b>94.4517</b>	<b>54.1903</b>	<b>13.6500</b>		<b>218.1054</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>55.8134</b>	<b>94.4517</b>	<b>54.1903</b>	<b>13.6500</b>		<b>218.1054</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





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**0 259225-00 - 2015/01**

**218.30**

Rate Semester 01/01/2015 through 08/31/2015

**Lakeview Terrace Skilled Nursing Facility**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	05/28/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>240,715.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1981/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>409,031</b>	<b>6.1795</b>
Indexed Asset Value	<b>511,289</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>102,258</b>	<b>0.2918</b>
FRVS Base Asset:	<b>472,029</b>	Interest Rate:	<b>11.6400%</b>	Insurance Cost(3):	<b>4,513</b>	<b>0.6464</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>10.0000%</b>	Taxes Cost(3):	<b>3,623</b>	<b>0.5189</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>10.0000%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>True</b>	Replacement(3&4):	<b>0</b>	<b>0.0000</b>
		Yearly Payment:	<b>40,599</b>	Total FRVS PD:		<b>7.6366</b>

(1) 80% Capital (\$409,031) amortized at 10.0000 % for 20 years Interest of \$40,599 divided by annual available days (7300) divided by Occup. Adj. (0.90) = \$6.1795

(2) 20% ROE (\$102,258) times the ROE factor (0.018750) divided by annual available days (7300) divided by Occup. Adj. (0.90) = \$0.2918

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	23,540
Comparison Date:	<b>01/01/1981</b>	Current RS PBS:	52,276
Comparison Bed	<b>20</b>	Effective PBS Limitation	470,800

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>55.8134</b>	<b>55.8134</b>	<b>0.9710</b>	<b>54.8424</b>
Direct Care	<b>94.4517</b>	<b>94.4517</b>	<b>1.6432</b>	<b>92.8085</b>
Indirect Care	<b>54.1903</b>	<b>54.1903</b>	<b>0.9428</b>	<b>53.2475</b>
Property	<b>13.6500</b>	<b>7.6366</b>	<b>0.1329</b>	<b>7.5037</b>
ROE				
ROE Adjustment				
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>218.1054</b>	<b>212.0920</b>	<b>3.6899</b>	<b>218.3046</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 259225-00 - 2015/01**

**218.30**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	472,029	0.00	2.5888	2.5888		20		472,029	482,980	
1982/01		0.10	2.6760	2.6760		20		472,029	495,920	
1982/07		0.10	2.2977	2.2977		20		472,029	507,300	
1983/04		0.20	2.6288	2.6288		20		472,029	520,640	
1983/07		0.20	3.9578	3.0000	0.9578	20		472,029	541,240	
1984/01		0.30	2.2530	2.2530		20		472,029	548,260	
1984/07		0.30	1.9179	1.9179		20		472,029	558,780	
1985/01		0.40	1.1471	1.1471		20		472,029	565,180	
1985/10		0.40	0.8522	0.8522		20		472,029	570,000	
1986/01		0.50	0.8299	0.8299		20		472,029	574,740	
1986/07		0.50	0.2974	0.2974		20		472,029	573,640	
1987/01		0.60	1.0091	1.0091		20	9.31	470,800	470,800	1
1987/07		0.60	0.9007	0.9007		20	9.31	470,800	588,460	
1988/01		0.70	0.9007	0.9007		20	9.31	470,800	593,240	
1988/07		0.70	0.5899	0.5899		20	9.31	470,800	592,920	
1989/01		0.80	0.5899	0.5899		20	9.31	470,800	596,420	
1989/07		0.80	0.5899	0.5899		20	9.31	470,800	600,460	
1990/01		0.90	0.5899	0.5899		20	9.31	470,800	603,480	
1990/07		0.90	0.5899	0.5899		20	9.31	470,800	607,040	
1991/01		1.00	0.5899	0.5899		20	20.71	470,800	610,600	
1991/07		1.00	1.4932	1.4932		20	19.44	470,800	619,720	
1992/01		1.00	2.0117	2.0117		20	19.44	470,800	632,180	
1992/07		1.00	1.8152	1.8152		20	23.97	470,800	643,660	
1993/01		1.00	1.7710	1.7710		20	23.97	470,800	655,060	
1993/07		1.00	1.5329	1.5329		20	21.49	470,800	665,100	
1994/01		1.00	1.6983	1.6983		20	21.49	470,800	676,400	
1994/07		1.00	1.5991	1.5991		20	26.26	474,395	687,220	
1995/01		1.00	1.5812	1.5812		20	26.26	477,976	698,080	
1995/07		1.00	1.5250	1.5250		20	26.26	481,456	708,720	
1996/01		1.00	1.7228	1.7228		20	24.47	481,456	720,940	



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**218.30**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		20	25.25	484,394	730,520	
1997/01		1.00	1.4109	1.4109		20	25.25	487,532	740,820	
1997/07		1.00	1.0917	1.0917		20	18.06	487,532	748,900	
1998/01		1.00	1.1663	1.1663		20	18.06	487,532	757,640	
1998/07		1.00	1.0794	1.0794		20	18.06	487,532	765,820	
1999/01		1.00	1.4499	1.4499		20	20.60	487,532	776,920	
1999/07		1.00	1.2299	1.2299		20	27.23	490,501	786,480	
2000/01		1.00	1.3356	1.3356		20	27.23	493,744	796,980	
2000/07		1.00	1.1129	1.1129		20	32.22	496,963	805,840	
2001/01		1.00	1.2976	1.2976		20	32.22	500,741	816,300	
2001/07		1.00	0.9615	0.9615		20	32.22	503,561	824,140	
2002/01		0.95	1.0301	1.0301		20	13.48	503,561	832,620	
2002/07		0.95	0.8337	0.8337		20	27.66	505,567	839,560	
2003/01		0.90	1.3271	1.3271		20	27.66	508,604	850,700	
2003/07		0.90	1.1664	1.1664		20	27.66	511,289	860,620	
2004/01		0.85	1.1103	1.1103		20	21.29	511,289	870,180	
2004/07		0.85	0.8378	0.8378		20	24.71	511,289	877,480	
2005/01		0.80	0.8595	0.8595		20	24.71	511,289	885,020	
2005/07		0.80	0.7364	0.7364		20	24.71	511,289	891,540	
2006/01		0.75	0.9068	0.9068		20	23.87	511,289	899,620	
2006/07		0.75	0.8133	0.8133		20	23.87	511,289	906,940	
2007/01		0.70	1.0133	1.0133		20	17.60	511,289	916,120	
2007/07		0.70	1.1050	1.1050		20	17.60	511,289	926,240	
2008/01		0.65	0.8556	0.8556		20	20.79	511,289	934,160	
2008/07		0.65	0.6104	0.6104		20	20.79	511,289	939,860	
2009/01		0.60	1.3268	1.3268		20	11.61	511,289	952,340	
2009/07		0.60	0.6841	0.6841		20	11.61	511,289	958,860	
2010/01		0.55	0.8643	0.8643		20	11.28	511,289	967,140	
2010/07		0.55	0.7107	0.7107		20	11.28	511,289	974,020	
2011/01		0.50	0.9198	0.9198		20	21.10	511,289	982,980	



Florida Agency for Health Care Administration  
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**0 259225-00 - 2015/01**

**218.30**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		20	21.10	511,289	991,860	
2012/01		0.45	0.3865	0.3865		20	19.25	511,289	995,700	
2012/07		0.45	0.9417	0.9417		20	19.25	511,289	1,005,080	
2013/01		0.40	0.4901	0.4901		20	7.35	511,289	1,010,000	
2013/07		0.40	0.6196	0.6196		20	7.35	511,289	1,016,260	
2014/01		0.35	0.8564	0.8564		20	13.84	511,289	1,024,960	
2014/07		0.35	1.2383	1.2383		20	13.84	511,289	1,037,660	
2015/01		0.30	0.7571	0.7571		20	14.37	511,289	1,045,520	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 259225123120130101201305272014170342



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 259331-00 - 2015/01**

**198.13**

**UniHealth Post-Acute Care- Santa Rosa**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>5530 NORTHROP ROAD</b>	<b>7/1/2012-6/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>MILTON, FL 32570</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Santa Rosa [57]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>1</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,048</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>7,664</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>24,269</b>	FY Index: <b>1.29878490</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>59.12347%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.71689%</b>	Cost: <b>1.05607860</b>
Open Date: <b>02/06/2003</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>02/06/2003</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20850000</b>
Entered Medicaid <b>02/13/2003</b>	Low Occupancy Adjustment Factor:	<b>119.67224%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>02/13/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03805959</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	825,347	1,684,776	1,023,248	345,833		3,879,204	
1a	Audit Adjustments							
2	Cost Per Diem	34.0083	69.4209	42.1628	14.2500		159.8420	
3	Cost Per Diem Inflated	35.9154	72.0630	44.5272				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>35.9154</b>	<b>72.0630</b>	<b>44.5272</b>	<b>14.2500</b>		<b>166.7556</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	42.6973		52.5200				
7	Provider Target Rate	<b>44.2609</b>		<b>54.4433</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>35.9154</b>	<b>72.0630</b>	<b>44.5272</b>	<b>13.6500</b>		<b>166.1556</b>	
12/13	Medical Adjustment Rate		0.7396	0.4570				
14	Prospective Per Diem 11	<b>35.9154</b>	<b>72.8026</b>	<b>44.9842</b>	<b>13.6500</b>		<b>167.3522</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 259331-00 - 2015/01**

**198.13**

Rate Semester 01/01/2015 through 08/31/2015

**UniHealth Post-Acute Care- Santa Rosa**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/13/2003	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,125,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,835,234</b>	<b>11.6336</b>
RS to Start Calcs:	<b>2003/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,208,808</b>	<b>0.4410</b>
Indexed Asset Value	<b>6,044,042</b>	Interest Rate:	<b>9.0000%</b>	Insurance Cost(3):	<b>29,666</b>	<b>0.7227</b>
FRVS Base Asset:	<b>5,037,360</b>	Chase Rate:	<b>4.2500%</b>	Taxes Cost(3):	<b>50,901</b>	<b>1.2400</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>7.2500%</b>	Home Office(3):	<b>52,423</b>	<b>1.2771</b>
ROE Factor	<b>0.014380</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>16,728</b>	<b>0.0000</b>
		Yearly Payment:	<b>458,598</b>	Total FRVS PD:		<b>15.3144</b>

- (1) 80% Capital (\$4,835,234) amortized at 7.2500 % for 20 years Principal & Interest of \$458,598 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.6336
- (2) 20% ROE (\$1,208,808) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4410
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	41,978
Comparison Date: <b>07/01/2002</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	5,037,360

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>35.9154</b>	<b>35.9154</b>	<b>0.6248</b>	<b>35.2906</b>
Direct Care	<b>72.8026</b>	<b>72.8026</b>	<b>1.2666</b>	<b>71.5360</b>
Indirect Care	<b>44.9842</b>	<b>44.9842</b>	<b>0.7826</b>	<b>44.2016</b>
Property	<b>13.6500</b>	<b>15.3144</b>	<b>0.2664</b>	<b>15.0480</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.1479</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>167.3522</b>	<b>169.0166</b>	<b>2.9404</b>	<b>198.1266</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

**0 259331-00 - 2015/01**

**198.13**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01	5,663,598	0.00	1.3271	1.3271		120	55.61	5,037,360	5,037,360	1
2003/07	1,089	0.10	1.1664	1.1664		120	55.61	5,044,323	5,163,720	
2004/01		0.10	1.1103	1.1103		120	55.61	5,049,922	5,221,080	
2004/07		0.20	0.8378	0.8378		120	55.61	5,058,386	5,264,880	
2005/01		0.20	0.8595	0.8595		120	55.61	5,067,081	5,310,120	
2005/07	25,892	0.30	0.7364	0.7364		120	65.92	5,104,166	5,349,240	
2006/01		0.30	0.9068	0.9068		120	65.92	5,118,049	5,397,720	
2006/07	13,873	0.40	0.8133	0.8133		120	66.44	5,148,571	5,441,640	
2007/01		0.40	1.0133	1.0133		120	66.44	5,169,438	5,496,720	
2007/07		0.50	1.1050	1.1050		120	67.93	5,197,999	5,557,440	
2008/01	27,892	0.50	0.8556	0.8556		120	66.86	5,248,128	5,604,960	
2008/07		0.60	0.6104	0.6104		120	66.86	5,267,347	5,639,160	
2009/01	33,428	0.60	1.3268	1.3268		120	65.84	5,342,708	5,714,040	
2009/07		0.70	0.6841	0.6841		120	65.84	5,368,294	5,753,160	
2010/01		0.70	0.8643	0.8643		120	65.84	5,400,772	5,802,840	
2010/07	99,042	0.80	0.7107	0.7107		120	68.63	5,530,523	5,844,120	
2011/01		0.80	0.9198	0.9198		120	68.63	5,571,217	5,897,880	
2011/07	79,522	0.90	0.9028	0.9028		120	61.93	5,696,005	5,951,160	
2012/01		0.90	0.3865	0.3865		120	61.93	5,715,821	5,974,200	
2012/07	22,467	1.00	0.9417	0.9417		120	61.99	5,792,114	6,030,480	
2013/01	18,263	1.00	0.4901	0.4901		120	62.88	5,838,764	6,060,000	
2013/07		1.00	0.6196	0.6196		120	62.88	5,874,941	6,097,560	
2014/01		1.00	0.8564	0.8564		120	62.88	5,925,254	6,149,760	
2014/07		1.00	1.2383	1.2383		120	59.12	5,998,626	6,225,960	
2015/01		1.00	0.7571	0.7571		120	59.12	6,044,042	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation
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Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 259357-00 - 2015/01**

**226.42**

**Life Care Center of New Port Richey**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>7400 TROUBLE CREEK ROAD</b>	<b>9/1/2013-8/31/2014</b>	Number of Beds: <b>113</b>	Superior: <b>0</b>
<b>NEW PORT RICHEY, FL 34653</b>	Days in CR <b>365</b>	Maximum: <b>41,245</b>	Standard: <b>243</b>
County: <b>Pasco [51]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>41,245</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>37,003</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>21,147</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>10,032</b>	FY Index: <b>1.32975299</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>27.11132%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.71512%</b>	Cost: <b>1.03148401</b>
Open Date: <b>01/29/2003</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/29/2003</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22466610</b>
Entered Medicaid <b>02/11/2003</b>	Low Occupancy Adjustment Factor:	<b>114.56216%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>02/11/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02435677</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	470,681	858,551	620,826	296,747		2,246,805	
1a	Audit Adjustments							
2	Cost Per Diem	46.9180	85.5812	61.8846	29.5800		223.9638	
3	Cost Per Diem Inflated	48.3952	87.6657	63.8330				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>48.3952</b>	<b>87.6657</b>	<b>63.8330</b>	<b>29.5800</b>		<b>229.4739</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	60.9503		54.4474				
7	Provider Target Rate	<b>63.1824</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>48.3952</b>	<b>87.6657</b>	<b>56.4413</b>	<b>13.6500</b>		<b>206.1522</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>48.3952</b>	<b>87.6657</b>	<b>56.4413</b>	<b>13.6500</b>		<b>206.1522</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 259357-00 - 2015/01**

**226.42**

Rate Semester 01/01/2015 through 08/31/2015

**Life Care Center of New Port Richey**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/11/2003	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	8,000,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,312,475	11.0102
RS to Start Calcs:	2003/01	<60% of Base:	False	20% ROE(2):	1,078,119	0.6686
Indexed Asset Value	5,390,594	Interest Rate:	7.2400%	Insurance Cost(3):	35,664	0.9638
FRVS Base Asset:	4,743,514	Chase Rate:	8.2500%	Taxes Cost(3):	97,183	2.6264
Occup Adj Factor	0.9000	Amortization Rate:	7.2400%	Home Office(3):	47,233	1.2765
ROE Factor	0.023020	Interest Only:	False	Replacement(3&4):	69,424	0.0000
		Yearly Payment:	408,704	Total FRVS PD:		16.5455

- (1) 80% Capital (\$4,312,475) amortized at 7.2400 % for 20 years Principal & Interest of \$408,704 divided by annual available days (41245) divided by Occup. Adj. (0.90) = \$11.0102
- (2) 20% ROE (\$1,078,119) times the ROE factor (0.023020) divided by annual available days (41245) divided by Occup. Adj. (0.90) = \$0.6686
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	41,978
Comparison Date:	07/01/2002	Current RS PBS:	52,276
Comparison Bed	113	Effective PBS Limitation	4,743,514

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.3952	48.3952	0.8420	47.5532
Direct Care	87.6657	87.6657	1.5252	86.1405
Indirect Care	56.4413	56.4413	0.9819	55.4594
Property	13.6500	16.5455	0.2879	16.2576
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				11.1114
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>206.1522</b>	<b>209.0477</b>	<b>3.6370</b>	<b>226.4246</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/31/2014

**0 259357-00 - 2015/01**

**226.42**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01	9,575,877	0.00	1.3271	1.3271		113	29.99	4,743,514	4,743,514	1
2003/07	9,316	0.10	1.1664	1.1664		113	29.99	4,755,846	4,862,503	
2004/01		0.10	1.1103	1.1103		113	29.99	4,758,724	4,916,517	
2004/07		0.20	0.8378	0.8378		113	29.99	4,763,073	4,957,762	
2005/01		0.20	0.8595	0.8595		113	29.99	4,767,538	5,000,363	
2005/07	81,540	0.30	0.7364	0.7364		113	26.37	4,854,127	5,037,201	
2006/01	58,470	0.30	0.9068	0.9068		113	28.67	4,919,479	5,082,853	
2006/07		0.40	0.8133	0.8133		113	28.67	4,927,821	5,124,211	
2007/01		0.40	1.0133	1.0133		113	28.67	4,938,232	5,176,078	
2007/07	30,163	0.50	1.1050	1.1050		113	23.45	4,968,395	5,233,256	
2008/01		0.50	0.8556	0.8556		113	23.45	4,968,395	5,278,004	
2008/07		0.60	0.6104	0.6104		113	20.41	4,968,395	5,310,209	
2009/01		0.60	1.3268	1.3268		113	20.41	4,968,395	5,380,721	
2009/07	153,904	0.70	0.6841	0.6841		113	23.26	5,122,299	5,417,559	
2010/01	18,701	0.70	0.8643	0.8643		113	24.46	5,141,000	5,464,341	
2010/07		0.80	0.7107	0.7107		113	24.46	5,141,000	5,503,213	
2011/01	34,031	0.80	0.9198	0.9198		113	27.51	5,193,952	5,553,837	
2011/07		0.90	0.9028	0.9028		113	27.51	5,215,060	5,604,009	
2012/01		0.90	0.3865	0.3865		113	28.57	5,224,485	5,625,705	
2012/07		1.00	0.9417	0.9417		113	28.57	5,250,042	5,678,702	
2013/01		1.00	0.4901	0.4901		113	28.57	5,263,408	5,706,500	
2013/07		1.00	0.6196	0.6196		113	31.03	5,281,807	5,741,869	
2014/01		1.00	0.8564	0.8564		113	31.03	5,307,327	5,791,024	
2014/07		1.00	1.2383	1.2383		113	31.16	5,344,561	5,862,779	
2015/01	26,088	1.00	0.7571	0.7571		113	27.11	5,390,594	5,907,188	

**Message Code:**

1 Per Bed Standard Limitation
-------------------------------



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 259462-00 - 2015/01**

**230.59**

**The Nursing Center at University Village**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : Other

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>12250 N 22ND ST</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>TAMPA, FL 33612-4955</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Hillsborough [29]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,662</b>	Total: <b>243</b>
Control: <b>Nonprofit : Other</b>	<b>Unaudited</b>	Medicare: <b>6,853</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>20,271</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>52.43133%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.26941%</b>	Cost: <b>1.04340134</b>
Open Date: <b>11/09/1989</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/09/1989</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/09/1989</b>	Low Occupancy Adjustment Factor:	<b>112.71606%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/16/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>220299</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,172,096	1,857,021	1,416,065	502,924		4,948,106	
1a	Audit Adjustments							
2	Cost Per Diem	57.8213	91.6097	69.8567	24.8100		244.0977	
3	Cost Per Diem Inflated	60.3308	94.5876	72.8886				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>60.3308</b>	<b>94.5876</b>	<b>72.8886</b>	<b>24.8100</b>		<b>252.6170</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.9597		64.6731				
7	Provider Target Rate	<b>56.9724</b>		<b>67.0415</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>54.1549</b>	<b>94.5876</b>	<b>63.5578</b>	<b>13.6500</b>		<b>225.9503</b>	
12/13	Medical Adjustment Rate		0.2587	0.1738				
14	Prospective Per Diem 11	<b>54.1549</b>	<b>94.8463</b>	<b>63.7316</b>	<b>13.6500</b>		<b>226.3828</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
Computation of Nursing Home Medicaid Reimbursement Rate

**0 259462-00 - 2015/01**

**230.59**

Rate Semester 01/01/2015 through 08/31/2015

**The Nursing Center at University Village**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/09/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	13,689,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,517,378 9.4525
RS to Start Calcs:	1989/07	<60% of Base:	False	20% ROE(2):	1,129,344 0.5372
Indexed Asset Value	5,646,722	Interest Rate:	5.4910%	Insurance Cost(3):	43,610 1.1280
FRVS Base Asset:	1,558,338	Chase Rate:	9.0000%	Taxes Cost(3):	14,455 0.3739
Occup Adj Factor	0.9000	Amortization Rate:	5.4910%	Home Office(3):	14,516 0.3755
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	16,554 0.0000
		Yearly Payment:	372,618	Total FRVS PD:	11.8671

- (1) 80% Capital (\$4,517,378) amortized at 5.4910 % for 20 years Principal & Interest of \$372,618 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.4525
- (2) 20% ROE (\$1,129,344) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5372
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	30,023
Comparison Date: <b>07/01/1989</b>	Current RS PBS:	52,276
Comparison Bed <b>60</b>	Effective PBS Limitation	1,801,380

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	94.8463	94.8463	1.6501	93.1962
Indirect Care	63.7316	63.7316	1.1088	62.6228
Property	13.6500	11.8671	0.2065	11.6606
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>226.3828</b>	<b>224.5999</b>	<b>3.9076</b>	<b>230.5948</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 259462-00 - 2015/01**

**230.59**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	1,558,338	0.00	0.5899	0.5899		60	27.86	1,558,338	1,801,380	
1990/01		0.10	0.5899	0.5899		60	27.86	1,558,804	1,810,440	
1990/07		0.10	0.5899	0.5899		60	27.86	1,559,270	1,821,120	
1991/01		0.20	0.5899	0.5899		60	27.86	1,560,202	1,831,800	
1991/07	39,977	0.20	1.4932	1.4932		60	27.86	1,602,539	1,859,160	
1992/01		0.30	2.0117	2.0117		60	27.86	1,607,438	1,896,540	
1992/07	20,907	0.30	1.8152	1.8152		60	28.30	1,632,849	1,930,980	
1993/01		0.40	1.7710	1.7710		60	28.30	1,638,801	1,965,180	
1993/07	5,614,860	0.40	1.5329	1.5329		240	51.54	7,263,078	7,981,200	
1994/01		0.50	1.6983	1.6983		240	51.54	7,320,876	8,116,800	
1994/07	86,128	0.50	1.5991	1.5991		240	57.22	7,465,542	8,246,640	
1995/01		0.60	1.5812	1.5812		240	57.22	7,536,368	8,376,960	
1995/07	58,417	0.60	1.5250	1.5250		240	56.89	7,663,743	8,504,640	
1996/01		0.70	1.7228	1.7228		240	56.89	7,756,168	8,651,280	
1996/07	40,148	0.70	1.3294	1.3294		240	59.11	7,796,316	8,766,240	5
1997/01		0.80	1.4109	1.4109		240	59.11	7,957,307	8,889,840	
1997/07		0.80	1.0917	1.0917		240	63.72	8,026,806	8,986,800	
1998/01		0.90	1.1663	1.1663		240	63.72	8,111,063	9,091,680	
1998/07	52,743	0.90	1.0794	1.0794		240	69.60	8,242,605	9,189,840	
1999/01		1.00	1.4499	1.4499		240	69.60	8,362,115	9,323,040	
1999/07	107,039	1.00	1.2299	1.2299		240	62.44	8,469,154	9,437,760	5
2000/01		1.00	1.3356	1.3356		240	62.44	8,686,488	9,563,760	
2000/07		1.00	1.1129	1.1129		240	62.44	8,783,160	9,670,080	
2001/01		1.00	1.2976	1.2976		240	62.44	8,897,130	9,795,600	
2001/07		1.00	0.9615	0.9615		240	62.44	8,982,676	9,889,680	
2002/01		1.00	1.0301	1.0301		240	68.08	9,075,207	9,991,440	
2002/07		1.00	0.8337	0.8337		240	62.35	9,150,867	10,074,720	
2003/01	8,267	1.00	1.3271	1.3271		240	62.35	9,280,575	10,208,400	
2003/07	52,905	1.00	1.1664	1.1664		240	62.35	9,441,729	10,327,440	
2004/01		1.00	1.1103	1.1103		240	62.35	9,546,561	10,442,160	



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0 259462-00 - 2015/01

230.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		1.00	0.8378	0.8378		240	62.35	9,626,542	10,529,760	
2005/01		1.00	0.8595	0.8595		240	62.35	9,709,282	10,620,240	
2005/07		1.00	0.7364	0.7364		240	62.35	9,780,781	10,698,480	
2006/01		1.00	0.9068	0.9068		240	47.03	9,856,621	10,795,440	
2006/07		1.00	0.8133	0.8133		240	47.01	9,925,139	10,883,280	
2007/01		1.00	1.0133	1.0133		240	47.01	10,011,100	10,993,440	
2007/07		1.00	1.1050	1.1050		240	47.01	10,105,652	11,114,880	
2008/01		1.00	0.8556	0.8556		240	47.80	10,180,797	11,209,920	
2008/07	(5,090,388)	1.00	0.6104	0.6104		120	54.91	5,152,451	5,639,160	
2009/01		1.00	1.3268	1.3268		120	54.91	5,220,702	5,714,040	
2009/07		1.00	0.6841	0.6841		120	54.91	5,256,358	5,753,160	
2010/01		0.95	0.8643	0.8643		120	48.07	5,294,080	5,802,840	
2010/07		0.95	0.7107	0.7107		120	48.07	5,325,322	5,844,120	
2011/01		0.90	0.9198	0.9198		120	55.88	5,369,405	5,897,880	
2011/07		0.90	0.9028	0.9028		120	51.98	5,410,636	5,951,160	
2012/01		0.85	0.3865	0.3865		120	51.98	5,427,434	5,974,200	
2012/07		0.85	0.9417	0.9417		120	51.98	5,468,490	6,030,480	
2013/01	21,559	0.80	0.4901	0.4901		120	47.18	5,508,442	6,060,000	
2013/07		0.80	0.6196	0.6196		120	47.18	5,531,865	6,097,560	
2014/01		0.75	0.8564	0.8564		120	54.52	5,567,086	6,149,760	
2014/07		0.75	1.2383	1.2383		120	54.52	5,618,336	6,225,960	
2015/01		0.70	0.7571	0.7571		120	52.43	5,646,722	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency



**Florida Agency for Health Care Administration**  
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**0 259586-00 - 2015/01**

**264.90**

**Hamlin Place**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Nonprofit : Other    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2180 HYPOLUXO ROAD</b>	<b>9/1/2012-8/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>LANTANA, FL 33462</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>37,201</b>	Total: <b>243</b>
Control: <b>Nonprofit : Other</b>	<b>Unaudited</b>	Medicare: <b>8,704</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>17,886</b>	FY Index: <b>1.30580299</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>48.07935%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>84.93379%</b>	Cost: <b>1.05040266</b>
Open Date: <b>12/28/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/28/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21049917</b>
Entered Medicaid <b>12/28/1984</b>	Low Occupancy Adjustment Factor:	<b>108.45662%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/30/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03634520</b>
Previous Med # <b>217361</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	897,698	1,833,203	1,157,616	542,304		4,430,821	
1a	Audit Adjustments							
2	Cost Per Diem	50.1900	102.4937	64.7219	30.3200		247.7256	
3	Cost Per Diem Inflated	52.7197	106.2189	67.9841				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>52.7197</b>	<b>106.2189</b>	<b>67.9841</b>	<b>30.3200</b>		<b>257.2427</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.0557		66.4785				
7	Provider Target Rate	<b>59.1451</b>		<b>68.9130</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>52.7197</b>	<b>99.8648</b>	<b>65.5807</b>	<b>13.6500</b>		<b>231.8152</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>52.7197</b>	<b>99.8648</b>	<b>65.5807</b>	<b>13.6500</b>		<b>231.8152</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**Hamlin Place**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>07/01/1995</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>2,700,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1984/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,807,527</b>	<b>15.6070</b>
Indexed Asset Value	<b>6,009,409</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,201,882</b>	<b>0.4796</b>
FRVS Base Asset:	<b>3,420,000</b>	Interest Rate:	<b>11.5000%</b>	Insurance Cost(3):	<b>70,977</b>	<b>1.9079</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>10.0000%</b>	Taxes Cost(3):	<b>102,165</b>	<b>2.7463</b>
ROE Factor	<b>0.015730</b>	Amortization Rate:	<b>11.5000%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>23,747</b>	<b>0.0000</b>
		Yearly Payment:	<b>615,227</b>	Total FRVS PD:		<b>20.7408</b>

- (1) 80% Capital (\$4,807,527) amortized at 11.5000 % for 20 years Principal & Interest of \$615,227 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$15.6070  
 (2) 20% ROE (\$1,201,882) times the ROE factor (0.015730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4796  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>120</b>	Effective PBS Limitation	52,276
			3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>52.7197</b>	<b>52.7197</b>	<b>0.9172</b>	<b>51.8025</b>
Direct Care	<b>99.8648</b>	<b>99.8648</b>	<b>1.7374</b>	<b>98.1274</b>
Indirect Care	<b>65.5807</b>	<b>65.5807</b>	<b>1.1409</b>	<b>64.4398</b>
Property	<b>13.6500</b>	<b>20.7408</b>	<b>0.3608</b>	<b>20.3800</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>20.2512</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>231.8152</b>	<b>238.9060</b>	<b>4.1563</b>	<b>264.9034</b>

**Medicaid Trend Adjustment**





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**264.90**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	3,708,249	0.00	1.9179	1.9179		120	44.39	3,708,249	3,352,680	
1985/01		0.10	1.1471	1.1471		120	44.39	3,711,682	3,391,080	
1985/10		0.10	0.8522	0.8522		120	47.72	3,420,000	3,420,000	1
1986/01		0.20	0.8299	0.8299		120	47.72	3,424,926	3,448,440	
1986/07		0.20	0.2974	0.2974		120	47.72	3,426,694	3,441,840	
1987/01	16,531	0.30	1.0091	1.0091		120	47.72	3,452,225	3,503,400	
1987/07		0.30	0.9007	0.9007		120	61.24	3,461,553	3,530,760	
1988/01		0.40	0.9007	0.9007		120	68.90	3,474,025	3,559,440	
1988/07		0.40	0.5899	0.5899		120	68.90	3,482,224	3,557,520	
1989/01		0.50	0.5899	0.5899		120	72.40	3,492,497	3,578,520	
1989/07		0.50	0.5899	0.5899		120	72.40	3,502,800	3,602,760	
1990/01		0.60	0.5899	0.5899		120	72.40	3,515,196	3,620,880	
1990/07		0.60	0.5899	0.5899		120	64.05	3,527,636	3,642,240	
1991/01	21,266	0.70	0.5899	0.5899		120	55.91	3,563,468	3,663,600	
1991/07		0.70	1.4932	1.4932		120	55.91	3,600,713	3,718,320	
1992/01	79,006	0.80	2.0117	2.0117		120	60.72	3,737,669	3,793,080	
1992/07		0.80	1.8152	1.8152		120	60.72	3,791,947	3,861,960	
1993/01		0.90	1.7710	1.7710		120	60.72	3,852,387	3,930,360	
1993/07		0.90	1.5329	1.5329		120	63.70	3,905,535	3,990,600	
1994/01		1.00	1.6983	1.6983		120	63.70	3,971,863	4,058,400	
1994/07	23,918	1.00	1.5991	1.5991		120	69.71	4,059,295	4,123,320	
1995/01		1.00	1.5812	1.5812		120	74.77	4,123,481	4,188,480	
1995/07		1.00	1.5250	1.5250		120	74.77	4,186,364	4,252,320	
1996/01		1.00	1.7228	1.7228		120	74.70	4,258,487	4,325,640	
1996/07		1.00	1.3294	1.3294		120	74.70	4,315,099	4,383,120	
1997/01		1.00	1.4109	1.4109		120	73.69	4,375,981	4,444,920	
1997/07		1.00	1.0917	1.0917		120	73.69	4,423,754	4,493,400	
1998/01		1.00	1.1663	1.1663		120	72.77	4,475,348	4,545,840	
1998/07		1.00	1.0794	1.0794		120	72.77	4,523,655	4,594,920	
1999/01	61,026	1.00	1.4499	1.4499		120	81.24	4,650,269	4,661,520	



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<b>264.90</b>

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	81.24	4,707,463	4,718,880	
2000/01		1.00	1.3356	1.3356		120	81.24	4,770,336	4,781,880	
2000/07		1.00	1.1129	1.1129		120	81.24	4,823,425	4,835,040	
2001/01		1.00	1.2976	1.2976		120	81.24	4,886,014	4,897,800	
2001/07		1.00	0.9615	0.9615		120	81.24	4,932,993	4,944,840	
2002/01	49,100	1.00	1.0301	1.0301		120	82.50	4,982,093	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	70.43	5,037,360	5,037,360	8
2003/01		1.00	1.3271	1.3271		120	70.43	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	70.43	5,163,720	5,163,720	8
2004/01		1.00	1.1103	1.1103		120	70.43	5,163,720	5,221,080	5
2004/07		1.00	0.8378	0.8378		120	70.43	5,264,795	5,264,880	
2005/01		0.95	0.8595	0.8595		120	61.17	5,307,782	5,310,120	
2005/07		0.95	0.7364	0.7364		120	61.17	5,344,915	5,349,240	
2006/01	30,215	0.90	0.9068	0.9068		120	56.96	5,397,720	5,397,720	8
2006/07		0.90	0.8133	0.8133		120	56.96	5,437,231	5,441,640	
2007/01		0.85	1.0133	1.0133		120	60.33	5,437,231	5,496,720	5
2007/07		0.85	1.1050	1.1050		120	60.33	5,535,574	5,557,440	
2008/01		0.80	0.8556	0.8556		120	60.33	5,573,465	5,604,960	
2008/07		0.80	0.6104	0.6104		120	67.83	5,600,680	5,639,160	
2009/01	28,253	0.75	1.3268	1.3268		120	63.14	5,684,665	5,714,040	
2009/07		0.75	0.6841	0.6841		120	63.14	5,713,833	5,753,160	
2010/01		0.70	0.8643	0.8643		120	52.03	5,746,535	5,802,840	
2010/07		0.70	0.7107	0.7107		120	52.03	5,773,580	5,844,120	
2011/01		0.65	0.9198	0.9198		120	52.03	5,806,236	5,897,880	
2011/07		0.65	0.9028	0.9028		120	54.24	5,839,836	5,951,160	
2012/01	26,464	0.60	0.3865	0.3865		120	47.64	5,878,030	5,974,200	
2012/07		0.60	0.9417	0.9417		120	47.64	5,906,797	6,030,480	
2013/01		0.55	0.4901	0.4901		120	46.94	5,920,388	6,060,000	
2013/07		0.55	0.6196	0.6196		120	46.94	5,937,608	6,097,560	
2014/01		0.50	0.8564	0.8564		120	46.94	5,959,307	6,149,760	



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264.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	48.08	5,991,564	6,225,960	
2015/01		0.45	0.7571	0.7571		120	48.08	6,009,409	6,273,120	

**Message Code:**

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 259586083120130901201210152013083202



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**0 259870-00 - 2015/01**

**236.43**

**Avante at St. Cloud**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1301 KANSAS AVE</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>131</b>	Superior: <b>0</b>
<b>SAINT CLOUD, FL 34769-5999</b>	Days in CR <b>365</b>	Maximum: <b>47,815</b>	Standard: <b>243</b>
County: <b>Osceola [49]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>47,815</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,909</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>5,005</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>32,214</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>78.74551%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.55683%</b>	Cost: <b>1.03938564</b>
Open Date: <b>09/01/1968</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/01/1968</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>01/01/1981</b>	Low Occupancy Adjustment Factor:	<b>109.25222%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>03/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>229385</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,274,684	2,799,678	1,916,054	161,714		6,152,130	
1a	Audit Adjustments							
2	Cost Per Diem	39.5693	86.9088	59.4789	5.0200		190.9770	
3	Cost Per Diem Inflated	41.1278	89.2443	61.8215				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>41.1278</b>	<b>89.2443</b>	<b>61.8215</b>	<b>5.0200</b>		<b>197.2136</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.2167		75.7507				
7	Provider Target Rate	<b>54.1289</b>		<b>78.5248</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>41.1278</b>	<b>89.2443</b>	<b>61.8215</b>	<b>5.0200</b>		<b>197.2136</b>	
12/13	Medical Adjustment Rate		2.8860	1.9992				
14	Prospective Per Diem 11	<b>41.1278</b>	<b>92.1303</b>	<b>63.8207</b>	<b>5.0200</b>		<b>202.0988</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 259870-00 - 2015/01**

**236.43**

Rate Semester 01/01/2015 through 08/31/2015

**Avante at St. Cloud**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	04/01/1992	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	2,804,926 8.1037
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	701,231 0.3632
Indexed Asset Value	3,506,157	Interest Rate:	12.5000%	Insurance Cost(3):	50,276 1.2290
FRVS Base Asset:	1,771,947	Chase Rate:	12.5000%	Taxes Cost(3):	55,939 1.3674
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	29,442 0.7197
ROE Factor	0.022290	Interest Only:	True	Replacement(3&4):	17,783 0.0000
		Yearly Payment:	348,729	Total FRVS PD:	11.7830

(1) 80% Capital (\$2,804,926) amortized at 12.5000 % for 20 years Interest of \$348,729 divided by annual available days (47815) divided by Occup. Adj. (0.90) = \$8.1037

(2) 20% ROE (\$701,231) times the ROE factor (0.022290) divided by annual available days (47815) divided by Occup. Adj. (0.90) = \$0.3632

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>131</b>	Effective PBS Limitation	3,733,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.1278	41.1278	0.7155	40.4123
Direct Care	92.1303	92.1303	1.6028	90.5275
Indirect Care	63.8207	63.8207	1.1103	62.7104
Property	5.0200	11.7830	0.2050	11.5780
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.2969
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>202.0988</b>	<b>208.8618</b>	<b>3.6336</b>	<b>236.4276</b>

**Medicaid Trend Adjustment**



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**0 259870-00 - 2015/01**

**236.43**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	800,943	0.00				131	100.00	800,943	1,344,191	
1972/01		0.10	3.9787	3.0000	0.9787	131	100.00	803,346	1,397,639	
1972/07		0.10	5.9113	3.0000	2.9113	131	100.00	805,756	1,466,545	
1973/01		0.20	8.0622	3.0000	5.0622	131	100.00	810,591	1,542,132	
1973/07		0.20	10.7186	3.0000	7.7186	131	100.00	815,455	1,629,378	
1974/01		0.30	12.9457	3.0000	9.9457	131	100.00	822,794	1,714,528	
1974/07		0.30	13.0494	3.0000	10.0494	131	100.00	830,199	1,767,714	
1975/01		0.40	13.1399	3.0000	10.1399	131	100.00	840,161	1,822,341	
1975/07		0.40	14.2033	3.0000	11.2033	131	100.00	850,243	1,896,487	
1976/01		0.50	15.2478	3.0000	12.2478	131	100.00	862,997	1,973,122	
1976/07		0.50	15.7330	3.0000	12.7330	131	100.00	875,942	2,041,897	
1977/01		0.60	16.4836	3.0000	13.4836	131	100.00	891,709	2,118,532	
1977/07		0.60	18.5412	3.0000	15.5412	131	100.00	907,760	2,225,559	
1978/01		0.70	20.2809	3.0000	17.2809	131	100.00	926,823	2,331,145	
1978/07		0.70	22.8203	3.0000	19.8203	131	100.00	946,286	2,460,180	
1979/01		0.80	24.9476	3.0000	21.9476	131	100.00	968,997	2,586,333	
1979/07		0.80	26.1458	3.0000	23.1458	131	100.00	992,253	2,694,932	
1980/01	7,618	0.90	29.3115	3.0000	26.3115	131	55.00	1,026,662	2,861,171	
1980/07	100,766	0.90	30.1222	3.0000	27.1222	131	55.00	1,155,148	2,970,163	
1981/01	24,583	1.00	30.9462	3.0000	27.9462	131	87.63	1,214,385	3,083,740	
1981/07	10,649	1.00	30.5350	3.0000	27.5350	131	87.63	1,261,466	3,163,519	
1982/01		1.00	30.2110	3.0000	27.2110	131	87.90	1,299,310	3,248,276	
1982/07	29,296	1.00	29.5087	3.0000	26.5087	131	87.90	1,367,585	3,322,815	
1983/04	31,841	1.00	29.1375	3.0000	26.1375	131	77.67	1,440,454	3,410,192	
1983/07	21,236	1.00	30.0953	3.0000	27.0953	131	77.67	1,504,904	3,545,122	
1984/01	23,186	1.00	28.3905	3.0000	25.3905	131	70.89	1,573,237	3,591,103	
1984/07	28,215	1.00	27.3084	3.0000	24.3084	131	70.89	1,648,649	3,660,009	
1985/01	14,398	1.00	25.4555	3.0000	22.4555	131	70.89	1,712,506	3,701,929	
1985/10	8,066	1.00	23.3077	3.0000	20.3077	131	70.89	1,771,947	3,733,500	
1986/01		1.00	21.1376	3.0000	18.1376	131	69.37	1,825,105	3,764,547	



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**0 259870-00 - 2015/01**

**236.43**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	131	69.37	1,879,858	3,757,342	
1987/01		1.00	16.4441	3.0000	13.4441	131	62.98	1,936,254	3,824,545	
1987/07		1.00	14.3448	3.0000	11.3448	131	62.98	1,994,342	3,854,413	
1988/01		1.00	12.2455	3.0000	9.2455	131	63.82	2,054,172	3,885,722	
1988/07		1.00	9.8354	3.0000	6.8354	131	63.82	2,115,797	3,883,626	
1989/01		1.00	7.4253	3.0000	4.4253	131	65.78	2,179,271	3,906,551	
1989/07		1.00	5.0152	3.0000	2.0152	131	65.78	2,244,649	3,933,013	
1990/01		1.00	2.6051	2.6051		131	70.25	2,303,124	3,952,794	
1990/07		1.00	0.5899	0.5899		131	70.25	2,316,710	3,976,112	
1991/01		1.00	0.5899	0.5899		131	64.47	2,330,376	3,999,430	
1991/07		1.00	1.4932	1.4932		131	64.47	2,365,173	4,059,166	
1992/01		0.95	2.0117	2.0117		131	67.47	2,410,374	4,140,779	
1992/07		0.95	1.8152	1.8152		131	67.47	2,451,938	4,215,973	
1993/01		0.90	1.7710	1.7710		131	63.70	2,491,019	4,290,643	
1993/07		0.90	1.5329	1.5329		131	63.70	2,525,385	4,356,405	
1994/01		0.85	1.6983	1.6983		131	67.12	2,561,841	4,430,420	
1994/07		0.85	1.5991	1.5991		131	67.12	2,596,662	4,501,291	
1995/01	27,610	0.80	1.5812	1.5812		131	64.50	2,657,120	4,572,424	
1995/07		0.80	1.5250	1.5250		131	64.50	2,689,537	4,642,116	
1996/01	25,513	0.75	1.7228	1.7228		131	68.55	2,749,802	4,722,157	
1996/07		0.75	1.3294	1.3294		131	68.55	2,777,220	4,784,906	
1997/01		0.70	1.4109	1.4109		131	82.11	2,804,648	4,852,371	
1997/07		0.70	1.0917	1.0917		131	82.11	2,826,081	4,905,295	
1998/01		0.65	1.1663	1.1663		131	82.11	2,847,506	4,962,542	
1998/07		0.65	1.0794	1.0794		131	82.11	2,867,484	5,016,121	
1999/01		0.60	1.4499	1.4499		131	82.11	2,892,428	5,088,826	
1999/07		0.60	1.2299	1.2299		131	82.11	2,892,428	5,151,444	5
2000/01	129,486	0.55	1.3356	1.3356		131	84.04	3,064,662	5,220,219	
2000/07		0.55	1.1129	1.1129		131	84.04	3,083,421	5,278,252	
2001/01	18,861	0.50	1.2976	1.2976		131	87.21	3,122,287	5,346,765	



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<b>0 259870-00 - 2015/01</b>
<b>236.43</b>

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		131	87.21	3,122,287	5,398,117	5
2002/01		0.45	1.0301	1.0301		131	87.21	3,151,840	5,453,661	
2002/07		0.45	0.8337	0.8337		131	87.21	3,163,666	5,499,118	
2003/01		0.40	1.3271	1.3271		131	60.09	3,180,459	5,572,085	
2003/07		0.40	1.1664	1.1664		131	60.09	3,195,299	5,637,061	
2004/01		0.35	1.1103	1.1103		131	60.09	3,207,716	5,699,679	
2004/07		0.35	0.8378	0.8378		131	60.09	3,217,121	5,747,494	
2005/01		0.30	0.8595	0.8595		131	60.09	3,225,418	5,796,881	
2005/07		0.30	0.7364	0.7364		131	60.09	3,232,543	5,839,587	
2006/01		0.25	0.9068	0.9068		131	65.12	3,239,871	5,892,511	
2006/07		0.25	0.8133	0.8133		131	65.12	3,246,458	5,940,457	
2007/01		0.20	1.0133	1.0133		131	63.76	3,253,039	6,000,586	
2007/07		0.20	1.1050	1.1050		131	63.76	3,260,228	6,066,872	
2008/01		0.15	0.8556	0.8556		131	67.48	3,264,411	6,118,748	
2008/07		0.15	0.6104	0.6104		131	67.48	3,267,401	6,156,083	
2009/01		0.10	1.3268	1.3268		131	68.28	3,271,737	6,237,827	
2009/07		0.10	0.6841	0.6841		131	68.28	3,273,975	6,280,533	
2010/01		0.05	0.8643	0.8643		131	78.49	3,275,389	6,334,767	
2010/07		0.05	0.7107	0.7107		131	78.49	3,276,552	6,379,831	
2011/01	189,970	0.00	0.9198	0.9198		131	74.90	3,466,522	6,438,519	
2011/07		0.00	0.9028	0.9028		131	74.90	3,466,522	6,496,683	
2012/01		0.00	0.3865	0.3865		131	71.24	3,466,522	6,521,835	
2012/07		0.00	0.9417	0.9417		131	71.24	3,466,522	6,583,274	
2013/01	39,635	0.00	0.4901	0.4901		131	73.05	3,506,157	6,615,500	
2013/07		0.00	0.6196	0.6196		131	73.05	3,506,157	6,656,503	
2014/01		0.00	0.8564	0.8564		131	76.08	3,506,157	6,713,488	
2014/07		0.00	1.2383	1.2383		131	76.08	3,506,157	6,796,673	
2015/01		0.00	0.7571	0.7571		131	78.75	3,506,157	6,848,156	

**Message Code:**

5 Uncorrected Licensure Deficiency
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Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 259942-00 - 2015/01**

**239.66**

**Riverfront Nursing and Rehab Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>105 15TH ST E</b>	<b>9/1/2012-8/31/2013</b>	Number of Beds: <b>110</b>	Superior: <b>0</b>
<b>BRADENTON, FL 34208</b>	Days in CR <b>365</b>	Maximum: <b>40,150</b>	Standard: <b>243</b>
County: <b>Manatee [41]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>40,150</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,794</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,690</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>29,667</b>	FY Index: <b>1.30580299</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>76.47317%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>96.62267%</b>	Cost: <b>1.05040266</b>
Open Date: <b>12/01/1972</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/01/1972</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21049917</b>
Entered Medicaid <b>12/01/1972</b>	Low Occupancy Adjustment Factor:	<b>123.38279%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>04/28/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03634520</b>
Previous Med # <b>204960</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,564,639	2,518,263	1,360,573	698,955		6,142,430	
1a	Audit Adjustments							
2	Cost Per Diem	52.7400	84.8843	45.8615	23.5600		207.0458	
3	Cost Per Diem Inflated	55.3982	87.9694	48.1730				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>55.3982</b>	<b>87.9694</b>	<b>48.1730</b>	<b>23.5600</b>		<b>215.1006</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.4803		63.8049				
7	Provider Target Rate	<b>54.4022</b>		<b>66.1415</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>54.1549</b>	<b>87.9694</b>	<b>48.1730</b>	<b>13.6500</b>		<b>203.9473</b>	
12/13	Medical Adjustment Rate		2.6199	1.4347				
14	Prospective Per Diem 11	<b>54.1549</b>	<b>90.5893</b>	<b>49.6077</b>	<b>13.6500</b>		<b>208.0019</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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**239.66**

Rate Semester 01/01/2015 through 08/31/2015

**Riverfront Nursing and Rehab Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>07/01/1992</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>1,901,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1972/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>3,822,093</b>	<b>11.8313</b>
Indexed Asset Value	<b>4,777,616</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>955,523</b>	<b>0.4160</b>
FRVS Base Asset:	<b>912,347</b>	Interest Rate:	<b>10.0000%</b>	Insurance Cost(3):	<b>122,324</b>	<b>3.1532</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.5000%</b>	Taxes Cost(3):	<b>30,540</b>	<b>0.7872</b>
ROE Factor	<b>0.015730</b>	Amortization Rate:	<b>9.5000%</b>	Home Office(3):	<b>880</b>	<b>0.0227</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>26,802</b>	<b>0.0000</b>
		Yearly Payment:	<b>427,523</b>	Total FRVS PD:		<b>16.2104</b>

- (1) 80% Capital (\$3,822,093) amortized at 9.5000 % for 20 years Principal & Interest of \$427,523 divided by annual available days (40150) divided by Occup. Adj. (0.90) = \$11.8313  
 (2) 20% ROE (\$955,523) times the ROE factor (0.015730) divided by annual available days (40150) divided by Occup. Adj. (0.90) = \$0.4160  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>110</b>	Effective PBS Limitation	52,276
			3,135,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>54.1549</b>	<b>54.1549</b>	<b>0.9422</b>	<b>53.2127</b>
Direct Care	<b>90.5893</b>	<b>90.5893</b>	<b>1.5760</b>	<b>89.0133</b>
Indirect Care	<b>49.6077</b>	<b>49.6077</b>	<b>0.8631</b>	<b>48.7446</b>
Property	<b>13.6500</b>	<b>16.2104</b>	<b>0.2820</b>	<b>15.9284</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.8558</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>208.0019</b>	<b>210.5623</b>	<b>3.6633</b>	<b>239.6573</b>

**Medicaid Trend Adjustment**



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**239.66**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/07	550,000	0.00	4.9326	3.0000	1.9326	110	100.00	550,000	1,231,450	
1973/01		0.10	7.0835	3.0000	4.0835	110	100.00	551,650	1,294,920	
1973/07		0.10	9.7399	3.0000	6.7399	110	100.00	553,305	1,368,180	
1974/01		0.20	11.9670	3.0000	8.9670	110	100.00	556,625	1,439,680	
1974/07		0.20	12.0707	3.0000	9.0707	110	100.00	559,965	1,484,340	
1975/01	1,222	0.30	12.1612	3.0000	9.1612	110	100.00	566,227	1,530,210	
1975/07		0.30	13.2246	3.0000	10.2246	110	100.00	571,323	1,592,470	
1976/01		0.40	14.2691	3.0000	11.2691	110	100.00	578,179	1,656,820	
1976/07		0.40	14.7543	3.0000	11.7543	110	100.00	585,117	1,714,570	
1977/01		0.50	15.5049	3.0000	12.5049	110	100.00	593,894	1,778,920	
1977/07		0.50	17.5625	3.0000	14.5625	110	100.00	602,802	1,868,790	
1978/01		0.60	19.3022	3.0000	16.3022	110	100.00	613,652	1,957,450	
1978/07		0.60	21.8416	3.0000	18.8416	110	100.00	624,698	2,065,800	
1979/01		0.70	23.9689	3.0000	20.9689	110	100.00	637,817	2,171,730	
1979/07		0.70	25.1671	3.0000	22.1671	110	100.00	651,211	2,262,920	
1980/01		0.80	28.3328	3.0000	25.3328	110	55.00	666,840	2,402,510	
1980/07		0.80	29.1435	3.0000	26.1435	110	55.00	682,844	2,494,030	
1981/01		0.90	29.9675	3.0000	26.9675	110	55.00	701,281	2,589,400	
1981/07		0.90	29.5563	3.0000	26.5563	110	55.00	720,216	2,656,390	
1982/01		1.00	29.2323	3.0000	26.2323	110	55.00	741,822	2,727,560	
1982/07		1.00	28.5300	3.0000	25.5300	110	55.00	764,077	2,790,150	
1983/04		1.00	28.1588	3.0000	25.1588	110	55.00	786,999	2,863,520	
1983/07		1.00	29.1166	3.0000	26.1166	110	55.00	810,609	2,976,820	
1984/01		1.00	27.4118	3.0000	24.4118	110	55.00	834,927	3,015,430	
1984/07		1.00	26.3297	3.0000	23.3297	110	55.00	859,975	3,073,290	
1985/01		1.00	24.4768	3.0000	21.4768	110	55.00	885,774	3,108,490	
1985/10		1.00	22.3290	3.0000	19.3290	110	67.00	912,347	3,135,000	
1986/01		1.00	20.1589	3.0000	17.1589	110	67.00	939,717	3,161,070	
1986/07		1.00	17.4563	3.0000	14.4563	110	67.00	967,909	3,155,020	
1987/01		1.00	15.4654	3.0000	12.4654	110	69.00	996,946	3,211,450	



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**239.66**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07		1.00	13.3661	3.0000	10.3661	110	68.30	1,026,854	3,236,530	
1988/01		1.00	11.2668	3.0000	8.2668	110	74.20	1,057,660	3,262,820	
1988/07		1.00	8.8567	3.0000	5.8567	110	74.20	1,089,390	3,261,060	
1989/01		1.00	6.4466	3.0000	3.4466	110	80.34	1,122,072	3,280,310	
1989/07		1.00	4.0365	3.0000	1.0365	110	80.34	1,155,734	3,302,530	
1990/01		1.00	1.6264	1.6264		110	72.81	1,174,531	3,319,140	
1990/07		1.00	0.5899	0.5899		110	72.81	1,181,460	3,338,720	
1991/01		1.00	0.5899	0.5899		110	73.47	1,181,460	3,358,300	5
1991/07		1.00	1.4932	1.4932		110	73.47	1,188,429	3,408,460	5
1992/01		1.00	2.0117	2.0117		110	81.28	1,206,175	3,476,990	5
1992/07	23,229	1.00	1.8152	1.8152		110	81.28	1,253,669	3,540,130	5
1993/01		0.95	1.7710	1.7710		110	81.28	1,297,473	3,602,830	
1993/07		0.95	1.5329	1.5329		110	81.28	1,316,368	3,658,050	
1994/01		0.90	1.6983	1.6983		110	81.28	1,336,489	3,720,200	
1994/07		0.90	1.5991	1.5991		110	81.28	1,355,724	3,779,710	
1995/01		0.85	1.5812	1.5812		110	82.45	1,373,945	3,839,440	
1995/07		0.85	1.5250	1.5250		110	82.45	1,391,755	3,897,960	
1996/01		0.80	1.7228	1.7228		110	89.45	1,410,936	3,965,170	
1996/07	2,820,617	0.80	1.3294	1.3294		110	85.17	4,246,558	4,017,860	6
1997/01		0.75	1.4109	1.4109		110	85.17	4,246,558	4,074,510	3
1997/07		0.75	1.0917	1.0917		110	76.39	4,246,558	4,118,950	3
1998/01		0.70	1.1663	1.1663		110	76.39	4,246,558	4,167,020	3
1998/07		0.70	1.0794	1.0794		110	76.93	4,246,558	4,212,010	3
1999/01		0.65	1.4499	1.4499		110	76.93	4,273,060	4,273,060	8
1999/07		0.65	1.2299	1.2299		110	76.93	4,307,219	4,325,640	
2000/01		0.60	1.3356	1.3356		110	79.73	4,341,737	4,383,390	
2000/07		0.60	1.1129	1.1129		110	79.73	4,370,727	4,432,120	
2001/01		0.55	1.2976	1.2976		110	67.47	4,401,921	4,489,650	
2001/07		0.55	0.9615	0.9615		110	64.10	4,425,198	4,532,770	
2002/01	12,124	0.50	1.0301	1.0301		110	63.09	4,460,116	4,579,410	



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**239.66**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		0.50	0.8337	0.8337		110	63.09	4,478,710	4,617,580	
2003/01		0.45	1.3271	1.3271		110	70.53	4,505,457	4,678,850	
2003/07	22,760	0.45	1.1664	1.1664		110	70.53	4,551,866	4,733,410	
2004/01	8,091	0.40	1.1103	1.1103		110	70.53	4,580,172	4,785,990	
2004/07		0.40	0.8378	0.8378		110	70.53	4,595,520	4,826,140	
2005/01		0.35	0.8595	0.8595		110	70.53	4,609,343	4,867,610	
2005/07		0.35	0.7364	0.7364		110	70.53	4,621,221	4,903,470	
2006/01		0.30	0.9068	0.9068		110	70.53	4,633,791	4,947,910	
2006/07		0.30	0.8133	0.8133		110	67.74	4,645,097	4,988,170	
2007/01		0.25	1.0133	1.0133		110	67.74	4,656,863	5,038,660	
2007/07		0.25	1.1050	1.1050		110	74.67	4,669,730	5,094,320	
2008/01		0.20	0.8556	0.8556		110	74.67	4,677,720	5,137,880	
2008/07		0.20	0.6104	0.6104		110	74.98	4,683,431	5,169,230	
2009/01		0.15	1.3268	1.3268		110	74.98	4,692,751	5,237,870	
2009/07		0.15	0.6841	0.6841		110	67.83	4,697,566	5,273,730	
2010/01		0.10	0.8643	0.8643		110	67.83	4,701,625	5,319,270	
2010/07		0.10	0.7107	0.7107		110	58.71	4,704,968	5,357,110	
2011/01		0.05	0.9198	0.9198		110	58.71	4,707,132	5,406,390	
2011/07		0.05	0.9028	0.9028		110	67.38	4,709,255	5,455,230	
2012/01		0.00	0.3865	0.3865		110	67.38	4,709,255	5,476,350	
2012/07		0.00	0.9417	0.9417		110	67.38	4,709,255	5,527,940	
2013/01		0.00	0.4901	0.4901		110	69.17	4,709,255	5,555,000	
2013/07	68,361	0.00	0.6196	0.6196		110	70.00	4,777,616	5,589,430	
2014/01		0.00	0.8564	0.8564		110	70.00	4,777,616	5,637,280	
2014/07		0.00	1.2383	1.2383		110	76.47	4,777,616	5,707,130	
2015/01		0.00	0.7571	0.7571		110	76.47	4,777,616	5,750,360	

**Message Code:**

- 3 Index Cost Limitation - January 1996
- 5 Uncorrected Licensure Deficiency
- 6 Not Limited to Current Per Bed Standard
- 8 Limited to Current RS Per Bed Standard





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**231.07**

**Sarasota Memorial Nursing & Rehabilitation Facilit**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Government

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>5640 RAND BLVD</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>SARASOTA, FL 34238</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Sarasota [58]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,599</b>	Total: <b>243</b>
Control: <b>Government</b>	<b>Unaudited</b>	Medicare: <b>10,589</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>16,998</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>44.03741%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.12557%</b>	Cost: <b>1.04757614</b>
Open Date: <b>07/01/1987</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1987</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>07/01/1987</b>	Low Occupancy Adjustment Factor:	<b>112.53238%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>212547</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	595,316	1,711,597	948,185	205,506		3,460,604	
1a	Audit Adjustments							
2	Cost Per Diem	35.0227	100.6940	55.7822	12.0900		203.5889	
3	Cost Per Diem Inflated	36.6889	104.2675	58.4361				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>36.6889</b>	<b>104.2675</b>	<b>58.4361</b>	<b>12.0900</b>		<b>211.4825</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		56.6225				
7	Provider Target Rate	<b>49.1189</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>36.6889</b>	<b>99.8648</b>	<b>58.4361</b>	<b>12.0900</b>		<b>207.0798</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>36.6889</b>	<b>99.8648</b>	<b>58.4361</b>	<b>12.0900</b>		<b>207.0798</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





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**231.07**

Rate Semester 01/01/2015 through 08/31/2015

**Sarasota Memorial Nursing & Rehabilitation Facilit**

**FRVS**

FRVS Status as of this Semester

**On Payback FRV**

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information Amount: Type: <60% of Base: Interest Rate: Chase Rate: Amortization Rate: Interest Only: Yearly Payment:	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
<b>1987/07</b>	<b>0.00</b>	80% Capital(1): <b>4,684,135</b>	<b>12.3896</b>
<b>5,855,169</b>	<b>None</b>	20% ROE(2): <b>1,171,034</b>	<b>0.4952</b>
<b>3,503,400</b>	<b>True</b>	Insurance Cost(3): <b>0</b>	<b>0.0000</b>
<b>0.9000</b>	<b>10.5000%</b>	Taxes Cost(3): <b>0</b>	<b>0.0000</b>
<b>0.016670</b>	<b>10.5000%</b>	Home Office(3): <b>0</b>	<b>0.0000</b>
	<b>True</b>	Replacement(3&4): <b>65,414</b>	<b>0.0000</b>
	<b>488,397</b>	<b>Total FRVS PD:</b>	<b>12.8848</b>

- (1) 80% Capital (\$4,684,135) amortized at 10.5000 % for 20 years Interest of \$488,397 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.3896
- (2) 20% ROE (\$1,171,034) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4952
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: <b>01/01/1987</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	3,503,400

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>36.6889</b>	<b>36.6889</b>	<b>0.6383</b>	<b>36.0506</b>
Direct Care	<b>99.8648</b>	<b>99.8648</b>	<b>1.7374</b>	<b>98.1274</b>
Indirect Care	<b>58.4361</b>	<b>58.4361</b>	<b>1.0166</b>	<b>57.4195</b>
Property	<b>12.0900</b>	<b>12.8848</b>	<b>0.2103</b>	<b>11.8797</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>17.6905</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>207.0798</b>	<b>207.8746</b>	<b>3.6026</b>	<b>231.0702</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**231.07**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	4,069,375	0.00	0.9007	0.9007		120	32.42	3,503,400	3,503,400	1
1988/01		0.10	0.9007	0.9007		120	32.42	3,505,261	3,559,440	
1988/07		0.10	0.5899	0.5899		120	32.42	3,506,480	3,557,520	
1989/01		0.20	0.5899	0.5899		120	32.42	3,508,919	3,578,520	
1989/07		0.20	0.5899	0.5899		120	32.42	3,511,360	3,602,760	
1990/01		0.30	0.5899	0.5899		120	46.53	3,516,618	3,620,880	
1990/07		0.30	0.5899	0.5899		120	46.53	3,521,884	3,642,240	
1991/01		0.40	0.5899	0.5899		120	55.43	3,530,196	3,663,600	
1991/07		0.40	1.4932	1.4932		120	55.43	3,551,282	3,718,320	
1992/01		0.50	2.0117	2.0117		120	56.21	3,587,004	3,793,080	
1992/07		0.50	1.8152	1.8152		120	56.21	3,619,560	3,861,960	
1993/01		0.60	1.7710	1.7710		120	58.95	3,658,021	3,930,360	
1993/07		0.60	1.5329	1.5329		120	58.95	3,691,664	3,990,600	
1994/01		0.70	1.6983	1.6983		120	65.98	3,735,551	4,058,400	
1994/07		0.70	1.5991	1.5991		120	65.98	3,777,367	4,123,320	
1995/01		0.80	1.5812	1.5812		120	64.10	3,825,151	4,188,480	
1995/07		0.80	1.5250	1.5250		120	64.10	3,871,818	4,252,320	
1996/01		0.90	1.7228	1.7228		120	62.50	3,931,851	4,325,640	
1996/07		0.90	1.3294	1.3294		120	62.50	3,978,896	4,383,120	
1997/01		1.00	1.4109	1.4109		120	62.50	4,035,034	4,444,920	
1997/07		1.00	1.0917	1.0917		120	71.70	4,079,084	4,493,400	
1998/01		1.00	1.1663	1.1663		120	74.68	4,126,658	4,545,840	
1998/07		1.00	1.0794	1.0794		120	72.59	4,171,201	4,594,920	
1999/01	49,250	1.00	1.4499	1.4499		120	72.59	4,280,929	4,661,520	
1999/07		1.00	1.2299	1.2299		120	68.02	4,333,580	4,718,880	
2000/01		1.00	1.3356	1.3356		120	68.02	4,333,580	4,781,880	5
2000/07		1.00	1.1129	1.1129		120	68.02	4,440,332	4,835,040	
2001/01		1.00	1.2976	1.2976		120	63.55	4,497,950	4,897,800	
2001/07		1.00	0.9615	0.9615		120	62.99	4,541,198	4,944,840	
2002/01		1.00	1.0301	1.0301		120	63.53	4,587,977	4,995,720	



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

**0 260355-00 - 2015/01**

**231.07**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	63.53	4,626,227	5,037,360	
2003/01		1.00	1.3271	1.3271		120	63.53	4,687,622	5,104,200	
2003/07	52,751	1.00	1.1664	1.1664		120	65.51	4,795,049	5,163,720	
2004/01		1.00	1.1103	1.1103		120	65.51	4,848,288	5,221,080	
2004/07	35,510	1.00	0.8378	0.8378		120	63.11	4,924,417	5,264,880	
2005/01		1.00	0.8595	0.8595		120	63.11	4,966,742	5,310,120	
2005/07	38,754	1.00	0.7364	0.7364		120	60.25	5,042,071	5,349,240	
2006/01		1.00	0.9068	0.9068		120	60.25	5,087,792	5,397,720	
2006/07		1.00	0.8133	0.8133		120	53.38	5,127,952	5,441,640	
2007/01		1.00	1.0133	1.0133		120	53.38	5,178,383	5,496,720	
2007/07	64,900	1.00	1.1050	1.1050		120	48.26	5,293,492	5,557,440	
2008/01		0.95	0.8556	0.8556		120	48.26	5,331,245	5,604,960	
2008/07		0.95	0.6104	0.6104		120	41.45	5,354,544	5,639,160	
2009/01		0.90	1.3268	1.3268		120	41.45	5,402,730	5,714,040	
2009/07		0.90	0.6841	0.6841		120	40.10	5,426,983	5,753,160	
2010/01		0.85	0.8643	0.8643		120	40.10	5,456,053	5,802,840	
2010/07		0.85	0.7107	0.7107		120	35.58	5,477,375	5,844,120	
2011/01		0.80	0.9198	0.9198		120	35.58	5,503,447	5,897,880	
2011/07	39,806	0.80	0.9028	0.9028		120	42.39	5,573,886	5,951,160	
2012/01		0.75	0.3865	0.3865		120	42.39	5,586,340	5,974,200	
2012/07	83,793	0.75	0.9417	0.9417		120	45.46	5,702,745	6,030,480	
2013/01		0.70	0.4901	0.4901		120	45.46	5,718,917	6,060,000	
2013/07		0.70	0.6196	0.6196		120	48.92	5,740,978	6,097,560	
2014/01		0.65	0.8564	0.8564		120	48.92	5,769,405	6,149,760	
2014/07	27,358	0.65	1.2383	1.2383		120	44.04	5,833,947	6,225,960	
2015/01		0.60	0.7571	0.7571		120	44.04	5,855,169	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 260371-00 - 2015/01**

**244.10**

**Bridgeview Center, LLC**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>350 S RIDGEWOOD AVENUE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>139</b>	Superior: <b>0</b>
<b>ORMOND BEACH, FL 32174</b>	Days in CR <b>365</b>	Maximum: <b>50,735</b>	Standard: <b>243</b>
County: <b>Volusia [64]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>50,735</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,576</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>2,786</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>32,741</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>84.87401%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>76.03430%</b>	Cost: <b>1.04340134</b>
Open Date: <b>02/01/1982</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>02/01/1982</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>02/01/1982</b>	Low Occupancy Adjustment Factor:	<b>97.09237%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>206539</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,559,920	2,824,779	1,775,691	1,186,861		7,347,251	
1a	Audit Adjustments							
2	Cost Per Diem	47.6442	86.2765	54.2345	36.2500		224.4052	
3	Cost Per Diem Inflated	49.7120	89.0810	56.5883				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>49.7120</b>	<b>89.0810</b>	<b>56.5883</b>	<b>36.2500</b>		<b>231.6313</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.1065		58.1814				
7	Provider Target Rate	<b>46.7583</b>		<b>60.3121</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>46.7583</b>	<b>89.0810</b>	<b>56.5883</b>	<b>13.6500</b>		<b>206.0776</b>	
12/13	Medical Adjustment Rate		3.4949	2.2201				
14	Prospective Per Diem 11	<b>46.7583</b>	<b>92.5759</b>	<b>58.8084</b>	<b>13.6500</b>		<b>211.7926</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 260371-00 - 2015/01**

**244.10**

Rate Semester 01/01/2015 through 08/31/2015

**Bridgeview Center, LLC**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/24/1996	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>2,604,537.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1982/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,806,787 9.2334</b>
Indexed Asset Value	<b>6,008,484</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,201,697 0.4935</b>
FRVS Base Asset:	<b>3,114,685</b>	Interest Rate:	<b>7.1087%</b>	Insurance Cost(3):	<b>65,907 1.7085</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.2500%</b>	Taxes Cost(3):	<b>37,531 0.9729</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>54,811 1.4209</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>257,835 0.0000</b>
		Yearly Payment:	<b>421,610</b>	Total FRVS PD:	<b>13.8292</b>

- (1) 80% Capital (\$4,806,787) amortized at 6.2500 % for 20 years Principal & Interest of \$421,610 divided by annual available days (50735) divided by Occup. Adj. (0.90) = \$9.2334
- (2) 20% ROE (\$1,201,697) times the ROE factor (0.018750) divided by annual available days (50735) divided by Occup. Adj. (0.90) = \$0.4935
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>143</b>	Effective PBS Limitation	4,075,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>46.7583</b>	<b>46.7583</b>	<b>0.8135</b>	<b>45.9448</b>
Direct Care	<b>92.5759</b>	<b>92.5759</b>	<b>1.6106</b>	<b>90.9653</b>
Indirect Care	<b>58.8084</b>	<b>58.8084</b>	<b>1.0231</b>	<b>57.7853</b>
Property	<b>13.6500</b>	<b>13.8292</b>	<b>0.2406</b>	<b>13.5886</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>25.9156</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>211.7926</b>	<b>211.9718</b>	<b>3.6878</b>	<b>244.1021</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 260371-00 - 2015/01**

**244.10**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	2,992,656	0.00	2.6760	2.6760		143	48.83	2,992,656	3,545,828	
1982/07		0.10	2.2977	2.2977		143	48.83	2,998,762	3,627,195	
1983/04	29,074	0.10	2.6288	2.6288		143	48.83	3,034,835	3,722,576	
1983/07		0.20	3.9578	3.0000	0.9578	143	48.83	3,051,001	3,869,866	
1984/01	13,178	0.20	2.2530	2.2530		143	55.89	3,077,927	3,920,059	
1984/07		0.30	1.9179	1.9179		140	51.93	3,094,649	3,911,460	
1985/01		0.30	1.1471	1.1471		140	48.83	3,104,103	3,956,260	
1985/10		0.40	0.8522	0.8522		140	55.89	3,114,685	3,990,000	
1986/01		0.40	0.8299	0.8299		140	55.89	3,125,026	4,023,180	
1986/07		0.50	0.2974	0.2974		143	55.89	3,129,673	4,101,526	
1987/01		0.50	1.0091	1.0091		143	55.89	3,145,465	4,174,885	
1987/07		0.60	0.9007	0.9007		143	62.40	3,162,463	4,207,489	
1988/01		0.60	0.9007	0.9007		143	62.40	3,179,553	4,241,666	
1988/07		0.70	0.5899	0.5899		143	67.09	3,192,681	4,239,378	
1989/01		0.70	0.5899	0.5899		143	67.09	3,205,864	4,264,403	
1989/07		0.80	0.5899	0.5899		143	76.81	3,220,992	4,293,289	
1990/01		0.80	0.5899	0.5899		143	76.81	3,236,192	4,314,882	
1990/07	283,682	0.90	0.5899	0.5899		143	64.83	3,537,055	4,340,336	
1991/01		0.90	0.5899	0.5899		143	64.83	3,555,833	4,365,790	
1991/07		1.00	1.4932	1.4932		143	75.62	3,608,929	4,430,998	
1992/01		1.00	2.0117	2.0117		143	75.62	3,681,530	4,520,087	
1992/07		1.00	1.8152	1.8152		143	77.47	3,748,357	4,602,169	
1993/01		1.00	1.7710	1.7710		143	77.47	3,814,740	4,683,679	
1993/07		1.00	1.5329	1.5329		143	82.08	3,873,216	4,755,465	
1994/01		1.00	1.6983	1.6983		143	82.08	3,938,995	4,836,260	
1994/07		1.00	1.5991	1.5991		143	83.56	4,001,983	4,913,623	
1995/01		1.00	1.5812	1.5812		143	83.56	4,065,262	4,991,272	
1995/07		1.00	1.5250	1.5250		143	80.89	4,127,257	5,067,348	
1996/01		1.00	1.7228	1.7228		143	80.89	4,198,361	5,154,721	
1996/07		1.00	1.3294	1.3294		143	79.28	4,254,174	5,223,218	



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 260371-00 - 2015/01**

**244.10**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		143	79.28	4,314,196	5,296,863	
1997/07		1.00	1.0917	1.0917		143	77.17	4,361,294	5,354,635	
1998/01		1.00	1.1663	1.1663		143	77.17	4,412,160	5,417,126	
1998/07		1.00	1.0794	1.0794		143	73.84	4,459,785	5,475,613	
1999/01		1.00	1.4499	1.4499		143	73.84	4,524,447	5,554,978	
1999/07	19,123	1.00	1.2299	1.2299		143	79.74	4,599,216	5,623,332	
2000/01		1.00	1.3356	1.3356		143	79.74	4,660,643	5,698,407	
2000/07	21,047	1.00	1.1129	1.1129		143	81.86	4,733,558	5,761,756	
2001/01		1.00	1.2976	1.2976		143	81.86	4,794,981	5,836,545	
2001/07		1.00	0.9615	0.9615		143	78.47	4,841,085	5,892,601	
2002/01	32,552	1.00	1.0301	1.0301		143	80.84	4,923,505	5,953,233	
2002/07		0.95	0.8337	0.8337		143	80.84	4,962,499	6,002,854	
2003/01		0.95	1.3271	1.3271		143	80.47	5,025,061	6,082,505	
2003/07	9,512	0.90	1.1664	1.1664		143	80.47	5,087,326	6,153,433	
2004/01	21,640	0.90	1.1103	1.1103		143	80.47	5,159,804	6,221,787	
2004/07		0.85	0.8378	0.8378		143	80.47	5,196,547	6,273,982	
2005/01		0.85	0.8595	0.8595		143	80.47	5,234,513	6,327,893	
2005/07		0.80	0.7364	0.7364		143	80.47	5,265,350	6,374,511	
2006/01		0.80	0.9068	0.9068		139	80.14	5,303,545	6,252,359	
2006/07		0.75	0.8133	0.8133		139	80.14	5,335,897	6,303,233	
2007/01	22,700	0.75	1.0133	1.0133		139	84.11	5,399,150	6,367,034	
2007/07		0.70	1.1050	1.1050		139	84.11	5,440,912	6,437,368	
2008/01		0.70	0.8556	0.8556		139	81.09	5,473,498	6,492,412	
2008/07		0.65	0.6104	0.6104		139	77.77	5,495,217	6,532,027	
2009/01		0.65	1.3268	1.3268		139	77.77	5,542,608	6,618,763	
2009/07		0.60	0.6841	0.6841		139	77.77	5,565,360	6,664,077	
2010/01	34,711	0.60	0.8643	0.8643		139	81.19	5,628,933	6,721,623	
2010/07		0.55	0.7107	0.7107		139	81.72	5,650,936	6,769,439	
2011/01		0.55	0.9198	0.9198		139	81.72	5,679,524	6,831,711	
2011/07		0.50	0.9028	0.9028		139	81.72	5,705,161	6,893,427	



Florida Agency for Health Care Administration  
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**0 260371-00 - 2015/01**

**244.10**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01	56,919	0.50	0.3865	0.3865		139	77.31	5,773,108	6,920,115	
2012/07		0.45	0.9417	0.9417		139	77.31	5,797,574	6,985,306	
2013/01	52,976	0.45	0.4901	0.4901		139	85.62	5,863,334	7,019,500	
2013/07		0.40	0.6196	0.6196		139	85.62	5,877,863	7,063,007	
2014/01	42,891	0.40	0.8564	0.8564		139	86.58	5,940,892	7,123,472	
2014/07	25,964	0.35	1.2383	1.2383		139	84.87	5,992,604	7,211,737	
2015/01		0.35	0.7571	0.7571		139	84.87	6,008,484	7,266,364	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 260371123120130101201304232014151219





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 260444-00 - 2015/01**

**235.47**

**Bayview Center, LLC**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>301 S BAY ST</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>EUSTIS, FL 32726</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Lake [35]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>36,648</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>3,153</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>30,058</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>82.01812%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>83.67123%</b>	Cost: <b>1.04340134</b>
Open Date: <b>02/01/1983</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>02/01/1983</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>02/01/1983</b>	Low Occupancy Adjustment Factor:	<b>106.84439%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>207209</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,379,708	2,437,680	1,560,096	1,005,440		6,382,924	
1a	Audit Adjustments							
2	Cost Per Diem	45.9015	81.0992	51.9029	33.4500		212.3536	
3	Cost Per Diem Inflated	47.8937	83.7354	54.1556				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>47.8937</b>	<b>83.7354</b>	<b>54.1556</b>	<b>33.4500</b>		<b>219.2347</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.4766		59.3291				
7	Provider Target Rate	<b>56.4716</b>		<b>61.5018</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>47.8937</b>	<b>83.7354</b>	<b>54.1556</b>	<b>13.6500</b>		<b>199.4347</b>	
12/13	Medical Adjustment Rate		3.0162	1.9507				
14	Prospective Per Diem 11	<b>47.8937</b>	<b>86.7516</b>	<b>56.1063</b>	<b>13.6500</b>		<b>204.4016</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 260444-00 - 2015/01**

**235.47**

Rate Semester 01/01/2015 through 08/31/2015

**Bayview Center, LLC**  
**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	09/01/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>2,526,316.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1982/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,097,800</b>	<b>9.1178</b>
Indexed Asset Value	<b>5,122,250</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,024,450</b>	<b>0.4873</b>
FRVS Base Asset:	<b>2,863,939</b>	Interest Rate:	<b>7.1087%</b>	Insurance Cost(3):	<b>59,439</b>	<b>1.6219</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.2500%</b>	Taxes Cost(3):	<b>50,944</b>	<b>1.3901</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>52,139</b>	<b>1.4227</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>71,000</b>	<b>0.0000</b>
		Yearly Payment:	<b>359,424</b>	Total FRVS PD:		<b>14.0398</b>

- (1) 80% Capital (\$4,097,800) amortized at 6.2500 % for 20 years Principal & Interest of \$359,424 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.1178
- (2) 20% ROE (\$1,024,450) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4873
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>47.8937</b>	<b>47.8937</b>	<b>0.8332</b>	<b>47.0605</b>
Direct Care	<b>86.7516</b>	<b>86.7516</b>	<b>1.5093</b>	<b>85.2423</b>
Indirect Care	<b>56.1063</b>	<b>56.1063</b>	<b>0.9761</b>	<b>55.1302</b>
Property	<b>13.6500</b>	<b>14.0398</b>	<b>0.2443</b>	<b>13.7955</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>24.3342</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>204.4016</b>	<b>204.7914</b>	<b>3.5629</b>	<b>235.4652</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 260444-00 - 2015/01**

**235.47**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	2,824,351	0.00	2.6288	2.6288		120	61.65	2,824,351	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	61.65	2,832,824	3,247,440	
1984/01		0.10	2.2530	2.2530		120	65.18	2,839,206	3,289,560	
1984/07		0.20	1.9179	1.9179		120	61.65	2,850,097	3,352,680	
1985/01		0.20	1.1471	1.1471		120	61.65	2,856,635	3,391,080	
1985/10		0.30	0.8522	0.8522		120	65.23	2,863,939	3,420,000	
1986/01		0.30	0.8299	0.8299		120	65.23	2,871,070	3,448,440	
1986/07		0.40	0.2974	0.2974		120	100.00	2,874,487	3,441,840	
1987/01		0.40	1.0091	1.0091		120	100.00	2,886,088	3,503,400	
1987/07		0.50	0.9007	0.9007		120	100.00	2,899,087	3,530,760	
1988/01		0.50	0.9007	0.9007		120	100.00	2,912,144	3,559,440	
1988/07		0.60	0.5899	0.5899		120	78.29	2,922,450	3,557,520	
1989/01		0.60	0.5899	0.5899		120	78.29	2,932,793	3,578,520	
1989/07		0.70	0.5899	0.5899		120	77.97	2,932,793	3,602,760	5
1990/01		0.70	0.5899	0.5899		120	77.97	2,944,903	3,620,880	5
1990/07		0.80	0.5899	0.5899		120	75.12	2,957,063	3,642,240	5
1991/01		0.80	0.5899	0.5899		120	75.12	2,985,037	3,663,600	
1991/07		0.90	1.4932	1.4932		120	74.57	3,025,153	3,718,320	
1992/01		0.90	2.0117	2.0117		120	74.57	3,079,923	3,793,080	
1992/07		1.00	1.8152	1.8152		120	62.44	3,135,830	3,861,960	
1993/01		1.00	1.7710	1.7710		120	62.44	3,191,366	3,930,360	
1993/07		1.00	1.5329	1.5329		120	62.57	3,240,286	3,990,600	
1994/01		1.00	1.6983	1.6983		120	62.57	3,295,316	4,058,400	
1994/07		1.00	1.5991	1.5991		120	65.25	3,348,011	4,123,320	
1995/01		1.00	1.5812	1.5812		120	65.25	3,400,950	4,188,480	
1995/07		1.00	1.5250	1.5250		120	61.29	3,452,814	4,252,320	
1996/01		1.00	1.7228	1.7228		120	61.29	3,512,299	4,325,640	
1996/07	18,291	1.00	1.3294	1.3294		120	58.01	3,577,283	4,383,120	
1997/01		1.00	1.4109	1.4109		120	58.01	3,627,755	4,444,920	
1997/07		1.00	1.0917	1.0917		120	64.68	3,667,359	4,493,400	



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**235.47**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	64.68	3,710,131	4,545,840	
1998/07	14,250	1.00	1.0794	1.0794		120	65.17	3,764,428	4,594,920	
1999/01		1.00	1.4499	1.4499		120	65.17	3,819,008	4,661,520	
1999/07		1.00	1.2299	1.2299		120	70.12	3,865,978	4,718,880	
2000/01		1.00	1.3356	1.3356		120	70.12	3,917,612	4,781,880	
2000/07		1.00	1.1129	1.1129		120	67.25	3,961,211	4,835,040	
2001/01		1.00	1.2976	1.2976		120	67.25	4,012,612	4,897,800	
2001/07		1.00	0.9615	0.9615		120	72.28	4,051,193	4,944,840	
2002/01	31,697	1.00	1.0301	1.0301		120	73.79	4,124,621	4,995,720	
2002/07		1.00	0.8337	0.8337		120	73.79	4,159,008	5,037,360	
2003/01		1.00	1.3271	1.3271		120	82.67	4,159,008	5,104,200	5
2003/07		0.95	1.1664	1.1664		120	82.67	4,260,900	5,163,720	
2004/01		0.95	1.1103	1.1103		120	82.67	4,305,844	5,221,080	
2004/07		0.90	0.8378	0.8378		120	82.67	4,338,310	5,264,880	
2005/01		0.90	0.8595	0.8595		120	82.67	4,371,871	5,310,120	
2005/07		0.85	0.7364	0.7364		120	82.67	4,399,235	5,349,240	
2006/01		0.85	0.9068	0.9068		120	77.51	4,433,144	5,397,720	
2006/07	37,351	0.80	0.8133	0.8133		120	82.13	4,499,337	5,441,640	
2007/01		0.80	1.0133	1.0133		120	82.13	4,535,809	5,496,720	
2007/07		0.75	1.1050	1.1050		120	82.13	4,573,402	5,557,440	
2008/01		0.75	0.8556	0.8556		120	72.91	4,602,750	5,604,960	
2008/07		0.70	0.6104	0.6104		120	72.91	4,622,418	5,639,160	
2009/01		0.70	1.3268	1.3268		120	70.14	4,665,351	5,714,040	
2009/07		0.65	0.6841	0.6841		120	70.14	4,686,098	5,753,160	
2010/01	30,705	0.65	0.8643	0.8643		120	74.16	4,743,129	5,802,840	
2010/07		0.60	0.7107	0.7107		120	74.16	4,763,354	5,844,120	
2011/01		0.60	0.9198	0.9198		120	74.70	4,789,643	5,897,880	
2011/07		0.55	0.9028	0.9028		120	74.70	4,813,424	5,951,160	
2012/01	32,028	0.55	0.3865	0.3865		120	73.13	4,855,685	5,974,200	
2012/07		0.50	0.9417	0.9417		120	73.13	4,878,550	6,030,480	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01	61,130	0.50	0.4901	0.4901		120	77.30	4,951,637	6,060,000	
2013/07		0.45	0.6196	0.6196		120	77.30	4,965,442	6,097,560	
2014/01	38,802	0.45	0.8564	0.8564		120	78.82	5,023,381	6,149,760	
2014/07	58,525	0.40	1.2383	1.2383		120	82.02	5,106,787	6,225,960	
2015/01		0.40	0.7571	0.7571		120	82.02	5,122,250	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 260444123120130101201304232014154209



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 260452-00 - 2015/01**

**236.92**

**Ruleme Center, LLC**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2810 RULEME ST</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>138</b>	Superior: <b>0</b>
<b>EUSTIS, FL 32726</b>	Days in CR <b>365</b>	Maximum: <b>50,370</b>	Standard: <b>243</b>
County: <b>Lake [35]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>50,370</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>43,836</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>9,340</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>30,229</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>68.95930%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>87.02799%</b>	Cost: <b>1.04340134</b>
Open Date: <b>05/01/1981</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/01/1981</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>05/01/1981</b>	Low Occupancy Adjustment Factor:	<b>111.13082%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>213241</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,313,724	2,603,107	1,740,957	572,235		6,230,023	
1a	Audit Adjustments							
2	Cost Per Diem	43.4591	86.1129	57.5923	18.9300		206.0943	
3	Cost Per Diem Inflated	45.3453	88.9121	60.0919				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>45.3453</b>	<b>88.9121</b>	<b>60.0919</b>	<b>18.9300</b>		<b>213.2793</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.8307		65.3090				
7	Provider Target Rate	<b>51.6555</b>		<b>67.7007</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>45.3453</b>	<b>88.9121</b>	<b>60.0919</b>	<b>13.6500</b>		<b>207.9993</b>	
12/13	Medical Adjustment Rate		1.8964	1.2817				
14	Prospective Per Diem 11	<b>45.3453</b>	<b>90.8085</b>	<b>61.3736</b>	<b>13.6500</b>		<b>211.1774</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**236.92**

Rate Semester 01/01/2015 through 08/31/2015

**Ruleme Center, LLC**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/01/2011	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	889,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>3,404,394</b> <b>8.1081</b>
RS to Start Calcs:	<b>1981/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>851,098</b> <b>0.3520</b>
Indexed Asset Value	<b>4,255,492</b>	Interest Rate:	<b>9.0000%</b>	Insurance Cost(3):	<b>68,355</b> <b>1.5593</b>
FRVS Base Asset:	<b>1,464,155</b>	Chase Rate:	<b>13.0000%</b>	Taxes Cost(3):	<b>59,453</b> <b>1.3563</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>9.0000%</b>	Home Office(3):	<b>63,912</b> <b>1.4580</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>59,813</b> <b>0.0000</b>
		Yearly Payment:	<b>367,563</b>	Total FRVS PD:	<b>12.8337</b>

- (1) 80% Capital (\$3,404,394) amortized at 9.0000 % for 20 years Principal & Interest of \$367,563 divided by annual available days (50370) divided by Occup. Adj. (0.90) = \$8.1081
- (2) 20% ROE (\$851,098) times the ROE factor (0.018750) divided by annual available days (50370) divided by Occup. Adj. (0.90) = \$0.3520
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>135</b>	Effective PBS Limitation	3,847,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>45.3453</b>	<b>45.3453</b>	<b>0.7889</b>	<b>44.5564</b>
Direct Care	<b>90.8085</b>	<b>90.8085</b>	<b>1.5798</b>	<b>89.2287</b>
Indirect Care	<b>61.3736</b>	<b>61.3736</b>	<b>1.0678</b>	<b>60.3058</b>
Property	<b>13.6500</b>	<b>12.8337</b>	<b>0.2233</b>	<b>12.6104</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>20.3210</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>211.1774</b>	<b>210.3611</b>	<b>3.6598</b>	<b>236.9248</b>

**Medicaid Trend Adjustment**



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**236.92**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/01	1,348,303	0.00	3.8241	3.0000	0.8241	135	41.46	1,348,303	3,177,900	
1981/07		0.10	3.4129	3.0000	0.4129	135	41.46	1,351,352	3,260,115	
1982/01	52,585	0.10	3.0888	3.0000	0.0888	135	44.60	1,407,224	3,347,460	
1982/07	7,475	0.20	2.3865	2.3865		135	44.60	1,420,146	3,424,275	
1983/04	1,219	0.20	2.6288	2.6288		135	41.70	1,427,026	3,514,320	
1983/07	1,177	0.30	3.9578	3.0000	0.9578	135	41.70	1,437,941	3,653,370	
1984/01		0.30	2.2530	2.2530		135	39.37	1,444,898	3,700,755	
1984/07	1,815	0.40	1.9179	1.9179		135	39.37	1,454,648	3,771,765	
1985/01		0.40	1.1471	1.1471		135	41.70	1,459,708	3,814,965	
1985/10		0.50	0.8522	0.8522		135	39.32	1,464,155	3,847,500	
1986/01	285,000	0.50	0.8299	0.8299		135	39.32	1,753,499	3,879,495	
1986/07		0.60	0.2974	0.2974		135	37.52	1,755,633	3,872,070	
1987/01		0.60	1.0091	1.0091		135	43.94	1,764,126	3,941,325	
1987/07		0.70	0.9007	0.9007		135	43.94	1,773,012	3,972,105	
1988/01		0.70	0.9007	0.9007		135	44.78	1,782,114	4,004,370	
1988/07		0.80	0.5899	0.5899		135	44.78	1,788,961	4,002,210	
1989/01		0.80	0.5899	0.5899		135	42.31	1,795,455	4,025,835	
1989/07		0.90	0.5899	0.5899		135	42.31	1,802,788	4,053,105	
1990/01		0.90	0.5899	0.5899		135	44.64	1,810,556	4,073,490	
1990/07		1.00	0.5899	0.5899		135	44.64	1,819,225	4,097,520	
1991/01		1.00	0.5899	0.5899		135	54.48	1,829,855	4,121,550	
1991/07		1.00	1.4932	1.4932		135	54.48	1,856,920	4,183,110	
1992/01		1.00	2.0117	2.0117		135	54.56	1,893,977	4,267,215	
1992/07		1.00	1.8152	1.8152		135	54.56	1,928,081	4,344,705	
1993/01		1.00	1.7710	1.7710		135	57.95	1,962,227	4,421,655	
1993/07		1.00	1.5329	1.5329		135	57.95	1,992,306	4,489,425	
1994/01		1.00	1.6983	1.6983		135	57.31	2,026,141	4,565,700	
1994/07		1.00	1.5991	1.5991		135	57.31	2,058,541	4,638,735	
1995/01		1.00	1.5812	1.5812		135	62.20	2,091,091	4,712,040	
1995/07		1.00	1.5250	1.5250		138	62.20	2,122,980	4,890,168	





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**236.92**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01		1.00	1.7228	1.7228		138	62.20	2,159,555	4,974,486	
1996/07	59,105	1.00	1.3294	1.3294		138	58.10	2,247,369	5,040,588	
1997/01		1.00	1.4109	1.4109		138	58.10	2,279,077	5,111,658	
1997/07		1.00	1.0917	1.0917		138	58.10	2,303,958	5,167,410	
1998/01		1.00	1.1663	1.1663		138	58.10	2,330,829	5,227,716	
1998/07		1.00	1.0794	1.0794		138	58.10	2,355,988	5,284,158	
1999/01		1.00	1.4499	1.4499		138	61.03	2,390,147	5,360,748	
1999/07		1.00	1.2299	1.2299		138	61.03	2,419,543	5,426,712	
2000/01	770,704	1.00	1.3356	1.3356		138	59.36	3,222,562	5,499,162	
2000/07		1.00	1.1129	1.1129		138	59.36	3,258,426	5,560,296	
2001/01	35,958	1.00	1.2976	1.2976		138	59.36	3,336,665	5,632,470	
2001/07		0.95	0.9615	0.9615		138	59.36	3,367,142	5,686,566	
2002/01	27,936	0.95	1.0301	1.0301		138	63.65	3,428,029	5,745,078	
2002/07		0.90	0.8337	0.8337		138	63.65	3,453,750	5,792,964	
2003/01	32,712	0.90	1.3271	1.3271		138	65.60	3,527,714	5,869,830	
2003/07		0.85	1.1664	1.1664		138	65.60	3,562,688	5,938,278	
2004/01		0.85	1.1103	1.1103		138	65.60	3,596,313	6,004,242	
2004/07		0.80	0.8378	0.8378		138	65.60	3,620,415	6,054,612	
2005/01		0.80	0.8595	0.8595		138	65.60	3,645,309	6,106,638	
2005/07		0.75	0.7364	0.7364		138	65.60	3,665,442	6,151,626	
2006/01	26,954	0.75	0.9068	0.9068		138	58.94	3,717,325	6,207,378	
2006/07	24,260	0.70	0.8133	0.8133		138	66.81	3,762,748	6,257,886	
2007/01		0.70	1.0133	1.0133		138	66.81	3,789,437	6,321,228	
2007/07		0.65	1.1050	1.1050		138	59.97	3,816,657	6,391,056	
2008/01		0.65	0.8556	0.8556		138	59.97	3,837,881	6,445,704	
2008/07		0.60	0.6104	0.6104		138	61.18	3,851,935	6,485,034	
2009/01		0.60	1.3268	1.3268		138	61.18	3,882,600	6,571,146	
2009/07		0.55	0.6841	0.6841		138	61.18	3,897,210	6,616,134	
2010/01	28,757	0.55	0.8643	0.8643		138	61.54	3,944,494	6,673,266	
2010/07		0.50	0.7107	0.7107		138	61.54	3,958,513	6,720,738	



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**236.92**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		0.50	0.9198	0.9198		138	59.26	3,976,718	6,782,562	
2011/07		0.45	0.9028	0.9028		138	59.26	3,992,875	6,843,834	
2012/01	66,996	0.45	0.3865	0.3865		138	61.42	4,066,815	6,870,330	
2012/07		0.40	0.9417	0.9417		138	61.42	4,082,135	6,935,052	
2013/01	68,093	0.40	0.4901	0.4901		138	57.34	4,158,229	6,969,000	
2013/07		0.35	0.6196	0.6196		138	57.34	4,167,248	7,012,194	
2014/01	50,398	0.35	0.8564	0.8564		138	60.67	4,230,135	7,072,224	
2014/07		0.30	1.2383	1.2383		138	68.96	4,245,850	7,159,854	
2015/01		0.30	0.7571	0.7571		138	68.96	4,255,492	7,214,088	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 260452123120130101201304232014154600



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**225.34**

**Tierra Pines Center, LLC**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>7380 ULMERTON RD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>243</b>
<b>LARGO, FL 33771</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>0</b>
County: <b>Pinellas [52]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,254</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,366</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>33,267</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>80.63945%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>94.18721%</b>	Cost: <b>1.04340134</b>
Open Date: <b>09/01/1979</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/01/1979</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/01/1981</b>	Low Occupancy Adjustment Factor:	<b>120.27282%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>213306</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,425,180	2,692,324	1,599,510	1,005,661		6,722,675	
1a	Audit Adjustments							
2	Cost Per Diem	42.8407	80.9308	48.0810	30.2300		202.0825	
3	Cost Per Diem Inflated	44.7000	83.5616	50.1678				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.7000</b>	<b>83.5616</b>	<b>50.1678</b>	<b>30.2300</b>		<b>208.6594</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.6477		58.0635				
7	Provider Target Rate	<b>54.5757</b>		<b>60.1898</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.7000</b>	<b>83.5616</b>	<b>50.1678</b>	<b>13.6500</b>		<b>192.0794</b>	
12/13	Medical Adjustment Rate		2.8803	1.7293				
14	Prospective Per Diem 11	<b>44.7000</b>	<b>86.4419</b>	<b>51.8971</b>	<b>13.6500</b>		<b>196.6890</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

**Tierra Pines Center, LLC**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>07/24/1996</b>		Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>1,595,285.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1979/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>2,825,556 6.2870</b>
Indexed Asset Value	<b>3,531,945</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>706,389 0.3360</b>
FRVS Base Asset:	<b>1,907,752</b>	Interest Rate:	<b>7.1087%</b>	Insurance Cost(3):	<b>56,900 1.3793</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.2500%</b>	Taxes Cost(3):	<b>45,817 1.1106</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>53,878 1.3060</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>764,343 0.0000</b>
		Yearly Payment:	<b>247,833</b>	Total FRVS PD:	<b>10.4189</b>

- (1) 80% Capital (\$2,825,556) amortized at 6.2500 % for 20 years Principal & Interest of \$247,833 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.2870  
 (2) 20% ROE (\$706,389) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3360  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>120</b>	Effective PBS Limitation	52,276
			3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.7000</b>	<b>44.7000</b>	<b>0.7777</b>	<b>43.9223</b>
Direct Care	<b>86.4419</b>	<b>86.4419</b>	<b>1.5039</b>	<b>84.9380</b>
Indirect Care	<b>51.8971</b>	<b>51.8971</b>	<b>0.9029</b>	<b>50.9942</b>
Property	<b>13.6500</b>	<b>10.4189</b>	<b>0.1813</b>	<b>10.2376</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>25.3476</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>196.6890</b>	<b>193.4579</b>	<b>3.3658</b>	<b>225.3422</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/07	139,500	0.00	4.1982	3.0000	1.1982	120	100.00	139,500	2,468,640	
1980/01		0.10	7.3640	3.0000	4.3640	120		139,500	2,620,920	
1980/07		0.10	8.1746	3.0000	5.1746	120		139,500	2,720,760	
1981/01		0.20	8.9986	3.0000	5.9986	120		139,500	2,824,800	
1981/07	1,510,920	0.20	8.5874	3.0000	5.5874	120	55.00	1,651,257	2,897,880	
1982/01	17,072	0.30	8.2634	3.0000	5.2634	120	55.00	1,683,190	2,975,520	
1982/07		0.30	7.5611	3.0000	4.5611	120	55.00	1,698,339	3,043,800	
1983/04		0.40	7.1899	3.0000	4.1899	120	64.88	1,718,719	3,123,840	
1983/07		0.40	8.1477	3.0000	5.1477	120	64.88	1,739,344	3,247,440	
1984/01		0.50	6.4429	3.0000	3.4429	120	55.38	1,765,434	3,289,560	
1984/07		0.50	5.3608	3.0000	2.3608	120	55.38	1,791,916	3,352,680	
1985/01	70,812	0.60	3.5079	3.0000	0.5079	120	51.91	1,893,170	3,391,080	
1985/10		0.60	1.3601	1.3601		120	51.91	1,907,752	3,420,000	
1986/01		0.70	0.8299	0.8299		120	51.91	1,918,212	3,448,440	
1986/07		0.70	0.2974	0.2974		120	69.21	1,922,206	3,441,840	
1987/01		0.80	1.0091	1.0091		120	69.21	1,937,724	3,503,400	
1987/07		0.80	0.9007	0.9007		120	69.21	1,951,687	3,530,760	
1988/01		0.90	0.9007	0.9007		120	69.21	1,967,507	3,559,440	
1988/07		0.90	0.5899	0.5899		120	69.21	1,977,952	3,557,520	
1989/01		1.00	0.5899	0.5899		120	69.21	1,989,620	3,578,520	
1989/07	15,286	1.00	0.5899	0.5899		120	74.72	2,016,643	3,602,760	
1990/01		1.00	0.5899	0.5899		120	74.72	2,028,539	3,620,880	
1990/07		1.00	0.5899	0.5899		120	67.50	2,040,505	3,642,240	
1991/01		1.00	0.5899	0.5899		120	67.50	2,052,542	3,663,600	
1991/07		1.00	1.4932	1.4932		120	78.24	2,052,542	3,718,320	5
1992/01		1.00	2.0117	2.0117		120	78.24	2,125,099	3,793,080	
1992/07		1.00	1.8152	1.8152		120	76.11	2,163,674	3,861,960	
1993/01		1.00	1.7710	1.7710		120	76.11	2,201,993	3,930,360	
1993/07		1.00	1.5329	1.5329		120	76.60	2,201,993	3,990,600	5
1994/01		1.00	1.6983	1.6983		120	76.60	2,235,747	4,058,400	5



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07		1.00	1.5991	1.5991		120	79.32	2,310,076	4,123,320	
1995/01		1.00	1.5812	1.5812		120	79.32	2,346,603	4,188,480	
1995/07		1.00	1.5250	1.5250		120	77.02	2,382,389	4,252,320	
1996/01		1.00	1.7228	1.7228		120	77.02	2,382,389	4,325,640	5
1996/07	40,499	1.00	1.3294	1.3294		120	71.16	2,463,932	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	71.16	2,496,149	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	71.16	2,559,002	4,493,400	
1998/01		1.00	1.1663	1.1663		120	71.16	2,588,848	4,545,840	
1998/07		1.00	1.0794	1.0794		120	71.16	2,616,792	4,594,920	
1999/01		1.00	1.4499	1.4499		120	73.14	2,654,733	4,661,520	
1999/07		1.00	1.2299	1.2299		120	73.14	2,687,384	4,718,880	
2000/01		0.95	1.3356	1.3356		120	72.99	2,721,482	4,781,880	
2000/07		0.95	1.1129	1.1129		120	72.99	2,750,256	4,835,040	
2001/01	54,253	0.90	1.2976	1.2976		120	73.24	2,836,626	4,897,800	
2001/07		0.90	0.9615	0.9615		120	75.83	2,861,174	4,944,840	
2002/01	44,533	0.85	1.0301	1.0301		120	76.11	2,930,759	4,995,720	
2002/07		0.85	0.8337	0.8337		120	76.11	2,951,526	5,037,360	
2003/01		0.80	1.3271	1.3271		120	83.97	2,982,862	5,104,200	
2003/07		0.80	1.1664	1.1664		120	83.97	3,010,695	5,163,720	
2004/01		0.75	1.1103	1.1103		120	83.97	3,035,765	5,221,080	
2004/07		0.75	0.8378	0.8378		120	83.97	3,054,842	5,264,880	
2005/01		0.70	0.8595	0.8595		120	83.97	3,073,223	5,310,120	
2005/07		0.70	0.7364	0.7364		120	83.97	3,089,065	5,349,240	
2006/01		0.65	0.9068	0.9068		120	83.97	3,107,272	5,397,720	
2006/07		0.65	0.8133	0.8133		120	83.97	3,123,697	5,441,640	
2007/01		0.60	1.0133	1.0133		120	85.07	3,142,689	5,496,720	
2007/07		0.60	1.1050	1.1050		120	86.57	3,163,525	5,557,440	
2008/01		0.55	0.8556	0.8556		120	86.57	3,178,413	5,604,960	
2008/07		0.55	0.6104	0.6104		120	86.57	3,189,083	5,639,160	
2009/01		0.50	1.3268	1.3268		120	85.91	3,210,239	5,714,040	



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2009/07		0.50	0.6841	0.6841		120	85.91	3,221,221	5,753,160	
2010/01		0.45	0.8643	0.8643		120	88.30	3,233,748	5,802,840	
2010/07		0.45	0.7107	0.7107		120	84.86	3,244,090	5,844,120	
2011/01		0.40	0.9198	0.9198		120	84.86	3,256,025	5,897,880	
2011/07		0.40	0.9028	0.9028		120	84.86	3,267,783	5,951,160	
2012/01	55,975	0.35	0.3865	0.3865		120	86.76	3,328,179	5,974,200	
2012/07		0.35	0.9417	0.9417		120	86.76	3,339,149	6,030,480	
2013/01	70,158	0.30	0.4901	0.4901		120	84.89	3,414,216	6,060,000	
2013/07		0.30	0.6196	0.6196		120	84.89	3,420,563	6,097,560	
2014/01	23,248	0.25	0.8564	0.8564		120	86.25	3,451,134	6,149,760	
2014/07	64,787	0.25	1.2383	1.2383		120	80.64	3,526,606	6,225,960	
2015/01		0.20	0.7571	0.7571		120	80.64	3,531,945	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 260576-00 - 2015/01**

**223.14**

**Highlands Lake Center, LLC**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4240 LAKELAND HIGHLANDS RD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>179</b>	Superior: <b>243</b>
<b>LAKELAND, FL 33813</b>	Days in CR <b>365</b>	Maximum: <b>65,335</b>	Standard: <b>0</b>
County: <b>Polk [53]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>65,335</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>63,505</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>19,269</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>36,408</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>57.33092%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>97.19905%</b>	Cost: <b>1.04340134</b>
Open Date: <b>08/31/1988</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>08/31/1988</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>09/29/1988</b>	Low Occupancy Adjustment Factor:	<b>124.11881%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>213128</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,423,657	3,000,960	1,903,423	1,067,118		7,395,158	
1a	Audit Adjustments							
2	Cost Per Diem	39.1029	82.4258	52.2804	29.3100		203.1191	
3	Cost Per Diem Inflated	40.8000	85.1051	54.5494				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>40.8000</b>	<b>85.1051</b>	<b>54.5494</b>	<b>29.3100</b>		<b>209.7645</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	80.2766		67.3655				
7	Provider Target Rate	<b>83.2164</b>		<b>69.8325</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>40.8000</b>	<b>85.1051</b>	<b>54.5494</b>	<b>13.6500</b>		<b>194.1045</b>	
12/13	Medical Adjustment Rate		0.7019	0.4499				
14	Prospective Per Diem 11	<b>40.8000</b>	<b>85.8070</b>	<b>54.9993</b>	<b>13.6500</b>		<b>195.2563</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

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**223.14**

Rate Semester 01/01/2015 through 08/31/2015

**Highlands Lake Center, LLC**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>09/29/1988</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,105,263.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1988/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>6,881,490</b>	<b>10.2648</b>
Indexed Asset Value	<b>8,601,862</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,720,372</b>	<b>0.5486</b>
FRVS Base Asset:	<b>3,559,440</b>	Interest Rate:	<b>7.1087%</b>	Insurance Cost(3):	<b>102,527</b>	<b>1.6145</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.2500%</b>	Taxes Cost(3):	<b>81,886</b>	<b>1.2894</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>92,363</b>	<b>1.4544</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>106,694</b>	<b>0.0000</b>
		Yearly Payment:	<b>603,585</b>	Total FRVS PD:		<b>15.1717</b>

- (1) 80% Capital (\$6,881,490) amortized at 6.2500 % for 20 years Principal & Interest of \$603,585 divided by annual available days (65335) divided by Occup. Adj. (0.90) = \$10.2648
- (2) 20% ROE (\$1,720,372) times the ROE factor (0.018750) divided by annual available days (65335) divided by Occup. Adj. (0.90) = \$0.5486
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>		Used Per Bed Standard:	29,662
Comparison Date:	<b>01/01/1988</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,559,440

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>40.8000</b>	<b>40.8000</b>	<b>0.7098</b>	<b>40.0902</b>
Direct Care	<b>85.8070</b>	<b>85.8070</b>	<b>1.4928</b>	<b>84.3142</b>
Indirect Care	<b>54.9993</b>	<b>54.9993</b>	<b>0.9569</b>	<b>54.0424</b>
Property	<b>13.6500</b>	<b>15.1717</b>	<b>0.2640</b>	<b>14.9077</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.8793</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>195.2563</b>	<b>196.7780</b>	<b>3.4235</b>	<b>223.1363</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 260576-00 - 2015/01**

**223.14**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	4,245,108	0.00	0.5899	0.5899		120	33.54	3,559,440	3,559,440	1
1989/01		0.10	0.5899	0.5899		120	33.54	3,560,721	3,578,520	
1989/07		0.10	0.5899	0.5899		120	33.54	3,562,002	3,602,760	
1990/01		0.20	0.5899	0.5899		120	33.54	3,564,565	3,620,880	
1990/07		0.20	0.5899	0.5899		120	33.54	3,567,130	3,642,240	
1991/01		0.30	0.5899	0.5899		120	33.54	3,570,980	3,663,600	
1991/07		0.30	1.4932	1.4932		120	46.01	3,584,363	3,718,320	
1992/01		0.40	2.0117	2.0117		120	46.01	3,608,492	3,793,080	
1992/07		0.40	1.8152	1.8152		120	50.27	3,632,440	3,861,960	
1993/01		0.50	1.7710	1.7710		120	50.27	3,661,839	3,930,360	
1993/07	1,828,174	0.50	1.5329	1.5329		179	53.46	5,517,295	5,952,645	
1994/01		0.60	1.6983	1.6983		179	53.46	5,571,942	6,053,780	
1994/07		0.60	1.5991	1.5991		179	58.25	5,625,405	6,150,619	
1995/01		0.70	1.5812	1.5812		179	58.25	5,687,667	6,247,816	
1995/07		0.70	1.5250	1.5250		179	48.80	5,741,539	6,343,044	
1996/01		0.80	1.7228	1.7228		179	48.80	5,811,749	6,452,413	
1996/07		0.80	1.3294	1.3294		179	45.05	5,862,375	6,538,154	
1997/01		0.90	1.4109	1.4109		179	45.05	5,923,348	6,630,339	
1997/07	42,042	0.90	1.0917	1.0917		179	42.53	6,010,392	6,702,655	
1998/01		1.00	1.1663	1.1663		179	42.53	6,064,598	6,780,878	
1998/07		1.00	1.0794	1.0794		179	52.85	6,127,500	6,854,089	
1999/01		1.00	1.4499	1.4499		179	52.85	6,212,870	6,953,434	
1999/07		1.00	1.2299	1.2299		179	54.91	6,289,157	7,038,996	
2000/01		1.00	1.3356	1.3356		179	54.91	6,373,018	7,132,971	
2000/07		1.00	1.1129	1.1129		179	55.70	6,443,943	7,212,268	
2001/01		1.00	1.2976	1.2976		179	55.70	6,527,560	7,305,885	
2001/07		1.00	0.9615	0.9615		179	52.53	6,587,504	7,376,053	
2002/01	31,560	1.00	1.0301	1.0301		179	50.68	6,681,592	7,451,949	
2002/07		1.00	0.8337	0.8337		179	50.68	6,732,921	7,514,062	
2003/01		1.00	1.3271	1.3271		179	58.35	6,822,274	7,613,765	



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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		179	58.35	6,901,849	7,702,549	
2004/01		1.00	1.1103	1.1103		179	58.35	6,978,480	7,788,111	
2004/07		1.00	0.8378	0.8378		179	58.35	7,036,946	7,853,446	
2005/01		1.00	0.8595	0.8595		179	58.35	7,097,429	7,920,929	
2005/07		1.00	0.7364	0.7364		179	58.35	7,149,694	7,979,283	
2006/01	38,743	1.00	0.9068	0.9068		179	56.90	7,253,270	8,051,599	
2006/07		1.00	0.8133	0.8133		179	56.90	7,312,261	8,117,113	
2007/01	22,918	1.00	1.0133	1.0133		179	59.86	7,409,274	8,199,274	
2007/07		1.00	1.1050	1.1050		179	59.86	7,491,146	8,289,848	
2008/01		1.00	0.8556	0.8556		179	63.58	7,555,240	8,360,732	
2008/07		1.00	0.6104	0.6104		179	63.58	7,601,357	8,411,747	
2009/01		0.95	1.3268	1.3268		179	65.50	7,697,172	8,523,443	
2009/07	57,127	0.95	0.6841	0.6841		179	58.98	7,804,323	8,581,797	
2010/01		0.90	0.8643	0.8643		179	58.98	7,865,033	8,655,903	
2010/07		0.90	0.7107	0.7107		179	58.98	7,915,338	8,717,479	
2011/01		0.85	0.9198	0.9198		179	61.02	7,977,220	8,797,671	
2011/07	47,891	0.85	0.9028	0.9028		179	59.60	8,086,328	8,877,147	
2012/01		0.80	0.3865	0.3865		179	59.60	8,111,331	8,911,515	
2012/07		0.80	0.9417	0.9417		179	59.60	8,172,442	8,995,466	
2013/01	86,717	0.75	0.4901	0.4901		179	54.96	8,289,179	9,039,500	
2013/07		0.75	0.6196	0.6196		179	54.96	8,327,671	9,095,527	
2014/01	78,700	0.70	0.8564	0.8564		179	57.43	8,456,295	9,173,392	
2014/07		0.70	1.2383	1.2383		179	57.43	8,529,594	9,287,057	
2015/01	30,294	0.65	0.7571	0.7571		179	57.33	8,601,862	9,357,404	

**Message Code:**

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 260649-00 - 2015/01**

**235.64**

**Coquina Center, LLC**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>170 N CENTER STREET</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>ORMOND BEACH, FL 32174</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Volusia [64]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,093</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>10,390</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>22,780</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>58.27130%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.25342%</b>	Cost: <b>1.04340134</b>
Open Date: <b>07/01/1987</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1987</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/01/1987</b>	Low Occupancy Adjustment Factor:	<b>113.97259%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>209929</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	987,580	2,002,515	1,233,058	745,589		4,968,742	
1a	Audit Adjustments							
2	Cost Per Diem	43.3529	87.9067	54.1290	32.7300		218.1186	
3	Cost Per Diem Inflated	45.2345	90.7642	56.4783				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>45.2345</b>	<b>90.7642</b>	<b>56.4783</b>	<b>32.7300</b>		<b>225.2070</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.8330		64.0399				
7	Provider Target Rate	<b>54.7678</b>		<b>66.3851</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>45.2345</b>	<b>90.7642</b>	<b>56.4783</b>	<b>13.6500</b>		<b>206.1270</b>	
12/13	Medical Adjustment Rate		0.8446	0.5255				
14	Prospective Per Diem 11	<b>45.2345</b>	<b>91.6088</b>	<b>57.0038</b>	<b>13.6500</b>		<b>207.4971</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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**235.64**

Rate Semester 01/01/2015 through 08/31/2015

**Coquina Center, LLC**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>11/01/1987</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>1,464,793.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1987/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,996,963</b>	<b>11.1185</b>
Indexed Asset Value	<b>6,246,204</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,249,241</b>	<b>0.5942</b>
FRVS Base Asset:	<b>1,751,700</b>	Interest Rate:	<b>7.1087%</b>	Insurance Cost(3):	<b>67,916</b>	<b>1.7373</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.2500%</b>	Taxes Cost(3):	<b>54,314</b>	<b>1.3894</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>58,374</b>	<b>1.4932</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>132,690</b>	<b>0.0000</b>
		Yearly Payment:	<b>438,291</b>	Total FRVS PD:		<b>16.3326</b>

- (1) 80% Capital (\$4,996,963) amortized at 6.2500 % for 20 years Principal & Interest of \$438,291 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.1185  
 (2) 20% ROE (\$1,249,241) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5942  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/1987</b>	Current RS PBS:	29,195
Comparison Bed	<b>60</b>	Effective PBS Limitation	52,276
			1,751,700

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>45.2345</b>	<b>45.2345</b>	<b>0.7870</b>	<b>44.4475</b>
Direct Care	<b>91.6088</b>	<b>91.6088</b>	<b>1.5938</b>	<b>90.0150</b>
Indirect Care	<b>57.0038</b>	<b>57.0038</b>	<b>0.9917</b>	<b>56.0121</b>
Property	<b>13.6500</b>	<b>16.3326</b>	<b>0.2841</b>	<b>16.0485</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.2170</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>207.4971</b>	<b>210.1797</b>	<b>3.6566</b>	<b>235.6426</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 260649-00 - 2015/01**

**235.64**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	2,746,565	0.00	0.9007	0.9007		60	33.96	1,751,700	1,751,700	1
1988/01	142,794	0.10	0.9007	0.9007		60	33.96	1,895,469	1,779,720	
1988/07		0.10	0.5899	0.5899		60	33.96	1,896,160	1,778,760	
1989/01		0.20	0.5899	0.5899		60	33.96	1,897,542	1,789,260	
1989/07		0.20	0.5899	0.5899		60	33.96	1,898,925	1,801,380	
1990/01		0.30	0.5899	0.5899		60	33.96	1,901,000	1,810,440	
1990/07		0.30	0.5899	0.5899		60	33.96	1,903,078	1,821,120	
1991/01		0.40	0.5899	0.5899		60	33.96	1,905,851	1,831,800	
1991/07	1,810,440	0.40	1.4932	1.4932		120	37.99	3,724,154	3,718,320	
1992/01		0.50	2.0117	2.0117		120	37.99	3,750,030	3,793,080	
1992/07	29,166	0.50	1.8152	1.8152		120	46.13	3,807,742	3,861,960	
1993/01		0.60	1.7710	1.7710		120	46.13	3,841,678	3,930,360	
1993/07		0.60	1.5329	1.5329		120	50.63	3,874,203	3,990,600	
1994/01		0.70	1.6983	1.6983		120	50.63	3,916,600	4,058,400	
1994/07		0.70	1.5991	1.5991		120	51.56	3,957,700	4,123,320	
1995/01		0.80	1.5812	1.5812		120	51.56	4,004,634	4,188,480	
1995/07		0.80	1.5250	1.5250		120	45.33	4,044,901	4,252,320	
1996/01		0.90	1.7228	1.7228		120	45.33	4,096,591	4,325,640	
1996/07	32,997	0.90	1.3294	1.3294		120	43.26	4,168,141	4,383,120	
1997/01		1.00	1.4109	1.4109		120	43.26	4,214,396	4,444,920	
1997/07	33,401	1.00	1.0917	1.0917		120	38.11	4,279,677	4,493,400	
1998/01		1.00	1.1663	1.1663		120	38.11	4,314,263	4,545,840	
1998/07		1.00	1.0794	1.0794		120	36.27	4,344,973	4,594,920	
1999/01		1.00	1.4499	1.4499		120	36.27	4,386,517	4,661,520	
1999/07	1,064,422	1.00	1.2299	1.2299		120	38.49	4,718,880	4,718,880	8
2000/01		1.00	1.3356	1.3356		120	38.49	4,762,986	4,781,880	
2000/07		1.00	1.1129	1.1129		120	44.13	4,805,517	4,835,040	
2001/01		1.00	1.2976	1.2976		120	44.13	4,855,549	4,897,800	
2001/07		1.00	0.9615	0.9615		120	43.06	4,892,100	4,944,840	
2002/01	22,982	1.00	1.0301	1.0301		120	49.70	4,960,619	4,995,720	



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
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0 260649-00 - 2015/01

235.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	49.70	4,997,990	5,037,360	
2003/01	18,180	1.00	1.3271	1.3271		120	56.81	5,082,498	5,104,200	
2003/07	4,359	1.00	1.1664	1.1664		120	56.81	5,146,139	5,163,720	
2004/01	28,465	1.00	1.1103	1.1103		120	56.81	5,221,080	5,221,080	8
2004/07		1.00	0.8378	0.8378		120	56.81	5,264,822	5,264,880	
2005/01		1.00	0.8595	0.8595		120	56.81	5,310,073	5,310,120	
2005/07		1.00	0.7364	0.7364		120	56.81	5,349,176	5,349,240	
2006/01	33,041	1.00	0.9068	0.9068		120	53.70	5,397,720	5,397,720	8
2006/07		1.00	0.8133	0.8133		120	53.70	5,440,582	5,441,640	
2007/01		1.00	1.0133	1.0133		120	59.89	5,495,711	5,496,720	
2007/07		1.00	1.1050	1.1050		120	53.36	5,554,628	5,557,440	
2008/01		0.95	0.8556	0.8556		120	53.36	5,598,430	5,604,960	
2008/07		0.95	0.6104	0.6104		120	53.36	5,629,927	5,639,160	
2009/01	94,053	0.90	1.3268	1.3268		120	54.92	5,714,040	5,714,040	8
2009/07		0.90	0.6841	0.6841		120	54.92	5,749,170	5,753,160	
2010/01	62,615	0.85	0.8643	0.8643		120	60.32	5,802,840	5,802,840	8
2010/07		0.85	0.7107	0.7107		120	62.75	5,837,895	5,844,120	
2011/01		0.80	0.9198	0.9198		120	62.75	5,880,850	5,897,880	
2011/07	34,561	0.80	0.9028	0.9028		120	63.23	5,951,160	5,951,160	8
2012/01		0.75	0.3865	0.3865		120	63.23	5,968,412	5,974,200	
2012/07	48,732	0.75	0.9417	0.9417		120	60.66	6,030,480	6,030,480	8
2013/01		0.70	0.4901	0.4901		120	60.66	6,051,171	6,060,000	
2013/07		0.70	0.6196	0.6196		120	60.66	6,077,415	6,097,560	
2014/01	71,723	0.65	0.8564	0.8564		120	60.63	6,149,760	6,149,760	8
2014/07		0.65	1.2383	1.2383		120	60.63	6,199,259	6,225,960	
2015/01	18,782	0.60	0.7571	0.7571		120	58.27	6,246,204	6,273,120	

**Message Code:**

- |  |
|--|
| 1 Per Bed Standard Limitation            |
| 8 Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
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**239.77**

**Island Lake Center, LLC**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>155 LANDOVER PLACE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>LONGWOOD, FL 32750</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Seminole [59]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,070</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,118</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>29,559</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>71.97224%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.76712%</b>	Cost: <b>1.04340134</b>
Open Date: <b>03/10/1989</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/10/1989</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>04/10/1989</b>	Low Occupancy Adjustment Factor:	<b>119.73639%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>200573</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,300,829	2,534,636	1,583,458	921,354		6,340,277	
1a	Audit Adjustments							
2	Cost Per Diem	44.0079	85.7484	53.5694	31.1700		214.4957	
3	Cost Per Diem Inflated	45.9179	88.5358	55.8944				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>45.9179</b>	<b>88.5358</b>	<b>55.8944</b>	<b>31.1700</b>		<b>221.5181</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.6692		61.5080				
7	Provider Target Rate	<b>49.4149</b>		<b>63.7605</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>45.9179</b>	<b>88.5358</b>	<b>55.8944</b>	<b>13.6500</b>		<b>203.9981</b>	
12/13	Medical Adjustment Rate		2.1885	1.3816				
14	Prospective Per Diem 11	<b>45.9179</b>	<b>90.7243</b>	<b>57.2760</b>	<b>13.6500</b>		<b>207.5682</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





**Florida Agency for Health Care Administration**  
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Rate Semester 01/01/2015 through 08/31/2015

**Island Lake Center, LLC**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	04/10/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,949,390.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,645,627 10.3367
RS to Start Calcs:	1989/01	<60% of Base:	False	20% ROE(2):	1,161,407 0.5524
Indexed Asset Value	5,807,034	Interest Rate:	7.1087%	Insurance Cost(3):	56,897 1.3854
FRVS Base Asset:	3,527,874	Chase Rate:	4.2500%	Taxes Cost(3):	84,591 2.0597
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	59,855 1.4574
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	55,419 0.0000
		Yearly Payment:	407,474	Total FRVS PD:	15.7916

- (1) 80% Capital (\$4,645,627) amortized at 6.2500 % for 20 years Principal & Interest of \$407,474 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.3367
- (2) 20% ROE (\$1,161,407) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5524
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	29,646
Comparison Date: <b>07/01/1988</b>	Current RS PBS:	52,276
Comparison Bed <b>119</b>	Effective PBS Limitation	3,527,874

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.9179	45.9179	0.7989	45.1190
Direct Care	90.7243	90.7243	1.5784	89.1459
Indirect Care	57.2760	57.2760	0.9965	56.2795
Property	13.6500	15.7916	0.2747	15.5169
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.8082
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>207.5682</b>	<b>209.7098</b>	<b>3.6485</b>	<b>239.7720</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	4,021,685	0.00	0.5899	0.5899		119	48.70	3,527,874	3,527,874	1
1989/07		0.10	0.5899	0.5899		119	48.70	3,529,717	3,572,737	
1990/01		0.10	0.5899	0.5899		119	48.70	3,531,561	3,590,706	
1990/07		0.20	0.5899	0.5899		119	48.70	3,535,251	3,611,888	
1991/01		0.20	0.5899	0.5899		119	48.70	3,538,945	3,633,070	
1991/07		0.30	1.4932	1.4932		119	48.70	3,552,983	3,687,334	
1992/01		0.30	2.0117	2.0117		119	48.70	3,571,969	3,761,471	
1992/07		0.40	1.8152	1.8152		119	58.46	3,597,905	3,829,777	
1993/01		0.40	1.7710	1.7710		119	58.46	3,623,393	3,897,607	
1993/07	20,985	0.50	1.5329	1.5329		119	64.39	3,672,151	3,957,345	
1994/01		0.50	1.6983	1.6983		119	64.39	3,703,335	4,024,580	
1994/07		0.60	1.5991	1.5991		120	63.40	3,738,868	4,123,320	
1995/01		0.60	1.5812	1.5812		120	63.40	3,774,339	4,188,480	
1995/07		0.70	1.5250	1.5250		120	60.07	3,814,630	4,252,320	
1996/01		0.70	1.7228	1.7228		120	60.07	3,860,634	4,325,640	
1996/07		0.80	1.3294	1.3294		120	62.69	3,901,692	4,383,120	
1997/01		0.80	1.4109	1.4109		120	62.69	3,901,692	4,444,920	5
1997/07		0.90	1.0917	1.0917		120	58.95	3,984,497	4,493,400	
1998/01		0.90	1.1663	1.1663		120	58.95	4,026,322	4,545,840	
1998/07		1.00	1.0794	1.0794		120	63.91	4,069,782	4,594,920	
1999/01		1.00	1.4499	1.4499		120	63.91	4,128,790	4,661,520	
1999/07		1.00	1.2299	1.2299		120	65.59	4,179,570	4,718,880	
2000/01		1.00	1.3356	1.3356		120	65.59	4,235,392	4,781,880	
2000/07		1.00	1.1129	1.1129		120	66.19	4,282,528	4,835,040	
2001/01		1.00	1.2976	1.2976		120	66.19	4,338,098	4,897,800	
2001/07		1.00	0.9615	0.9615		120	66.65	4,379,809	4,944,840	
2002/01	70,820	1.00	1.0301	1.0301		120	64.85	4,495,745	4,995,720	
2002/07		1.00	0.8337	0.8337		120	64.85	4,533,226	5,037,360	
2003/01		1.00	1.3271	1.3271		120	56.16	4,593,386	5,104,200	
2003/07		1.00	1.1664	1.1664		120	56.16	4,593,386	5,163,720	5



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0 260657-00 - 2015/01

239.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		120	56.16	4,698,558	5,221,080	
2004/07		1.00	0.8378	0.8378		120	56.16	4,737,923	5,264,880	
2005/01		1.00	0.8595	0.8595		120	56.16	4,778,645	5,310,120	
2005/07		1.00	0.7364	0.7364		120	56.16	4,813,835	5,349,240	
2006/01		1.00	0.9068	0.9068		120	56.16	4,857,487	5,397,720	
2006/07		1.00	0.8133	0.8133		120	56.16	4,896,993	5,441,640	
2007/01	34,818	1.00	1.0133	1.0133		120	62.01	4,981,432	5,496,720	
2007/07		1.00	1.1050	1.1050		120	62.19	5,036,477	5,557,440	
2008/01		1.00	0.8556	0.8556		120	62.19	5,079,569	5,604,960	
2008/07		1.00	0.6104	0.6104		120	62.19	5,110,575	5,639,160	
2009/01		1.00	1.3268	1.3268		120	57.55	5,178,382	5,714,040	
2009/07		0.95	0.6841	0.6841		120	57.55	5,212,036	5,753,160	
2010/01		0.95	0.8643	0.8643		120	55.50	5,254,832	5,802,840	
2010/07		0.90	0.7107	0.7107		120	60.85	5,288,442	5,844,120	
2011/01		0.90	0.9198	0.9198		120	60.85	5,332,220	5,897,880	
2011/07	46,283	0.85	0.9028	0.9028		120	60.22	5,419,422	5,951,160	
2012/01		0.85	0.3865	0.3865		120	60.22	5,437,225	5,974,200	
2012/07	87,735	0.80	0.9417	0.9417		120	58.35	5,565,924	6,030,480	
2013/01		0.80	0.4901	0.4901		120	58.35	5,587,748	6,060,000	
2013/07		0.75	0.6196	0.6196		120	58.35	5,613,714	6,097,560	
2014/01	48,710	0.75	0.8564	0.8564		120	66.67	5,698,481	6,149,760	
2014/07	28,544	0.70	1.2383	1.2383		120	71.97	5,776,419	6,225,960	
2015/01		0.70	0.7571	0.7571		120	71.97	5,807,034	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 260665-00 - 2015/01**

**233.62**

**Indian River Center LLC**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>7201 GREENBORO DR</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>179</b>	Superior: <b>0</b>
<b>WEST MELBOURNE, FL 32904</b>	Days in CR <b>365</b>	Maximum: <b>65,335</b>	Standard: <b>243</b>
County: <b>Brevard [5]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>65,335</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>62,428</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,463</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>44,946</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>71.99654%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.55062%</b>	Cost: <b>1.04340134</b>
Open Date: <b>07/01/1989</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1989</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>08/01/1989</b>	Low Occupancy Adjustment Factor:	<b>122.01383%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>201138</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,846,613	3,967,354	2,147,811	1,323,660		9,285,438	
1a	Audit Adjustments							
2	Cost Per Diem	41.0851	88.2694	47.7865	29.4500		206.5910	
3	Cost Per Diem Inflated	42.8682	91.1387	49.8605				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>42.8682</b>	<b>91.1387</b>	<b>49.8605</b>	<b>29.4500</b>		<b>213.3174</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.2641		59.8569				
7	Provider Target Rate	<b>46.9217</b>		<b>62.0489</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>42.8682</b>	<b>91.1387</b>	<b>49.8605</b>	<b>13.6500</b>		<b>197.5174</b>	
12/13	Medical Adjustment Rate		2.2553	1.2339				
14	Prospective Per Diem 11	<b>42.8682</b>	<b>93.3940</b>	<b>51.0944</b>	<b>13.6500</b>		<b>201.0066</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



**Florida Agency for Health Care Administration**  
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**0 260665-00 - 2015/01**

**233.62**

Rate Semester 01/01/2015 through 08/31/2015

**Indian River Center LLC**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/29/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,992,402.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	6,929,546 10.3365
RS to Start Calcs:	1989/07	<60% of Base:	False	20% ROE(2):	1,732,386 0.5524
Indexed Asset Value	8,661,932	Interest Rate:	7.1087%	Insurance Cost(3):	84,873 1.3595
FRVS Base Asset:	3,578,520	Chase Rate:	4.2500%	Taxes Cost(3):	71,224 1.1409
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	85,236 1.3653
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	101,472 0.0000
		Yearly Payment:	607,800	Total FRVS PD:	14.7546

- (1) 80% Capital (\$6,929,546) amortized at 6.2500 % for 20 years Principal & Interest of \$607,800 divided by annual available days (65335) divided by Occup. Adj. (0.90) = \$10.3365
- (2) 20% ROE (\$1,732,386) times the ROE factor (0.018750) divided by annual available days (65335) divided by Occup. Adj. (0.90) = \$0.5524
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	29,821
Comparison Date: 01/01/1989	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,578,520

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.8682	42.8682	0.7458	42.1224
Direct Care	93.3940	93.3940	1.6248	91.7692
Indirect Care	51.0944	51.0944	0.8889	50.2055
Property	13.6500	14.7546	0.2567	14.4979
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.1200
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>201.0066</b>	<b>202.1112</b>	<b>3.5162</b>	<b>233.6175</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 260665-00 - 2015/01**

**233.62**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	4,792,398	0.00	0.5899	0.5899		120	54.64	3,578,520	3,578,520	1
1990/01		0.10	0.5899	0.5899		120	54.64	3,580,618	3,620,880	
1990/07		0.10	0.5899	0.5899		120	54.64	3,582,717	3,642,240	
1991/01		0.20	0.5899	0.5899		120	54.64	3,586,917	3,663,600	
1991/07		0.20	1.4932	1.4932		120	54.64	3,597,557	3,718,320	
1992/01		0.30	2.0117	2.0117		120	54.64	3,619,126	3,793,080	
1992/07		0.30	1.8152	1.8152		179	55.48	3,638,836	5,760,757	
1993/01		0.40	1.7710	1.7710		179	55.48	3,664,614	5,862,787	
1993/07	1,864,931	0.40	1.5329	1.5329		179	53.06	5,551,224	5,952,645	
1994/01		0.50	1.6983	1.6983		179	53.06	5,596,702	6,053,780	
1994/07	22,736	0.50	1.5991	1.5991		179	48.67	5,659,039	6,150,619	
1995/01		0.60	1.5812	1.5812		179	48.67	5,706,547	6,247,816	
1995/07		0.60	1.5250	1.5250		179	50.00	5,754,015	6,343,044	
1996/01		0.70	1.7228	1.7228		179	50.00	5,817,100	6,452,413	
1996/07	35,606	0.70	1.3294	1.3294		179	50.38	5,902,293	6,538,154	
1997/01		0.80	1.4109	1.4109		179	50.38	5,963,316	6,630,339	
1997/07		0.80	1.0917	1.0917		179	45.79	6,006,678	6,702,655	
1998/01		0.90	1.1663	1.1663		179	45.79	6,059,172	6,780,878	
1998/07		0.90	1.0794	1.0794		179	49.09	6,111,712	6,854,089	
1999/01		1.00	1.4499	1.4499		179	49.09	6,190,804	6,953,434	
1999/07		1.00	1.2299	1.2299		179	55.29	6,266,945	7,038,996	
2000/01		1.00	1.3356	1.3356		179	55.29	6,350,646	7,132,971	
2000/07		1.00	1.1129	1.1129		179	59.30	6,421,322	7,212,268	
2001/01		1.00	1.2976	1.2976		179	59.30	6,504,645	7,305,885	
2001/07		1.00	0.9615	0.9615		179	57.42	6,567,187	7,376,053	
2002/01	32,942	1.00	1.0301	1.0301		179	67.47	6,667,778	7,451,949	
2002/07		1.00	0.8337	0.8337		179	67.47	6,723,367	7,514,062	
2003/01		1.00	1.3271	1.3271		179	71.26	6,812,593	7,613,765	
2003/07		1.00	1.1664	1.1664		179	71.26	6,892,055	7,702,549	
2004/01		1.00	1.1103	1.1103		179	71.26	6,968,577	7,788,111	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		1.00	0.8378	0.8378		179	71.26	7,026,960	7,853,446	
2005/01		1.00	0.8595	0.8595		179	71.26	7,087,357	7,920,929	
2005/07		1.00	0.7364	0.7364		179	71.26	7,139,548	7,979,283	
2006/01		1.00	0.9068	0.9068		179	62.19	7,204,289	8,051,599	
2006/07		1.00	0.8133	0.8133		179	62.19	7,262,881	8,117,113	
2007/01	19,657	1.00	1.0133	1.0133		179	73.59	7,356,133	8,199,274	
2007/07		1.00	1.1050	1.1050		179	73.59	7,437,418	8,289,848	
2008/01		1.00	0.8556	0.8556		179	71.07	7,501,053	8,360,732	
2008/07		1.00	0.6104	0.6104		179	71.07	7,546,839	8,411,747	
2009/01		1.00	1.3268	1.3268		179	73.25	7,646,970	8,523,443	
2009/07		1.00	0.6841	0.6841		179	73.25	7,699,283	8,581,797	
2010/01	77,407	0.95	0.8643	0.8643		179	73.46	7,839,909	8,655,903	
2010/07		0.95	0.7107	0.7107		179	71.57	7,892,844	8,717,479	
2011/01		0.90	0.9198	0.9198		179	71.57	7,958,181	8,797,671	
2011/07		0.90	0.9028	0.9028		179	71.57	8,022,841	8,877,147	
2012/01	83,436	0.85	0.3865	0.3865		179	63.95	8,132,632	8,911,515	
2012/07		0.85	0.9417	0.9417		179	63.95	8,197,726	8,995,466	
2013/01	111,608	0.80	0.4901	0.4901		179	63.81	8,341,477	9,039,500	
2013/07		0.80	0.6196	0.6196		179	63.81	8,382,826	9,095,527	
2014/01	69,086	0.75	0.8564	0.8564		179	69.71	8,505,755	9,173,392	
2014/07	31,518	0.75	1.2383	1.2383		179	72.00	8,616,266	9,287,057	
2015/01		0.70	0.7571	0.7571		179	72.00	8,661,932	9,357,404	

**Message Code:**

1 Per Bed Standard Limitation



**Florida Agency for Health Care Administration**  
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**0 260673-00 - 2015/01**

**213.53**

**Riverwood Center, LLC**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2802 PARENTAL HOME ROAD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>240</b>	Superior: <b>0</b>
<b>JACKSONVILLE , FL 32216</b>	Days in CR <b>365</b>	Maximum: <b>87,600</b>	Standard: <b>243</b>
County: <b>Duval [16]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>87,600</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>74,510</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,650</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>65,167</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>87.46074%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.05708%</b>	Cost: <b>1.04340134</b>
Open Date: <b>08/01/1982</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>08/01/1982</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>08/01/1982</b>	Low Occupancy Adjustment Factor:	<b>108.61406%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>213331</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,615,746	5,668,102	3,263,241	2,130,961		13,678,050	
1a	Audit Adjustments							
2	Cost Per Diem	40.1391	86.9781	50.0751	32.7000		209.8923	
3	Cost Per Diem Inflated	41.8812	89.8054	52.2484				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>41.8812</b>	<b>89.8054</b>	<b>52.2484</b>	<b>32.7000</b>		<b>216.6350</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.4207		58.0459				
7	Provider Target Rate	<b>53.3038</b>		<b>60.1716</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>41.8812</b>	<b>89.8054</b>	<b>52.2484</b>	<b>13.6500</b>		<b>197.5850</b>	
12/13	Medical Adjustment Rate		3.7847	2.2019				
14	Prospective Per Diem 11	<b>41.8812</b>	<b>93.5901</b>	<b>54.4503</b>	<b>13.6500</b>		<b>203.5716</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





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Rate Semester 01/01/2015 through 08/31/2015

**Riverwood Center, LLC**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/24/1996	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,922,517.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	8,315,199	9.2509
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	2,078,800	0.4944
Indexed Asset Value	10,393,999	Interest Rate:	7.1087%	Insurance Cost(3):	120,101	1.6119
FRVS Base Asset:	4,690,815	Chase Rate:	4.2500%	Taxes Cost(3):	127,943	1.7171
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	93,163	1.2503
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	131,967	0.0000
		Yearly Payment:	729,338	Total FRVS PD:		14.3246

- (1) 80% Capital (\$8,315,199) amortized at 6.2500 % for 20 years Principal & Interest of \$729,338 divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$9.2509
- (2) 20% ROE (\$2,078,800) times the ROE factor (0.018750) divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$0.4944
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	240	Effective PBS Limitation	6,840,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.8812	41.8812	0.7286	41.1526
Direct Care	93.5901	93.5901	1.6282	91.9619
Indirect Care	54.4503	54.4503	0.9473	53.5030
Property	13.6500	14.3246	0.2492	14.0754
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.9348
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>203.5716</b>	<b>204.2462</b>	<b>3.5533</b>	<b>213.5302</b>

**Medicaid Trend Adjustment**



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**213.53**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	4,410,069	0.00	2.2977	2.2977		240	56.68	4,410,069	6,087,600	
1983/04	159,024	0.10	2.6288	2.6288		240	56.68	4,580,687	6,247,680	
1983/07		0.10	3.9578	3.0000	0.9578	240	56.68	4,594,429	6,494,880	
1984/01	29,857	0.20	2.2530	2.2530		240	74.84	4,644,988	6,579,120	
1984/07		0.20	1.9179	1.9179		240	74.84	4,662,806	6,705,360	
1985/01		0.30	1.1471	1.1471		240	56.68	4,678,851	6,782,160	
1985/10		0.30	0.8522	0.8522		240	69.93	4,690,815	6,840,000	
1986/01		0.40	0.8299	0.8299		240	76.19	4,706,389	6,896,880	
1986/07		0.40	0.2974	0.2974		240	76.20	4,711,990	6,883,680	
1987/01		0.50	1.0091	1.0091		240	76.19	4,735,767	7,006,800	
1987/07		0.50	0.9007	0.9007		240	81.99	4,757,097	7,061,520	
1988/01		0.60	0.9007	0.9007		240	81.99	4,782,804	7,118,880	
1988/07		0.60	0.5899	0.5899		240	88.38	4,799,730	7,115,040	
1989/01		0.70	0.5899	0.5899		240	88.38	4,819,548	7,157,040	
1989/07		0.70	0.5899	0.5899		240	91.46	4,839,448	7,205,520	
1990/01		0.80	0.5899	0.5899		240	91.46	4,862,285	7,241,760	
1990/07	1,210,766	0.80	0.5899	0.5899		240	81.30	6,095,996	7,284,480	
1991/01		0.90	0.5899	0.5899		240	81.30	6,128,360	7,327,200	
1991/07		0.90	1.4932	1.4932		240	86.01	6,210,719	7,436,640	
1992/01		1.00	2.0117	2.0117		240	86.01	6,335,660	7,586,160	
1992/07		1.00	1.8152	1.8152		240	83.57	6,450,665	7,723,920	
1993/01		1.00	1.7710	1.7710		240	83.57	6,564,906	7,860,720	
1993/07		1.00	1.5329	1.5329		240	84.12	6,665,539	7,981,200	
1994/01		1.00	1.6983	1.6983		240	84.12	6,778,740	8,116,800	
1994/07		1.00	1.5991	1.5991		240	82.23	6,887,139	8,246,640	
1995/01		1.00	1.5812	1.5812		240	82.23	6,996,038	8,376,960	
1995/07		1.00	1.5250	1.5250		240	78.82	7,102,728	8,504,640	
1996/01		1.00	1.7228	1.7228		240	78.82	7,225,094	8,651,280	
1996/07		1.00	1.3294	1.3294		240	82.55	7,321,144	8,766,240	
1997/01		1.00	1.4109	1.4109		240	82.55	7,424,438	8,889,840	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		240	82.55	7,505,491	8,986,800	
1998/01		1.00	1.1663	1.1663		240	82.55	7,593,028	9,091,680	
1998/07		1.00	1.0794	1.0794		240	82.55	7,593,028	9,189,840	5
1999/01	87,779	1.00	1.4499	1.4499		240	87.48	7,874,046	9,323,040	
1999/07		1.00	1.2299	1.2299		240	87.48	7,874,046	9,437,760	5
2000/01		1.00	1.3356	1.3356		240	86.13	8,077,348	9,563,760	
2000/07		1.00	1.1129	1.1129		240	86.13	8,167,241	9,670,080	
2001/01		1.00	1.2976	1.2976		240	80.92	8,273,219	9,795,600	
2001/07		1.00	0.9615	0.9615		240	82.57	8,352,766	9,889,680	
2002/01	22,982	1.00	1.0301	1.0301		240	77.98	8,461,790	9,991,440	
2002/07		1.00	0.8337	0.8337		240	77.98	8,532,336	10,074,720	
2003/01		0.95	1.3271	1.3271		240	84.88	8,639,903	10,208,400	
2003/07	25,148	0.95	1.1664	1.1664		240	84.88	8,760,790	10,327,440	
2004/01	22,584	0.90	1.1103	1.1103		240	84.88	8,870,921	10,442,160	
2004/07	28,114	0.90	0.8378	0.8378		240	84.88	8,965,922	10,529,760	
2005/01		0.85	0.8595	0.8595		240	84.88	9,031,427	10,620,240	
2005/07		0.85	0.7364	0.7364		240	84.88	9,087,955	10,698,480	
2006/01		0.80	0.9068	0.9068		240	84.88	9,153,879	10,795,440	
2006/07		0.80	0.8133	0.8133		240	84.88	9,213,434	10,883,280	
2007/01	85,042	0.75	1.0133	1.0133		240	85.59	9,368,498	10,993,440	
2007/07		0.75	1.1050	1.1050		240	85.88	9,446,144	11,114,880	
2008/01		0.70	0.8556	0.8556		240	85.88	9,502,717	11,209,920	
2008/07		0.70	0.6104	0.6104		240	85.88	9,543,322	11,278,320	
2009/01		0.65	1.3268	1.3268		240	84.48	9,625,624	11,428,080	
2009/07		0.65	0.6841	0.6841		240	84.48	9,668,429	11,506,320	
2010/01		0.60	0.8643	0.8643		240	83.71	9,718,569	11,605,680	
2010/07		0.60	0.7107	0.7107		240	83.12	9,760,009	11,688,240	
2011/01		0.55	0.9198	0.9198		240	83.12	9,809,385	11,795,760	
2011/07	57,389	0.55	0.9028	0.9028		240	78.49	9,915,478	11,902,320	
2012/01		0.50	0.3865	0.3865		240	78.49	9,934,645	11,948,400	



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**0 260673-00 - 2015/01**

**213.53**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		240	78.49	9,981,427	12,060,960	
2013/01	88,713	0.45	0.4901	0.4901		240	81.08	10,092,149	12,120,000	
2013/07		0.45	0.6196	0.6196		240	81.08	10,120,286	12,195,120	
2014/01	100,054	0.40	0.8564	0.8564		240	87.54	10,255,012	12,299,520	
2014/07		0.40	1.2383	1.2383		240	87.54	10,305,805	12,451,920	
2015/01	60,884	0.35	0.7571	0.7571		240	87.46	10,393,999	12,546,240	

**Message Code:**

5 Uncorrected Licensure Deficiency
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VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 260673123120130101201306242014170844



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 260690-00 - 2015/01**

**250.31**

**Fairway Oaks Center, LLC**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>13806 N 46TH ST</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>TAMPA, FL 33613</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Hillsborough [29]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,432</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,313</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>28,774</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>74.86990%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>87.74429%</b>	Cost: <b>1.04340134</b>
Open Date: <b>03/01/1983</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/01/1983</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>03/01/1983</b>	Low Occupancy Adjustment Factor:	<b>112.04550%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>213292</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,361,865	2,488,392	1,738,698	979,179		6,568,134	
1a	Audit Adjustments							
2	Cost Per Diem	47.3297	86.4806	60.4260	34.0300		228.2663	
3	Cost Per Diem Inflated	49.3839	89.2918	63.0486				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>49.3839</b>	<b>89.2918</b>	<b>63.0486</b>	<b>34.0300</b>		<b>235.7543</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.5744		59.7201				
7	Provider Target Rate	<b>53.4631</b>		<b>61.9071</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>49.3839</b>	<b>89.2918</b>	<b>61.9071</b>	<b>13.6500</b>		<b>214.2328</b>	
12/13	Medical Adjustment Rate		2.4983	1.7321				
14	Prospective Per Diem 11	<b>49.3839</b>	<b>91.7901</b>	<b>63.6392</b>	<b>13.6500</b>		<b>218.4632</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**250.31**

Rate Semester 01/01/2015 through 08/31/2015

**Fairway Oaks Center, LLC**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/01/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>2,099,769.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1982/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,144,859</b>	<b>9.2225</b>
Indexed Asset Value	<b>5,181,074</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,036,215</b>	<b>0.4929</b>
FRVS Base Asset:	<b>2,511,048</b>	Interest Rate:	<b>7.1087%</b>	Insurance Cost(3):	<b>56,898</b>	<b>1.4805</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.2500%</b>	Taxes Cost(3):	<b>75,930</b>	<b>1.9757</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>56,589</b>	<b>1.4724</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>89,525</b>	<b>0.0000</b>
		Yearly Payment:	<b>363,551</b>	Total FRVS PD:		<b>14.6440</b>

- (1) 80% Capital (\$4,144,859) amortized at 6.2500 % for 20 years Principal & Interest of \$363,551 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.2225
- (2) 20% ROE (\$1,036,215) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4929
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>49.3839</b>	<b>49.3839</b>	<b>0.8592</b>	<b>48.5247</b>
Direct Care	<b>91.7901</b>	<b>91.7901</b>	<b>1.5969</b>	<b>90.1932</b>
Indirect Care	<b>63.6392</b>	<b>63.6392</b>	<b>1.1072</b>	<b>62.5320</b>
Property	<b>13.6500</b>	<b>14.6440</b>	<b>0.2548</b>	<b>14.3892</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>24.7642</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>218.4632</b>	<b>219.4572</b>	<b>3.8181</b>	<b>250.3058</b>

**Medicaid Trend Adjustment**



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**250.31**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	2,463,676	0.00	2.6288	2.6288		120	65.11	2,463,676	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	65.11	2,471,067	3,247,440	
1984/01	12,728	0.10	2.2530	2.2530		120	67.14	2,489,362	3,289,560	
1984/07		0.20	1.9179	1.9179		120	67.14	2,498,911	3,352,680	
1985/01		0.20	1.1471	1.1471		120	92.89	2,504,644	3,391,080	
1985/10		0.30	0.8522	0.8522		120	76.90	2,511,048	3,420,000	
1986/01		0.30	0.8299	0.8299		120	76.90	2,517,301	3,448,440	
1986/07		0.40	0.2974	0.2974		120	76.90	2,520,297	3,441,840	
1987/01		0.40	1.0091	1.0091		120	76.90	2,530,469	3,503,400	
1987/07		0.50	0.9007	0.9007		120	79.43	2,541,866	3,530,760	
1988/01		0.50	0.9007	0.9007		120	79.15	2,553,315	3,559,440	
1988/07		0.60	0.5899	0.5899		120	72.47	2,562,351	3,557,520	
1989/01		0.60	0.5899	0.5899		120	72.47	2,571,419	3,578,520	
1989/07		0.70	0.5899	0.5899		120	70.48	2,582,036	3,602,760	
1990/01		0.70	0.5899	0.5899		120	70.48	2,592,697	3,620,880	
1990/07	78,588	0.80	0.5899	0.5899		120	74.00	2,683,520	3,642,240	
1991/01		0.80	0.5899	0.5899		120	74.00	2,696,184	3,663,600	
1991/07	104,643	0.90	1.4932	1.4932		120	89.77	2,800,827	3,718,320	5
1992/01		0.90	2.0117	2.0117		120	89.77	2,888,426	3,793,080	
1992/07		1.00	1.8152	1.8152		120	90.72	2,940,857	3,861,960	
1993/01		1.00	1.7710	1.7710		120	90.72	2,992,940	3,930,360	
1993/07		1.00	1.5329	1.5329		120	85.90	3,038,819	3,990,600	
1994/01		1.00	1.6983	1.6983		120	85.90	3,090,427	4,058,400	
1994/07		1.00	1.5991	1.5991		120	78.38	3,139,846	4,123,320	
1995/01		1.00	1.5812	1.5812		120	78.38	3,189,493	4,188,480	
1995/07		1.00	1.5250	1.5250		120	72.53	3,238,133	4,252,320	
1996/01		1.00	1.7228	1.7228		120	72.53	3,293,920	4,325,640	
1996/07	25,629	1.00	1.3294	1.3294		120	78.09	3,319,549	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	78.09	3,363,338	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	78.09	3,448,027	4,493,400	



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**0 260690-00 - 2015/01**

**250.31**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	78.09	3,488,241	4,545,840	
1998/07		1.00	1.0794	1.0794		120	78.09	3,525,893	4,594,920	
1999/01	54,864	1.00	1.4499	1.4499		120	79.49	3,631,879	4,661,520	
1999/07		1.00	1.2299	1.2299		120	79.49	3,676,547	4,718,880	
2000/01		1.00	1.3356	1.3356		120	83.50	3,725,651	4,781,880	
2000/07		1.00	1.1129	1.1129		120	83.50	3,767,114	4,835,040	
2001/01		1.00	1.2976	1.2976		120	79.24	3,815,996	4,897,800	
2001/07	126,275	1.00	0.9615	0.9615		120	75.89	3,978,962	4,944,840	
2002/01	48,599	1.00	1.0301	1.0301		120	77.10	4,068,548	4,995,720	
2002/07		1.00	0.8337	0.8337		120	77.10	4,102,467	5,037,360	
2003/01	24,392	1.00	1.3271	1.3271		120	81.11	4,181,303	5,104,200	
2003/07		0.95	1.1664	1.1664		120	81.11	4,227,636	5,163,720	
2004/01		0.95	1.1103	1.1103		120	81.11	4,272,229	5,221,080	
2004/07		0.90	0.8378	0.8378		120	81.11	4,304,442	5,264,880	
2005/01		0.90	0.8595	0.8595		120	81.11	4,337,741	5,310,120	
2005/07		0.85	0.7364	0.7364		120	81.11	4,364,891	5,349,240	
2006/01		0.85	0.9068	0.9068		120	81.11	4,398,536	5,397,720	
2006/07		0.80	0.8133	0.8133		120	81.11	4,427,153	5,441,640	
2007/01	38,190	0.80	1.0133	1.0133		120	85.08	4,501,230	5,496,720	
2007/07	40,509	0.75	1.1050	1.1050		120	71.58	4,579,045	5,557,440	
2008/01		0.75	0.8556	0.8556		120	71.58	4,608,429	5,604,960	
2008/07		0.70	0.6104	0.6104		120	71.58	4,628,121	5,639,160	
2009/01		0.70	1.3268	1.3268		120	75.76	4,671,107	5,714,040	
2009/07		0.65	0.6841	0.6841		120	75.76	4,691,879	5,753,160	
2010/01	27,674	0.65	0.8643	0.8643		120	76.20	4,745,912	5,802,840	
2010/07		0.60	0.7107	0.7107		120	76.98	4,766,149	5,844,120	
2011/01		0.60	0.9198	0.9198		120	76.98	4,792,453	5,897,880	
2011/07		0.55	0.9028	0.9028		120	76.98	4,816,248	5,951,160	
2012/01	35,984	0.55	0.3865	0.3865		120	70.01	4,862,471	5,974,200	
2012/07	102,009	0.50	0.9417	0.9417		120	73.07	4,987,377	6,030,480	





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0 260690-00 - 2015/01

250.31

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	73.07	4,999,601	6,060,000	
2013/07		0.45	0.6196	0.6196		120	73.07	5,013,540	6,097,560	
2014/01	32,645	0.45	0.8564	0.8564		120	73.13	5,065,507	6,149,760	
2014/07	74,837	0.40	1.2383	1.2383		120	74.87	5,165,433	6,225,960	
2015/01		0.40	0.7571	0.7571		120	74.87	5,181,074	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 260690123120130101201304232014151819



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 260771-00 - 2015/01**

**272.26**

**Sinai Plaza Nursing and Rehab**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>201 NE 112TH STREET</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>150</b>	Superior: <b>0</b>
<b>MIAMI, FL 33161</b>	Days in CR <b>365</b>	Maximum: <b>54,750</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2014/01</b>	Max Annualized: <b>54,750</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>47,549</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>8,605</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>33,263</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>69.95520%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>86.84749%</b>	Cost: <b>1.05323681</b>
Open Date: <b>11/02/1990</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/02/1990</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>11/02/1990</b>	Low Occupancy Adjustment Factor:	<b>110.90033%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>06/07/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>202916</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,922,531	3,521,492	2,454,345	685,550		8,583,918	
1a	Audit Adjustments							
2	Cost Per Diem	57.7979	105.8681	73.7860	20.6100		258.0620	
3	Cost Per Diem Inflated	60.8749	109.8066	77.7141				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>60.8749</b>	<b>109.8066</b>	<b>77.7141</b>	<b>20.6100</b>		<b>269.0056</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.5012		70.6590				
7	Provider Target Rate	<b>60.6436</b>		<b>73.2466</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>99.8648</b>	<b>65.5807</b>	<b>13.6500</b>		<b>235.8374</b>	
12/13	Medical Adjustment Rate		2.2419	1.4723				
14	Prospective Per Diem 11	<b>56.7419</b>	<b>102.1067</b>	<b>67.0530</b>	<b>13.6500</b>		<b>239.5516</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 260771-00 - 2015/01**

**272.26**

Rate Semester 01/01/2015 through 08/31/2015

**Sinai Plaza Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/02/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,000,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1990/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>6,219,234</b>	<b>15.6333</b>
Indexed Asset Value	<b>7,774,043</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,554,809</b>	<b>0.4733</b>
FRVS Base Asset:	<b>4,526,100</b>	Interest Rate:	<b>11.0000%</b>	Insurance Cost(3):	<b>27,281</b>	<b>0.5737</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>10.0000%</b>	Taxes Cost(3):	<b>0</b>	<b>0.0000</b>
ROE Factor	<b>0.015000</b>	Amortization Rate:	<b>11.0000%</b>	Home Office(3):	<b>31,437</b>	<b>0.6611</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>77,750</b>	<b>0.0000</b>
		Yearly Payment:	<b>770,331</b>	Total FRVS PD:		<b>17.3414</b>

- (1) 80% Capital (\$6,219,234) amortized at 11.0000 % for 20 years Principal & Interest of \$770,331 divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$15.6333
- (2) 20% ROE (\$1,554,809) times the ROE factor (0.015000) divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$0.4733
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	<b>01/01/1990</b>	Current RS PBS:	52,276
Comparison Bed	<b>150</b>	Effective PBS Limitation	4,526,100

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>56.7419</b>	<b>56.7419</b>	<b>0.9872</b>	<b>55.7547</b>
Direct Care	<b>102.1067</b>	<b>102.1067</b>	<b>1.7764</b>	<b>100.3303</b>
Indirect Care	<b>67.0530</b>	<b>67.0530</b>	<b>1.1666</b>	<b>65.8864</b>
Property	<b>13.6500</b>	<b>17.3414</b>	<b>0.3017</b>	<b>17.0397</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>23.3512</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>239.5516</b>	<b>243.2430</b>	<b>4.2319</b>	<b>272.2648</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2013

**0 260771-00 - 2015/01**

**272.26**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	8,102,900	0.00	0.5899	0.5899		150	44.16	4,526,100	4,526,100	1
1991/01		0.10	0.5899	0.5899		150	44.16	4,528,244	4,579,500	
1991/07		0.10	1.4932	1.4932		150	44.16	4,533,672	4,647,900	
1992/01		0.20	2.0117	2.0117		150	44.16	4,548,316	4,741,350	
1992/07		0.20	1.8152	1.8152		150	44.16	4,561,572	4,827,450	
1993/01		0.30	1.7710	1.7710		150	44.16	4,581,031	4,912,950	
1993/07		0.30	1.5329	1.5329		150	44.16	4,581,031	4,988,250	5
1994/01		0.40	1.6983	1.6983		150	50.41	4,626,574	5,073,000	
1994/07		0.40	1.5991	1.5991		150	50.41	4,653,696	5,154,150	
1995/01	139,345	0.50	1.5812	1.5812		150	57.72	4,829,833	5,235,600	
1995/07		0.50	1.5250	1.5250		150	57.72	4,866,660	5,315,400	
1996/01	90,198	0.60	1.7228	1.7228		150	62.89	5,007,165	5,407,050	
1996/07		0.60	1.3294	1.3294		150	62.89	5,047,102	5,478,900	
1997/01	112,509	0.70	1.4109	1.4109		150	57.50	5,209,456	5,556,150	
1997/07	169,610	0.70	1.0917	1.0917		150	61.57	5,418,877	5,616,750	
1998/01		0.80	1.1663	1.1663		150	61.57	5,469,435	5,682,300	
1998/07		0.80	1.0794	1.0794		150	61.57	5,516,664	5,743,650	
1999/01	117,010	0.90	1.4499	1.4499		150	56.41	5,705,661	5,826,900	
1999/07	75,593	0.90	1.2299	1.2299		150	56.15	5,844,410	5,898,600	
2000/01		1.00	1.3356	1.3356		150	56.15	5,922,468	5,977,350	
2000/07	101,538	1.00	1.1129	1.1129		150	55.07	6,043,800	6,043,800	8
2001/01		1.00	1.2976	1.2976		150	55.07	6,122,224	6,122,250	
2001/07		1.00	0.9615	0.9615		150	54.08	6,180,105	6,181,050	
2002/01		1.00	1.0301	1.0301		150	54.08	6,242,701	6,244,650	
2002/07		1.00	0.8337	0.8337		150	57.26	6,294,746	6,296,700	
2003/01		1.00	1.3271	1.3271		150	64.08	6,378,284	6,380,250	
2003/07		1.00	1.1664	1.1664		150	64.08	6,452,680	6,454,650	
2004/01		1.00	1.1103	1.1103		150	64.08	6,524,324	6,526,350	
2004/07		1.00	0.8378	0.8378		150	64.08	6,578,985	6,581,100	
2005/01		1.00	0.8595	0.8595		150	64.08	6,635,531	6,637,650	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		150	64.08	6,684,395	6,686,550	
2006/01		1.00	0.9068	0.9068		150	64.08	6,745,009	6,747,150	
2006/07		1.00	0.8133	0.8133		150	48.79	6,793,672	6,802,050	
2007/01		1.00	1.0133	1.0133		150	49.69	6,855,866	6,870,900	
2007/07		1.00	1.1050	1.1050		150	49.69	6,924,309	6,946,800	
2008/01		1.00	0.8556	0.8556		150	47.37	6,975,335	7,006,200	
2008/07		1.00	0.6104	0.6104		150	47.37	7,012,006	7,048,950	
2009/01	25,893	1.00	1.3268	1.3268		150	55.08	7,130,934	7,142,550	
2009/07		1.00	0.6841	0.6841		150	55.08	7,179,717	7,191,450	
2010/01	37,835	1.00	0.8643	0.8643		150	61.63	7,253,550	7,253,550	8
2010/07		1.00	0.7107	0.7107		150	61.63	7,305,101	7,305,150	
2011/01		0.95	0.9198	0.9198		150	62.38	7,368,933	7,372,350	
2011/07		0.95	0.9028	0.9028		150	62.38	7,432,136	7,438,950	
2012/01	49,800	0.90	0.3865	0.3865		150	65.83	7,467,750	7,467,750	8
2012/07		0.90	0.9417	0.9417		150	65.83	7,531,039	7,538,100	
2013/01		0.85	0.4901	0.4901		150	66.79	7,562,413	7,575,000	
2013/07		0.85	0.6196	0.6196		150	66.79	7,602,244	7,621,950	
2014/01		0.80	0.8564	0.8564		150	69.96	7,654,327	7,687,200	
2014/07		0.80	1.2383	1.2383		150	69.96	7,730,151	7,782,450	
2015/01		0.75	0.7571	0.7571		150	69.96	7,774,043	7,841,400	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency<br>8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 261254-00 - 2015/01**

**228.28**

**Alhambra Health & Rehab Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>7501 38TH AVE N</b>	<b>1/1/2014-8/31/2014</b>	Number of Beds: <b>60</b>	Superior: <b>0</b>
<b>SAINT PETERSBURG, FL 33710</b>	Days in CR <b>243</b>	Maximum: <b>14,580</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>21,900</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>13,750</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,240</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>7,480</b>	FY Index: <b>1.33590225</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>54.40000%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>94.30727%</b>	Cost: <b>1.02673601</b>
Open Date: <b>01/01/1971</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/13/1994</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22633277</b>
Entered Medicaid <b>04/13/1994</b>	Low Occupancy Adjustment Factor:	<b>120.42613%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>06/27/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02296460</b>
Previous Med # <b>211290</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	412,998	592,121	431,350	95,146	2,722	1,534,337	
1a	Audit Adjustments							
2	Cost Per Diem	55.2136	79.1606	57.6671	12.7201	0.3639	205.1253	
3	Cost Per Diem Inflated	56.6898	80.9785	59.2089				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>56.6898</b>	<b>80.9785</b>	<b>59.2089</b>	<b>12.7201</b>	<b>0.3639</b>	<b>209.9612</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	62.4500		64.9343				
7	Provider Target Rate	<b>64.7370</b>		<b>67.3123</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.6898</b>	<b>80.9785</b>	<b>59.2089</b>	<b>12.7201</b>	<b>0.3639</b>	<b>209.9612</b>	
12/13	Medical Adjustment Rate		0.4008	0.2931				
14	Prospective Per Diem 11	<b>56.6898</b>	<b>81.3793</b>	<b>59.5020</b>	<b>12.7201</b>	<b>0.3639</b>	<b>210.6551</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**Alhambra Health & Rehab Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	04/13/1994	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	458,612.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	952,935	3.9909
RS to Start Calcs:	1994/01	<60% of Base:	False	20% ROE(2):	238,234	0.2814
Indexed Asset Value	1,191,169	Interest Rate:	5.5000%	Insurance Cost(3):	25,266	1.8375
FRVS Base Asset:	615,660	Chase Rate:	4.2500%	Taxes Cost(3):	12,264	0.8919
Occup Adj Factor	0.9000	Amortization Rate:	5.5000%	Home Office(3):	10,951	0.7964
ROE Factor	0.023280	Interest Only:	False	Replacement(3&4):	56,626	0.0000
		Yearly Payment:	78,661	Total FRVS PD:		7.7981

(1) 80% Capital (\$952,935) amortized at 5.5000 % for 20 years Principal & Interest of \$78,661 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$3.9909

(2) 20% ROE (\$238,234) times the ROE factor (0.023280) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.2814

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	10,261
Comparison Date: 01/01/1971	Current RS PBS:	52,276
Comparison Bed 60	Effective PBS Limitation	615,660

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.6898	56.6898	0.9863	55.7035
Direct Care	81.3793	81.3793	1.4158	79.9635
Indirect Care	59.5020	59.5020	1.0352	58.4668
Property	12.7201	7.7981	0.1357	7.6624
ROE	0.3639	0.3631	0.0063	0.3568
ROE Adjustment	-0.3631	-0.3631	-0.0063	-0.3568
Quality Assess-Medicaid Share				16.5857
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>210.2920</b>	<b>205.3692</b>	<b>3.5730</b>	<b>228.2844</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**228.28**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01	628,543	0.00	1.6983	1.6983		60	10.39	615,660	615,660	1
1994/07		0.10	1.5991	1.5991		60	10.39	615,660	2,061,660	
1995/01		0.10	1.5812	1.5812		60	10.39	615,660	2,094,240	
1995/07		0.20	1.5250	1.5250		60	10.39	615,660	2,126,160	
1996/01		0.20	1.7228	1.7228		60	10.39	615,660	2,162,820	
1996/07		0.30	1.3294	1.3294		60	10.39	615,660	2,191,560	
1997/01		0.30	1.4109	1.4109		60	10.39	615,660	2,222,460	
1997/07		0.40	1.0917	1.0917		60	35.18	617,380	2,246,700	
1998/01		0.40	1.1663	1.1663		60	35.18	619,222	2,272,920	
1998/07		0.50	1.0794	1.0794		60	37.91	621,526	2,297,460	
1999/01		0.50	1.4499	1.4499		60	37.91	624,632	2,330,760	
1999/07		0.60	1.2299	1.2299		60	38.96	627,897	2,359,440	
2000/01		0.60	1.3356	1.3356		60	38.96	631,461	2,390,940	
2000/07		0.70	1.1129	1.1129		60	53.20	636,219	2,417,520	
2001/01		0.70	1.2976	1.2976		60	53.20	641,809	2,448,900	
2001/07		0.80	0.9615	0.9615		60	56.23	646,746	2,472,420	
2002/01		0.80	1.0301	1.0301		60	56.23	652,076	2,497,860	
2002/07		0.90	0.8337	0.8337		60	63.21	656,969	2,518,680	
2003/01		0.90	1.3271	1.3271		60	56.01	664,816	2,552,100	
2003/07	950	1.00	1.1664	1.1664		60	56.01	673,520	2,581,860	
2004/01	34,666	1.00	1.1103	1.1103		60	56.01	715,664	2,610,540	
2004/07	8,220	1.00	0.8378	0.8378		60	56.01	729,880	2,632,440	
2005/01		1.00	0.8595	0.8595		60	56.01	736,153	2,655,060	
2005/07		1.00	0.7364	0.7364		60	56.01	741,574	2,674,620	
2006/01		1.00	0.9068	0.9068		60	56.01	748,299	2,698,860	
2006/07		1.00	0.8133	0.8133		60	56.01	754,385	2,720,820	
2007/01		1.00	1.0133	1.0133		60	56.01	762,029	2,748,360	
2007/07		1.00	1.1050	1.1050		60	52.88	770,125	2,778,720	
2008/01		1.00	0.8556	0.8556		60	52.88	776,460	2,802,480	
2008/07	146,683	1.00	0.6104	0.6104		60	49.86	927,440	2,819,580	





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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		1.00	1.3268	1.3268		60	49.86	938,595	2,857,020	
2009/07		1.00	0.6841	0.6841		60	49.86	944,416	2,876,580	
2010/01	37,730	1.00	0.8643	0.8643		60	56.21	990,309	2,901,420	
2010/07	18,172	1.00	0.7107	0.7107		60	62.49	1,015,519	2,922,060	
2011/01		1.00	0.9198	0.9198		60	62.49	1,024,860	2,948,940	
2011/07		1.00	0.9028	0.9028		60	62.49	1,034,112	2,975,580	
2012/01	30,179	1.00	0.3865	0.3865		60	60.31	1,068,288	2,987,100	
2012/07		1.00	0.9417	0.9417		60	49.84	1,077,404	3,015,240	
2013/01		1.00	0.4901	0.4901		60	49.84	1,082,189	3,030,000	
2013/07		1.00	0.6196	0.6196		60	49.84	1,088,265	3,048,780	
2014/01		1.00	0.8564	0.8564		60	60.35	1,097,585	3,074,880	
2014/07		0.95	1.2383	1.2383		60	60.35	1,110,497	3,112,980	
2015/01	72,772	0.95	0.7571	0.7571		60	54.40	1,191,169	3,136,560	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 261254083120140101201410092014092748



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 261611-00 - 2015/01**

**209.92**

**Terra Vista Rehabilitation and Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1730 LUCERNE TERRACE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>115</b>	Superior: <b>0</b>
<b>ORLANDO , FL 32806</b>	Days in CR <b>365</b>	Maximum: <b>41,975</b>	Standard: <b>243</b>
County: <b>Orange [48]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>41,975</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>35,345</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>3,841</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>28,440</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>80.46400%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>84.20488%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1972</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1972</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>01/01/1972</b>	Low Occupancy Adjustment Factor:	<b>107.52584%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>217140</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	990,022	2,047,103	1,313,603	906,667		5,257,395	
1a	Audit Adjustments							
2	Cost Per Diem	34.8109	71.9797	46.1886	31.8800		184.8592	
3	Cost Per Diem Inflated	36.3217	74.3195	48.1932				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>36.3217</b>	<b>74.3195</b>	<b>48.1932</b>	<b>31.8800</b>		<b>190.7144</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.8764		55.8734				
7	Provider Target Rate	<b>59.9959</b>		<b>57.9195</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>36.3217</b>	<b>74.3195</b>	<b>48.1932</b>	<b>13.6500</b>		<b>172.4844</b>	
12/13	Medical Adjustment Rate		2.5471	1.6517				
14	Prospective Per Diem 11	<b>36.3217</b>	<b>76.8666</b>	<b>49.8449</b>	<b>13.6500</b>		<b>176.6832</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

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Rate Semester 01/01/2015 through 08/31/2015

**Terra Vista Rehabilitation and Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>10/01/1985</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>2,107,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1972/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>3,221,264</b>	<b>11.2667</b>
Indexed Asset Value	<b>4,026,580</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>805,316</b>	<b>0.3997</b>
FRVS Base Asset:	<b>2,053,427</b>	Interest Rate:	<b>12.0000%</b>	Insurance Cost(3):	<b>62,895</b>	<b>1.7795</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>13.0000%</b>	Taxes Cost(3):	<b>71,980</b>	<b>2.0365</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>12.0000%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>17,764</b>	<b>0.0000</b>
		Yearly Payment:	<b>425,627</b>	Total FRVS PD:		<b>15.4824</b>

(1) 80% Capital (\$3,221,264) amortized at 12.0000 % for 20 years Principal & Interest of \$425,627 divided by annual available days (41975) divided by Occup. Adj. (0.90) = \$11.2667

(2) 20% ROE (\$805,316) times the ROE factor (0.018750) divided by annual available days (41975) divided by Occup. Adj. (0.90) = \$0.3997

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>115</b>	Effective PBS Limitation	3,277,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>36.3217</b>	<b>36.3217</b>	<b>0.6319</b>	<b>35.6898</b>
Direct Care	<b>76.8666</b>	<b>76.8666</b>	<b>1.3373</b>	<b>75.5293</b>
Indirect Care	<b>49.8449</b>	<b>49.8449</b>	<b>0.8672</b>	<b>48.9777</b>
Property	<b>13.6500</b>	<b>15.4824</b>	<b>0.2694</b>	<b>15.2130</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>24.6103</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>176.6832</b>	<b>178.5156</b>	<b>3.1058</b>	<b>209.9226</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 261611-00 - 2015/01**

**209.92**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/01	1,213,763	0.00	3.9787	3.0000	0.9787	115	100.00	1,213,763	1,226,935	
1972/07		0.10	5.9113	3.0000	2.9113	115	100.00	1,217,404	1,287,425	
1973/01		0.10	8.0622	3.0000	5.0622	115	100.00	1,221,056	1,353,780	
1973/07		0.20	10.7186	3.0000	7.7186	115	100.00	1,228,382	1,430,370	
1974/01		0.20	12.9457	3.0000	9.9457	115	100.00	1,235,752	1,505,120	
1974/07		0.30	13.0494	3.0000	10.0494	115	100.00	1,246,874	1,551,810	
1975/01		0.30	13.1399	3.0000	10.1399	115	100.00	1,258,096	1,599,765	
1975/07		0.40	14.2033	3.0000	11.2033	115	100.00	1,273,193	1,664,855	
1976/01		0.40	15.2478	3.0000	12.2478	115	100.00	1,288,471	1,732,130	
1976/07		0.50	15.7330	3.0000	12.7330	115	100.00	1,307,798	1,792,505	
1977/01		0.50	16.4836	3.0000	13.4836	115	100.00	1,327,415	1,859,780	
1977/07		0.60	18.5412	3.0000	15.5412	115	100.00	1,351,308	1,953,735	
1978/01		0.60	20.2809	3.0000	17.2809	115	100.00	1,375,632	2,046,425	
1978/07		0.70	22.8203	3.0000	19.8203	115	100.00	1,404,520	2,159,700	
1979/01		0.70	24.9476	3.0000	21.9476	115	100.00	1,434,015	2,270,445	
1979/07		0.80	26.1458	3.0000	23.1458	115	55.00	1,468,431	2,365,780	
1980/01		0.80	29.3115	3.0000	26.3115	115	55.00	1,503,673	2,511,715	
1980/07		0.90	30.1222	3.0000	27.1222	115	55.00	1,544,272	2,607,395	
1981/01		0.90	30.9462	3.0000	27.9462	115	55.00	1,585,967	2,707,100	
1981/07		1.00	30.5350	3.0000	27.5350	115	55.00	1,633,546	2,777,135	
1982/01		1.00	30.2110	3.0000	27.2110	115	55.00	1,682,552	2,851,540	
1982/07		1.00	29.5087	3.0000	26.5087	115	55.00	1,733,029	2,916,975	
1983/04		1.00	29.1375	3.0000	26.1375	115	55.00	1,785,020	2,993,680	
1983/07		1.00	30.0953	3.0000	27.0953	115	55.00	1,838,571	3,112,130	
1984/01		1.00	28.3905	3.0000	25.3905	115	55.00	1,893,728	3,152,495	
1984/07		1.00	27.3084	3.0000	24.3084	115	55.00	1,950,540	3,212,985	
1985/01		1.00	25.4555	3.0000	22.4555	115	55.00	2,009,056	3,249,785	
1985/10		1.00	23.3077	3.0000	20.3077	115	40.49	2,053,427	3,277,500	
1986/01		1.00	21.1376	3.0000	18.1376	115	40.49	2,098,778	3,304,755	
1986/07		1.00	18.4350	3.0000	15.4350	115	40.49	2,145,130	3,298,430	



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**0 261611-00 - 2015/01**

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01		1.00	16.4441	3.0000	13.4441	115	40.49	2,192,506	3,357,425	
1987/07		1.00	14.3448	3.0000	11.3448	115	40.49	2,240,928	3,383,645	
1988/01		1.00	12.2455	3.0000	9.2455	115	42.61	2,293,011	3,411,130	
1988/07		1.00	9.8354	3.0000	6.8354	115	42.61	2,346,305	3,409,290	
1989/01	14,464	1.00	7.4253	3.0000	4.4253	115	44.85	2,418,168	3,429,415	
1989/07		1.00	5.0152	3.0000	2.0152	115	44.85	2,477,325	3,452,645	
1990/01		1.00	2.6051	2.6051		115	49.66	2,535,596	3,470,010	
1990/07		1.00	0.5899	0.5899		115	49.66	2,549,101	3,490,480	
1991/01		1.00	0.5899	0.5899		115	51.18	2,563,094	3,510,950	
1991/07		1.00	1.4932	1.4932		115	51.18	2,598,708	3,563,390	
1992/01		1.00	2.0117	2.0117		115	50.19	2,646,414	3,635,035	
1992/07		0.95	1.8152	1.8152		115	50.19	2,688,058	3,701,045	
1993/01		0.95	1.7710	1.7710		115	59.75	2,733,285	3,766,595	
1993/07		0.90	1.5329	1.5329		115	59.75	2,770,993	3,824,325	
1994/01		0.90	1.6983	1.6983		115	64.81	2,813,348	3,889,300	
1994/07		0.85	1.5991	1.5991		115	64.81	2,851,587	3,951,515	
1995/01		0.85	1.5812	1.5812		115	67.12	2,889,912	4,013,960	
1995/07		0.80	1.5250	1.5250		115	67.12	2,925,169	4,075,140	
1996/01	379,508	0.80	1.7228	1.7228		115	69.02	3,344,992	4,145,405	
1996/07		0.75	1.3294	1.3294		115	69.02	3,378,345	4,200,490	
1997/01		0.75	1.4109	1.4109		115	65.98	3,414,095	4,259,715	
1997/07		0.70	1.0917	1.0917		115	65.98	3,440,186	4,306,175	
1998/01		0.70	1.1663	1.1663		115	64.47	3,468,272	4,356,430	
1998/07		0.65	1.0794	1.0794		115	65.83	3,492,605	4,403,465	
1999/01		0.65	1.4499	1.4499		115	65.83	3,525,519	4,467,290	
1999/07		0.60	1.2299	1.2299		115	65.83	3,525,519	4,522,260	5
2000/01		0.60	1.3356	1.3356		115	65.83	3,579,996	4,582,635	
2000/07		0.55	1.1129	1.1129		115	65.83	3,601,909	4,633,580	
2001/01		0.55	1.2976	1.2976		115	65.83	3,627,616	4,693,725	
2001/07		0.50	0.9615	0.9615		115	65.83	3,645,058	4,738,805	



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0 261611-00 - 2015/01

209.92

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01	42,936	0.50	1.0301	1.0301		115	71.96	3,706,770	4,787,565	
2002/07		0.45	0.8337	0.8337		115	71.96	3,720,678	4,827,470	
2003/01	102,160	0.45	1.3271	1.3271		115	65.38	3,845,058	4,891,525	
2003/07		0.40	1.1664	1.1664		115	65.38	3,862,999	4,948,565	
2004/01		0.40	1.1103	1.1103		115	65.38	3,880,155	5,003,535	
2004/07		0.35	0.8378	0.8378		115	65.38	3,891,532	5,045,510	
2005/01		0.35	0.8595	0.8595		115	65.38	3,903,238	5,088,865	
2005/07		0.30	0.7364	0.7364		115	65.38	3,911,860	5,126,355	
2006/01	17,215	0.30	0.9068	0.9068		115	65.78	3,939,715	5,172,815	
2006/07		0.25	0.8133	0.8133		115	66.58	3,947,724	5,214,905	
2007/01		0.25	1.0133	1.0133		115	66.58	3,957,724	5,267,690	
2007/07		0.20	1.1050	1.1050		115	66.58	3,966,471	5,325,880	
2008/01		0.20	0.8556	0.8556		115	63.82	3,973,258	5,371,420	
2008/07		0.15	0.6104	0.6104		115	63.82	3,976,898	5,404,195	
2009/01		0.15	1.3268	1.3268		115	68.14	3,984,812	5,475,955	
2009/07		0.10	0.6841	0.6841		115	68.14	3,987,538	5,513,445	
2010/01		0.10	0.8643	0.8643		115	72.23	3,990,983	5,561,055	
2010/07		0.05	0.7107	0.7107		115	75.98	3,992,400	5,600,615	
2011/01		0.05	0.9198	0.9198		115	75.98	3,994,237	5,652,135	
2011/07		0.00	0.9028	0.9028		115	75.26	3,994,237	5,703,195	
2012/01		0.00	0.3865	0.3865		115	75.26	3,994,237	5,725,275	
2012/07		0.00	0.9417	0.9417		115	75.26	3,994,237	5,779,210	
2013/01		0.00	0.4901	0.4901		115	78.39	3,994,237	5,807,500	
2013/07		0.00	0.6196	0.6196		115	78.39	3,994,237	5,843,495	
2014/01		0.00	0.8564	0.8564		115	80.59	3,994,237	5,893,520	
2014/07		0.00	1.2383	1.2383		115	80.59	3,994,237	5,966,545	
2015/01	32,343	0.00	0.7571	0.7571		115	80.46	4,026,580	6,011,740	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 261629-00 - 2015/01**

**220.24**

**Avalon Health Care Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1270 SW MAIN BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>95</b>	Superior: <b>0</b>
<b>LAKE CITY, FL 32025</b>	Days in CR <b>365</b>	Maximum: <b>34,675</b>	Standard: <b>243</b>
County: <b>Columbia [12]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>34,675</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>28,739</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>3,397</b>	Inflation
Current Class <b>North Small</b>	Initial CR? <b>False</b>	Medicaid: <b>22,333</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>77.70973%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>82.88104%</b>	Cost: <b>1.04340134</b>
Open Date: <b>10/01/1981</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1981</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/01/1981</b>	Low Occupancy Adjustment Factor:	<b>105.83535%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>215562</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	939,570	1,727,456	1,017,325	491,326		4,175,677	
1a	Audit Adjustments							
2	Cost Per Diem	42.0709	77.3499	45.5525	22.0000		186.9733	
3	Cost Per Diem Inflated	43.8968	79.8642	47.5295				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>43.8968</b>	<b>79.8642</b>	<b>47.5295</b>	<b>22.0000</b>		<b>193.2905</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.4272		57.5320				
7	Provider Target Rate	<b>50.2006</b>		<b>59.6389</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>57.4318</b>	<b>96.7541</b>	<b>74.4105</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	<b>55.8134</b>		<b>67.8397</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>43.8968</b>	<b>79.8642</b>	<b>47.5295</b>	<b>13.6500</b>		<b>184.9405</b>	
12/13	Medical Adjustment Rate		2.4896	1.4817				
14	Prospective Per Diem 11	<b>43.8968</b>	<b>82.3538</b>	<b>49.0112</b>	<b>13.6500</b>		<b>188.9118</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 261629-00 - 2015/01**

**220.24**

Rate Semester 01/01/2015 through 08/31/2015

**Avalon Health Care Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,150,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,148,389 10.7586
RS to Start Calcs:	1981/07	<60% of Base:	False	20% ROE(2):	537,097 0.3227
Indexed Asset Value	2,685,486	Interest Rate:	14.8040%	Insurance Cost(3):	47,544 1.6543
FRVS Base Asset:	1,393,411	Chase Rate:	13.0000%	Taxes Cost(3):	37,637 1.3096
Occup Adj Factor	0.9000	Amortization Rate:	14.8040%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	52,639 0.0000
		Yearly Payment:	335,750	Total FRVS PD:	14.0452

(1) 80% Capital (\$2,148,389) amortized at 14.8040 % for 20 years Principal & Interest of \$335,750 divided by annual available days (34675) divided by Occup. Adj. (0.90) = \$10.7586

(2) 20% ROE (\$537,097) times the ROE factor (0.018750) divided by annual available days (34675) divided by Occup. Adj. (0.90) = \$0.3227

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	95	Effective PBS Limitation	2,707,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.8968	43.8968	0.7637	43.1331
Direct Care	82.3538	82.3538	1.4328	80.9210
Indirect Care	49.0112	49.0112	0.8527	48.1585
Property	13.6500	14.0452	0.2444	13.8008
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.3251
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>188.9118</b>	<b>189.3070</b>	<b>3.2936</b>	<b>220.2410</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 261629-00 - 2015/01**

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	1,343,270	0.00	2.5888	2.5888		95	81.51	1,343,270	2,294,155	
1982/01		0.10	2.6760	2.6760		95	90.98	1,346,865	2,355,620	
1982/07		0.10	2.2977	2.2977		95	90.98	1,349,960	2,409,675	
1983/04		0.20	2.6288	2.6288		95	88.49	1,357,058	2,473,040	
1983/07		0.20	3.9578	3.0000	0.9578	95	88.49	1,365,200	2,570,890	
1984/01		0.30	2.2530	2.2530		95	90.98	1,374,427	2,604,235	
1984/07		0.30	1.9179	1.9179		95	88.48	1,382,335	2,654,205	
1985/01		0.40	1.1471	1.1471		94	91.94	1,388,677	2,656,346	
1985/10		0.40	0.8522	0.8522		95	91.94	1,393,411	2,707,500	
1986/01		0.50	0.8299	0.8299		95	90.78	1,399,194	2,730,015	
1986/07		0.50	0.2974	0.2974		95	90.78	1,401,275	2,724,790	
1987/01		0.60	1.0091	1.0091		95	89.58	1,409,760	2,773,525	
1987/07		0.60	0.9007	0.9007		95	85.74	1,417,378	2,795,185	
1988/01		0.70	0.9007	0.9007		95	85.74	1,426,315	2,817,890	
1988/07	9,765	0.70	0.5899	0.5899		95	85.74	1,441,969	2,816,370	
1989/01		0.80	0.5899	0.5899		95	85.74	1,448,774	2,832,995	
1989/07		0.80	0.5899	0.5899		95	85.74	1,455,611	2,852,185	
1990/01		0.90	0.5899	0.5899		95	85.74	1,463,339	2,866,530	
1990/07		0.90	0.5899	0.5899		95	81.11	1,471,108	2,883,440	
1991/01		1.00	0.5899	0.5899		95	81.11	1,479,786	2,900,350	
1991/07		1.00	1.4932	1.4932		95	84.72	1,501,882	2,943,670	
1992/01		1.00	2.0117	2.0117		95	84.72	1,532,095	3,002,855	
1992/07		1.00	1.8152	1.8152		95	88.72	1,559,906	3,057,385	
1993/01		1.00	1.7710	1.7710		95	88.72	1,587,532	3,111,535	
1993/07		1.00	1.5329	1.5329		95	88.72	1,611,867	3,159,225	
1994/01	26,352	1.00	1.6983	1.6983		95	85.99	1,665,593	3,212,900	
1994/07		1.00	1.5991	1.5991		95	85.99	1,692,227	3,264,295	
1995/01	30,835	1.00	1.5812	1.5812		95	88.47	1,749,819	3,315,880	
1995/07		1.00	1.5250	1.5250		95	88.47	1,776,504	3,366,420	
1996/01	15,615	1.00	1.7228	1.7228		95	79.78	1,822,725	3,424,465	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		95	88.29	1,846,956	3,469,970	
1997/01	42,964	1.00	1.4109	1.4109		95	88.29	1,915,979	3,518,895	
1997/07		1.00	1.0917	1.0917		95	88.29	1,936,896	3,557,275	
1998/01		1.00	1.1663	1.1663		95	88.29	1,959,486	3,598,790	
1998/07		1.00	1.0794	1.0794		95	78.30	1,959,486	3,637,645	5
1999/01		1.00	1.4499	1.4499		95	78.30	2,009,354	3,690,370	
1999/07		1.00	1.2299	1.2299		95	78.30	2,034,067	3,735,780	
2000/01		1.00	1.3356	1.3356		95	78.30	2,061,234	3,785,655	
2000/07		1.00	1.1129	1.1129		95	78.30	2,084,173	3,827,740	
2001/01		1.00	1.2976	1.2976		95	78.30	2,111,217	3,877,425	
2001/07		1.00	0.9615	0.9615		95	72.95	2,131,516	3,914,665	
2002/01		0.95	1.0301	1.0301		95	72.95	2,152,375	3,954,945	
2002/07	42,603	0.95	0.8337	0.8337		95	71.35	2,212,025	3,987,910	
2003/01		0.90	1.3271	1.3271		95	71.01	2,238,445	4,040,825	
2003/07		0.90	1.1664	1.1664		95	71.01	2,261,944	4,087,945	
2004/01		0.85	1.1103	1.1103		95	71.01	2,283,292	4,133,355	
2004/07		0.85	0.8378	0.8378		95	71.01	2,299,551	4,168,030	
2005/01		0.80	0.8595	0.8595		95	71.01	2,315,363	4,203,845	
2005/07		0.80	0.7364	0.7364		95	71.01	2,329,003	4,234,815	
2006/01		0.75	0.9068	0.9068		95	72.05	2,344,843	4,273,195	
2006/07		0.75	0.8133	0.8133		95	72.05	2,359,147	4,307,965	
2007/01		0.70	1.0133	1.0133		95	69.48	2,375,880	4,351,570	
2007/07		0.70	1.1050	1.1050		95	69.48	2,394,257	4,399,640	
2008/01		0.65	0.8556	0.8556		95	66.55	2,407,571	4,437,260	
2008/07		0.65	0.6104	0.6104		95	67.97	2,417,124	4,464,335	
2009/01		0.60	1.3268	1.3268		95	67.97	2,436,367	4,523,615	
2009/07		0.60	0.6841	0.6841		95	67.97	2,446,368	4,554,585	
2010/01		0.55	0.8643	0.8643		95	66.23	2,457,998	4,593,915	
2010/07		0.55	0.7107	0.7107		95	69.47	2,467,606	4,626,595	
2011/01		0.50	0.9198	0.9198		95	69.47	2,478,955	4,669,155	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		95	69.47	2,490,145	4,711,335	
2012/01		0.45	0.3865	0.3865		95	68.69	2,494,475	4,729,575	
2012/07		0.45	0.9417	0.9417		95	73.47	2,505,047	4,774,130	
2013/01		0.40	0.4901	0.4901		95	73.47	2,509,957	4,797,500	
2013/07		0.40	0.6196	0.6196		95	73.47	2,516,177	4,827,235	
2014/01		0.35	0.8564	0.8564		95	74.70	2,523,718	4,868,560	
2014/07	144,745	0.35	1.2383	1.2383		95	77.71	2,679,401	4,928,885	
2015/01		0.30	0.7571	0.7571		95	77.71	2,685,486	4,966,220	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 261629123120130101201304282014160136



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 261637-00 - 2015/01**

**235.41**

**Emerald Healthcare Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1655 SE WALTON ROAD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PORT SAINT LUCIE, FL 34952</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>St Lucie [56]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,395</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>12,453</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>22,125</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>57.62469%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>87.65982%</b>	Cost: <b>1.04340134</b>
Open Date: <b>07/01/1987</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1987</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/01/1987</b>	Low Occupancy Adjustment Factor:	<b>111.93764%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>216011</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	917,424	1,824,378	1,332,911	704,018		4,778,731	
1a	Audit Adjustments							
2	Cost Per Diem	41.4655	82.4577	60.2446	31.8200		215.9878	
3	Cost Per Diem Inflated	43.2652	85.1381	62.8593				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>43.2652</b>	<b>85.1381</b>	<b>62.8593</b>	<b>31.8200</b>		<b>223.0826</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.4225		62.2384				
7	Provider Target Rate	<b>49.1592</b>		<b>64.5176</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>43.2652</b>	<b>85.1381</b>	<b>62.8593</b>	<b>13.6500</b>		<b>204.9126</b>	
12/13	Medical Adjustment Rate		0.7303	0.5392				
14	Prospective Per Diem 11	<b>43.2652</b>	<b>85.8684</b>	<b>63.3985</b>	<b>13.6500</b>		<b>206.1821</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**Emerald Healthcare Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/01/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,139,792.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1987/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,104,372</b>	<b>12.3902</b>
Indexed Asset Value	<b>5,130,465</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,026,093</b>	<b>0.4881</b>
FRVS Base Asset:	<b>2,656,745</b>	Interest Rate:	<b>10.4000%</b>	Insurance Cost(3):	<b>81,880</b>	<b>2.1326</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>9.0000%</b>	Taxes Cost(3):	<b>96,225</b>	<b>2.5062</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>10.4000%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>34,433</b>	<b>0.0000</b>
		Yearly Payment:	<b>488,423</b>	Total FRVS PD:		<b>17.5171</b>

- (1) 80% Capital (\$4,104,372) amortized at 10.4000 % for 20 years Principal & Interest of \$488,423 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.3902
- (2) 20% ROE (\$1,026,093) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4881
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	<b>01/01/1987</b>	Current RS PBS:	52,276
Comparison Bed	<b>91</b>	Effective PBS Limitation	2,656,745

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>43.2652</b>	<b>43.2652</b>	<b>0.7527</b>	<b>42.5125</b>
Direct Care	<b>85.8684</b>	<b>85.8684</b>	<b>1.4939</b>	<b>84.3745</b>
Indirect Care	<b>63.3985</b>	<b>63.3985</b>	<b>1.1030</b>	<b>62.2955</b>
Property	<b>13.6500</b>	<b>17.5171</b>	<b>0.3048</b>	<b>17.2123</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.1140</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>206.1821</b>	<b>210.0492</b>	<b>3.6544</b>	<b>235.4113</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	4,487,763	0.00	0.9007	0.9007		91	9.85	2,656,745	2,656,745	1
1988/01		0.10	0.9007	0.9007		91	9.85	2,656,745	2,699,242	
1988/07		0.10	0.5899	0.5899		91	9.85	2,656,745	2,697,786	
1989/01		0.20	0.5899	0.5899		91	9.85	2,656,745	2,713,711	
1989/07		0.20	0.5899	0.5899		91	9.85	2,656,745	2,732,093	
1990/01		0.30	0.5899	0.5899		91	9.85	2,656,745	2,745,834	
1990/07		0.30	0.5899	0.5899		91	44.41	2,660,542	2,762,032	
1991/01		0.40	0.5899	0.5899		91	44.41	2,665,612	2,778,230	
1991/07		0.40	1.4932	1.4932		91	55.15	2,681,534	2,819,726	
1992/01		0.50	2.0117	2.0117		91	65.17	2,708,508	2,876,419	
1992/07		0.50	1.8152	1.8152		91	65.17	2,733,090	2,928,653	
1993/01	154,212	0.60	1.7710	1.7710		120	58.00	2,916,344	3,930,360	
1993/07		0.60	1.5329	1.5329		120	58.00	2,943,166	3,990,600	
1994/01		0.70	1.6983	1.6983		120	58.66	2,978,154	4,058,400	
1994/07		0.70	1.5991	1.5991		120	58.66	3,011,491	4,123,320	
1995/01		0.80	1.5812	1.5812		120	57.39	3,049,586	4,188,480	
1995/07		0.80	1.5250	1.5250		120	57.39	3,086,791	4,252,320	
1996/01		0.90	1.7228	1.7228		120	61.04	3,134,652	4,325,640	
1996/07		0.90	1.3294	1.3294		120	61.04	3,172,158	4,383,120	
1997/01	493,185	1.00	1.4109	1.4109		120	67.03	3,710,099	4,444,920	
1997/07		1.00	1.0917	1.0917		120	67.03	3,750,602	4,493,400	
1998/01		1.00	1.1663	1.1663		120	68.80	3,794,345	4,545,840	
1998/07		1.00	1.0794	1.0794		120	79.84	3,835,301	4,594,920	
1999/01		1.00	1.4499	1.4499		120	79.84	3,890,909	4,661,520	
1999/07		1.00	1.2299	1.2299		120	79.84	3,890,909	4,718,880	5
2000/01		1.00	1.3356	1.3356		120	79.84	3,991,369	4,781,880	
2000/07		1.00	1.1129	1.1129		120	79.84	4,035,789	4,835,040	
2001/01		1.00	1.2976	1.2976		120	79.84	4,088,157	4,897,800	
2001/07		1.00	0.9615	0.9615		120	79.84	4,127,465	4,944,840	
2002/01		1.00	1.0301	1.0301		120	74.76	4,169,982	4,995,720	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	74.76	4,204,747	5,037,360	
2003/01		1.00	1.3271	1.3271		120	65.40	4,260,548	5,104,200	
2003/07		1.00	1.1664	1.1664		120	65.40	4,310,243	5,163,720	
2004/01		1.00	1.1103	1.1103		120	65.40	4,358,100	5,221,080	
2004/07		1.00	0.8378	0.8378		120	65.40	4,394,612	5,264,880	
2005/01		1.00	0.8595	0.8595		120	65.40	4,432,384	5,310,120	
2005/07		1.00	0.7364	0.7364		120	65.40	4,465,024	5,349,240	
2006/01		1.00	0.9068	0.9068		120	52.58	4,503,731	5,397,720	
2006/07		1.00	0.8133	0.8133		120	51.91	4,538,302	5,441,640	
2007/01		1.00	1.0133	1.0133		120	51.91	4,581,705	5,496,720	
2007/07		1.00	1.1050	1.1050		120	51.91	4,629,488	5,557,440	
2008/01		0.95	0.8556	0.8556		120	50.21	4,663,839	5,604,960	
2008/07		0.95	0.6104	0.6104		120	55.84	4,663,839	5,639,160	5
2009/01		0.90	1.3268	1.3268		120	55.84	4,746,899	5,714,040	
2009/07		0.90	0.6841	0.6841		120	55.84	4,776,126	5,753,160	
2010/01		0.85	0.8643	0.8643		120	56.04	4,811,216	5,802,840	
2010/07		0.85	0.7107	0.7107		120	57.89	4,840,281	5,844,120	
2011/01		0.80	0.9198	0.9198		120	57.89	4,875,896	5,897,880	
2011/07		0.80	0.9028	0.9028		120	57.89	4,911,110	5,951,160	
2012/01		0.75	0.3865	0.3865		120	57.82	4,925,347	5,974,200	
2012/07		0.75	0.9417	0.9417		120	57.82	4,960,135	6,030,480	
2013/01		0.70	0.4901	0.4901		120	56.86	4,977,153	6,060,000	
2013/07		0.70	0.6196	0.6196		120	56.86	4,998,739	6,097,560	
2014/01	39,916	0.65	0.8564	0.8564		120	60.14	5,066,483	6,149,760	
2014/07		0.65	1.2383	1.2383		120	57.62	5,107,263	6,225,960	
2015/01		0.60	0.7571	0.7571		120	57.62	5,130,465	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 261670-00 - 2015/01**

**228.31**

**Hawthorne Health & Rehab of Brandon**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>851 WEST LUMSDEN RD</b>	<b>7/1/2013-6/30/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>BRANDON, FL 33511</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Hillsborough [29]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,783</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>12,626</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>17,782</b>	FY Index: <b>1.32215372</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>44.69748%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>90.82877%</b>	Cost: <b>1.03741261</b>
Open Date: <b>03/27/1995</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/27/1995</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22300000</b>
Entered Medicaid <b>03/27/1995</b>	Low Occupancy Adjustment Factor:	<b>115.98424%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2001</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02575226</b>
Previous Med # <b>211664</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	720,171	1,499,740	953,339	579,515		3,752,765	
1a	Audit Adjustments							
2	Cost Per Diem	40.5000	84.3403	53.6126	32.5900		211.0429	
3	Cost Per Diem Inflated	42.0152	86.5123	55.6184				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>42.0152</b>	<b>86.5123</b>	<b>55.6184</b>	<b>32.5900</b>		<b>216.7359</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0405		55.4597				
7	Provider Target Rate	<b>46.6899</b>		<b>57.4907</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>42.0152</b>	<b>86.5123</b>	<b>55.6184</b>	<b>13.6500</b>		<b>197.7959</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>42.0152</b>	<b>86.5123</b>	<b>55.6184</b>	<b>13.6500</b>		<b>197.7959</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00





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**228.31**

Rate Semester 01/01/2015 through 08/31/2015

**Hawthorne Health & Rehab of Brandon**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	03/27/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,977,200.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1995/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,950,138</b>	<b>13.3613</b>
Indexed Asset Value	<b>6,187,673</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,237,535</b>	<b>0.7129</b>
FRVS Base Asset:	<b>3,092,490</b>	Interest Rate:	<b>8.7965%</b>	Insurance Cost(3):	<b>78,317</b>	<b>1.9686</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.3356%</b>	Taxes Cost(3):	<b>172,440</b>	<b>4.3345</b>
ROE Factor	<b>0.022710</b>	Amortization Rate:	<b>8.7965%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>143,900</b>	<b>0.0000</b>
		Yearly Payment:	<b>526,703</b>	Total FRVS PD:		<b>20.3773</b>

- (1) 80% Capital (\$4,950,138) amortized at 8.7965 % for 20 years Principal & Interest of \$526,703 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$13.3613
- (2) 20% ROE (\$1,237,535) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.7129
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	<b>07/01/1994</b>	Current RS PBS:	52,276
Comparison Bed	<b>90</b>	Effective PBS Limitation	3,092,490

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>42.0152</b>	<b>42.0152</b>	<b>0.7310</b>	<b>41.2842</b>
Direct Care	<b>86.5123</b>	<b>86.5123</b>	<b>1.5051</b>	<b>85.0072</b>
Indirect Care	<b>55.6184</b>	<b>55.6184</b>	<b>0.9676</b>	<b>54.6508</b>
Property	<b>13.6500</b>	<b>20.3773</b>	<b>0.3545</b>	<b>20.0228</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>17.4419</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>197.7959</b>	<b>204.5232</b>	<b>3.5582</b>	<b>228.3094</b>

Medicaid Trend Adjustment



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**0 261670-00 - 2015/01**

**228.31**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	4,184,335	0.00	1.5812	1.5812		90	52.42	3,092,490	3,092,490	1
1995/07		0.10	1.5250	1.5250		90	52.42	3,096,985	3,189,240	
1996/01		0.10	1.7228	1.7228		90	52.42	3,102,071	3,244,230	
1996/07		0.20	1.3294	1.3294		90	52.42	3,109,932	3,287,340	
1997/01		0.20	1.4109	1.4109		90	52.42	3,118,297	3,333,690	
1997/07		0.30	1.0917	1.0917		90	52.42	3,128,030	3,370,050	
1998/01		0.30	1.1663	1.1663		90	57.61	3,138,975	3,409,380	
1998/07		0.40	1.0794	1.0794		90	57.61	3,152,529	3,446,190	
1999/01	52,978	0.40	1.4499	1.4499		90	60.00	3,223,792	3,496,140	
1999/07		0.50	1.2299	1.2299		90	60.00	3,243,618	3,539,160	
2000/01		0.50	1.3356	1.3356		90	60.00	3,265,279	3,586,410	
2000/07	81,591	0.60	1.1129	1.1129		90	52.20	3,367,562	3,626,280	
2001/01		0.60	1.2976	1.2976		90	52.40	3,392,542	3,673,350	
2001/07		0.70	0.9615	0.9615		120	52.10	3,414,173	4,944,840	
2002/01	1,267,494	0.70	1.0301	1.0301		120	52.10	4,704,988	4,995,720	
2002/07		0.80	0.8337	0.8337		120	52.10	4,734,716	5,037,360	
2003/01		0.80	1.3271	1.3271		120	52.10	4,782,334	5,104,200	
2003/07		0.90	1.1664	1.1664		120	52.10	4,829,892	5,163,720	
2004/01		0.90	1.1103	1.1103		120	52.10	4,875,612	5,221,080	
2004/07		1.00	0.8378	0.8378		120	52.10	4,914,306	5,264,880	
2005/01		1.00	0.8595	0.8595		120	59.87	4,956,544	5,310,120	
2005/07		1.00	0.7364	0.7364		120	59.87	4,993,044	5,349,240	
2006/01		1.00	0.9068	0.9068		120	59.08	5,038,321	5,397,720	
2006/07		1.00	0.8133	0.8133		120	59.08	5,079,298	5,441,640	
2007/01	81,837	1.00	1.0133	1.0133		120	54.90	5,212,510	5,496,720	
2007/07		1.00	1.1050	1.1050		120	54.90	5,270,004	5,557,440	
2008/01		1.00	0.8556	0.8556		120	47.37	5,308,839	5,604,960	
2008/07	71,821	1.00	0.6104	0.6104		120	41.19	5,404,929	5,639,160	
2009/01		1.00	1.3268	1.3268		120	41.19	5,458,635	5,714,040	
2009/07		1.00	0.6841	0.6841		120	41.19	5,486,601	5,753,160	



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**0 261670-00 - 2015/01**

**228.31**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01	79,112	1.00	0.8643	0.8643		120	47.27	5,606,469	5,802,840	
2010/07		1.00	0.7107	0.7107		120	47.27	5,640,714	5,844,120	
2011/01	98,903	1.00	0.9198	0.9198		120	44.93	5,782,001	5,897,880	
2011/07		1.00	0.9028	0.9028		120	44.93	5,824,644	5,951,160	
2012/01	21,903	1.00	0.3865	0.3865		120	47.09	5,865,822	5,974,200	
2012/07		1.00	0.9417	0.9417		120	47.09	5,913,116	6,030,480	
2013/01	34,064	1.00	0.4901	0.4901		120	44.13	5,970,433	6,060,000	
2013/07		1.00	0.6196	0.6196		120	44.13	6,000,115	6,097,560	
2014/01		1.00	0.8564	0.8564		120	47.52	6,044,512	6,149,760	
2014/07		1.00	1.2383	1.2383		120	47.52	6,109,182	6,225,960	
2015/01	40,900	1.00	0.7571	0.7571		120	44.70	6,187,673	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263389-00 - 2015/01**

**217.77**

**Atlantic Shores Nursing and Rehab**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4251 STACK BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>MELBOURNE, FL 32901</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Brevard [5]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>37,600</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>7,691</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>23,513</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>62.53457%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.84475%</b>	Cost: <b>1.04340134</b>
Open Date: <b>12/08/1995</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/08/1995</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>12/08/1995</b>	Low Occupancy Adjustment Factor:	<b>109.61988%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>212156</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,023,572	1,875,412	1,023,405	1,008,708		4,931,097
1a	Audit Adjustments						
2	Cost Per Diem	43.5322	79.7606	43.5251	42.9000		209.7179
3	Cost Per Diem Inflated	45.4216	82.3533	45.4141			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>45.4216</b>	<b>82.3533</b>	<b>45.4141</b>	<b>42.9000</b>		<b>216.0890</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.6935		59.8818			
7	Provider Target Rate	<b>57.7330</b>		<b>62.0747</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	<b>45.4216</b>	<b>82.3533</b>	<b>45.4141</b>	<b>13.6500</b>		<b>186.8390</b>
12/13	Medical Adjustment Rate		1.1613	0.6404			
14	Prospective Per Diem 11	<b>45.4216</b>	<b>83.5146</b>	<b>46.0545</b>	<b>13.6500</b>		<b>188.6407</b>
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



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**217.77**

Rate Semester 01/01/2015 through 08/31/2015

**Atlantic Shores Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>12/08/1995</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,190,261.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1995/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,643,026</b>	<b>10.3309</b>
Indexed Asset Value	<b>5,803,783</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,160,757</b>	<b>0.5521</b>
FRVS Base Asset:	<b>2,094,240</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>37,323</b>	<b>0.9926</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>69,686</b>	<b>1.8534</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>8,565</b>	<b>0.2278</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>15,448</b>	<b>0.0000</b>
		Yearly Payment:	<b>407,246</b>	Total FRVS PD:		<b>13.9568</b>

- (1) 80% Capital (\$4,643,026) amortized at 6.2500 % for 20 years Principal & Interest of \$407,246 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.3309  
 (2) 20% ROE (\$1,160,757) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5521  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/1995</b>	Current RS PBS:	34,904
Comparison Bed	<b>60</b>	Effective PBS Limitation	52,276
			2,094,240

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>45.4216</b>	<b>45.4216</b>	<b>0.7902</b>	<b>44.6314</b>
Direct Care	<b>83.5146</b>	<b>83.5146</b>	<b>1.4530</b>	<b>82.0616</b>
Indirect Care	<b>46.0545</b>	<b>46.0545</b>	<b>0.8012</b>	<b>45.2533</b>
Property	<b>13.6500</b>	<b>13.9568</b>	<b>0.2428</b>	<b>13.7140</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.2094</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>188.6407</b>	<b>188.9475</b>	<b>3.2872</b>	<b>217.7722</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263389-00 - 2015/01**

**217.77**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07	4,179,942	0.00	1.5250	1.5250		60	31.01	2,094,240	2,094,240	1
1996/01		0.10	1.7228	1.7228		60	31.01	2,096,274	2,162,820	
1996/07		0.10	1.3294	1.3294		60	31.01	2,097,845	2,191,560	
1997/01		0.20	1.4109	1.4109		60	31.01	2,101,183	2,222,460	
1997/07		0.20	1.0917	1.0917		60	31.01	2,103,769	2,246,700	
1998/01		0.30	1.1663	1.1663		60	31.01	2,103,769	2,272,920	5
1998/07		0.30	1.0794	1.0794		60	54.92	2,114,735	2,297,460	
1999/01		0.40	1.4499	1.4499		60	54.92	2,126,983	2,330,760	
1999/07	87,046	0.40	1.2299	1.2299		60	56.32	2,224,494	2,359,440	
2000/01		0.50	1.3356	1.3356		60	56.32	2,239,349	2,390,940	
2000/07	2,297,460	0.50	1.1129	1.1129		120	57.96	4,549,271	4,835,040	
2001/01		0.60	1.2976	1.2976		120	57.96	4,584,692	4,897,800	
2001/07		0.60	0.9615	0.9615		120	55.15	4,611,141	4,944,840	
2002/01		0.70	1.0301	1.0301		120	55.15	4,644,392	4,995,720	
2002/07		0.70	0.8337	0.8337		120	53.24	4,670,629	5,037,360	
2003/01		0.80	1.3271	1.3271		120	52.49	4,717,954	5,104,200	
2003/07		0.80	1.1664	1.1664		120	50.09	4,758,047	5,163,720	
2004/01		0.90	1.1103	1.1103		120	50.09	4,801,349	5,221,080	
2004/07		0.90	0.8378	0.8378		120	50.09	4,834,319	5,264,880	
2005/01		1.00	0.8595	0.8595		120	50.09	4,872,161	5,310,120	
2005/07		1.00	0.7364	0.7364		120	50.09	4,904,837	5,349,240	
2006/01		1.00	0.9068	0.9068		120	50.09	4,945,343	5,397,720	
2006/07		1.00	0.8133	0.8133		120	50.09	4,981,973	5,441,640	
2007/01		1.00	1.0133	1.0133		120	53.91	5,031,455	5,496,720	
2007/07		1.00	1.1050	1.1050		120	54.44	5,086,486	5,557,440	
2008/01		1.00	0.8556	0.8556		120	54.44	5,129,563	5,604,960	
2008/07		1.00	0.6104	0.6104		120	54.44	5,160,555	5,639,160	
2009/01		1.00	1.3268	1.3268		120	56.29	5,229,025	5,714,040	
2009/07		1.00	0.6841	0.6841		120	56.29	5,264,797	5,753,160	
2010/01		1.00	0.8643	0.8643		120	51.27	5,307,215	5,802,840	



Florida Agency for Health Care Administration  
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0 263389-00 - 2015/01

217.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07	18,716	1.00	0.7107	0.7107		120	57.70	5,363,649	5,844,120	
2011/01		1.00	0.9198	0.9198		120	57.70	5,412,984	5,897,880	
2011/07		1.00	0.9028	0.9028		120	57.70	5,461,852	5,951,160	
2012/01		1.00	0.3865	0.3865		120	57.23	5,482,962	5,974,200	
2012/07		1.00	0.9417	0.9417		120	57.23	5,534,595	6,030,480	
2013/01		1.00	0.4901	0.4901		120	57.67	5,561,720	6,060,000	
2013/07		1.00	0.6196	0.6196		120	57.67	5,596,180	6,097,560	
2014/01		1.00	0.8564	0.8564		120	59.48	5,644,106	6,149,760	
2014/07	46,176	1.00	1.2383	1.2383		120	62.53	5,760,173	6,225,960	
2015/01		1.00	0.7571	0.7571		120	62.53	5,803,783	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 263389123120130101201304242014140318



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263443-00 - 2015/01**

**192.90**

**Bonifay Nursing and Rehab**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>306 WEST BROCK AVENUE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>180</b>	Superior: <b>0</b>
<b>BONIFAY , FL 32425</b>	Days in CR <b>365</b>	Maximum: <b>65,700</b>	Standard: <b>243</b>
County: <b>Holmes [30]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>2</b>	Last Used: <b>2015/01</b>	Total Patient: <b>57,980</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>9,454</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>45,101</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>77.78717%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.24962%</b>	Cost: <b>1.04340134</b>
Open Date: <b>07/01/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>07/01/1984</b>	Low Occupancy Adjustment Factor:	<b>112.69079%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>212377</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,706,538	3,055,408	1,640,961	1,844,631		8,247,538
1a	Audit Adjustments						
2	Cost Per Diem	37.8381	67.7459	36.3841	40.9000		182.8681
3	Cost Per Diem Inflated	39.4803	69.9481	37.9632			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>39.4803</b>	<b>69.9481</b>	<b>37.9632</b>	<b>40.9000</b>		<b>188.2916</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.9295		52.5578			
7	Provider Target Rate	<b>47.6115</b>		<b>54.4825</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169			
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	<b>39.4803</b>	<b>69.9481</b>	<b>37.9632</b>	<b>13.6500</b>		<b>161.0416</b>
12/13	Medical Adjustment Rate		2.1866	1.1868			
14	Prospective Per Diem 11	<b>39.4803</b>	<b>72.1347</b>	<b>39.1500</b>	<b>13.6500</b>		<b>164.4150</b>
15	Inflated Usual & Customary Charge						0.00





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 263443-00 - 2015/01**

**192.90**

Rate Semester 01/01/2015 through 08/31/2015

**Bonifay Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/2003	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,325,551.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	5,594,976	8.2994
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	1,398,744	0.4435
Indexed Asset Value	6,993,720	Interest Rate:	8.0700%	Insurance Cost(3):	73,850	1.2737
FRVS Base Asset:	1,432,662	Chase Rate:	3.2500%	Taxes Cost(3):	57,475	0.9913
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	13,207	0.2278
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	52,194	0.0000
		Yearly Payment:	490,743	Total FRVS PD:		11.2357

- (1) 80% Capital (\$5,594,976) amortized at 6.2500 % for 20 years Principal & Interest of \$490,743 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$8.2994
- (2) 20% ROE (\$1,398,744) times the ROE factor (0.018750) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4435
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,710,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	39.4803	39.4803	0.6869	38.7934
Direct Care	72.1347	72.1347	1.2550	70.8797
Indirect Care	39.1500	39.1500	0.6811	38.4689
Property	13.6500	11.2357	0.1955	11.0402
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.8158
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>164.4150</b>	<b>162.0007</b>	<b>2.8185</b>	<b>192.9005</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	1,429,802	0.00	1.9179	1.9179		60	86.16	1,429,802	1,676,340	
1985/01		0.10	1.1471	1.1471		60	86.16	1,431,442	1,695,540	
1985/10		0.10	0.8522	0.8522		60	86.16	1,432,662	1,710,000	
1986/01		0.20	0.8299	0.8299		60	86.16	1,435,040	1,724,220	
1986/07		0.20	0.2974	0.2974		60	86.16	1,435,894	1,720,920	
1987/01		0.30	1.0091	1.0091		60	86.16	1,440,240	1,751,700	
1987/07		0.30	0.9007	0.9007		60	86.16	1,444,132	1,765,380	
1988/01		0.40	0.9007	0.9007		60	85.28	1,449,335	1,779,720	
1988/07	924,261	0.40	0.5899	0.5899		120	90.04	2,377,016	3,557,520	
1989/01		0.50	0.5899	0.5899		120	90.04	2,384,028	3,578,520	
1989/07	117,627	0.50	0.5899	0.5899		120	93.34	2,508,688	3,602,760	
1990/01		0.60	0.5899	0.5899		120	93.34	2,517,566	3,620,880	
1990/07		0.60	0.5899	0.5899		120	93.34	2,526,476	3,642,240	
1991/01	111,753	0.70	0.5899	0.5899		120	92.64	2,648,661	3,663,600	
1991/07		0.70	1.4932	1.4932		120	90.95	2,676,345	3,718,320	
1992/01		0.80	2.0117	2.0117		120	90.95	2,719,418	3,793,080	
1992/07		0.80	1.8152	1.8152		120	91.06	2,758,909	3,861,960	
1993/01		0.90	1.7710	1.7710		120	91.06	2,802,883	3,930,360	
1993/07		0.90	1.5329	1.5329		120	92.39	2,841,552	3,990,600	
1994/01		1.00	1.6983	1.6983		120	92.39	2,889,810	4,058,400	
1994/07		1.00	1.5991	1.5991		120	86.26	2,936,021	4,123,320	
1995/01		1.00	1.5812	1.5812		120	86.26	2,982,445	4,188,480	
1995/07	1,928,790	1.00	1.5250	1.5250		178	87.83	4,956,717	6,307,608	
1996/01		1.00	1.7228	1.7228		178	87.34	5,042,111	6,416,366	
1996/07		1.00	1.3294	1.3294		178	87.34	5,109,141	6,501,628	
1997/01		1.00	1.4109	1.4109		178	87.34	5,181,226	6,593,298	
1997/07		1.00	1.0917	1.0917		178	87.34	5,237,789	6,665,210	
1998/01		1.00	1.1663	1.1663		178	87.34	5,298,877	6,742,996	
1998/07		1.00	1.0794	1.0794		178	87.34	5,356,073	6,815,798	
1999/01		1.00	1.4499	1.4499		178	87.34	5,433,731	6,914,588	



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**0 263443-00 - 2015/01**

**192.90**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		178	88.81	5,500,560	6,999,672	
2000/01		1.00	1.3356	1.3356		178	88.81	5,574,025	7,093,122	
2000/07		1.00	1.1129	1.1129		178	88.81	5,636,058	7,171,976	
2001/01	27,409	1.00	1.2976	1.2976		178	86.89	5,736,600	7,265,070	
2001/07		1.00	0.9615	0.9615		178	86.89	5,791,757	7,334,846	
2002/01		1.00	1.0301	1.0301		180	88.92	5,851,418	7,493,580	
2002/07		1.00	0.8337	0.8337		180	84.93	5,900,201	7,556,040	
2003/01		1.00	1.3271	1.3271		180	84.93	5,978,503	7,656,300	
2003/07		1.00	1.1664	1.1664		180	80.90	6,048,236	7,745,580	
2004/01		1.00	1.1103	1.1103		180	80.90	6,115,390	7,831,620	
2004/07		1.00	0.8378	0.8378		180	80.90	6,166,625	7,897,320	
2005/01		0.95	0.8595	0.8595		180	80.90	6,216,975	7,965,180	
2005/07		0.95	0.7364	0.7364		180	80.90	6,260,469	8,023,860	
2006/01		0.90	0.9068	0.9068		180	80.90	6,311,561	8,096,580	
2006/07		0.90	0.8133	0.8133		180	80.90	6,357,762	8,162,460	
2007/01		0.85	1.0133	1.0133		180	77.04	6,412,521	8,245,080	
2007/07		0.85	1.1050	1.1050		180	77.04	6,472,754	8,336,160	
2008/01		0.80	0.8556	0.8556		180	73.38	6,517,060	8,407,440	
2008/07		0.80	0.6104	0.6104		180	73.38	6,548,883	8,458,740	
2009/01		0.75	1.3268	1.3268		180	77.31	6,614,051	8,571,060	
2009/07		0.75	0.6841	0.6841		180	77.41	6,647,988	8,629,740	
2010/01		0.70	0.8643	0.8643		180	77.41	6,688,208	8,704,260	
2010/07		0.70	0.7107	0.7107		180	80.99	6,721,482	8,766,180	
2011/01		0.65	0.9198	0.9198		180	80.99	6,761,670	8,846,820	
2011/07		0.65	0.9028	0.9028		180	76.00	6,801,347	8,926,740	
2012/01		0.60	0.3865	0.3865		180	76.00	6,817,119	8,961,300	
2012/07		0.60	0.9417	0.9417		180	76.00	6,855,636	9,045,720	
2013/01		0.55	0.4901	0.4901		180	74.86	6,874,119	9,090,000	
2013/07		0.55	0.6196	0.6196		180	74.86	6,897,546	9,146,340	
2014/01		0.50	0.8564	0.8564		180	79.81	6,927,081	9,224,640	



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0 263443-00 - 2015/01

192.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		180	79.81	6,969,973	9,338,940	
2015/01		0.45	0.7571	0.7571		180	77.79	6,993,720	9,409,680	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263451-00 - 2015/01**

**216.97**

**Riviera Palms Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>926 HABEN BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PALMETTO, FL 34221</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Manatee [41]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,175</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>9,295</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>29,390</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>73.15495%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.72374%</b>	Cost: <b>1.04340134</b>
Open Date: <b>03/01/1988</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/01/1988</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>03/07/1988</b>	Low Occupancy Adjustment Factor:	<b>117.12708%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>212385</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,258,675	2,409,492	1,220,150	1,165,314		6,053,631	
1a	Audit Adjustments							
2	Cost Per Diem	42.8266	81.9834	41.5158	39.6500		205.9758	
3	Cost Per Diem Inflated	44.6853	84.6484	43.3176				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.6853</b>	<b>84.6484</b>	<b>43.3176</b>	<b>39.6500</b>		<b>212.3013</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.1450		59.0003				
7	Provider Target Rate	<b>54.0546</b>		<b>61.1609</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.6853</b>	<b>84.6484</b>	<b>43.3176</b>	<b>13.6500</b>		<b>186.3013</b>	
12/13	Medical Adjustment Rate		2.2050	1.1284				
14	Prospective Per Diem 11	<b>44.6853</b>	<b>86.8534</b>	<b>44.4460</b>	<b>13.6500</b>		<b>189.6347</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



**Florida Agency for Health Care Administration**  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 263451-00 - 2015/01**

**216.97**

Rate Semester 01/01/2015 through 08/31/2015

**Riviera Palms Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	03/07/1988	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,899,682.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,210,506</b>	<b>9.3686</b>
RS to Start Calcs:	<b>1988/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,052,627</b>	<b>0.5007</b>
Indexed Asset Value	<b>5,263,133</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>66,162</b>	<b>1.6468</b>
FRVS Base Asset:	<b>2,648,070</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>76,347</b>	<b>1.9004</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>9,151</b>	<b>0.2278</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>41,659</b>	<b>0.0000</b>
		Yearly Payment:	<b>369,309</b>	Total FRVS PD:		<b>13.6443</b>

- (1) 80% Capital (\$4,210,506) amortized at 6.2500 % for 20 years Principal & Interest of \$369,309 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.3686
- (2) 20% ROE (\$1,052,627) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5007
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	<b>07/01/1987</b>	Current RS PBS:	52,276
Comparison Bed	<b>90</b>	Effective PBS Limitation	2,648,070

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.6853</b>	<b>44.6853</b>	<b>0.7774</b>	<b>43.9079</b>
Direct Care	<b>86.8534</b>	<b>86.8534</b>	<b>1.5110</b>	<b>85.3424</b>
Indirect Care	<b>44.4460</b>	<b>44.4460</b>	<b>0.7733</b>	<b>43.6727</b>
Property	<b>13.6500</b>	<b>13.6443</b>	<b>0.2374</b>	<b>13.4069</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>20.7350</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>189.6347</b>	<b>189.6290</b>	<b>3.2991</b>	<b>216.9674</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 263451-00 - 2015/01**

**216.97**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	2,669,580	0.00	0.9007	0.9007		90	58.91	2,648,070	2,648,070	1
1988/07		0.10	0.5899	0.5899		90	58.91	2,649,632	2,668,140	
1989/01		0.10	0.5899	0.5899		90	58.91	2,651,195	2,683,890	
1989/07		0.20	0.5899	0.5899		90	58.91	2,651,195	2,702,070	5
1990/01		0.20	0.5899	0.5899		90	58.91	2,654,323	2,715,660	5
1990/07		0.30	0.5899	0.5899		90	58.91	2,657,455	2,731,680	5
1991/01		0.30	0.5899	0.5899		90	58.91	2,662,159	2,747,700	5
1991/07	677,957	0.40	1.4932	1.4932		120	65.27	3,360,757	3,718,320	
1992/01		0.40	2.0117	2.0117		120	65.27	3,387,801	3,793,080	
1992/07	28,898	0.50	1.8152	1.8152		120	67.02	3,447,447	3,861,960	
1993/01		0.50	1.7710	1.7710		120	67.02	3,477,974	3,930,360	
1993/07		0.60	1.5329	1.5329		120	69.83	3,509,961	3,990,600	
1994/01		0.60	1.6983	1.6983		120	69.83	3,545,728	4,058,400	
1994/07		0.70	1.5991	1.5991		120	68.50	3,585,419	4,123,320	
1995/01		0.70	1.5812	1.5812		120	68.50	3,625,102	4,188,480	
1995/07		0.80	1.5250	1.5250		120	72.38	3,669,328	4,252,320	
1996/01		0.80	1.7228	1.7228		120	74.67	3,719,899	4,325,640	
1996/07		0.90	1.3294	1.3294		120	74.67	3,764,408	4,383,120	
1997/01		0.90	1.4109	1.4109		120	74.67	3,812,208	4,444,920	
1997/07		1.00	1.0917	1.0917		120	74.67	3,853,826	4,493,400	
1998/01		1.00	1.1663	1.1663		120	74.67	3,898,773	4,545,840	
1998/07		1.00	1.0794	1.0794		120	74.67	3,940,856	4,594,920	
1999/01		1.00	1.4499	1.4499		120	74.67	3,940,856	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	74.84	4,047,165	4,718,880	
2000/01		1.00	1.3356	1.3356		120	74.84	4,101,219	4,781,880	
2000/07		1.00	1.1129	1.1129		120	71.24	4,146,861	4,835,040	
2001/01		1.00	1.2976	1.2976		120	59.12	4,200,671	4,897,800	
2001/07		1.00	0.9615	0.9615		120	59.12	4,241,060	4,944,840	
2002/01		1.00	1.0301	1.0301		120	61.29	4,284,747	4,995,720	
2002/07		1.00	0.8337	0.8337		120	61.29	4,320,469	5,037,360	



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216.97

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		120	56.48	4,377,806	5,104,200	
2003/07		1.00	1.1664	1.1664		120	59.51	4,428,869	5,163,720	
2004/01		1.00	1.1103	1.1103		120	59.51	4,478,043	5,221,080	
2004/07		1.00	0.8378	0.8378		120	59.51	4,515,560	5,264,880	
2005/01		1.00	0.8595	0.8595		120	59.51	4,554,371	5,310,120	
2005/07		1.00	0.7364	0.7364		120	59.51	4,587,909	5,349,240	
2006/01		1.00	0.9068	0.9068		120	59.51	4,629,512	5,397,720	
2006/07		1.00	0.8133	0.8133		120	59.51	4,667,164	5,441,640	
2007/01		1.00	1.0133	1.0133		120	53.81	4,713,433	5,496,720	
2007/07		1.00	1.1050	1.1050		120	53.81	4,764,390	5,557,440	
2008/01		1.00	0.8556	0.8556		120	48.30	4,800,188	5,604,960	
2008/07		0.95	0.6104	0.6104		120	51.11	4,826,056	5,639,160	
2009/01		0.95	1.3268	1.3268		120	51.11	4,882,586	5,714,040	
2009/07		0.90	0.6841	0.6841		120	51.11	4,910,522	5,753,160	
2010/01	17,677	0.90	0.8643	0.8643		120	62.27	4,966,398	5,802,840	
2010/07		0.85	0.7107	0.7107		120	59.44	4,996,400	5,844,120	
2011/01		0.85	0.9198	0.9198		120	59.44	5,035,462	5,897,880	
2011/07		0.80	0.9028	0.9028		120	61.44	5,071,828	5,951,160	
2012/01		0.80	0.3865	0.3865		120	61.44	5,087,510	5,974,200	
2012/07		0.75	0.9417	0.9417		120	61.44	5,123,443	6,030,480	
2013/01		0.75	0.4901	0.4901		120	69.20	5,142,277	6,060,000	
2013/07		0.70	0.6196	0.6196		120	69.20	5,164,579	6,097,560	
2014/01		0.70	0.8564	0.8564		120	70.29	5,195,541	6,149,760	
2014/07		0.65	1.2383	1.2383		120	70.29	5,237,360	6,225,960	
2015/01		0.65	0.7571	0.7571		120	73.15	5,263,133	6,273,120	

**Message Code:**

- |                                    |
|------------------------------------|
| 1 Per Bed Standard Limitation      |
| 5 Uncorrected Licensure Deficiency |





Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263460-00 - 2015/01**

**222.74**

**Boynton Beach Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>9600 LAWRENCE RD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>168</b>	Superior: <b>0</b>
<b>BOYNTON BEACH, FL 33436-3300</b>	Days in CR <b>365</b>	Maximum: <b>61,320</b>	Standard: <b>243</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>61,320</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>50,927</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>14,402</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>28,700</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>56.35518%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>83.05121%</b>	Cost: <b>1.04340134</b>
Open Date: <b>06/01/1977</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>07/01/1984</b>	Low Occupancy Adjustment Factor:	<b>106.05265%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211257</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,216,601	2,454,620	1,279,742	1,819,006		6,769,969	
1a	Audit Adjustments							
2	Cost Per Diem	42.3903	85.5268	44.5903	63.3800		235.8874	
3	Cost Per Diem Inflated	44.2301	88.3069	46.5256				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.2301</b>	<b>88.3069</b>	<b>46.5256</b>	<b>63.3800</b>		<b>242.4426</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.9240		64.7738				
7	Provider Target Rate	<b>50.7156</b>		<b>67.1459</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.2301</b>	<b>88.3069</b>	<b>46.5256</b>	<b>13.6500</b>		<b>192.7126</b>	
12/13	Medical Adjustment Rate		0.6314	0.3326				
14	Prospective Per Diem 11	<b>44.2301</b>	<b>88.9383</b>	<b>46.8582</b>	<b>13.6500</b>		<b>193.6766</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 263460-00 - 2015/01**

**222.74**

Rate Semester 01/01/2015 through 08/31/2015

**Boynton Beach Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/01/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>6,365,423.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1984/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>6,538,968</b>	<b>10.3925</b>
Indexed Asset Value	<b>8,173,710</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,634,742</b>	<b>0.5554</b>
FRVS Base Asset:	<b>1,235,042</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>106,310</b>	<b>2.0875</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>147,869</b>	<b>2.9035</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>11,600</b>	<b>0.2278</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>40,499</b>	<b>0.0000</b>
		Yearly Payment:	<b>573,542</b>	Total FRVS PD:		<b>16.1667</b>

- (1) 80% Capital (\$6,538,968) amortized at 6.2500 % for 20 years Principal & Interest of \$573,542 divided by annual available days (61320) divided by Occup. Adj. (0.90) = \$10.3925
- (2) 20% ROE (\$1,634,742) times the ROE factor (0.018750) divided by annual available days (61320) divided by Occup. Adj. (0.90) = \$0.5554
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>168</b>	Effective PBS Limitation	4,788,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.2301</b>	<b>44.2301</b>	<b>0.7695</b>	<b>43.4606</b>
Direct Care	<b>88.9383</b>	<b>88.9383</b>	<b>1.5473</b>	<b>87.3910</b>
Indirect Care	<b>46.8582</b>	<b>46.8582</b>	<b>0.8152</b>	<b>46.0430</b>
Property	<b>13.6500</b>	<b>16.1667</b>	<b>0.2813</b>	<b>15.8854</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>20.0592</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>193.6766</b>	<b>196.1933</b>	<b>3.4133</b>	<b>222.7417</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 263460-00 - 2015/01**

**222.74**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	1,232,577	0.00	1.9179	1.9179		168	96.69	1,232,577	4,693,752	
1985/01		0.10	1.1471	1.1471		168	96.69	1,233,991	4,747,512	
1985/10		0.10	0.8522	0.8522		168	96.69	1,235,042	4,788,000	
1986/01		0.20	0.8299	0.8299		168	96.90	1,237,092	4,827,816	
1986/07		0.20	0.2974	0.2974		168	93.00	1,237,828	4,818,576	
1987/01		0.30	1.0091	1.0091		168	88.58	1,241,575	4,904,760	
1987/07		0.30	0.9007	0.9007		168	88.58	1,244,930	4,943,064	
1988/01		0.40	0.9007	0.9007		168	88.12	1,249,415	4,983,216	
1988/07		0.40	0.5899	0.5899		168	88.02	1,252,364	4,980,528	
1989/01		0.50	0.5899	0.5899		168	89.20	1,256,058	5,009,928	
1989/07		0.50	0.5899	0.5899		168	89.20	1,259,763	5,043,864	
1990/01		0.60	0.5899	0.5899		168	91.69	1,264,221	5,069,232	
1990/07		0.60	0.5899	0.5899		168	91.69	1,268,695	5,099,136	
1991/01		0.70	0.5899	0.5899		168	93.75	1,273,933	5,129,040	
1991/07		0.70	1.4932	1.4932		168	93.75	1,287,248	5,205,648	
1992/01		0.80	2.0117	2.0117		168	96.01	1,307,965	5,310,312	
1992/07		0.80	1.8152	1.8152		168	96.01	1,326,959	5,406,744	
1993/01		0.90	1.7710	1.7710		168	97.22	1,348,109	5,502,504	
1993/07		0.90	1.5329	1.5329		168	97.22	1,366,708	5,586,840	
1994/01		1.00	1.6983	1.6983		168	92.26	1,389,919	5,681,760	
1994/07		1.00	1.5991	1.5991		168	93.60	1,412,145	5,772,648	
1995/01		1.00	1.5812	1.5812		168	93.60	1,434,474	5,863,872	
1995/07		1.00	1.5250	1.5250		168	93.60	1,456,350	5,953,248	
1996/01		1.00	1.7228	1.7228		168	93.60	1,481,440	6,055,896	
1996/07		1.00	1.3294	1.3294		168	93.60	1,501,134	6,136,368	
1997/01		1.00	1.4109	1.4109		168	93.60	1,522,313	6,222,888	
1997/07		1.00	1.0917	1.0917		168	93.60	1,538,932	6,290,760	
1998/01		1.00	1.1663	1.1663		168	94.55	1,556,881	6,364,176	
1998/07		1.00	1.0794	1.0794		168	94.55	1,573,686	6,432,888	
1999/01		1.00	1.4499	1.4499		168	92.81	1,573,686	6,526,128	5



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**0 263460-00 - 2015/01**

**222.74**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	9,996,496	1.00	1.2299	1.2299		168	80.58	6,606,432	6,606,432	8
2000/01		1.00	1.3356	1.3356		168	80.58	6,694,632	6,694,632	8
2000/07		1.00	1.1129	1.1129		168	80.58	6,769,056	6,769,056	8
2001/01		1.00	1.2976	1.2976		168	68.83	6,856,891	6,856,920	
2001/07		1.00	0.9615	0.9615		168	68.83	6,922,776	6,922,776	8
2002/01		1.00	1.0301	1.0301		168	71.03	6,994,008	6,994,008	8
2002/07		1.00	0.8337	0.8337		168	64.28	7,052,304	7,052,304	8
2003/01		1.00	1.3271	1.3271		168	64.28	7,145,880	7,145,880	8
2003/07		1.00	1.1664	1.1664		168	48.69	7,219,667	7,229,208	
2004/01		1.00	1.1103	1.1103		168	48.69	7,290,630	7,309,512	
2004/07		1.00	0.8378	0.8378		168	48.69	7,344,703	7,370,832	
2005/01		0.95	0.8595	0.8595		168	48.69	7,397,792	7,434,168	
2005/07		0.95	0.7364	0.7364		168	48.69	7,397,792	7,488,936	5
2006/01		0.90	0.9068	0.9068		168	48.69	7,497,387	7,556,808	
2006/07		0.90	0.8133	0.8133		168	48.69	7,545,972	7,618,296	
2007/01		0.85	1.0133	1.0133		169	48.88	7,603,733	7,741,214	
2007/07		0.85	1.1050	1.1050		169	44.14	7,661,052	7,826,728	
2008/01		0.80	0.8556	0.8556		169	44.14	7,703,137	7,893,652	
2008/07		0.80	0.6104	0.6104		169	44.14	7,733,324	7,941,817	
2009/01		0.75	1.3268	1.3268		169	39.83	7,789,053	8,047,273	
2009/07		0.75	0.6841	0.6841		169	39.83	7,817,995	8,102,367	
2010/01		0.70	0.8643	0.8643		169	40.77	7,853,056	8,172,333	
2010/07		0.70	0.7107	0.7107		169	42.03	7,882,912	8,230,469	
2011/01		0.65	0.9198	0.9198		169	42.03	7,918,929	8,306,181	
2011/07		0.65	0.9028	0.9028		169	48.03	7,959,508	8,381,217	
2012/01		0.60	0.3865	0.3865		169	48.03	7,975,627	8,413,665	
2012/07		0.60	0.9417	0.9417		169	48.03	8,014,979	8,492,926	
2013/01		0.55	0.4901	0.4901		168	52.01	8,035,413	8,484,000	
2013/07		0.55	0.6196	0.6196		168	52.01	8,061,309	8,536,584	
2014/01		0.50	0.8564	0.8564		168	56.08	8,095,828	8,609,664	



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0 263460-00 - 2015/01

222.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		168	56.08	8,145,957	8,716,344	
2015/01		0.45	0.7571	0.7571		168	56.36	8,173,710	8,782,368	

**Message Code:**

- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 263460123120130101201307232014175343



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**0 263478-00 - 2015/01**

**206.32**

**Arbor Trail Nursing and Rehab**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>611 TURNER CAMP RD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>116</b>	Superior: <b>0</b>
<b>INVERNESS, FL 34453</b>	Days in CR <b>365</b>	Maximum: <b>42,340</b>	Standard: <b>243</b>
County: <b>Citrus [9]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>42,340</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,765</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>10,116</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>18,360</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>47.36231%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.55645%</b>	Cost: <b>1.04340134</b>
Open Date: <b>07/17/1987</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/17/1987</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>07/17/1987</b>	Low Occupancy Adjustment Factor:	<b>116.91346%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211991</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	741,518	1,458,095	729,842	951,966		3,881,421	
1a	Audit Adjustments							
2	Cost Per Diem	40.3877	79.4169	39.7517	51.8500		211.4063	
3	Cost Per Diem Inflated	42.1406	81.9984	41.4770				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>42.1406</b>	<b>81.9984</b>	<b>41.4770</b>	<b>51.8500</b>		<b>217.4660</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.8140		56.8377				
7	Provider Target Rate	<b>49.5650</b>		<b>58.9191</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>42.1406</b>	<b>81.9984</b>	<b>41.4770</b>	<b>13.6500</b>		<b>179.2660</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>42.1406</b>	<b>81.9984</b>	<b>41.4770</b>	<b>13.6500</b>		<b>179.2660</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**206.32**

Rate Semester 01/01/2015 through 08/31/2015

**Arbor Trail Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>07/17/1987</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,025,253.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1987/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,289,198</b>	<b>9.8728</b>
Indexed Asset Value	<b>5,361,498</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,072,300</b>	<b>0.5276</b>
FRVS Base Asset:	<b>1,751,700</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>65,936</b>	<b>1.7009</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>81,464</b>	<b>2.1015</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>8,831</b>	<b>0.2278</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>44,357</b>	<b>0.0000</b>
		Yearly Payment:	<b>376,212</b>	Total FRVS PD:		<b>14.4306</b>

- (1) 80% Capital (\$4,289,198) amortized at 6.2500 % for 20 years Principal & Interest of \$376,212 divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$9.8728
- (2) 20% ROE (\$1,072,300) times the ROE factor (0.018750) divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$0.5276
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/1987</b>	Current RS PBS:	29,195
Comparison Bed	<b>60</b>	Effective PBS Limitation	52,276
			1,751,700

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>42.1406</b>	<b>42.1406</b>	<b>0.7331</b>	<b>41.4075</b>
Direct Care	<b>81.9984</b>	<b>81.9984</b>	<b>1.4266</b>	<b>80.5718</b>
Indirect Care	<b>41.4770</b>	<b>41.4770</b>	<b>0.7216</b>	<b>40.7554</b>
Property	<b>13.6500</b>	<b>14.4306</b>	<b>0.2511</b>	<b>14.1795</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.5004</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>179.2660</b>	<b>180.0466</b>	<b>3.1324</b>	<b>206.3171</b>

**Medicaid Trend Adjustment**



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**206.32**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	3,499,565	0.00	0.9007	0.9007		60	67.62	1,751,700	1,751,700	1
1988/01		0.10	0.9007	0.9007		60	67.62	1,753,278	1,779,720	
1988/07		0.10	0.5899	0.5899		60	67.62	1,754,312	1,778,760	
1989/01		0.20	0.5899	0.5899		60	67.62	1,756,382	1,789,260	
1989/07		0.20	0.5899	0.5899		60	67.62	1,758,455	1,801,380	
1990/01		0.30	0.5899	0.5899		60	67.62	1,761,567	1,810,440	
1990/07	16,015	0.30	0.5899	0.5899		60	78.99	1,780,700	1,821,120	
1991/01		0.40	0.5899	0.5899		60	82.24	1,784,902	1,831,800	
1991/07		0.40	1.4932	1.4932		60	82.24	1,795,563	1,859,160	
1992/01		0.50	2.0117	2.0117		60	82.24	1,813,625	1,896,540	
1992/07	1,699,712	0.50	1.8152	1.8152		116	78.78	3,529,797	3,733,228	
1993/01		0.60	1.7710	1.7710		116	78.78	3,567,305	3,799,348	
1993/07		0.60	1.5329	1.5329		116	67.77	3,600,114	3,857,580	
1994/01		0.70	1.6983	1.6983		116	66.62	3,642,912	3,923,120	
1994/07		0.70	1.5991	1.5991		116	66.62	3,683,691	3,985,876	
1995/01		0.80	1.5812	1.5812		116	66.62	3,730,290	4,048,864	
1995/07		0.80	1.5250	1.5250		116	64.18	3,775,800	4,110,576	
1996/01		0.90	1.7228	1.7228		116	64.18	3,834,344	4,181,452	
1996/07		0.90	1.3294	1.3294		116	64.18	3,880,222	4,237,016	
1997/01		1.00	1.4109	1.4109		116	64.18	3,880,222	4,296,756	5
1997/07		1.00	1.0917	1.0917		116	64.18	3,934,968	4,343,620	5
1998/01		1.00	1.1663	1.1663		116	64.18	4,024,321	4,394,312	
1998/07		1.00	1.0794	1.0794		116	60.04	4,067,760	4,441,756	
1999/01		1.00	1.4499	1.4499		116	60.04	4,126,738	4,506,136	
1999/07		1.00	1.2299	1.2299		116	58.67	4,177,493	4,561,584	
2000/01		1.00	1.3356	1.3356		116	58.67	4,233,288	4,622,484	
2000/07		1.00	1.1129	1.1129		116	59.34	4,280,400	4,673,872	
2001/01		1.00	1.2976	1.2976		116	60.78	4,335,942	4,734,540	
2001/07		1.00	0.9615	0.9615		116	60.78	4,377,632	4,780,012	
2002/01		1.00	1.0301	1.0301		116	55.30	4,422,726	4,829,196	





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**0 263478-00 - 2015/01**

**206.32**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		116	55.30	4,459,598	4,869,448	
2003/01		1.00	1.3271	1.3271		116	57.08	4,518,781	4,934,060	
2003/07		1.00	1.1664	1.1664		116	64.44	4,571,488	4,991,596	
2004/01		1.00	1.1103	1.1103		116	64.44	4,622,245	5,047,044	
2004/07		1.00	0.8378	0.8378		116	64.44	4,660,970	5,089,384	
2005/01		1.00	0.8595	0.8595		116	64.44	4,701,031	5,133,116	
2005/07		1.00	0.7364	0.7364		116	64.44	4,735,649	5,170,932	
2006/01		1.00	0.9068	0.9068		116	64.44	4,778,592	5,217,796	
2006/07		1.00	0.8133	0.8133		116	64.44	4,817,456	5,260,252	
2007/01		1.00	1.0133	1.0133		116	59.57	4,866,271	5,313,496	
2007/07		1.00	1.1050	1.1050		116	55.04	4,920,043	5,372,192	
2008/01		0.95	0.8556	0.8556		116	55.04	4,960,033	5,418,128	
2008/07		0.95	0.6104	0.6104		116	55.04	4,988,796	5,451,188	
2009/01		0.90	1.3268	1.3268		116	56.76	5,048,367	5,523,572	
2009/07		0.90	0.6841	0.6841		116	56.76	5,079,450	5,561,388	
2010/01		0.85	0.8643	0.8643		116	58.12	5,116,769	5,609,412	
2010/07		0.85	0.7107	0.7107		116	45.35	5,142,256	5,649,316	
2011/01		0.80	0.9198	0.9198		116	45.35	5,173,454	5,701,284	
2011/07		0.80	0.9028	0.9028		116	45.35	5,204,261	5,752,788	
2012/01		0.75	0.3865	0.3865		116	43.01	5,216,059	5,775,060	
2012/07		0.75	0.9417	0.9417		116	43.01	5,244,869	5,829,464	
2013/01		0.70	0.4901	0.4901		116	47.46	5,260,397	5,858,000	
2013/07		0.70	0.6196	0.6196		116	47.46	5,280,084	5,894,308	
2014/01		0.65	0.8564	0.8564		116	44.46	5,303,845	5,944,768	
2014/07		0.65	1.2383	1.2383		116	47.36	5,340,606	6,018,428	
2015/01		0.60	0.7571	0.7571		116	47.36	5,361,498	6,064,016	

**Message Code:**

1	Per Bed Standard Limitation
5	Uncorrected Licensure Deficiency



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 Rate Semester 01/01/2015 through 08/31/2015

**0 263486-00 - 2015/01**

**241.72**

**Pinellas Point Nursing and Rehab**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>5601 31ST ST S</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>60</b>	Superior: <b>0</b>
<b>SAINT PETERSBURG, FL 33712</b>	Days in CR <b>365</b>	Maximum: <b>21,900</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>21,900</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>18,644</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>3,200</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>13,283</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>71.24544%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.13242%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1972</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/08/1995</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>03/08/1995</b>	Low Occupancy Adjustment Factor:	<b>108.71026%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211630</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	682,448	1,077,302	754,619	243,743		2,758,112	
1a	Audit Adjustments							
2	Cost Per Diem	51.3776	81.1038	56.8109	18.3500		207.6423	
3	Cost Per Diem Inflated	53.6075	83.7402	59.2766				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>53.6075</b>	<b>83.7402</b>	<b>59.2766</b>	<b>18.3500</b>		<b>214.9743</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	65.7660		63.3459				
7	Provider Target Rate	<b>68.1744</b>		<b>65.6657</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>53.6075</b>	<b>83.7402</b>	<b>59.2766</b>	<b>13.6500</b>		<b>210.2743</b>	
12/13	Medical Adjustment Rate		2.0015	1.4168				
14	Prospective Per Diem 11	<b>53.6075</b>	<b>85.7417</b>	<b>60.6934</b>	<b>13.6500</b>		<b>213.6926</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 263486-00 - 2015/01**

**241.72**

Rate Semester 01/01/2015 through 08/31/2015

**Pinellas Point Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	03/08/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>2,040,258.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1995/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>2,293,927</b>	<b>10.2082</b>
Indexed Asset Value	<b>2,867,409</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>573,482</b>	<b>0.5455</b>
FRVS Base Asset:	<b>1,604,692</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>26,975</b>	<b>1.4468</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>28,932</b>	<b>1.5518</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>4,247</b>	<b>0.2278</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>30,909</b>	<b>0.0000</b>
		Yearly Payment:	<b>201,204</b>	Total FRVS PD:		<b>13.9801</b>

- (1) 80% Capital (\$2,293,927) amortized at 6.2500 % for 20 years Principal & Interest of \$201,204 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$10.2082
- (2) 20% ROE (\$573,482) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.5455
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	<b>07/01/1994</b>	Current RS PBS:	52,276
Comparison Bed	<b>60</b>	Effective PBS Limitation	2,061,660

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>53.6075</b>	<b>53.6075</b>	<b>0.9326</b>	<b>52.6749</b>
Direct Care	<b>85.7417</b>	<b>85.7417</b>	<b>1.4917</b>	<b>84.2500</b>
Indirect Care	<b>60.6934</b>	<b>60.6934</b>	<b>1.0559</b>	<b>59.6375</b>
Property	<b>13.6500</b>	<b>13.9801</b>	<b>0.2432</b>	<b>13.7369</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>21.5217</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>213.6926</b>	<b>214.0227</b>	<b>3.7234</b>	<b>241.7235</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263486-00 - 2015/01**

**241.72**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	1,604,692	0.00	1.5812	1.5812		60	21.92	1,604,692	2,094,240	
1995/07	8,160	0.10	1.5250	1.5250		60	21.92	1,612,852	2,126,160	
1996/01	2,110	0.10	1.7228	1.7228		60	21.92	1,614,962	2,162,820	
1996/07	3,801	0.20	1.3294	1.3294		60	21.92	1,618,763	2,191,560	
1997/01		0.20	1.4109	1.4109		60	21.92	1,618,763	2,222,460	
1997/07		0.30	1.0917	1.0917		60	21.92	1,618,763	2,246,700	
1998/01		0.30	1.1663	1.1663		60	21.92	1,618,763	2,272,920	
1998/07		0.40	1.0794	1.0794		60	41.80	1,624,075	2,297,460	
1999/01		0.40	1.4499	1.4499		60	41.80	1,631,234	2,330,760	
1999/07		0.50	1.2299	1.2299		60	45.29	1,639,495	2,359,440	
2000/01		0.50	1.3356	1.3356		60	45.29	1,648,511	2,390,940	
2000/07	546,132	0.60	1.1129	1.1129		60	55.28	2,205,650	2,417,520	
2001/01		0.60	1.2976	1.2976		60	67.51	2,222,823	2,448,900	
2001/07		0.70	0.9615	0.9615		60	67.51	2,237,785	2,472,420	
2002/01		0.70	1.0301	1.0301		60	59.05	2,253,922	2,497,860	
2002/07		0.80	0.8337	0.8337		60	59.05	2,268,956	2,518,680	
2003/01		0.80	1.3271	1.3271		60	59.98	2,293,046	2,552,100	
2003/07		0.90	1.1664	1.1664		60	66.07	2,317,118	2,581,860	
2004/01		0.90	1.1103	1.1103		60	66.07	2,340,273	2,610,540	
2004/07		1.00	0.8378	0.8378		60	66.07	2,359,880	2,632,440	
2005/01		1.00	0.8595	0.8595		60	66.07	2,380,163	2,655,060	
2005/07		1.00	0.7364	0.7364		60	66.07	2,397,691	2,674,620	
2006/01		1.00	0.9068	0.9068		60	66.07	2,419,433	2,698,860	
2006/07		1.00	0.8133	0.8133		60	66.07	2,439,110	2,720,820	
2007/01		1.00	1.0133	1.0133		60	67.41	2,463,826	2,748,360	
2007/07		1.00	1.1050	1.1050		60	69.34	2,491,051	2,778,720	
2008/01		1.00	0.8556	0.8556		60	69.34	2,512,364	2,802,480	
2008/07		1.00	0.6104	0.6104		60	69.34	2,527,699	2,819,580	
2009/01		1.00	1.3268	1.3268		60	69.73	2,561,237	2,857,020	
2009/07		1.00	0.6841	0.6841		60	69.73	2,578,758	2,876,580	



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263486-00 - 2015/01**

**241.72**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		1.00	0.8643	0.8643		60	67.82	2,601,046	2,901,420	
2010/07		1.00	0.7107	0.7107		60	67.82	2,619,532	2,922,060	
2011/01	42,610	1.00	0.9198	0.9198		60	73.65	2,686,236	2,948,940	
2011/07		1.00	0.9028	0.9028		60	73.65	2,710,487	2,975,580	
2012/01	9,833	1.00	0.3865	0.3865		60	73.44	2,730,796	2,987,100	
2012/07		1.00	0.9417	0.9417		60	73.82	2,756,512	3,015,240	
2013/01		1.00	0.4901	0.4901		60	73.82	2,770,022	3,030,000	
2013/07		1.00	0.6196	0.6196		60	73.82	2,787,185	3,048,780	
2014/01		1.00	0.8564	0.8564		60	71.61	2,811,054	3,074,880	
2014/07		1.00	1.2383	1.2383		60	71.25	2,845,863	3,112,980	
2015/01		1.00	0.7571	0.7571		60	71.25	2,867,409	3,136,560	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 263486123120130101201304242014125659



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263494-00 - 2015/01**

**215.43**

**Jacksonville Nursing and Rehab**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4134 DUNN AVENUE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>163</b>	Superior: <b>0</b>
<b>JACKSONVILLE , FL 32218</b>	Days in CR <b>365</b>	Maximum: <b>59,495</b>	Standard: <b>243</b>
County: <b>Duval [16]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>59,495</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>56,583</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>8,890</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>43,255</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>76.44522%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.10547%</b>	Cost: <b>1.04340134</b>
Open Date: <b>10/01/1990</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1990</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/31/1990</b>	Low Occupancy Adjustment Factor:	<b>121.44540%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>212725</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,778,756	3,670,336	1,707,806	1,019,520		8,176,418	
1a	Audit Adjustments							
2	Cost Per Diem	41.1226	84.8535	39.4823	23.5700		189.0284	
3	Cost Per Diem Inflated	42.9074	87.6118	41.1959				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>42.9074</b>	<b>87.6118</b>	<b>41.1959</b>	<b>23.5700</b>		<b>195.2851</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.4358		54.2030				
7	Provider Target Rate	<b>49.1729</b>		<b>56.1880</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>42.9074</b>	<b>87.6118</b>	<b>41.1959</b>	<b>13.6500</b>		<b>185.3651</b>	
12/13	Medical Adjustment Rate		2.6065	1.2256				
14	Prospective Per Diem 11	<b>42.9074</b>	<b>90.2183</b>	<b>42.4215</b>	<b>13.6500</b>		<b>189.1972</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 263494-00 - 2015/01**

**215.43**

Rate Semester 01/01/2015 through 08/31/2015

**Jacksonville Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/31/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,227,709.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Fixed	80% Capital(1):	5,736,760	9.3972
Indexed Asset Value	7,170,950	<60% of Base:	False	20% ROE(2):	1,434,190	0.5022
FRVS Base Asset:	3,017,400	Interest Rate:	8.0700%	Insurance Cost(3):	55,291	0.9772
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	46,625	0.8240
ROE Factor	0.018750	Amortization Rate:	6.2500%	Home Office(3):	12,889	0.2278
		Interest Only:	False	Replacement(3&4):	49,751	0.0000
		Yearly Payment:	503,179	Total FRVS PD:		11.9284

- (1) 80% Capital (\$5,736,760) amortized at 6.2500 % for 20 years Principal & Interest of \$503,179 divided by annual available days (59495) divided by Occup. Adj. (0.90) = \$9.3972
- (2) 20% ROE (\$1,434,190) times the ROE factor (0.018750) divided by annual available days (59495) divided by Occup. Adj. (0.90) = \$0.5022
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	01/01/1990	Current RS PBS:	52,276
Comparison Bed	100	Effective PBS Limitation	3,017,400

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.9074	42.9074	0.7465	42.1609
Direct Care	90.2183	90.2183	1.5696	88.6487
Indirect Care	42.4215	42.4215	0.7380	41.6835
Property	13.6500	11.9284	0.2075	11.7209
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.3103
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>189.1972</b>	<b>187.4756</b>	<b>3.2616</b>	<b>215.4268</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263494-00 - 2015/01**

**215.43**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	3,686,657	0.00	0.5899	0.5899		100	71.98	3,017,400	3,017,400	1
1991/01		0.10	0.5899	0.5899		100	71.98	3,019,180	3,053,000	
1991/07		0.10	1.4932	1.4932		100	71.98	3,023,688	3,098,600	
1992/01		0.20	2.0117	2.0117		100	71.98	3,035,852	3,160,900	
1992/07		0.20	1.8152	1.8152		100	71.98	3,046,872	3,218,300	
1993/01	16,677	0.30	1.7710	1.7710		100	73.96	3,079,737	3,275,300	
1993/07		0.30	1.5329	1.5329		100	73.96	3,093,901	3,325,500	
1994/01	11,803	0.40	1.6983	1.6983		100	79.31	3,126,721	3,382,000	
1994/07	1,783,654	0.40	1.5991	1.5991		163	74.65	4,930,374	5,600,843	
1995/01		0.50	1.5812	1.5812		163	74.65	4,969,354	5,689,352	
1995/07		0.50	1.5250	1.5250		163	80.46	5,007,245	5,776,068	
1996/01		0.60	1.7228	1.7228		163	80.46	5,059,005	5,875,661	
1996/07	2,115	0.60	1.3294	1.3294		163	81.40	5,101,471	5,953,738	
1997/01	9,152	0.70	1.4109	1.4109		163	81.40	5,161,005	6,037,683	
1997/07	2,559	0.70	1.0917	1.0917		163	81.40	5,203,004	6,103,535	
1998/01		0.80	1.1663	1.1663		163	81.40	5,251,548	6,174,766	
1998/07		0.80	1.0794	1.0794		163	81.40	5,296,895	6,241,433	
1999/01		0.90	1.4499	1.4499		163	81.40	5,366,014	6,331,898	
1999/07		0.90	1.2299	1.2299		163	81.40	5,425,410	6,409,812	
2000/01		1.00	1.3356	1.3356		163	81.40	5,497,872	6,495,387	
2000/07		1.00	1.1129	1.1129		163	87.72	5,559,058	6,567,596	
2001/01		1.00	1.2976	1.2976		163	87.72	5,631,192	6,652,845	
2001/07		1.00	0.9615	0.9615		163	87.72	5,685,336	6,716,741	
2002/01		1.00	1.0301	1.0301		163	83.62	5,743,901	6,785,853	
2002/07		1.00	0.8337	0.8337		163	85.42	5,791,788	6,842,414	
2003/01		1.00	1.3271	1.3271		163	85.42	5,868,651	6,933,205	
2003/07		1.00	1.1664	1.1664		163	75.16	5,937,103	7,014,053	
2004/01		1.00	1.1103	1.1103		163	75.16	6,003,023	7,091,967	
2004/07		1.00	0.8378	0.8378		163	75.16	6,053,316	7,151,462	
2005/01		1.00	0.8595	0.8595		163	75.16	6,105,344	7,212,913	





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0 263494-00 - 2015/01

215.43

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		163	75.16	6,150,304	7,266,051	
2006/01		1.00	0.9068	0.9068		163	75.16	6,206,075	7,331,903	
2006/07		1.00	0.8133	0.8133		163	75.16	6,256,549	7,391,561	
2007/01		1.00	1.0133	1.0133		163	75.24	6,319,947	7,466,378	
2007/07		1.00	1.1050	1.1050		163	69.64	6,389,782	7,548,856	
2008/01		1.00	0.8556	0.8556		163	69.64	6,444,453	7,613,404	
2008/07		1.00	0.6104	0.6104		163	69.64	6,483,790	7,659,859	
2009/01		1.00	1.3268	1.3268		163	68.09	6,569,817	7,761,571	
2009/07		1.00	0.6841	0.6841		163	68.09	6,614,761	7,814,709	
2010/01	27,658	1.00	0.8643	0.8643		163	73.79	6,699,590	7,882,191	
2010/07		1.00	0.7107	0.7107		163	75.60	6,747,204	7,938,263	
2011/01		0.95	0.9198	0.9198		163	75.60	6,747,204	8,011,287	5
2011/07		0.95	0.9028	0.9028		163	75.60	6,864,537	8,083,659	
2012/01		0.90	0.3865	0.3865		163	71.69	6,888,419	8,114,955	
2012/07		0.90	0.9417	0.9417		163	71.69	6,946,798	8,191,402	
2013/01		0.85	0.4901	0.4901		163	73.16	6,975,738	8,231,500	
2013/07		0.85	0.6196	0.6196		163	73.16	7,012,479	8,282,519	
2014/01		0.80	0.8564	0.8564		163	78.90	7,060,521	8,353,424	
2014/07		0.80	1.2383	1.2383		163	78.90	7,130,463	8,456,929	
2015/01		0.75	0.7571	0.7571		163	76.45	7,170,950	8,520,988	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263508-00 - 2015/01**

**231.07**

**Port Orange Nursing and Rehab**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>5600 VICTORIA GARDENS BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PORT ORANGE, FL 32127</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Volusia [64]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>37,080</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>16,948</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>15,088</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>40.69040%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>84.65753%</b>	Cost: <b>1.04340134</b>
Open Date: <b>09/16/1992</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/16/1992</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/09/1992</b>	Low Occupancy Adjustment Factor:	<b>108.10385%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211320</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	648,375	1,446,574	779,590	951,449		3,825,988	
1a	Audit Adjustments							
2	Cost Per Diem	42.9729	95.8758	51.6695	63.0600		253.5782	
3	Cost Per Diem Inflated	44.8380	98.9924	53.9120				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.8380</b>	<b>98.9924</b>	<b>53.9120</b>	<b>63.0600</b>		<b>260.8024</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.0256		62.5623				
7	Provider Target Rate	<b>53.9308</b>		<b>64.8534</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.8380</b>	<b>96.4319</b>	<b>53.9120</b>	<b>13.6500</b>		<b>208.8319</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>44.8380</b>	<b>96.4319</b>	<b>53.9120</b>	<b>13.6500</b>		<b>208.8319</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 263508-00 - 2015/01**

**231.07**

Rate Semester 01/01/2015 through 08/31/2015

**Port Orange Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/09/1992	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>3,905,038.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1992/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,492,556 9.9961</b>
Indexed Asset Value	<b>5,615,695</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,123,139 0.5342</b>
FRVS Base Asset:	<b>3,793,080</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>79,591 2.1465</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>62,832 1.6945</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>8,446 0.2278</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>77,599 0.0000</b>
		Yearly Payment:	<b>394,048</b>	Total FRVS PD:	<b>14.5991</b>

- (1) 80% Capital (\$4,492,556) amortized at 6.2500 % for 20 years Principal & Interest of \$394,048 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.9961
- (2) 20% ROE (\$1,123,139) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5342
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	31,609
Comparison Date:	<b>01/01/1992</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,793,080

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.8380</b>	<b>44.8380</b>	<b>0.7801</b>	<b>44.0579</b>
Direct Care	<b>96.4319</b>	<b>96.4319</b>	<b>1.6777</b>	<b>94.7542</b>
Indirect Care	<b>53.9120</b>	<b>53.9120</b>	<b>0.9379</b>	<b>52.9741</b>
Property	<b>13.6500</b>	<b>14.5991</b>	<b>0.2540</b>	<b>14.3451</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>15.0378</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>208.8319</b>	<b>209.7810</b>	<b>3.6497</b>	<b>231.0716</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263508-00 - 2015/01**

**231.07**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07	4,424,760	0.00	1.8152	1.8152		120	47.23	3,793,080	3,793,080	1
1993/01		0.10	1.7710	1.7710		120	47.23	3,798,849	3,930,360	
1993/07		0.10	1.5329	1.5329		120	47.23	3,803,850	3,990,600	
1994/01		0.20	1.6983	1.6983		120	47.23	3,814,946	4,058,400	
1994/07		0.20	1.5991	1.5991		120	48.26	3,825,651	4,123,320	
1995/01		0.30	1.5812	1.5812		120	48.26	3,841,576	4,188,480	
1995/07		0.30	1.5250	1.5250		120	48.26	3,856,997	4,252,320	
1996/01		0.40	1.7228	1.7228		120	48.26	3,880,318	4,325,640	
1996/07		0.40	1.3294	1.3294		120	48.26	3,898,425	4,383,120	
1997/01		0.50	1.4109	1.4109		120	48.26	3,922,558	4,444,920	
1997/07		0.50	1.0917	1.0917		120	48.26	3,941,347	4,493,400	
1998/01		0.60	1.1663	1.1663		120	49.88	3,966,361	4,545,840	
1998/07		0.60	1.0794	1.0794		120	49.88	3,989,656	4,594,920	
1999/01		0.70	1.4499	1.4499		120	50.71	4,026,989	4,661,520	
1999/07		0.70	1.2299	1.2299		120	57.61	4,061,657	4,718,880	
2000/01		0.80	1.3356	1.3356		120	57.61	4,105,056	4,781,880	
2000/07	23,077	0.80	1.1129	1.1129		120	58.06	4,164,680	4,835,040	
2001/01		0.90	1.2976	1.2976		120	58.06	4,213,315	4,897,800	
2001/07		0.90	0.9615	0.9615		120	58.06	4,249,777	4,944,840	
2002/01		1.00	1.0301	1.0301		120	53.27	4,292,177	4,995,720	
2002/07		1.00	0.8337	0.8337		120	54.07	4,327,356	5,037,360	
2003/01		1.00	1.3271	1.3271		120	54.07	4,383,813	5,104,200	
2003/07		1.00	1.1664	1.1664		120	52.17	4,432,315	5,163,720	
2004/01		1.00	1.1103	1.1103		120	52.17	4,478,995	5,221,080	
2004/07		1.00	0.8378	0.8378		120	52.17	4,514,589	5,264,880	
2005/01		1.00	0.8595	0.8595		120	52.17	4,551,395	5,310,120	
2005/07		1.00	0.7364	0.7364		120	52.17	4,583,187	5,349,240	
2006/01		1.00	0.9068	0.9068		120	52.17	4,622,609	5,397,720	
2006/07		1.00	0.8133	0.8133		120	52.17	4,658,270	5,441,640	
2007/01		1.00	1.0133	1.0133		120	44.73	4,696,658	5,496,720	



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**0 263508-00 - 2015/01**

**231.07**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07		1.00	1.1050	1.1050		120	36.08	4,730,703	5,557,440	
2008/01		1.00	0.8556	0.8556		120	36.08	4,757,255	5,604,960	
2008/07		1.00	0.6104	0.6104		120	36.08	4,776,304	5,639,160	
2009/01	25,307	1.00	1.3268	1.3268		120	36.58	4,843,759	5,714,040	
2009/07		1.00	0.6841	0.6841		120	36.58	4,865,798	5,753,160	
2010/01	330,021	1.00	0.8643	0.8643		120	35.66	5,223,086	5,802,840	
2010/07	123,960	1.00	0.7107	0.7107		120	32.88	5,369,237	5,844,120	
2011/01		1.00	0.9198	0.9198		120	32.88	5,398,761	5,897,880	
2011/07		1.00	0.9028	0.9028		120	32.88	5,427,899	5,951,160	
2012/01		1.00	0.3865	0.3865		120	32.74	5,440,387	5,974,200	
2012/07		1.00	0.9417	0.9417		120	36.86	5,474,722	6,030,480	
2013/01		0.95	0.4901	0.4901		120	36.86	5,491,805	6,060,000	
2013/07		0.95	0.6196	0.6196		120	36.86	5,513,468	6,097,560	
2014/01		0.90	0.8564	0.8564		120	39.88	5,544,283	6,149,760	
2014/07		0.90	1.2383	1.2383		120	39.88	5,589,087	6,225,960	
2015/01		0.85	0.7571	0.7571		120	40.69	5,615,695	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263516-00 - 2015/01**

**209.14**

**Macclenny Nursing and Rehab**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>755 S 5TH ST</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>MACCLENNY, FL 32063</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Baker [2]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,565</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,793</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>27,504</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>71.31855%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.04795%</b>	Cost: <b>1.04340134</b>
Open Date: <b>08/27/1990</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/29/1995</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>08/27/1990</b>	Low Occupancy Adjustment Factor:	<b>112.43326%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>212105</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,153,964	2,056,795	1,109,007	981,068		5,300,834	
1a	Audit Adjustments							
2	Cost Per Diem	41.9562	74.7817	40.3217	35.6700		192.7296	
3	Cost Per Diem Inflated	43.7772	77.2126	42.0717				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>43.7772</b>	<b>77.2126</b>	<b>42.0717</b>	<b>35.6700</b>		<b>198.7315</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.8267		53.0798				
7	Provider Target Rate	<b>53.7246</b>		<b>55.0236</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>43.7772</b>	<b>77.2126</b>	<b>42.0717</b>	<b>13.6500</b>		<b>176.7115</b>	
12/13	Medical Adjustment Rate		1.8518	1.0090				
14	Prospective Per Diem 11	<b>43.7772</b>	<b>79.0644</b>	<b>43.0807</b>	<b>13.6500</b>		<b>179.5723</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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**0 263516-00 - 2015/01**

**209.14**

Rate Semester 01/01/2015 through 08/31/2015

**Macclenny Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/27/1990	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,102,079.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,482,938</b>	<b>9.9748</b>
RS to Start Calcs:	<b>1995/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,120,734</b>	<b>0.5331</b>
Indexed Asset Value	<b>5,603,672</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>44,469</b>	<b>1.1531</b>
FRVS Base Asset:	<b>3,917,950</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>62,172</b>	<b>1.6121</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>8,785</b>	<b>0.2278</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>94,492</b>	<b>0.0000</b>
		Yearly Payment:	<b>393,205</b>	Total FRVS PD:		<b>13.5009</b>

- (1) 80% Capital (\$4,482,938) amortized at 6.2500 % for 20 years Principal & Interest of \$393,205 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.9748
- (2) 20% ROE (\$1,120,734) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5331
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	<b>01/01/1990</b>	Current RS PBS:	52,276
Comparison Bed	<b>60</b>	Effective PBS Limitation	1,810,440

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>43.7772</b>	<b>43.7772</b>	<b>0.7616</b>	<b>43.0156</b>
Direct Care	<b>79.0644</b>	<b>79.0644</b>	<b>1.3755</b>	<b>77.6889</b>
Indirect Care	<b>43.0807</b>	<b>43.0807</b>	<b>0.7495</b>	<b>42.3312</b>
Property	<b>13.6500</b>	<b>13.5009</b>	<b>0.2349</b>	<b>13.2660</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.9386</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>179.5723</b>	<b>179.4232</b>	<b>3.1215</b>	<b>209.1428</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263516-00 - 2015/01**

**209.14**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	2,476,449	0.00	0.5899	0.5899		60	74.50	1,810,440	1,810,440	1
1991/01		0.10	0.5899	0.5899		60	74.50	1,811,508	1,831,800	
1991/07		0.10	1.4932	1.4932		60	74.50	1,814,213	1,859,160	
1992/01		0.20	2.0117	2.0117		60	74.50	1,821,512	1,896,540	
1992/07		0.20	1.8152	1.8152		60	74.50	1,828,124	1,930,980	
1993/01	12,030	0.30	1.7710	1.7710		60	87.72	1,849,867	1,965,180	
1993/07		0.30	1.5329	1.5329		60	87.72	1,858,375	1,995,300	
1994/01		0.40	1.6983	1.6983		60	91.12	1,870,999	2,029,200	
1994/07		0.40	1.5991	1.5991		60	90.10	1,882,966	2,061,660	
1995/01		0.50	1.5812	1.5812		60	90.10	1,897,853	2,094,240	
1995/07	2,005,626	0.50	1.5250	1.5250		120	76.77	3,917,950	4,252,320	
1996/01		0.60	1.7228	1.7228		120	76.77	3,958,450	4,325,640	
1996/07		0.60	1.3294	1.3294		120	76.77	3,990,023	4,383,120	
1997/01		0.70	1.4109	1.4109		120	76.77	4,029,428	4,444,920	
1997/07		0.70	1.0917	1.0917		120	76.77	4,060,221	4,493,400	
1998/01		0.80	1.1663	1.1663		120	76.77	4,098,103	4,545,840	
1998/07		0.80	1.0794	1.0794		120	75.65	4,133,490	4,594,920	
1999/01		0.90	1.4499	1.4499		120	75.65	4,187,428	4,661,520	
1999/07	23,432	0.90	1.2299	1.2299		120	86.18	4,257,211	4,718,880	
2000/01		1.00	1.3356	1.3356		120	86.18	4,314,070	4,781,880	
2000/07		1.00	1.1129	1.1129		120	86.42	4,362,081	4,835,040	
2001/01		1.00	1.2976	1.2976		120	82.87	4,362,081	4,897,800	5
2001/07		1.00	0.9615	0.9615		120	82.87	4,461,169	4,944,840	
2002/01		1.00	1.0301	1.0301		120	81.96	4,507,124	4,995,720	
2002/07		1.00	0.8337	0.8337		120	81.96	4,544,700	5,037,360	
2003/01		1.00	1.3271	1.3271		120	83.35	4,605,013	5,104,200	
2003/07		1.00	1.1664	1.1664		120	72.78	4,658,726	5,163,720	
2004/01		1.00	1.1103	1.1103		120	72.78	4,710,452	5,221,080	
2004/07		1.00	0.8378	0.8378		120	72.78	4,749,916	5,264,880	
2005/01		1.00	0.8595	0.8595		120	72.78	4,790,742	5,310,120	





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0 263516-00 - 2015/01

209.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		120	72.78	4,826,021	5,349,240	
2006/01		1.00	0.9068	0.9068		120	72.78	4,869,783	5,397,720	
2006/07		1.00	0.8133	0.8133		120	72.78	4,909,389	5,441,640	
2007/01		1.00	1.0133	1.0133		120	73.81	4,959,136	5,496,720	
2007/07		1.00	1.1050	1.1050		120	71.69	5,013,934	5,557,440	
2008/01		1.00	0.8556	0.8556		120	71.69	5,056,833	5,604,960	
2008/07		1.00	0.6104	0.6104		120	71.69	5,087,700	5,639,160	
2009/01		1.00	1.3268	1.3268		120	75.08	5,155,204	5,714,040	
2009/07		1.00	0.6841	0.6841		120	75.08	5,190,471	5,753,160	
2010/01		1.00	0.8643	0.8643		120	77.05	5,235,332	5,802,840	
2010/07		1.00	0.7107	0.7107		120	74.38	5,272,540	5,844,120	
2011/01		0.95	0.9198	0.9198		120	74.38	5,318,611	5,897,880	
2011/07		0.95	0.9028	0.9028		120	72.43	5,364,229	5,951,160	
2012/01		0.90	0.3865	0.3865		120	72.43	5,382,891	5,974,200	
2012/07		0.90	0.9417	0.9417		120	70.36	5,428,511	6,030,480	
2013/01		0.85	0.4901	0.4901		120	70.36	5,451,126	6,060,000	
2013/07		0.85	0.6196	0.6196		120	70.36	5,479,837	6,097,560	
2014/01		0.80	0.8564	0.8564		120	70.70	5,517,379	6,149,760	
2014/07		0.80	1.2383	1.2383		120	71.32	5,572,034	6,225,960	
2015/01		0.75	0.7571	0.7571		120	71.32	5,603,672	6,273,120	

**Message Code:**

- |                                    |
|------------------------------------|
| 1 Per Bed Standard Limitation      |
| 5 Uncorrected Licensure Deficiency |



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263524-00 - 2015/01**

**217.19**

**Medicana Nursing and Rehab**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1710 LAKE WORTH ROAD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>117</b>	Superior: <b>0</b>
<b>LAKE WORTH, FL 33460</b>	Days in CR <b>365</b>	Maximum: <b>42,705</b>	Standard: <b>243</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>42,705</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>30,781</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>5,913</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>22,591</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>73.39268%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>72.07821%</b>	Cost: <b>1.04340134</b>
Open Date: <b>07/01/1978</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1978</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>07/01/1978</b>	Low Occupancy Adjustment Factor:	<b>92.04063%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>260096</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,109,579	1,844,089	917,653	238,109		4,109,430	
1a	Audit Adjustments							
2	Cost Per Diem	49.1160	81.6294	40.6203	10.5400		181.9057	
3	Cost Per Diem Inflated	51.2477	84.2829	42.3833				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>51.2477</b>	<b>84.2829</b>	<b>42.3833</b>	<b>10.5400</b>		<b>188.4539</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	71.3287		70.3538				
7	Provider Target Rate	<b>73.9408</b>		<b>72.9302</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.2477</b>	<b>84.2829</b>	<b>42.3833</b>	<b>10.5400</b>		<b>188.4539</b>	
12/13	Medical Adjustment Rate		2.2181	1.1154				
14	Prospective Per Diem 11	<b>51.2477</b>	<b>86.5010</b>	<b>43.4987</b>	<b>10.5400</b>		<b>191.7874</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**217.19**

Rate Semester 01/01/2015 through 08/31/2015

**Medicana Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/01/1997	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>1,343,842.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1978/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>1,675,867 3.8245</b>
Indexed Asset Value	<b>2,094,834</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>418,967 0.2044</b>
FRVS Base Asset:	<b>1,241,751</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>23,675 0.7691</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>59,715 1.9400</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>7,011 0.2278</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>22,818 0.0000</b>
		Yearly Payment:	<b>146,993</b>	Total FRVS PD:	<b>6.9658</b>

- (1) 80% Capital (\$1,675,867) amortized at 6.2500 % for 20 years Principal & Interest of \$146,993 divided by annual available days (42705) divided by Occup. Adj. (0.90) = \$3.8245
- (2) 20% ROE (\$418,967) times the ROE factor (0.018750) divided by annual available days (42705) divided by Occup. Adj. (0.90) = \$0.2044
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>117</b>	Effective PBS Limitation	3,334,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.2477</b>	<b>51.2477</b>	<b>0.8916</b>	<b>50.3561</b>
Direct Care	<b>86.5010</b>	<b>86.5010</b>	<b>1.5049</b>	<b>84.9961</b>
Indirect Care	<b>43.4987</b>	<b>43.4987</b>	<b>0.7568</b>	<b>42.7419</b>
Property	<b>10.5400</b>	<b>6.9658</b>	<b>0.1212</b>	<b>6.8446</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.3491</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>191.7874</b>	<b>188.2132</b>	<b>3.2745</b>	<b>217.1903</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/07	2,253	0.00	5.5395	3.0000	2.5395	117	100.00	2,253	2,197,260	
1979/01		0.10	7.6667	3.0000	4.6667	117	100.00	2,260	2,309,931	
1979/07		0.10	8.8649	3.0000	5.8649	117	100.00	2,267	2,406,924	
1980/01		0.20	12.0306	3.0000	9.0306	117	40.21	2,277	2,555,397	
1980/07	2,500	0.20	12.8413	3.0000	9.8413	117	40.21	4,787	2,652,741	
1981/01		0.30	13.6653	3.0000	10.6653	117	37.06	4,816	2,754,180	
1981/07	9,761	0.30	13.2541	3.0000	10.2541	117	37.06	14,606	2,825,433	
1982/01	2,738	0.40	12.9301	3.0000	9.9301	117	20.36	17,344	2,901,132	
1982/07		0.40	12.2278	3.0000	9.2278	117	20.36	17,344	2,967,705	
1983/04	1,185,302	0.50	11.8566	3.0000	8.8566	117	16.05	1,202,646	3,045,744	
1983/07		0.50	12.8144	3.0000	9.8144	117	16.05	1,202,646	3,166,254	
1984/01	19,045	0.60	11.1096	3.0000	8.1096	117	16.03	1,221,691	3,207,321	
1984/07	20,060	0.60	10.0275	3.0000	7.0275	117	16.03	1,241,751	3,268,863	
1985/01		0.70	8.1746	3.0000	5.1746	117	16.05	1,241,751	3,306,303	
1985/10		0.70	6.0268	3.0000	3.0268	117	16.03	1,241,751	3,334,500	
1986/01		0.80	3.8567	3.0000	0.8567	117	16.03	1,241,751	3,362,229	
1986/07		0.80	1.1541	1.1541		117	16.92	1,241,751	3,355,794	
1987/01		0.90	1.0091	1.0091		117	16.92	1,241,751	3,415,815	
1987/07		0.90	0.9007	0.9007		117	15.60	1,241,751	3,442,491	
1988/01		1.00	0.9007	0.9007		117	15.60	1,241,751	3,470,454	
1988/07		1.00	0.5899	0.5899		117	17.46	1,241,751	3,468,582	
1989/01		1.00	0.5899	0.5899		117	17.46	1,241,751	3,489,057	
1989/07		1.00	0.5899	0.5899		117	16.07	1,241,751	3,512,691	
1990/01		1.00	0.5899	0.5899		117	16.07	1,241,751	3,530,358	
1990/07		1.00	0.5899	0.5899		117	14.55	1,241,751	3,551,184	
1991/01		1.00	0.5899	0.5899		117	14.55	1,241,751	3,572,010	
1991/07		1.00	1.4932	1.4932		117	12.76	1,241,751	3,625,362	
1992/01		1.00	2.0117	2.0117		117	12.76	1,241,751	3,698,253	
1992/07		1.00	1.8152	1.8152		117	15.61	1,241,751	3,765,411	
1993/01		1.00	1.7710	1.7710		117	15.61	1,241,751	3,832,101	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07		1.00	1.5329	1.5329		117	19.67	1,241,751	3,890,835	
1994/01		1.00	1.6983	1.6983		117	19.67	1,241,751	3,956,940	
1994/07		1.00	1.5991	1.5991		117	19.44	1,241,751	4,020,237	
1995/01		1.00	1.5812	1.5812		117	19.44	1,241,751	4,083,768	
1995/07		1.00	1.5250	1.5250		117	22.82	1,241,751	4,146,012	
1996/01		1.00	1.7228	1.7228		117	22.82	1,241,751	4,217,499	
1996/07	41,238	1.00	1.3294	1.3294		117	29.47	1,291,834	4,273,542	
1997/01		1.00	1.4109	1.4109		117	29.47	1,301,600	4,333,797	
1997/07		1.00	1.0917	1.0917		117	29.47	1,309,214	4,381,065	
1998/01		1.00	1.1663	1.1663		117	33.44	1,318,498	4,432,194	
1998/07	41,572	1.00	1.0794	1.0794		117	42.26	1,371,005	4,480,047	
1999/01		0.95	1.4499	1.4499		117	42.26	1,385,515	4,544,982	
1999/07		0.95	1.2299	1.2299		117	42.26	1,397,954	4,600,908	
2000/01		0.90	1.3356	1.3356		117	50.07	1,413,251	4,662,333	
2000/07	21,731	0.90	1.1129	1.1129		117	53.54	1,448,761	4,714,164	
2001/01		0.85	1.2976	1.2976		117	53.54	1,464,317	4,775,355	
2001/07		0.85	0.9615	0.9615		117	53.54	1,475,967	4,821,219	
2002/01		0.80	1.0301	1.0301		117	58.18	1,488,130	4,870,827	
2002/07		0.80	0.8337	0.8337		117	58.18	1,498,056	4,911,426	
2003/01		0.75	1.3271	1.3271		117	59.92	1,512,966	4,976,595	
2003/07		0.75	1.1664	1.1664		117	60.77	1,526,201	5,034,627	
2004/01		0.70	1.1103	1.1103		117	60.77	1,538,063	5,090,553	
2004/07		0.70	0.8378	0.8378		117	60.77	1,547,084	5,133,258	
2005/01		0.65	0.8595	0.8595		117	60.77	1,555,728	5,177,367	
2005/07		0.65	0.7364	0.7364		117	60.77	1,563,175	5,215,509	
2006/01		0.60	0.9068	0.9068		117	60.77	1,571,680	5,262,777	
2006/07		0.60	0.8133	0.8133		117	60.77	1,579,350	5,305,599	
2007/01		0.55	1.0133	1.0133		117	64.22	1,588,152	5,359,302	
2007/07		0.55	1.1050	1.1050		117	64.22	1,597,805	5,418,504	
2008/01		0.50	0.8556	0.8556		117	55.82	1,604,640	5,464,836	



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**0 263524-00 - 2015/01**

**217.19**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		0.50	0.6104	0.6104		117	55.82	1,609,537	5,498,181	
2009/01	339,254	0.45	1.3268	1.3268		117	54.48	1,958,311	5,571,189	
2009/07		0.45	0.6841	0.6841		117	54.48	1,964,282	5,609,331	
2010/01		0.40	0.8643	0.8643		117	57.31	1,971,073	5,657,769	
2010/07		0.40	0.7107	0.7107		117	57.31	1,976,677	5,698,017	
2011/01	80,135	0.35	0.9198	0.9198		117	60.41	2,063,175	5,750,433	
2011/07		0.35	0.9028	0.9028		117	60.41	2,069,695	5,802,381	
2012/01		0.30	0.3865	0.3865		117	65.87	2,072,096	5,824,845	
2012/07		0.30	0.9417	0.9417		117	65.87	2,077,950	5,879,718	
2013/01		0.25	0.4901	0.4901		117	67.00	2,080,495	5,908,500	
2013/07		0.25	0.6196	0.6196		117	67.00	2,083,718	5,945,121	
2014/01		0.20	0.8564	0.8564		117	71.72	2,087,287	5,996,016	
2014/07		0.20	1.2383	1.2383		117	73.39	2,092,457	6,070,311	
2015/01		0.15	0.7571	0.7571		117	73.39	2,094,834	6,116,292	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 263524123120130101201304242014121500



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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263532-00 - 2015/01**

**217.24**

**Tiffany Hall Nursing and Rehab**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1800 SE HILLMOOR DRIVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PORT SAINT LUCIE, FL 34952</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>St Lucie [56]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,884</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>11,805</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>22,599</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>58.11902%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.77626%</b>	Cost: <b>1.04340134</b>
Open Date: <b>06/08/1993</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/08/1993</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>07/06/1993</b>	Low Occupancy Adjustment Factor:	<b>113.36328%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>258466</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,062,684	1,857,539	947,298	1,035,938		4,903,459	
1a	Audit Adjustments							
2	Cost Per Diem	47.0235	82.1956	41.9177	45.8400		216.9768	
3	Cost Per Diem Inflated	49.0644	84.8675	43.7370				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>49.0644</b>	<b>84.8675</b>	<b>43.7370</b>	<b>45.8400</b>		<b>223.5089</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.9543		61.8267				
7	Provider Target Rate	<b>59.0400</b>		<b>64.0909</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>49.0644</b>	<b>84.8675</b>	<b>43.7370</b>	<b>13.6500</b>		<b>191.3189</b>	
12/13	Medical Adjustment Rate		0.7752	0.3995				
14	Prospective Per Diem 11	<b>49.0644</b>	<b>85.6427</b>	<b>44.1365</b>	<b>13.6500</b>		<b>192.4936</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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**217.24**

Rate Semester 01/01/2015 through 08/31/2015

**Tiffany Hall Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>07/06/1993</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,903,365.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1993/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,339,226</b>	<b>9.6550</b>
Indexed Asset Value	<b>5,424,032</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,084,806</b>	<b>0.5160</b>
FRVS Base Asset:	<b>3,861,960</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>46,394</b>	<b>1.1931</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>79,965</b>	<b>2.0565</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>8,857</b>	<b>0.2278</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>36,282</b>	<b>0.0000</b>
		Yearly Payment:	<b>380,600</b>	Total FRVS PD:		<b>13.6484</b>

- (1) 80% Capital (\$4,339,226) amortized at 6.2500 % for 20 years Principal & Interest of \$380,600 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.6550
- (2) 20% ROE (\$1,084,806) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5160
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>		Used Per Bed Standard:	32,183
Comparison Date:	<b>08/01/1992</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,861,960

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>49.0644</b>	<b>49.0644</b>	<b>0.8536</b>	<b>48.2108</b>
Direct Care	<b>85.6427</b>	<b>85.6427</b>	<b>1.4900</b>	<b>84.1527</b>
Indirect Care	<b>44.1365</b>	<b>44.1365</b>	<b>0.7679</b>	<b>43.3686</b>
Property	<b>13.6500</b>	<b>13.6484</b>	<b>0.2374</b>	<b>13.4110</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>18.1974</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>192.4936</b>	<b>192.4920</b>	<b>3.3489</b>	<b>217.2430</b>

**Medicaid Trend Adjustment**





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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	5,304,573	0.00	1.7710	1.7710		120	51.83	3,861,960	3,861,960	1
1993/07		0.10	1.5329	1.5329		120	13.47	3,861,960	3,990,600	
1994/01		0.10	1.6983	1.6983		120	13.47	3,861,960	4,058,400	
1994/07		0.20	1.5991	1.5991		120	13.47	3,861,960	4,123,320	
1995/01		0.20	1.5812	1.5812		120	13.47	3,861,960	4,188,480	
1995/07		0.30	1.5250	1.5250		120	34.80	3,873,139	4,252,320	
1996/01		0.30	1.7228	1.7228		120	34.80	3,885,804	4,325,640	
1996/07	10,632	0.40	1.3294	1.3294		120	62.38	3,917,101	4,383,120	
1997/01		0.40	1.4109	1.4109		120	62.38	3,939,209	4,444,920	
1997/07		0.50	1.0917	1.0917		120	62.38	3,960,713	4,493,400	
1998/01		0.50	1.1663	1.1663		120	62.38	3,983,812	4,545,840	
1998/07		0.60	1.0794	1.0794		120	62.38	4,009,611	4,594,920	
1999/01		0.60	1.4499	1.4499		120	66.86	4,044,491	4,661,520	
1999/07		0.70	1.2299	1.2299		120	65.85	4,079,310	4,718,880	
2000/01		0.70	1.3356	1.3356		120	65.85	4,117,447	4,781,880	
2000/07	25,111	0.80	1.1129	1.1129		120	66.12	4,142,558	4,835,040	5
2001/01		0.80	1.2976	1.2976		120	66.12	4,222,600	4,897,800	
2001/07		0.90	0.9615	0.9615		120	66.12	4,259,142	4,944,840	
2002/01		0.90	1.0301	1.0301		120	65.97	4,298,629	4,995,720	
2002/07		1.00	0.8337	0.8337		120	65.97	4,334,467	5,037,360	
2003/01		1.00	1.3271	1.3271		120	65.02	4,391,990	5,104,200	
2003/07		1.00	1.1664	1.1664		120	67.25	4,443,218	5,163,720	
2004/01		1.00	1.1103	1.1103		120	67.25	4,492,551	5,221,080	
2004/07		1.00	0.8378	0.8378		120	67.25	4,530,190	5,264,880	
2005/01		1.00	0.8595	0.8595		120	67.25	4,569,127	5,310,120	
2005/07		1.00	0.7364	0.7364		120	67.25	4,602,774	5,349,240	
2006/01		1.00	0.9068	0.9068		120	67.25	4,644,512	5,397,720	
2006/07		1.00	0.8133	0.8133		120	67.25	4,682,286	5,441,640	
2007/01		1.00	1.0133	1.0133		120	63.48	4,729,732	5,496,720	
2007/07		1.00	1.1050	1.1050		120	60.93	4,781,996	5,557,440	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		120	60.93	4,822,911	5,604,960	
2008/07		1.00	0.6104	0.6104		120	60.93	4,852,350	5,639,160	
2009/01	20,925	1.00	1.3268	1.3268		120	63.46	4,937,656	5,714,040	
2009/07		1.00	0.6841	0.6841		120	63.46	4,971,435	5,753,160	
2010/01		1.00	0.8643	0.8643		120	62.06	5,014,403	5,802,840	
2010/07		1.00	0.7107	0.7107		120	60.38	5,050,040	5,844,120	
2011/01		1.00	0.9198	0.9198		120	60.38	5,096,490	5,897,880	
2011/07		1.00	0.9028	0.9028		120	60.38	5,142,501	5,951,160	
2012/01		1.00	0.3865	0.3865		120	61.77	5,162,377	5,974,200	
2012/07		1.00	0.9417	0.9417		120	66.03	5,210,991	6,030,480	
2013/01		1.00	0.4901	0.4901		120	66.03	5,236,530	6,060,000	
2013/07		0.95	0.6196	0.6196		120	66.03	5,267,352	6,097,560	
2014/01		0.95	0.8564	0.8564		120	64.31	5,310,207	6,149,760	
2014/07	17,934	0.90	1.2383	1.2383		120	58.12	5,387,323	6,225,960	
2015/01		0.90	0.7571	0.7571		120	58.12	5,424,032	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



**Florida Agency for Health Care Administration**  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263541-00 - 2015/01**

**214.98**

**Metrowest Nursing and Rehab**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>5900 WESTGATE DRIVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>ORLANDO , FL 32835</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>234</b>
County: <b>Orange [48]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>9</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,066</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>9,533</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>26,578</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>64.72021%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.75799%</b>	Cost: <b>1.04340134</b>
Open Date: <b>10/21/1994</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1995</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/21/1994</b>	Low Occupancy Adjustment Factor:	<b>119.72473%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>212041</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,190,383	1,989,606	1,196,823	575,414		4,952,226	
1a	Audit Adjustments							
2	Cost Per Diem	44.7883	74.8591	45.0306	21.6500		186.3280	
3	Cost Per Diem Inflated	46.7322	77.2925	46.9850				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>46.7322</b>	<b>77.2925</b>	<b>46.9850</b>	<b>21.6500</b>		<b>192.6597</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.1184		61.7061				
7	Provider Target Rate	<b>55.0636</b>		<b>63.9658</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>46.7322</b>	<b>77.2925</b>	<b>46.9850</b>	<b>13.6500</b>		<b>184.6597</b>	
12/13	Medical Adjustment Rate		1.2326	0.7493				
14	Prospective Per Diem 11	<b>46.7322</b>	<b>78.5251</b>	<b>47.7343</b>	<b>13.6500</b>		<b>186.6416</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**Metrowest Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/21/1994	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,974,992.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,385,655</b>	<b>9.7583</b>
RS to Start Calcs:	<b>1995/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,096,414</b>	<b>0.5215</b>
Indexed Asset Value	<b>5,482,069</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>38,982</b>	<b>0.9493</b>
FRVS Base Asset:	<b>4,070,662</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>90,090</b>	<b>2.1938</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>9,354</b>	<b>0.2278</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>141,894</b>	<b>0.0000</b>
		Yearly Payment:	<b>384,672</b>	Total FRVS PD:		<b>13.6507</b>

- (1) 80% Capital (\$4,385,655) amortized at 6.2500 % for 20 years Principal & Interest of \$384,672 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.7583
- (2) 20% ROE (\$1,096,414) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5215
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	<b>01/01/1994</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	4,058,400

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>46.7322</b>	<b>46.7322</b>	<b>0.8130</b>	<b>45.9192</b>
Direct Care	<b>78.5251</b>	<b>78.5251</b>	<b>1.3661</b>	<b>77.1590</b>
Indirect Care	<b>47.7343</b>	<b>47.7343</b>	<b>0.8305</b>	<b>46.9038</b>
Property	<b>13.6500</b>	<b>13.6507</b>	<b>0.2375</b>	<b>13.4132</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>21.6801</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>186.6416</b>	<b>186.6423</b>	<b>3.2471</b>	<b>214.9778</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	5,070,576	0.00	1.5991	1.5991		120	51.98	4,058,400	4,058,400	1
1995/01		0.10	1.5812	1.5812		120	51.98	4,064,464	4,188,480	
1995/07		0.10	1.5250	1.5250		120	59.33	4,070,662	4,252,320	
1996/01		0.20	1.7228	1.7228		120	59.33	4,084,690	4,325,640	
1996/07		0.20	1.3294	1.3294		120	59.33	4,095,551	4,383,120	
1997/01		0.30	1.4109	1.4109		120	59.33	4,095,551	4,444,920	5
1997/07		0.30	1.0917	1.0917		120	59.33	4,126,357	4,493,400	
1998/01		0.40	1.1663	1.1663		120	59.33	4,145,606	4,545,840	
1998/07		0.40	1.0794	1.0794		120	58.98	4,163,507	4,594,920	
1999/01		0.50	1.4499	1.4499		120	58.98	4,193,692	4,661,520	
1999/07		0.50	1.2299	1.2299		120	65.46	4,219,483	4,718,880	
2000/01		0.60	1.3356	1.3356		120	65.46	4,253,298	4,781,880	
2000/07		0.60	1.1129	1.1129		120	68.60	4,281,697	4,835,040	
2001/01		0.70	1.2976	1.2976		120	65.51	4,320,588	4,897,800	
2001/07		0.70	0.9615	0.9615		120	65.51	4,349,670	4,944,840	
2002/01		0.80	1.0301	1.0301		120	62.89	4,385,516	4,995,720	
2002/07		0.80	0.8337	0.8337		120	62.89	4,414,767	5,037,360	
2003/01		0.90	1.3271	1.3271		120	71.29	4,467,497	5,104,200	
2003/07		0.90	1.1664	1.1664		120	64.37	4,514,397	5,163,720	
2004/01		1.00	1.1103	1.1103		120	64.37	4,564,520	5,221,080	
2004/07		1.00	0.8378	0.8378		120	64.37	4,602,762	5,264,880	
2005/01		1.00	0.8595	0.8595		120	64.37	4,642,323	5,310,120	
2005/07		1.00	0.7364	0.7364		120	64.37	4,676,509	5,349,240	
2006/01		1.00	0.9068	0.9068		120	64.37	4,718,916	5,397,720	
2006/07		1.00	0.8133	0.8133		120	64.37	4,757,295	5,441,640	
2007/01		1.00	1.0133	1.0133		120	64.00	4,805,501	5,496,720	
2007/07		1.00	1.1050	1.1050		120	58.73	4,858,602	5,557,440	
2008/01		1.00	0.8556	0.8556		120	58.73	4,900,172	5,604,960	
2008/07		1.00	0.6104	0.6104		120	58.73	4,930,083	5,639,160	
2009/01		1.00	1.3268	1.3268		120	63.47	4,995,495	5,714,040	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		1.00	0.6841	0.6841		120	63.47	5,029,669	5,753,160	
2010/01		1.00	0.8643	0.8643		120	67.45	5,073,140	5,802,840	
2010/07		1.00	0.7107	0.7107		120	67.45	5,109,195	5,844,120	
2011/01		1.00	0.9198	0.9198		120	67.30	5,156,189	5,897,880	
2011/07		1.00	0.9028	0.9028		120	71.02	5,202,739	5,951,160	
2012/01		1.00	0.3865	0.3865		120	71.02	5,222,848	5,974,200	
2012/07		1.00	0.9417	0.9417		120	71.02	5,272,032	6,030,480	
2013/01		1.00	0.4901	0.4901		120	72.16	5,297,870	6,060,000	
2013/07		1.00	0.6196	0.6196		120	72.16	5,330,696	6,097,560	
2014/01		1.00	0.8564	0.8564		120	71.87	5,376,348	6,149,760	
2014/07		1.00	1.2383	1.2383		120	71.87	5,376,348	6,225,960	5
2015/01		0.95	0.7571	0.7571		120	64.72	5,482,069	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 263541123120130101201307232014145227



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263559-00 - 2015/01**

**224.69**

**Moultrie Creek Nursing and Rehab**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>200 MARINER HEALTH WAY</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>SAINT AUGUSTINE, FL 32086</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>St Johns [55]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,708</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>16,011</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>19,026</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>47.91478%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>90.65753%</b>	Cost: <b>1.04340134</b>
Open Date: <b>12/09/1986</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/09/1986</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>12/09/1986</b>	Low Occupancy Adjustment Factor:	<b>115.76558%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>212300</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	878,599	1,650,950	952,685	1,076,872		4,559,106	
1a	Audit Adjustments							
2	Cost Per Diem	46.1789	86.7733	50.0728	56.6000		239.6250	
3	Cost Per Diem Inflated	48.1831	89.5940	52.2460				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>48.1831</b>	<b>89.5940</b>	<b>52.2460</b>	<b>56.6000</b>		<b>246.6231</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.3396		55.4583				
7	Provider Target Rate	<b>55.2929</b>		<b>57.4892</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>48.1831</b>	<b>89.5940</b>	<b>52.2460</b>	<b>13.6500</b>		<b>203.6731</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>48.1831</b>	<b>89.5940</b>	<b>52.2460</b>	<b>13.6500</b>		<b>203.6731</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 263559-00 - 2015/01**

**224.69**

Rate Semester 01/01/2015 through 08/31/2015

**Moultrie Creek Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	05/01/1996	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>4,102,200.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1986/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,365,873 9.7143</b>
Indexed Asset Value	<b>5,457,341</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,091,468 0.5192</b>
FRVS Base Asset:	<b>1,629,898</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>63,547 1.6004</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>23,629 0.5951</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>9,045 0.2278</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>70,736 0.0000</b>
		Yearly Payment:	<b>382,937</b>	Total FRVS PD:	<b>12.6568</b>

- (1) 80% Capital (\$4,365,873) amortized at 6.2500 % for 20 years Principal & Interest of \$382,937 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.7143
- (2) 20% ROE (\$1,091,468) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5192
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,737
Comparison Date:	<b>01/01/1986</b>	Current RS PBS:	52,276
Comparison Bed	<b>60</b>	Effective PBS Limitation	1,724,220

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>48.1831</b>	<b>48.1831</b>	<b>0.8383</b>	<b>47.3448</b>
Direct Care	<b>89.5940</b>	<b>89.5940</b>	<b>1.5587</b>	<b>88.0353</b>
Indirect Care	<b>52.2460</b>	<b>52.2460</b>	<b>0.9090</b>	<b>51.3370</b>
Property	<b>13.6500</b>	<b>12.6568</b>	<b>0.2202</b>	<b>12.4366</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>15.6369</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>203.6731</b>	<b>202.6799</b>	<b>3.5262</b>	<b>224.6931</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263559-00 - 2015/01**

**224.69**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07	1,629,898	0.00	0.2974	0.2974		60	51.77	1,629,898	1,720,920	
1987/01		0.10	1.0091	1.0091		60	51.77	1,631,446	1,751,700	
1987/07		0.10	0.9007	0.9007		60	51.77	1,632,830	1,765,380	
1988/01		0.20	0.9007	0.9007		60	51.77	1,635,598	1,779,720	
1988/07		0.20	0.5899	0.5899		60	51.77	1,637,415	1,778,760	
1989/01		0.30	0.5899	0.5899		60	51.77	1,640,143	1,789,260	
1989/07		0.30	0.5899	0.5899		60	51.77	1,642,876	1,801,380	
1990/01		0.40	0.5899	0.5899		60	51.77	1,646,525	1,810,440	
1990/07		0.40	0.5899	0.5899		60	51.77	1,650,183	1,821,120	
1991/01		0.50	0.5899	0.5899		60	51.77	1,654,765	1,831,800	
1991/07		0.50	1.4932	1.4932		60	72.12	1,667,119	1,859,160	
1992/01		0.60	2.0117	2.0117		60	72.12	1,687,241	1,896,540	
1992/07	1,831,800	0.60	1.8152	1.8152		120	72.34	3,537,417	3,861,960	
1993/01		0.70	1.7710	1.7710		120	72.34	3,581,270	3,930,360	
1993/07		0.70	1.5329	1.5329		120	69.56	3,619,697	3,990,600	
1994/01		0.80	1.6983	1.6983		120	69.56	3,668,874	4,058,400	
1994/07		0.80	1.5991	1.5991		120	71.06	3,715,810	4,123,320	
1995/01		0.90	1.5812	1.5812		120	71.06	3,768,690	4,188,480	
1995/07		0.90	1.5250	1.5250		120	69.81	3,820,415	4,252,320	
1996/01	16,280	1.00	1.7228	1.7228		120	67.75	3,902,513	4,325,640	
1996/07		1.00	1.3294	1.3294		120	67.75	3,954,393	4,383,120	
1997/01		1.00	1.4109	1.4109		120	67.75	4,010,186	4,444,920	
1997/07		1.00	1.0917	1.0917		120	67.75	4,053,965	4,493,400	
1998/01		1.00	1.1663	1.1663		120	67.75	4,101,246	4,545,840	
1998/07		1.00	1.0794	1.0794		120	67.75	4,145,515	4,594,920	
1999/01		1.00	1.4499	1.4499		120	66.69	4,205,621	4,661,520	
1999/07		1.00	1.2299	1.2299		120	66.69	4,257,346	4,718,880	
2000/01		1.00	1.3356	1.3356		120	69.99	4,314,207	4,781,880	
2000/07		1.00	1.1129	1.1129		120	69.99	4,362,220	4,835,040	
2001/01		1.00	1.2976	1.2976		120	67.12	4,418,824	4,897,800	



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224.69

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		1.00	0.9615	0.9615		120	67.12	4,461,311	4,944,840	
2002/01		1.00	1.0301	1.0301		120	66.53	4,507,267	4,995,720	
2002/07		1.00	0.8337	0.8337		120	66.53	4,544,844	5,037,360	
2003/01		1.00	1.3271	1.3271		120	61.60	4,605,159	5,104,200	
2003/07		1.00	1.1664	1.1664		120	61.23	4,658,874	5,163,720	
2004/01		1.00	1.1103	1.1103		120	61.23	4,710,601	5,221,080	
2004/07		1.00	0.8378	0.8378		120	61.23	4,750,066	5,264,880	
2005/01		1.00	0.8595	0.8595		120	61.23	4,790,893	5,310,120	
2005/07		1.00	0.7364	0.7364		120	61.23	4,826,173	5,349,240	
2006/01		1.00	0.9068	0.9068		120	61.23	4,869,937	5,397,720	
2006/07		1.00	0.8133	0.8133		120	61.23	4,909,544	5,441,640	
2007/01		0.95	1.0133	1.0133		120	58.16	4,956,803	5,496,720	
2007/07		0.95	1.1050	1.1050		120	56.43	5,008,840	5,557,440	
2008/01		0.90	0.8556	0.8556		120	56.43	5,047,408	5,604,960	
2008/07		0.90	0.6104	0.6104		120	56.43	5,075,138	5,639,160	
2009/01		0.85	1.3268	1.3268		120	56.28	5,132,375	5,714,040	
2009/07		0.85	0.6841	0.6841		120	56.28	5,162,220	5,753,160	
2010/01		0.80	0.8643	0.8643		120	52.57	5,196,335	5,802,840	
2010/07		0.80	0.7107	0.7107		120	50.44	5,223,432	5,844,120	
2011/01		0.75	0.9198	0.9198		120	50.44	5,256,481	5,897,880	
2011/07		0.75	0.9028	0.9028		120	50.44	5,289,122	5,951,160	
2012/01		0.70	0.3865	0.3865		120	56.29	5,303,434	5,974,200	
2012/07		0.70	0.9417	0.9417		120	53.63	5,337,523	6,030,480	
2013/01		0.65	0.4901	0.4901		120	53.63	5,354,105	6,060,000	
2013/07		0.65	0.6196	0.6196		120	53.63	5,375,129	6,097,560	
2014/01		0.60	0.8564	0.8564		120	54.81	5,402,651	6,149,760	
2014/07		0.60	1.2383	1.2383		120	47.91	5,437,618	6,225,960	
2015/01		0.55	0.7571	0.7571		120	47.91	5,457,341	6,273,120	

**Message Code:**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263567-00 - 2015/01**

**212.92**

**Orange City Nursing and Rehab**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2810 ENTERPRISE RD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>DEBARY, FL 32713</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Volusia [64]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,702</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>16,050</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>18,854</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>48.71583%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.36073%</b>	Cost: <b>1.04340134</b>
Open Date: <b>05/31/1991</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/31/1991</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>06/26/1991</b>	Low Occupancy Adjustment Factor:	<b>112.83267%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211371</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	807,481	1,554,915	854,973	901,787		4,119,156	
1a	Audit Adjustments							
2	Cost Per Diem	42.8281	82.4713	45.3470	47.8300		218.4764	
3	Cost Per Diem Inflated	44.6869	85.1521	47.3151				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.6869</b>	<b>85.1521</b>	<b>47.3151</b>	<b>47.8300</b>		<b>224.9841</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.7302		54.4374				
7	Provider Target Rate	<b>52.5880</b>		<b>56.4309</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.6869</b>	<b>85.1521</b>	<b>47.3151</b>	<b>13.6500</b>		<b>190.8041</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>44.6869</b>	<b>85.1521</b>	<b>47.3151</b>	<b>13.6500</b>		<b>190.8041</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 263567-00 - 2015/01**

**212.92**

Rate Semester 01/01/2015 through 08/31/2015

**Orange City Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/26/1991	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,937,265.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,327,015 9.6278</b>
RS to Start Calcs:	<b>1991/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,081,754 0.5145</b>
Indexed Asset Value	<b>5,408,769</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>42,835 1.1068</b>
FRVS Base Asset:	<b>3,642,240</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>56,615 1.4628</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>8,816 0.2278</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>27,886 0.0000</b>
		Yearly Payment:	<b>379,529</b>	Total FRVS PD:	<b>12.9397</b>

- (1) 80% Capital (\$4,327,015) amortized at 6.2500 % for 20 years Principal & Interest of \$379,529 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.6278
- (2) 20% ROE (\$1,081,754) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5145
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	<b>07/01/1990</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,642,240

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.6869</b>	<b>44.6869</b>	<b>0.7774</b>	<b>43.9095</b>
Direct Care	<b>85.1521</b>	<b>85.1521</b>	<b>1.4814</b>	<b>83.6707</b>
Indirect Care	<b>47.3151</b>	<b>47.3151</b>	<b>0.8232</b>	<b>46.4919</b>
Property	<b>13.6500</b>	<b>12.9397</b>	<b>0.2251</b>	<b>12.7146</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>16.2313</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>190.8041</b>	<b>190.0938</b>	<b>3.3071</b>	<b>212.9205</b>

**Medicaid Trend Adjustment**



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**212.92**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	4,138,479	0.00	0.5899	0.5899		120	66.58	3,642,240	3,642,240	1
1991/07		0.10	1.4932	1.4932		120	66.58	3,647,678	3,718,320	
1992/01		0.10	2.0117	2.0117		120	66.58	3,655,017	3,793,080	
1992/07		0.20	1.8152	1.8152		120	66.58	3,668,285	3,861,960	
1993/01		0.20	1.7710	1.7710		120	66.58	3,681,278	3,930,360	
1993/07		0.30	1.5329	1.5329		120	66.58	3,698,208	3,990,600	
1994/01		0.30	1.6983	1.6983		120	71.11	3,717,050	4,058,400	
1994/07	31,069	0.40	1.5991	1.5991		120	52.23	3,770,696	4,123,320	
1995/01		0.40	1.5812	1.5812		120	52.23	3,793,344	4,188,480	
1995/07		0.50	1.5250	1.5250		120	52.23	3,820,812	4,252,320	
1996/01		0.50	1.7228	1.7228		120	52.23	3,852,067	4,325,640	
1996/07		0.60	1.3294	1.3294		120	52.23	3,881,244	4,383,120	
1997/01		0.60	1.4109	1.4109		120	52.23	3,912,444	4,444,920	
1997/07		0.70	1.0917	1.0917		120	52.23	3,940,837	4,493,400	
1998/01		0.70	1.1663	1.1663		120	57.04	3,973,010	4,545,840	
1998/07		0.80	1.0794	1.0794		120	57.04	4,007,317	4,594,920	
1999/01		0.80	1.4499	1.4499		120	60.86	4,007,317	4,661,520	5
1999/07		0.90	1.2299	1.2299		120	60.86	4,098,669	4,718,880	
2000/01		0.90	1.3356	1.3356		120	58.42	4,147,935	4,781,880	
2000/07		1.00	1.1129	1.1129		120	57.61	4,194,097	4,835,040	
2001/01		1.00	1.2976	1.2976		120	57.61	4,248,520	4,897,800	
2001/07		1.00	0.9615	0.9615		120	57.61	4,289,370	4,944,840	
2002/01		1.00	1.0301	1.0301		120	51.93	4,331,088	4,995,720	
2002/07		1.00	0.8337	0.8337		120	54.24	4,366,697	5,037,360	
2003/01		1.00	1.3271	1.3271		120	54.24	4,423,847	5,104,200	
2003/07		1.00	1.1664	1.1664		120	56.88	4,475,447	5,163,720	
2004/01		1.00	1.1103	1.1103		120	56.88	4,525,138	5,221,080	
2004/07		1.00	0.8378	0.8378		120	56.88	4,563,050	5,264,880	
2005/01		1.00	0.8595	0.8595		120	56.88	4,602,269	5,310,120	
2005/07		1.00	0.7364	0.7364		120	56.88	4,636,160	5,349,240	



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**212.92**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		120	56.88	4,678,201	5,397,720	
2006/07		1.00	0.8133	0.8133		120	56.88	4,716,249	5,441,640	
2007/01		1.00	1.0133	1.0133		120	54.78	4,763,848	5,496,720	
2007/07	31,667	1.00	1.1050	1.1050		120	56.36	4,848,156	5,557,440	
2008/01		1.00	0.8556	0.8556		120	56.36	4,889,637	5,604,960	
2008/07		1.00	0.6104	0.6104		120	56.36	4,919,483	5,639,160	
2009/01		1.00	1.3268	1.3268		120	51.32	4,980,387	5,714,040	
2009/07		1.00	0.6841	0.6841		120	51.32	5,012,178	5,753,160	
2010/01		1.00	0.8643	0.8643		120	56.40	5,055,498	5,802,840	
2010/07		1.00	0.7107	0.7107		120	60.20	5,091,427	5,844,120	
2011/01		1.00	0.9198	0.9198		120	60.20	5,138,258	5,897,880	
2011/07		0.95	0.9028	0.9028		120	56.43	5,182,329	5,951,160	
2012/01		0.95	0.3865	0.3865		120	56.43	5,201,359	5,974,200	
2012/07		0.90	0.9417	0.9417		120	54.16	5,244,767	6,030,480	
2013/01		0.90	0.4901	0.4901		120	54.16	5,267,548	6,060,000	
2013/07		0.85	0.6196	0.6196		120	54.16	5,294,868	6,097,560	
2014/01		0.85	0.8564	0.8564		120	51.20	5,330,746	6,149,760	
2014/07		0.80	1.2383	1.2383		120	51.20	5,379,904	6,225,960	
2015/01		0.80	0.7571	0.7571		120	48.72	5,408,769	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



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**225.32**

**Bayshore Pointe Nursing and Rehab**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3117 W GANDY BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>117</b>	Superior: <b>0</b>
<b>TAMPA, FL 33611-2927</b>	Days in CR <b>365</b>	Maximum: <b>42,705</b>	Standard: <b>243</b>
County: <b>Hillsborough [29]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>42,705</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>37,993</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>14,181</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>21,708</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>57.13684%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.96616%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1970</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1970</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>01/01/1970</b>	Low Occupancy Adjustment Factor:	<b>113.60578%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>218022</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,014,739	1,878,750	993,225	611,514		4,498,228	
1a	Audit Adjustments							
2	Cost Per Diem	46.7449	86.5464	45.7539	28.1700		207.2152	
3	Cost Per Diem Inflated	48.7737	89.3597	47.7397				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>48.7737</b>	<b>89.3597</b>	<b>47.7397</b>	<b>28.1700</b>		<b>214.0431</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.5711		58.1370				
7	Provider Target Rate	<b>50.3498</b>		<b>60.2660</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>48.7737</b>	<b>89.3597</b>	<b>47.7397</b>	<b>13.6500</b>		<b>199.5231</b>	
12/13	Medical Adjustment Rate		0.7175	0.3833				
14	Prospective Per Diem 11	<b>48.7737</b>	<b>90.0772</b>	<b>48.1230</b>	<b>13.6500</b>		<b>200.6239</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**Bayshore Pointe Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>01/01/1986</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,925,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1971/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>3,756,360</b>	<b>9.9931</b>
Indexed Asset Value	<b>4,695,450</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>939,090</b>	<b>0.4581</b>
FRVS Base Asset:	<b>683,039</b>	Interest Rate:	<b>8.2500%</b>	Insurance Cost(3):	<b>42,231</b>	<b>1.1115</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>90,126</b>	<b>2.3722</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.2500%</b>	Home Office(3):	<b>8,654</b>	<b>0.2278</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>19,006</b>	<b>0.0000</b>
		Yearly Payment:	<b>384,080</b>	Total FRVS PD:		<b>14.1627</b>

- (1) 80% Capital (\$3,756,360) amortized at 8.2500 % for 20 years Principal & Interest of \$384,080 divided by annual available days (42705) divided by Occup. Adj. (0.90) = \$9.9931
- (2) 20% ROE (\$939,090) times the ROE factor (0.018750) divided by annual available days (42705) divided by Occup. Adj. (0.90) = \$0.4581
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>75</b>	Effective PBS Limitation	52,276
			2,137,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>48.7737</b>	<b>48.7737</b>	<b>0.8485</b>	<b>47.9252</b>
Direct Care	<b>90.0772</b>	<b>90.0772</b>	<b>1.5671</b>	<b>88.5101</b>
Indirect Care	<b>48.1230</b>	<b>48.1230</b>	<b>0.8372</b>	<b>47.2858</b>
Property	<b>13.6500</b>	<b>14.1627</b>	<b>0.2464</b>	<b>13.9163</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>17.7781</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>200.6239</b>	<b>201.1366</b>	<b>3.4992</b>	<b>225.3180</b>

**Medicaid Trend Adjustment**





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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	264,460	0.00				75	100.00	264,460	769,575	
1972/01		0.10	3.9787	3.0000	0.9787	75	100.00	265,253	800,175	
1972/07	871	0.10	5.9113	3.0000	2.9113	75	100.00	266,920	839,625	
1973/01		0.20	8.0622	3.0000	5.0622	75	100.00	268,522	882,900	
1973/07	4,522	0.20	10.7186	3.0000	7.7186	75	100.00	274,655	932,850	
1974/01		0.30	12.9457	3.0000	9.9457	75	100.00	277,127	981,600	
1974/07	7,003	0.30	13.0494	3.0000	10.0494	75	100.00	286,624	1,012,050	
1975/01		0.40	13.1399	3.0000	10.1399	75	100.00	290,063	1,043,325	
1975/07	5,420	0.40	14.2033	3.0000	11.2033	75	100.00	298,964	1,085,775	
1976/01		0.50	15.2478	3.0000	12.2478	75	100.00	303,448	1,129,650	
1976/07	11,452	0.50	15.7330	3.0000	12.7330	75	100.00	319,452	1,169,025	
1977/01		0.60	16.4836	3.0000	13.4836	75	100.00	325,202	1,212,900	
1977/07	6,192	0.60	18.5412	3.0000	15.5412	75	100.00	337,248	1,274,175	
1978/01		0.70	20.2809	3.0000	17.2809	75	100.00	344,330	1,334,625	
1978/07	19,832	0.70	22.8203	3.0000	19.8203	75	100.00	371,393	1,408,500	
1979/01		0.80	24.9476	3.0000	21.9476	75	100.00	380,306	1,480,725	
1979/07	7,456	0.80	26.1458	3.0000	23.1458	75	100.00	396,889	1,542,900	
1980/01		0.90	29.3115	3.0000	26.3115	75	91.13	407,605	1,638,075	
1980/07	9,243	0.90	30.1222	3.0000	27.1222	75	91.13	427,853	1,700,475	
1981/01		1.00	30.9462	3.0000	27.9462	75	92.94	440,689	1,765,500	
1981/07	37,248	1.00	30.5350	3.0000	27.5350	75	92.94	491,158	1,811,175	
1982/01		1.00	30.2110	3.0000	27.2110	75	89.01	505,893	1,859,700	
1982/07	17,989	1.00	29.5087	3.0000	26.5087	75	89.01	539,059	1,902,375	
1983/04		1.00	29.1375	3.0000	26.1375	75	82.75	555,231	1,952,400	
1983/07	17,593	1.00	30.0953	3.0000	27.0953	75	82.75	589,481	2,029,650	
1984/01		1.00	28.3905	3.0000	25.3905	75	75.97	607,165	2,055,975	
1984/07	18,450	1.00	27.3084	3.0000	24.3084	75	75.97	643,830	2,095,425	
1985/01		1.00	25.4555	3.0000	22.4555	75	73.21	663,145	2,119,425	
1985/10		1.00	23.3077	3.0000	20.3077	75	73.21	683,039	2,137,500	
1986/01		1.00	21.1376	3.0000	18.1376	75	73.21	703,530	2,155,275	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	75	71.54	724,636	2,151,150	
1987/01		1.00	16.4441	3.0000	13.4441	75	71.54	746,375	2,189,625	
1987/07		1.00	14.3448	3.0000	11.3448	75	71.54	768,766	2,206,725	
1988/01		1.00	12.2455	3.0000	9.2455	75	63.49	791,829	2,224,650	
1988/07		1.00	9.8354	3.0000	6.8354	75	63.49	815,584	2,223,450	
1989/01		1.00	7.4253	3.0000	4.4253	75	69.59	840,052	2,236,575	
1989/07		1.00	5.0152	3.0000	2.0152	75	69.59	865,254	2,251,725	
1990/01		1.00	2.6051	2.6051		75	69.59	887,795	2,263,050	
1990/07		1.00	0.5899	0.5899		75	69.59	893,032	2,276,400	
1991/01		1.00	0.5899	0.5899		75	69.59	898,300	2,289,750	
1991/07		1.00	1.4932	1.4932		75	69.59	911,713	2,323,950	
1992/01		0.95	2.0117	2.0117		75	68.45	929,137	2,370,675	
1992/07		0.95	1.8152	1.8152		75	68.45	945,159	2,413,725	
1993/01		0.90	1.7710	1.7710		75	69.31	960,224	2,456,475	
1993/07		0.90	1.5329	1.5329		75	69.31	973,471	2,494,125	
1994/01		0.85	1.6983	1.6983		75	77.44	987,524	2,536,500	
1994/07		0.85	1.5991	1.5991		75	77.44	1,000,946	2,577,075	
1995/01		0.80	1.5812	1.5812		75	82.94	1,013,608	2,617,800	
1995/07		0.80	1.5250	1.5250		75	79.20	1,025,974	2,657,700	
1996/01		0.75	1.7228	1.7228		75	81.43	1,039,231	2,703,525	
1996/07		0.75	1.3294	1.3294		75	79.39	1,049,593	2,739,450	
1997/01		0.70	1.4109	1.4109		75	79.39	1,059,959	2,778,075	
1997/07		0.70	1.0917	1.0917		75	79.39	1,068,059	2,808,375	
1998/01		0.65	1.1663	1.1663		75	79.39	1,068,059	2,841,150	5
1998/07		0.65	1.0794	1.0794		75	79.39	1,083,706	2,871,825	
1999/01		0.60	1.4499	1.4499		75	79.39	1,093,133	2,913,450	
1999/07		0.60	1.2299	1.2299		75	83.13	1,101,199	2,949,300	
2000/01	3,271,774	0.55	1.3356	1.3356		117	73.25	4,381,062	4,662,333	
2000/07		0.55	1.1129	1.1129		117	73.25	4,407,878	4,714,164	
2001/01		0.50	1.2976	1.2976		117	64.61	4,436,476	4,775,355	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		117	64.61	4,457,807	4,821,219	
2002/01		0.45	1.0301	1.0301		117	66.90	4,478,469	4,870,827	
2002/07		0.45	0.8337	0.8337		117	66.90	4,495,272	4,911,426	
2003/01		0.40	1.3271	1.3271		117	60.49	4,519,133	4,976,595	
2003/07		0.40	1.1664	1.1664		117	55.71	4,540,219	5,034,627	
2004/01	15,425	0.35	1.1103	1.1103		117	55.71	4,573,287	5,090,553	
2004/07	1,930	0.35	0.8378	0.8378		117	55.71	4,588,626	5,133,258	
2005/01		0.30	0.8595	0.8595		117	55.71	4,600,460	5,177,367	
2005/07		0.30	0.7364	0.7364		117	55.71	4,610,622	5,215,509	
2006/01		0.25	0.9068	0.9068		117	55.71	4,621,074	5,262,777	
2006/07		0.25	0.8133	0.8133		117	55.71	4,630,469	5,305,599	
2007/01		0.20	1.0133	1.0133		117	55.00	4,639,855	5,359,302	
2007/07		0.20	1.1050	1.1050		117	55.00	4,650,109	5,418,504	
2008/01		0.15	0.8556	0.8556		117	49.80	4,655,511	5,464,836	
2008/07		0.15	0.6104	0.6104		117	49.80	4,659,372	5,498,181	
2009/01		0.10	1.3268	1.3268		117	52.95	4,665,325	5,571,189	
2009/07		0.10	0.6841	0.6841		117	52.95	4,668,397	5,609,331	
2010/01	23,370	0.05	0.8643	0.8643		117	56.35	4,693,784	5,657,769	
2010/07		0.05	0.7107	0.7107		117	57.60	4,695,450	5,698,017	
2011/01		0.00	0.9198	0.9198		117	57.60	4,695,450	5,750,433	
2011/07		0.00	0.9028	0.9028		117	56.04	4,695,450	5,802,381	
2012/01		0.00	0.3865	0.3865		117	56.04	4,695,450	5,824,845	
2012/07		0.00	0.9417	0.9417		117	56.04	4,695,450	5,879,718	
2013/01		0.00	0.4901	0.4901		117	52.79	4,695,450	5,908,500	
2013/07		0.00	0.6196	0.6196		117	56.82	4,695,450	5,945,121	
2014/01		0.00	0.8564	0.8564		117	56.82	4,695,450	5,996,016	
2014/07		0.00	1.2383	1.2383		117	56.82	4,695,450	6,070,311	
2015/01		0.00	0.7571	0.7571		117	57.14	4,695,450	6,116,292	

**Message Code:**

5 Uncorrected Licensure Deficiency





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263583-00 - 2015/01**

**207.72**

**Royal Oaks Nursing and Rehab**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2225 KNOX MCRAE DR</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>TITUSVILLE, FL 32780</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Brevard [5]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,983</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>15,364</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>18,945</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>47.38264%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.28539%</b>	Cost: <b>1.04340134</b>
Open Date: <b>04/09/1993</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/09/1993</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>04/09/1993</b>	Low Occupancy Adjustment Factor:	<b>116.56733%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>210609</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	760,769	1,519,984	837,698	1,079,486		4,197,937	
1a	Audit Adjustments							
2	Cost Per Diem	40.1567	80.2314	44.2174	56.9800		221.5855	
3	Cost Per Diem Inflated	41.8996	82.8394	46.1365				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>41.8996</b>	<b>82.8394</b>	<b>46.1365</b>	<b>56.9800</b>		<b>227.8555</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.0246		55.7872				
7	Provider Target Rate	<b>50.8199</b>		<b>57.8302</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>41.8996</b>	<b>82.8394</b>	<b>46.1365</b>	<b>13.6500</b>		<b>184.5255</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>41.8996</b>	<b>82.8394</b>	<b>46.1365</b>	<b>13.6500</b>		<b>184.5255</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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**207.72**

Rate Semester 01/01/2015 through 08/31/2015

**Royal Oaks Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	04/09/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,912,325.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,204,356</b>	<b>9.3549</b>
RS to Start Calcs:	<b>1993/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,051,089</b>	<b>0.4999</b>
Indexed Asset Value	<b>5,255,445</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>71,204</b>	<b>1.7809</b>
FRVS Base Asset:	<b>3,861,960</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>60,431</b>	<b>1.5114</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>9,108</b>	<b>0.2278</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>47,443</b>	<b>0.0000</b>
		Yearly Payment:	<b>368,770</b>	Total FRVS PD:		<b>13.3749</b>

- (1) 80% Capital (\$4,204,356) amortized at 6.2500 % for 20 years Principal & Interest of \$368,770 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.3549
- (2) 20% ROE (\$1,051,089) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4999
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	32,183
Comparison Date: <b>08/01/1992</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	3,861,960

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>41.8996</b>	<b>41.8996</b>	<b>0.7290</b>	<b>41.1706</b>
Direct Care	<b>82.8394</b>	<b>82.8394</b>	<b>1.4412</b>	<b>81.3982</b>
Indirect Care	<b>46.1365</b>	<b>46.1365</b>	<b>0.8027</b>	<b>45.3338</b>
Property	<b>13.6500</b>	<b>13.3749</b>	<b>0.2327</b>	<b>13.1422</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>16.7694</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>184.5255</b>	<b>184.2504</b>	<b>3.2056</b>	<b>207.7167</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263583-00 - 2015/01**

**207.72**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	4,213,095	0.00	1.7710	1.7710		120	57.35	3,861,960	3,861,960	1
1993/07		0.10	1.5329	1.5329		120	57.35	3,867,880	3,990,600	
1994/01		0.10	1.6983	1.6983		120	57.35	3,874,448	4,058,400	
1994/07		0.20	1.5991	1.5991		120	57.35	3,886,838	4,123,320	
1995/01		0.20	1.5812	1.5812		120	57.35	3,899,128	4,188,480	
1995/07		0.30	1.5250	1.5250		120	57.35	3,916,967	4,252,320	
1996/01		0.30	1.7228	1.7228		120	58.50	3,937,210	4,325,640	
1996/07		0.40	1.3294	1.3294		120	58.50	3,958,148	4,383,120	
1997/01		0.40	1.4109	1.4109		120	56.99	3,980,488	4,444,920	
1997/07		0.50	1.0917	1.0917		120	50.63	4,000,491	4,493,400	
1998/01		0.50	1.1663	1.1663		120	50.63	4,021,968	4,545,840	
1998/07		0.60	1.0794	1.0794		120	50.63	4,045,945	4,594,920	
1999/01		0.60	1.4499	1.4499		120	50.29	4,078,127	4,661,520	
1999/07		0.70	1.2299	1.2299		120	50.33	4,110,255	4,718,880	
2000/01		0.70	1.3356	1.3356		120	50.33	4,145,419	4,781,880	
2000/07		0.80	1.1129	1.1129		120	48.97	4,178,279	4,835,040	
2001/01		0.80	1.2976	1.2976		120	48.97	4,216,898	4,897,800	
2001/07		0.90	0.9615	0.9615		120	48.97	4,249,390	4,944,840	
2002/01		0.90	1.0301	1.0301		120	60.22	4,288,786	4,995,720	
2002/07		1.00	0.8337	0.8337		120	60.22	4,324,542	5,037,360	
2003/01		1.00	1.3271	1.3271		120	58.38	4,381,933	5,104,200	
2003/07		1.00	1.1664	1.1664		120	60.24	4,433,044	5,163,720	
2004/01		1.00	1.1103	1.1103		120	60.24	4,482,264	5,221,080	
2004/07		1.00	0.8378	0.8378		120	60.24	4,519,816	5,264,880	
2005/01		1.00	0.8595	0.8595		120	60.24	4,558,664	5,310,120	
2005/07		1.00	0.7364	0.7364		120	60.24	4,592,234	5,349,240	
2006/01		1.00	0.9068	0.9068		120	60.24	4,633,876	5,397,720	
2006/07		1.00	0.8133	0.8133		120	60.24	4,671,563	5,441,640	
2007/01		1.00	1.0133	1.0133		120	53.38	4,717,506	5,496,720	
2007/07		1.00	1.1050	1.1050		120	44.50	4,759,683	5,557,440	



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207.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		120	44.50	4,792,632	5,604,960	
2008/07		1.00	0.6104	0.6104		120	44.50	4,816,301	5,639,160	
2009/01		1.00	1.3268	1.3268		120	42.75	4,865,971	5,714,040	
2009/07		1.00	0.6841	0.6841		120	42.75	4,891,845	5,753,160	
2010/01		1.00	0.8643	0.8643		120	44.56	4,926,100	5,802,840	
2010/07		1.00	0.7107	0.7107		120	47.08	4,956,068	5,844,120	
2011/01		1.00	0.9198	0.9198		120	47.08	4,995,090	5,897,880	
2011/07		1.00	0.9028	0.9028		120	47.08	5,033,692	5,951,160	
2012/01		1.00	0.3865	0.3865		120	46.56	5,033,692	5,974,200	5
2012/07		1.00	0.9417	0.9417		120	46.56	5,090,421	6,030,480	
2013/01		1.00	0.4901	0.4901		120	47.96	5,112,176	6,060,000	
2013/07		0.95	0.6196	0.6196		120	47.96	5,138,415	6,097,560	
2014/01		0.95	0.8564	0.8564		120	48.25	5,175,090	6,149,760	
2014/07		0.90	1.2383	1.2383		120	47.38	5,224,776	6,225,960	
2015/01		0.90	0.7571	0.7571		120	47.38	5,255,445	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263591-00 - 2015/01**

**220.08**

**Tuskawilla Nursing and Rehab**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1024 WILLA SPRINGS DR</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>98</b>	Superior: <b>0</b>
<b>WINTER SPRINGS, FL 32708</b>	Days in CR <b>365</b>	Maximum: <b>35,770</b>	Standard: <b>243</b>
County: <b>Seminole [59]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>35,770</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>31,979</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>14,868</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>14,096</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>44.07893%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.40173%</b>	Cost: <b>1.04340134</b>
Open Date: <b>11/07/1994</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/07/1994</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/07/1994</b>	Low Occupancy Adjustment Factor:	<b>114.16198%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211966</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	600,871	1,220,240	718,023	834,201		3,373,335	
1a	Audit Adjustments							
2	Cost Per Diem	42.6271	86.5664	50.9381	59.1800		239.3116	
3	Cost Per Diem Inflated	44.4772	89.3803	53.1489				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.4772</b>	<b>89.3803</b>	<b>53.1489</b>	<b>59.1800</b>		<b>246.1864</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7451		63.3459				
7	Provider Target Rate	<b>55.7133</b>		<b>65.6657</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.4772</b>	<b>89.3803</b>	<b>53.1489</b>	<b>13.6500</b>		<b>200.6564</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>44.4772</b>	<b>89.3803</b>	<b>53.1489</b>	<b>13.6500</b>		<b>200.6564</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**0 263591-00 - 2015/01**

**220.08**

Rate Semester 01/01/2015 through 08/31/2015

**Tuskawilla Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/07/1994	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>2,981,982.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1994/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>3,198,160 8.7135</b>
Indexed Asset Value	<b>3,997,700</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>799,540 0.4657</b>
FRVS Base Asset:	<b>3,043,800</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>65,313 2.0424</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>65,426 2.0459</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>7,284 0.2278</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>9,543 0.0000</b>
		Yearly Payment:	<b>280,515</b>	Total FRVS PD:	<b>13.4953</b>

- (1) 80% Capital (\$3,198,160) amortized at 6.2500 % for 20 years Principal & Interest of \$280,515 divided by annual available days (35770) divided by Occup. Adj. (0.90) = \$8.7135
- (2) 20% ROE (\$799,540) times the ROE factor (0.018750) divided by annual available days (35770) divided by Occup. Adj. (0.90) = \$0.4657
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	<b>01/01/1994</b>	Current RS PBS:	52,276
Comparison Bed	<b>90</b>	Effective PBS Limitation	3,043,800

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.4772</b>	<b>44.4772</b>	<b>0.7738</b>	<b>43.7034</b>
Direct Care	<b>89.3803</b>	<b>89.3803</b>	<b>1.5550</b>	<b>87.8253</b>
Indirect Care	<b>53.1489</b>	<b>53.1489</b>	<b>0.9247</b>	<b>52.2242</b>
Property	<b>13.6500</b>	<b>13.4953</b>	<b>0.2348</b>	<b>13.2605</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>13.1662</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>200.6564</b>	<b>200.5017</b>	<b>3.4883</b>	<b>220.0821</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263591-00 - 2015/01**

**220.08**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	4,194,640	0.00	1.5991	1.5991		90	59.98	3,043,800	3,043,800	1
1995/01		0.10	1.5812	1.5812		90	59.98	3,048,612	3,141,360	
1995/07		0.10	1.5250	1.5250		90	48.91	3,052,746	3,189,240	
1996/01		0.20	1.7228	1.7228		90	48.91	3,062,101	3,244,230	
1996/07		0.20	1.3294	1.3294		90	48.91	3,069,342	3,287,340	
1997/01		0.30	1.4109	1.4109		90	48.91	3,080,896	3,333,690	
1997/07		0.30	1.0917	1.0917		90	48.91	3,089,869	3,370,050	
1998/01		0.40	1.1663	1.1663		90	48.91	3,102,687	3,409,380	
1998/07		0.40	1.0794	1.0794		90	54.17	3,115,882	3,446,190	
1999/01		0.50	1.4499	1.4499		90	54.17	3,138,131	3,496,140	
1999/07	17,357	0.50	1.2299	1.2299		90	54.13	3,174,482	3,539,160	
2000/01		0.60	1.3356	1.3356		90	54.13	3,199,520	3,586,410	
2000/07		0.60	1.1129	1.1129		90	46.41	3,217,547	3,626,280	
2001/01		0.70	1.2976	1.2976		98	51.38	3,244,848	3,999,870	
2001/07		0.70	0.9615	0.9615		98	51.38	3,265,252	4,038,286	
2002/01		0.80	1.0301	1.0301		98	51.38	3,290,390	4,079,838	
2002/07		0.80	0.8337	0.8337		98	52.79	3,311,455	4,113,844	
2003/01		0.90	1.3271	1.3271		98	54.81	3,350,870	4,168,430	
2003/07		0.90	1.1664	1.1664		98	51.27	3,383,662	4,217,038	
2004/01		1.00	1.1103	1.1103		98	51.27	3,383,662	4,263,882	5
2004/07		1.00	0.8378	0.8378		98	51.27	3,445,382	4,299,652	
2005/01		1.00	0.8595	0.8595		98	51.27	3,472,987	4,336,598	
2005/07		1.00	0.7364	0.7364		98	51.27	3,496,828	4,368,546	
2006/01		1.00	0.9068	0.9068		98	51.27	3,526,387	4,408,138	
2006/07		1.00	0.8133	0.8133		98	51.27	3,553,122	4,444,006	
2007/01		1.00	1.0133	1.0133		98	49.04	3,585,224	4,488,988	
2007/07		1.00	1.1050	1.1050		98	40.42	3,614,339	4,538,576	
2008/01		1.00	0.8556	0.8556		98	40.42	3,637,066	4,577,384	
2008/07		1.00	0.6104	0.6104		98	40.42	3,653,381	4,605,314	
2009/01		1.00	1.3268	1.3268		98	39.05	3,687,797	4,666,466	



Florida Agency for Health Care Administration  
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**0 263591-00 - 2015/01**

**220.08**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		1.00	0.6841	0.6841		98	39.05	3,705,709	4,698,414	
2010/01	15,886	1.00	0.8643	0.8643		98	39.54	3,744,621	4,738,986	
2010/07		1.00	0.7107	0.7107		98	47.36	3,767,537	4,772,698	
2011/01		1.00	0.9198	0.9198		98	47.36	3,797,377	4,816,602	
2011/07		1.00	0.9028	0.9028		98	50.09	3,828,599	4,860,114	
2012/01		1.00	0.3865	0.3865		98	50.09	3,842,076	4,878,930	
2012/07		1.00	0.9417	0.9417		98	46.95	3,872,961	4,924,892	
2013/01		1.00	0.4901	0.4901		98	46.95	3,889,164	4,949,000	
2013/07		1.00	0.6196	0.6196		98	46.95	3,909,734	4,979,674	
2014/01		1.00	0.8564	0.8564		98	42.70	3,935,729	5,022,304	
2014/07		1.00	1.2383	1.2383		98	44.08	3,974,789	5,084,534	
2015/01		0.95	0.7571	0.7571		98	44.08	3,997,700	5,123,048	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 263591123120130101201304242014130438



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263605-00 - 2015/01**

**251.69**

**Hunter's Creek Nursing and Rehab**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>14155 TOWN LOOP BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>116</b>	Superior: <b>0</b>
<b>ORLANDO, FL 32837</b>	Days in CR <b>365</b>	Maximum: <b>42,340</b>	Standard: <b>243</b>
County: <b>Orange [48]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>42,340</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,632</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>13,709</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>23,259</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>58.68742%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.60416%</b>	Cost: <b>1.04340134</b>
Open Date: <b>05/26/1998</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/26/1998</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>05/26/1998</b>	Low Occupancy Adjustment Factor:	<b>119.52829%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>213691</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,110,281	2,205,788	1,487,082	1,328,787		6,131,938	
1a	Audit Adjustments							
2	Cost Per Diem	47.7355	94.8359	63.9358	57.1300		263.6372	
3	Cost Per Diem Inflated	49.8073	97.9187	66.7107				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>49.8073</b>	<b>97.9187</b>	<b>66.7107</b>	<b>57.1300</b>		<b>271.5667</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.5670		81.9808				
7	Provider Target Rate	<b>54.4921</b>		<b>84.9830</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>49.8073</b>	<b>97.9187</b>	<b>63.5578</b>	<b>13.6500</b>		<b>224.9338</b>	
12/13	Medical Adjustment Rate		0.9570	0.6212				
14	Prospective Per Diem 11	<b>49.8073</b>	<b>98.8757</b>	<b>64.1790</b>	<b>13.6500</b>		<b>226.5120</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 263605-00 - 2015/01**

**251.69**

Rate Semester 01/01/2015 through 08/31/2015

**Hunter's Creek Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	05/26/1998	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,052,231.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,447,602</b>	<b>10.2374</b>
RS to Start Calcs:	<b>1998/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,111,900</b>	<b>0.5471</b>
Indexed Asset Value	<b>5,559,502</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>78,552</b>	<b>1.9820</b>
FRVS Base Asset:	<b>4,343,620</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>119,039</b>	<b>3.0036</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>9,028</b>	<b>0.2278</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>40,384</b>	<b>0.0000</b>
		Yearly Payment:	<b>390,105</b>	Total FRVS PD:		<b>15.9979</b>

- (1) 80% Capital (\$4,447,602) amortized at 6.2500 % for 20 years Principal & Interest of \$390,105 divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$10.2374  
 (2) 20% ROE (\$1,111,900) times the ROE factor (0.018750) divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$0.5471  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,445
Comparison Date:	<b>07/01/1997</b>	Current RS PBS:	52,276
Comparison Bed	<b>116</b>	Effective PBS Limitation	4,343,620

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>49.8073</b>	<b>49.8073</b>	<b>0.8665</b>	<b>48.9408</b>
Direct Care	<b>98.8757</b>	<b>98.8757</b>	<b>1.7202</b>	<b>97.1555</b>
Indirect Care	<b>64.1790</b>	<b>64.1790</b>	<b>1.1166</b>	<b>63.0624</b>
Property	<b>13.6500</b>	<b>15.9979</b>	<b>0.2783</b>	<b>15.7196</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>16.9057</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>226.5120</b>	<b>228.8599</b>	<b>3.9816</b>	<b>251.6865</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 263605-00 - 2015/01**

**251.69**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	11,089,244	0.00	1.1663	1.1663		116	44.04	4,343,620	4,343,620	1
1998/07		0.10	1.0794	1.0794		116	44.04	4,347,373	4,441,756	
1999/01		0.10	1.4499	1.4499		116	44.04	4,352,421	4,506,136	
1999/07		0.20	1.2299	1.2299		116	44.04	4,360,994	4,561,584	
2000/01		0.20	1.3356	1.3356		116	44.04	4,370,321	4,622,484	
2000/07	83,050	0.30	1.1129	1.1129		116	58.81	4,467,964	4,673,872	
2001/01		0.30	1.2976	1.2976		116	58.81	4,485,358	4,734,540	
2001/07		0.40	0.9615	0.9615		116	58.81	4,502,609	4,780,012	
2002/01		0.40	1.0301	1.0301		116	68.15	4,521,160	4,829,196	
2002/07		0.50	0.8337	0.8337		116	68.15	4,540,009	4,869,448	
2003/01		0.50	1.3271	1.3271		116	59.99	4,570,136	4,934,060	
2003/07		0.60	1.1664	1.1664		116	63.01	4,602,118	4,991,596	
2004/01		0.60	1.1103	1.1103		116	63.01	4,632,777	5,047,044	
2004/07		0.70	0.8378	0.8378		116	63.01	4,659,948	5,089,384	
2005/01		0.70	0.8595	0.8595		116	63.01	4,687,987	5,133,116	
2005/07		0.80	0.7364	0.7364		116	63.01	4,715,604	5,170,932	
2006/01		0.80	0.9068	0.9068		116	63.01	4,749,811	5,217,796	
2006/07		0.90	0.8133	0.8133		116	63.01	4,784,580	5,260,252	
2007/01		0.90	1.0133	1.0133		116	56.79	4,828,215	5,313,496	
2007/07		1.00	1.1050	1.1050		116	54.05	4,880,645	5,372,192	
2008/01		1.00	0.8556	0.8556		116	54.05	4,921,683	5,418,128	
2008/07		1.00	0.6104	0.6104		116	54.05	4,951,206	5,451,188	
2009/01		1.00	1.3268	1.3268		116	55.01	5,016,899	5,523,572	
2009/07		1.00	0.6841	0.6841		116	55.01	5,051,220	5,561,388	
2010/01	31,166	1.00	0.8643	0.8643		116	57.74	5,126,044	5,609,412	
2010/07		1.00	0.7107	0.7107		116	63.10	5,162,475	5,649,316	
2011/01		1.00	0.9198	0.9198		116	63.10	5,209,959	5,701,284	
2011/07	17,248	1.00	0.9028	0.9028		116	62.07	5,274,243	5,752,788	
2012/01		1.00	0.3865	0.3865		116	62.07	5,294,628	5,775,060	
2012/07		1.00	0.9417	0.9417		116	62.07	5,344,488	5,829,464	



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0 263605-00 - 2015/01

251.69

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		116	58.66	5,370,681	5,858,000	
2013/07		1.00	0.6196	0.6196		116	58.66	5,403,958	5,894,308	
2014/01		1.00	0.8564	0.8564		116	61.89	5,450,237	5,944,768	
2014/07		1.00	1.2383	1.2383		116	61.89	5,517,727	6,018,428	
2015/01		1.00	0.7571	0.7571		116	58.69	5,559,502	6,064,016	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263613-00 - 2015/01**

**213.03**

**Boulevard Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2839 S SEACREST BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>167</b>	Superior: <b>0</b>
<b>BOYNTON BEACH, FL 33435-7994</b>	Days in CR <b>365</b>	Maximum: <b>60,955</b>	Standard: <b>243</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>60,955</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>52,587</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>17,394</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>27,584</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>52.45403%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>86.27184%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1975</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1975</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>01/01/1975</b>	Low Occupancy Adjustment Factor:	<b>110.16525%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>259951</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,212,537	2,297,338	1,199,279	1,013,988		5,723,142	
1a	Audit Adjustments							
2	Cost Per Diem	43.9580	83.2851	43.4773	36.7600		207.4804	
3	Cost Per Diem Inflated	45.8658	85.9924	45.3643				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>45.8658</b>	<b>85.9924</b>	<b>45.3643</b>	<b>36.7600</b>		<b>213.9825</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.3018		64.1296				
7	Provider Target Rate	<b>58.3636</b>		<b>66.4781</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>45.8658</b>	<b>85.9924</b>	<b>45.3643</b>	<b>13.6500</b>		<b>190.8725</b>	
12/13	Medical Adjustment Rate		0.2374	0.1252				
14	Prospective Per Diem 11	<b>45.8658</b>	<b>86.2298</b>	<b>45.4895</b>	<b>13.6500</b>		<b>191.2351</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 263613-00 - 2015/01**

**213.03**

Rate Semester 01/01/2015 through 08/31/2015

**Boulevard Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	09/29/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,011,868.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1975/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,138,934</b>	<b>6.6175</b>
Indexed Asset Value	<b>5,173,667</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,034,733</b>	<b>0.3537</b>
FRVS Base Asset:	<b>1,533,066</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>50,783</b>	<b>0.9657</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>140,325</b>	<b>2.6684</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>11,979</b>	<b>0.2278</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>87,946</b>	<b>0.0000</b>
		Yearly Payment:	<b>363,032</b>	Total FRVS PD:		<b>10.8331</b>

- (1) 80% Capital (\$4,138,934) amortized at 6.2500 % for 20 years Principal & Interest of \$363,032 divided by annual available days (60955) divided by Occup. Adj. (0.90) = \$6.6175
- (2) 20% ROE (\$1,034,733) times the ROE factor (0.018750) divided by annual available days (60955) divided by Occup. Adj. (0.90) = \$0.3537
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>110</b>	Effective PBS Limitation	3,135,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>45.8658</b>	<b>45.8658</b>	<b>0.7980</b>	<b>45.0678</b>
Direct Care	<b>86.2298</b>	<b>86.2298</b>	<b>1.5002</b>	<b>84.7296</b>
Indirect Care	<b>45.4895</b>	<b>45.4895</b>	<b>0.7914</b>	<b>44.6981</b>
Property	<b>13.6500</b>	<b>10.8331</b>	<b>0.1885</b>	<b>10.6446</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>17.9868</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>191.2351</b>	<b>188.4182</b>	<b>3.2781</b>	<b>213.0294</b>

Medicaid Trend Adjustment



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**0 263613-00 - 2015/01**

**213.03**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1975/01	1,246,500	0.00	3.0905	3.0000	0.0905	110	100.00	1,246,500	1,530,210	
1975/07		0.10	4.1539	3.0000	1.1539	110	100.00	1,250,240	1,592,470	
1976/01		0.10	5.1984	3.0000	2.1984	110	100.00	1,253,991	1,656,820	
1976/07		0.20	5.6836	3.0000	2.6836	110	100.00	1,261,515	1,714,570	
1977/01		0.20	6.4342	3.0000	3.4342	110	100.00	1,269,084	1,778,920	
1977/07		0.30	8.4918	3.0000	5.4918	110	100.00	1,280,506	1,868,790	
1978/01	9,342	0.30	10.2315	3.0000	7.2315	110	100.00	1,301,373	1,957,450	
1978/07	7,638	0.40	12.7709	3.0000	9.7709	110	100.00	1,324,627	2,065,800	
1979/01	2,888	0.40	14.8982	3.0000	11.8982	110	100.00	1,343,411	2,171,730	
1979/07		0.50	16.0964	3.0000	13.0964	110	100.00	1,363,562	2,262,920	
1980/01	3,121	0.50	19.2621	3.0000	16.2621	110	31.03	1,378,222	2,402,510	
1980/07	1,500	0.60	20.0727	3.0000	17.0727	110	31.03	1,393,718	2,494,030	
1981/01	13,635	0.60	20.8968	3.0000	17.8968	110	31.03	1,421,507	2,589,400	
1981/07	27,428	0.70	20.4856	3.0000	17.4856	110	31.03	1,465,777	2,656,390	
1982/01	14,408	0.70	20.1616	3.0000	17.1616	110	31.03	1,497,551	2,727,560	
1982/07	248	0.80	19.4593	3.0000	16.4593	110	31.03	1,518,076	2,790,150	
1983/04		0.80	19.0881	3.0000	16.0881	110	12.63	1,518,076	2,863,520	
1983/07	5,298	0.90	20.0459	3.0000	17.0459	110	12.63	1,523,374	2,976,820	
1984/01	2,500	0.90	18.3411	3.0000	15.3411	110	10.96	1,525,874	3,015,430	
1984/07		1.00	17.2590	3.0000	14.2590	110	12.63	1,525,874	3,073,290	
1985/01	7,192	1.00	15.4061	3.0000	12.4061	110	12.63	1,533,066	3,108,490	
1985/10		1.00	13.2583	3.0000	10.2583	110	10.96	1,533,066	3,135,000	
1986/01		1.00	11.0882	3.0000	8.0882	110	10.96	1,533,066	3,161,070	
1986/07		1.00	8.3856	3.0000	5.3856	110	11.39	1,533,066	3,155,020	
1987/01		1.00	6.3947	3.0000	3.3947	110	11.39	1,533,066	3,211,450	
1987/07		1.00	4.2954	3.0000	1.2954	110	15.37	1,533,066	3,236,530	
1988/01		1.00	2.1961	2.1961		110	15.37	1,533,066	3,262,820	
1988/07		1.00	0.5899	0.5899		110	22.10	1,533,066	3,261,060	
1989/01		1.00	0.5899	0.5899		110	22.10	1,533,066	3,280,310	
1989/07		1.00	0.5899	0.5899		110	17.77	1,533,066	3,302,530	



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**213.03**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01		1.00	0.5899	0.5899		110	17.77	1,533,066	3,319,140	
1990/07		1.00	0.5899	0.5899		110	19.96	1,533,066	3,338,720	
1991/01		1.00	0.5899	0.5899		110	19.96	1,533,066	3,358,300	
1991/07		1.00	1.4932	1.4932		110	22.24	1,533,066	3,408,460	
1992/01		1.00	2.0117	2.0117		110	22.24	1,533,066	3,476,990	
1992/07	1,335,488	1.00	1.8152	1.8152		154	28.55	2,882,999	4,956,182	
1993/01		1.00	1.7710	1.7710		154	28.55	2,909,503	5,043,962	
1993/07	402,818	1.00	1.5329	1.5329		167	41.12	3,345,665	5,553,585	
1994/01		1.00	1.6983	1.6983		167	41.12	3,388,145	5,647,940	
1994/07	59,962	1.00	1.5991	1.5991		167	47.53	3,494,928	5,738,287	
1995/01		1.00	1.5812	1.5812		167	47.53	3,542,684	5,828,968	
1995/07		0.95	1.5250	1.5250		167	51.54	3,590,782	5,917,812	
1996/01		0.95	1.7228	1.7228		167	51.54	3,645,855	6,019,849	
1996/07		0.90	1.3294	1.3294		167	55.42	3,689,478	6,099,842	
1997/01		0.90	1.4109	1.4109		167	55.42	3,736,327	6,185,847	
1997/07		0.85	1.0917	1.0917		167	55.42	3,770,996	6,253,315	
1998/01	119,983	0.85	1.1663	1.1663		167	58.31	3,928,365	6,326,294	
1998/07	30,815	0.80	1.0794	1.0794		167	61.22	3,993,101	6,394,597	
1999/01		0.80	1.4499	1.4499		167	61.22	3,993,101	6,487,282	5
1999/07	117,803	0.75	1.2299	1.2299		167	62.13	4,157,220	6,567,108	5
2000/01		0.75	1.3356	1.3356		167	62.13	4,236,496	6,654,783	
2000/07	48,511	0.70	1.1129	1.1129		167	61.81	4,318,009	6,728,764	
2001/01		0.70	1.2976	1.2976		167	61.81	4,357,229	6,816,105	
2001/07		0.65	0.9615	0.9615		167	64.32	4,384,462	6,881,569	
2002/01		0.65	1.0301	1.0301		167	64.57	4,413,820	6,952,377	
2002/07		0.60	0.8337	0.8337		167	64.57	4,435,898	7,010,326	
2003/01	56,014	0.60	1.3271	1.3271		167	61.51	4,491,912	7,103,345	5
2003/07		0.55	1.1664	1.1664		167	60.75	4,556,277	7,186,177	
2004/01		0.55	1.1103	1.1103		167	60.75	4,584,102	7,266,003	
2004/07		0.50	0.8378	0.8378		167	60.75	4,603,305	7,326,958	



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**0 263613-00 - 2015/01**

**213.03**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		0.50	0.8595	0.8595		167	60.75	4,623,090	7,389,917	
2005/07		0.45	0.7364	0.7364		167	60.75	4,638,411	7,444,359	
2006/01		0.45	0.9068	0.9068		167	60.75	4,657,340	7,511,827	
2006/07		0.40	0.8133	0.8133		167	60.75	4,672,490	7,572,949	
2007/01		0.40	1.0133	1.0133		167	60.82	4,691,428	7,649,602	
2007/07		0.35	1.1050	1.1050		167	60.82	4,709,574	7,734,104	
2008/01		0.35	0.8556	0.8556		167	58.00	4,723,679	7,800,236	
2008/07		0.30	0.6104	0.6104		167	58.00	4,732,328	7,847,831	
2009/01	366,637	0.30	1.3268	1.3268		167	55.80	5,117,800	7,952,039	
2009/07		0.25	0.6841	0.6841		167	55.80	5,126,551	8,006,481	
2010/01		0.25	0.8643	0.8643		167	54.10	5,137,448	8,075,619	
2010/07		0.20	0.7107	0.7107		167	54.10	5,144,629	8,133,067	
2011/01		0.20	0.9198	0.9198		167	53.48	5,153,834	8,207,883	
2011/07		0.15	0.9028	0.9028		167	53.48	5,160,619	8,282,031	
2012/01		0.15	0.3865	0.3865		167	52.27	5,163,464	8,314,095	
2012/07		0.10	0.9417	0.9417		167	49.81	5,167,869	8,392,418	
2013/01		0.10	0.4901	0.4901		167	49.81	5,170,162	8,433,500	
2013/07		0.05	0.6196	0.6196		167	49.81	5,171,614	8,485,771	
2014/01		0.05	0.8564	0.8564		167	51.02	5,173,667	8,558,416	
2014/07		0.00	1.2383	1.2383		167	52.45	5,173,667	8,664,461	
2015/01		0.00	0.7571	0.7571		167	52.45	5,173,667	8,730,092	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263621-00 - 2015/01**

**233.22**

**Palm City Nursing and Rehab**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2505 SW MARTIN HWY</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PALM CITY, FL 34990</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Martin [43]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>37,541</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>10,832</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>22,424</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>59.73203%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.71005%</b>	Cost: <b>1.04340134</b>
Open Date: <b>10/19/1993</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/19/1993</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/19/1993</b>	Low Occupancy Adjustment Factor:	<b>109.44787%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211265</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,037,177	2,050,483	1,052,511	1,395,446		5,535,617	
1a	Audit Adjustments							
2	Cost Per Diem	46.2530	91.4414	46.9368	62.2300		246.8612	
3	Cost Per Diem Inflated	48.2604	94.4138	48.9739				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>48.2604</b>	<b>94.4138</b>	<b>48.9739</b>	<b>62.2300</b>		<b>253.8781</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.4655		59.7435				
7	Provider Target Rate	<b>54.3868</b>		<b>61.9314</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>48.2604</b>	<b>94.4138</b>	<b>48.9739</b>	<b>13.6500</b>		<b>205.2981</b>	
12/13	Medical Adjustment Rate		1.0337	0.5362				
14	Prospective Per Diem 11	<b>48.2604</b>	<b>95.4475</b>	<b>49.5101</b>	<b>13.6500</b>		<b>206.8680</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**233.22**

Rate Semester 01/01/2015 through 08/31/2015

**Palm City Nursing and Rehab**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/19/1993	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,785,633.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,143,926</b> <b>9.2204</b>
RS to Start Calcs:	<b>1993/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,035,982</b> <b>0.4928</b>
Indexed Asset Value	<b>5,179,908</b>	Interest Rate:	<b>8.0700%</b>	Insurance Cost(3):	<b>72,262</b> <b>1.9249</b>
FRVS Base Asset:	<b>3,930,360</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>106,562</b> <b>2.8385</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>6.2500%</b>	Home Office(3):	<b>8,551</b> <b>0.2278</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>92,938</b> <b>0.0000</b>
		Yearly Payment:	<b>363,470</b>	Total FRVS PD:	<b>14.7044</b>

- (1) 80% Capital (\$4,143,926) amortized at 6.2500 % for 20 years Principal & Interest of \$363,470 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.2204
- (2) 20% ROE (\$1,035,982) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4928
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>		Used Per Bed Standard:	32,753
Comparison Date:	<b>01/01/1993</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,930,360

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>48.2604</b>	<b>48.2604</b>	<b>0.8396</b>	<b>47.4208</b>
Direct Care	<b>95.4475</b>	<b>95.4475</b>	<b>1.6606</b>	<b>93.7869</b>
Indirect Care	<b>49.5101</b>	<b>49.5101</b>	<b>0.8614</b>	<b>48.6487</b>
Property	<b>13.6500</b>	<b>14.7044</b>	<b>0.2558</b>	<b>14.4486</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.0135</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>206.8680</b>	<b>207.9224</b>	<b>3.6174</b>	<b>233.2210</b>

**Medicaid Trend Adjustment**



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**0 263621-00 - 2015/01**

**233.22**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07	5,606,500	0.00	1.5329	1.5329		120	29.18	3,930,360	3,930,360	1
1994/01		0.10	1.6983	1.6983		116	43.76	3,935,670	3,923,120	
1994/07	(131,240)	0.10	1.5991	1.5991		116	37.55	3,808,726	3,985,876	
1995/01		0.20	1.5812	1.5812		116	37.55	3,816,948	4,048,864	
1995/07		0.20	1.5250	1.5250		116	37.55	3,824,896	4,110,576	
1996/01		0.30	1.7228	1.7228		116	37.55	3,824,896	4,181,452	5
1996/07		0.30	1.3294	1.3294		116	37.55	3,838,392	4,237,016	5
1997/01		0.40	1.4109	1.4109		116	37.55	3,863,674	4,296,756	
1997/07		0.40	1.0917	1.0917		116	37.55	3,875,193	4,343,620	
1998/01	40,132	0.50	1.1663	1.1663		116	42.59	3,915,325	4,394,312	5
1998/07		0.50	1.0794	1.0794		116	42.59	3,932,826	4,441,756	5
1999/01		0.60	1.4499	1.4499		116	49.33	3,980,075	4,506,136	
1999/07		0.60	1.2299	1.2299		116	49.33	4,006,416	4,561,584	
2000/01		0.70	1.3356	1.3356		116	49.83	4,040,351	4,622,484	
2000/07		0.70	1.1129	1.1129		116	53.81	4,071,144	4,673,872	
2001/01		0.80	1.2976	1.2976		116	53.81	4,112,492	4,734,540	
2001/07		0.80	0.9615	0.9615		116	53.81	4,112,492	4,780,012	5
2002/01		0.90	1.0301	1.0301		116	51.00	4,179,061	4,829,196	
2002/07		0.90	0.8337	0.8337		116	51.00	4,208,136	4,869,448	
2003/01		1.00	1.3271	1.3271		116	47.55	4,256,418	4,934,060	
2003/07		1.00	1.1664	1.1664		116	60.19	4,306,065	4,991,596	
2004/01		1.00	1.1103	1.1103		116	60.19	4,353,875	5,047,044	
2004/07		1.00	0.8378	0.8378		116	60.19	4,390,352	5,089,384	
2005/01		1.00	0.8595	0.8595		116	60.19	4,428,087	5,133,116	
2005/07		1.00	0.7364	0.7364		116	60.19	4,460,695	5,170,932	
2006/01		1.00	0.9068	0.9068		116	60.19	4,501,145	5,217,796	
2006/07		1.00	0.8133	0.8133		116	60.19	4,537,753	5,260,252	
2007/01		1.00	1.0133	1.0133		116	54.46	4,583,283	5,313,496	
2007/07		1.00	1.1050	1.1050		116	48.75	4,628,173	5,372,192	
2008/01		1.00	0.8556	0.8556		116	48.75	4,663,272	5,418,128	





Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263621-00 - 2015/01**

**233.22**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		1.00	0.6104	0.6104		116	48.75	4,688,502	5,451,188	
2009/01		1.00	1.3268	1.3268		116	49.78	4,688,502	5,523,572	5
2009/07		1.00	0.6841	0.6841		116	49.78	4,774,184	5,561,388	
2010/01		1.00	0.8643	0.8643		120	51.17	4,812,574	5,802,840	
2010/07		1.00	0.7107	0.7107		120	48.82	4,842,934	5,844,120	
2011/01		1.00	0.9198	0.9198		120	48.82	4,882,474	5,897,880	
2011/07		1.00	0.9028	0.9028		120	51.83	4,924,012	5,951,160	
2012/01		1.00	0.3865	0.3865		120	51.83	4,941,946	5,974,200	
2012/07		1.00	0.9417	0.9417		120	55.32	4,988,484	6,030,480	
2013/01		1.00	0.4901	0.4901		120	55.32	5,012,933	6,060,000	
2013/07		1.00	0.6196	0.6196		120	55.32	5,043,993	6,097,560	
2014/01		0.95	0.8564	0.8564		120	60.20	5,085,031	6,149,760	
2014/07		0.95	1.2383	1.2383		120	59.73	5,144,851	6,225,960	
2015/01		0.90	0.7571	0.7571		120	59.73	5,179,908	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263834-00 - 2015/01**

**218.18**

**Bay Pointe Nursing Pavilion**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4201 31ST ST S</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>SAINT PETERSBURG, FL 33712</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,560</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>4,036</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>33,472</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>86.80498%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.03653%</b>	Cost: <b>1.04340134</b>
Open Date: <b>11/01/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/01/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/01/1984</b>	Low Occupancy Adjustment Factor:	<b>112.41868%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>251216</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,243,300	2,535,435	1,609,517	846,842		6,235,094	
1a	Audit Adjustments							
2	Cost Per Diem	37.1445	75.7480	48.0855	25.3000		186.2780	
3	Cost Per Diem Inflated	38.7566	78.2103	50.1725				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>38.7566</b>	<b>78.2103</b>	<b>50.1725</b>	<b>25.3000</b>		<b>192.4394</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0405		54.4474				
7	Provider Target Rate	<b>46.6899</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>38.7566</b>	<b>78.2103</b>	<b>50.1725</b>	<b>13.6500</b>		<b>180.7894</b>	
12/13	Medical Adjustment Rate		3.2383	2.0774				
14	Prospective Per Diem 11	<b>38.7566</b>	<b>81.4486</b>	<b>52.2499</b>	<b>13.6500</b>		<b>186.1051</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 263834-00 - 2015/01**

**218.18**

Rate Semester 01/01/2015 through 08/31/2015

**Bay Pointe Nursing Pavilion**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/01/1991	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,500,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,253,286	11.4419
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	1,063,322	0.5058
Indexed Asset Value	5,316,608	Interest Rate:	11.9600%	Insurance Cost(3):	99,527	2.5811
FRVS Base Asset:	3,072,207	Chase Rate:	6.7500%	Taxes Cost(3):	62,604	1.6235
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	29,177	0.0000
		Yearly Payment:	451,041	Total FRVS PD:		16.1523

- (1) 80% Capital (\$4,253,286) amortized at 8.7500 % for 20 years Principal & Interest of \$451,041 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.4419
- (2) 20% ROE (\$1,063,322) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5058
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.7566	38.7566	0.6743	38.0823
Direct Care	81.4486	81.4486	1.4170	80.0316
Indirect Care	52.2499	52.2499	0.9090	51.3409
Property	13.6500	16.1523	0.2810	15.8713
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.9476
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>186.1051</b>	<b>188.6074</b>	<b>3.2813</b>	<b>218.1762</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**0 263834-00 - 2015/01**

**218.18**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	3,070,194	0.10	1.1471	1.1471		120	42.33	3,070,194	3,391,080	
1985/10		0.10	0.8522	0.8522		120	42.33	3,072,207	3,420,000	
1986/01		0.20	0.8299	0.8299		120	42.33	3,076,132	3,448,440	
1986/07	20,094	0.20	0.2974	0.2974		120	42.33	3,097,635	3,441,840	
1987/01		0.30	1.0091	1.0091		120	42.33	3,104,852	3,503,400	
1987/07		0.30	0.9007	0.9007		120	57.94	3,113,241	3,530,760	
1988/01		0.40	0.9007	0.9007		120	70.41	3,124,458	3,559,440	
1988/07		0.40	0.5899	0.5899		120	70.41	3,131,832	3,557,520	
1989/01	27,798	0.50	0.5899	0.5899		120	79.31	3,168,869	3,578,520	
1989/07		0.50	0.5899	0.5899		120	79.31	3,178,217	3,602,760	
1990/01		0.60	0.5899	0.5899		120	79.31	3,189,465	3,620,880	
1990/07		0.60	0.5899	0.5899		120	70.69	3,200,753	3,642,240	
1991/01		0.70	0.5899	0.5899		120	72.34	3,213,969	3,663,600	
1991/07		0.70	1.4932	1.4932		120	72.34	3,247,561	3,718,320	
1992/01		0.80	2.0117	2.0117		120	72.34	3,299,827	3,793,080	
1992/07		0.80	1.8152	1.8152		120	72.34	3,299,827	3,861,960	5
1993/01		0.90	1.7710	1.7710		120	72.97	3,401,107	3,930,360	
1993/07		0.90	1.5329	1.5329		120	72.97	3,448,029	3,990,600	
1994/01		1.00	1.6983	1.6983		120	73.65	3,506,587	4,058,400	
1994/07		1.00	1.5991	1.5991		120	73.65	3,562,661	4,123,320	
1995/01		1.00	1.5812	1.5812		120	71.66	3,618,994	4,188,480	
1995/07		1.00	1.5250	1.5250		120	71.66	3,674,184	4,252,320	
1996/01		1.00	1.7228	1.7228		120	68.63	3,737,483	4,325,640	
1996/07		1.00	1.3294	1.3294		120	68.63	3,787,169	4,383,120	
1997/01		1.00	1.4109	1.4109		120	68.63	3,840,602	4,444,920	
1997/07		1.00	1.0917	1.0917		120	70.70	3,882,530	4,493,400	
1998/01		1.00	1.1663	1.1663		120	76.60	3,927,812	4,545,840	
1998/07		1.00	1.0794	1.0794		120	76.60	3,970,209	4,594,920	
1999/01		1.00	1.4499	1.4499		120	72.61	3,970,209	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	72.61	4,077,311	4,718,880	



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**0 263834-00 - 2015/01**

**218.18**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	76.74	4,131,768	4,781,880	
2000/07		1.00	1.1129	1.1129		120	76.74	4,177,750	4,835,040	
2001/01		1.00	1.2976	1.2976		120	77.40	4,231,960	4,897,800	
2001/07		1.00	0.9615	0.9615		120	77.40	4,272,650	4,944,840	
2002/01		1.00	1.0301	1.0301		120	79.67	4,316,663	4,995,720	
2002/07		1.00	0.8337	0.8337		120	79.67	4,352,651	5,037,360	
2003/01		1.00	1.3271	1.3271		120	81.01	4,410,415	5,104,200	
2003/07		1.00	1.1664	1.1664		120	76.97	4,461,858	5,163,720	
2004/01		1.00	1.1103	1.1103		120	76.97	4,511,398	5,221,080	
2004/07		1.00	0.8378	0.8378		120	76.97	4,549,194	5,264,880	
2005/01		0.95	0.8595	0.8595		120	76.97	4,586,338	5,310,120	
2005/07		0.95	0.7364	0.7364		120	76.97	4,618,424	5,349,240	
2006/01		0.90	0.9068	0.9068		120	78.83	4,656,115	5,397,720	
2006/07		0.90	0.8133	0.8133		120	78.83	4,690,198	5,441,640	
2007/01		0.85	1.0133	1.0133		120	76.56	4,730,595	5,496,720	
2007/07		0.85	1.1050	1.1050		120	76.56	4,775,029	5,557,440	
2008/01		0.80	0.8556	0.8556		120	76.49	4,807,714	5,604,960	
2008/07		0.80	0.6104	0.6104		120	79.69	4,831,190	5,639,160	
2009/01		0.75	1.3268	1.3268		120	79.69	4,879,265	5,714,040	
2009/07		0.75	0.6841	0.6841		120	79.69	4,904,301	5,753,160	
2010/01		0.70	0.8643	0.8643		120	75.46	4,933,972	5,802,840	
2010/07	43,780	0.70	0.7107	0.7107		120	73.37	5,002,299	5,844,120	
2011/01		0.65	0.9198	0.9198		120	73.37	5,032,208	5,897,880	
2011/07		0.65	0.9028	0.9028		120	73.37	5,061,737	5,951,160	
2012/01		0.60	0.3865	0.3865		120	73.34	5,073,475	5,974,200	
2012/07		0.60	0.9417	0.9417		120	78.45	5,102,140	6,030,480	
2013/01		0.55	0.4901	0.4901		120	78.45	5,115,895	6,060,000	
2013/07		0.55	0.6196	0.6196		120	78.45	5,133,330	6,097,560	
2014/01	41,715	0.50	0.8564	0.8564		120	83.74	5,197,026	6,149,760	
2014/07		0.50	1.2383	1.2383		120	83.74	5,229,206	6,225,960	



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0 263834-00 - 2015/01

218.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01	69,586	0.45	0.7571	0.7571		120	86.80	5,316,608	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 263834123120130101201308232014125918



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263842-00 - 2015/01**

**216.94**

**Boca Raton Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Nonprofit : 501(c)(3) Organization    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>755 MEADOWS ROAD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>BOCA RATON, FL 33486</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>37,505</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>12,012</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>22,888</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>61.02653%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.62785%</b>	Cost: <b>1.04340134</b>
Open Date: <b>09/01/1978</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/01/1978</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>09/01/1978</b>	Low Occupancy Adjustment Factor:	<b>109.34290%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>202177</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	883,040	1,808,891	1,235,804	690,989		4,618,724	
1a	Audit Adjustments							
2	Cost Per Diem	38.5809	79.0323	53.9935	30.1900		201.7967	
3	Cost Per Diem Inflated	40.2554	81.6013	56.3369				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>40.2554</b>	<b>81.6013</b>	<b>56.3369</b>	<b>30.1900</b>		<b>208.3836</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		56.6225				
7	Provider Target Rate	<b>49.1189</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>40.2554</b>	<b>81.6013</b>	<b>56.3369</b>	<b>13.6500</b>		<b>191.8436</b>	
12/13	Medical Adjustment Rate		1.0123	0.6989				
14	Prospective Per Diem 11	<b>40.2554</b>	<b>82.6136</b>	<b>57.0358</b>	<b>13.6500</b>		<b>193.5548</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 263842-00 - 2015/01**

**216.94**

Rate Semester 01/01/2015 through 08/31/2015

**Boca Raton Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	04/01/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,700,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1978/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>2,156,855</b>	<b>5.8022</b>
Indexed Asset Value	<b>2,696,069</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>539,214</b>	<b>0.2565</b>
FRVS Base Asset:	<b>1,240,709</b>	Interest Rate:	<b>11.9600%</b>	Insurance Cost(3):	<b>99,527</b>	<b>2.6537</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.7500%</b>	Taxes Cost(3):	<b>89,809</b>	<b>2.3946</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.7500%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>75,186</b>	<b>0.0000</b>
		Yearly Payment:	<b>228,724</b>	Total FRVS PD:		<b>11.1070</b>

- (1) 80% Capital (\$2,156,855) amortized at 8.7500 % for 20 years Principal & Interest of \$228,724 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$5.8022  
 (2) 20% ROE (\$539,214) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2565  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>40.2554</b>	<b>40.2554</b>	<b>0.7003</b>	<b>39.5551</b>
Direct Care	<b>82.6136</b>	<b>82.6136</b>	<b>1.4373</b>	<b>81.1763</b>
Indirect Care	<b>57.0358</b>	<b>57.0358</b>	<b>0.9923</b>	<b>56.0435</b>
Property	<b>13.6500</b>	<b>11.1070</b>	<b>0.1932</b>	<b>10.9138</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.3513</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>193.5548</b>	<b>191.0118</b>	<b>3.3231</b>	<b>216.9425</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263842-00 - 2015/01**

**216.94**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/07	1,128,300	0.00	5.5395	3.0000	2.5395	120	100.00	1,128,300	2,253,600	
1979/01		0.10	7.6667	3.0000	4.6667	120	100.00	1,131,685	2,369,160	
1979/07	292	0.10	8.8649	3.0000	5.8649	120	100.00	1,135,372	2,468,640	
1980/01	16,227	0.20	12.0306	3.0000	9.0306	120	24.78	1,151,599	2,620,920	
1980/07	2,490	0.20	12.8413	3.0000	9.8413	120	24.78	1,154,089	2,720,760	
1981/01		0.30	13.6653	3.0000	10.6653	120	31.89	1,160,111	2,824,800	
1981/07	563	0.30	13.2541	3.0000	10.2541	120	31.89	1,166,728	2,897,880	
1982/01	5,323	0.40	12.9301	3.0000	9.9301	120	21.88	1,172,051	2,975,520	
1982/07	816	0.40	12.2278	3.0000	9.2278	120	21.88	1,172,867	3,043,800	
1983/04		0.50	11.8566	3.0000	8.8566	120	14.75	1,172,867	3,123,840	
1983/07	209	0.50	12.8144	3.0000	9.8144	120	14.75	1,173,076	3,247,440	
1984/01	32,532	0.60	11.1096	3.0000	8.1096	120	15.08	1,205,608	3,289,560	
1984/07	2,506	0.60	10.0275	3.0000	7.0275	120	15.08	1,208,114	3,352,680	
1985/01	12,850	0.70	8.1746	3.0000	5.1746	120	20.67	1,220,964	3,391,080	
1985/10	19,745	0.70	6.0268	3.0000	3.0268	120	20.67	1,240,709	3,420,000	
1986/01		0.80	3.8567	3.0000	0.8567	120	20.67	1,240,709	3,448,440	
1986/07		0.80	1.1541	1.1541		120	20.67	1,240,709	3,441,840	
1987/01		0.90	1.0091	1.0091		120	24.00	1,240,709	3,503,400	
1987/07		0.90	0.9007	0.9007		120	24.12	1,240,709	3,530,760	
1988/01		1.00	0.9007	0.9007		120	39.35	1,248,704	3,559,440	
1988/07		1.00	0.5899	0.5899		120	39.35	1,253,974	3,557,520	
1989/01		1.00	0.5899	0.5899		120	57.50	1,261,371	3,578,520	
1989/07		1.00	0.5899	0.5899		120	57.50	1,268,812	3,602,760	
1990/01		1.00	0.5899	0.5899		120	58.68	1,276,297	3,620,880	
1990/07		1.00	0.5899	0.5899		120	58.68	1,283,826	3,642,240	
1991/01	341,124	1.00	0.5899	0.5899		120	61.96	1,632,523	3,663,600	
1991/07		1.00	1.4932	1.4932		120	61.96	1,656,900	3,718,320	
1992/01		1.00	2.0117	2.0117		120	60.99	1,690,232	3,793,080	
1992/07		1.00	1.8152	1.8152		120	60.99	1,720,913	3,861,960	
1993/01		1.00	1.7710	1.7710		120	57.94	1,751,390	3,930,360	



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**216.94**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07		1.00	1.5329	1.5329		120	57.94	1,778,237	3,990,600	
1994/01		1.00	1.6983	1.6983		120	50.23	1,805,818	4,058,400	
1994/07		1.00	1.5991	1.5991		120	50.23	1,832,190	4,123,320	
1995/01		1.00	1.5812	1.5812		120	47.51	1,857,215	4,188,480	
1995/07		1.00	1.5250	1.5250		120	47.51	1,881,681	4,252,320	
1996/01		1.00	1.7228	1.7228		120	53.14	1,913,002	4,325,640	
1996/07		1.00	1.3294	1.3294		120	53.14	1,937,573	4,383,120	
1997/01		1.00	1.4109	1.4109		120	58.75	1,964,910	4,444,920	
1997/07		1.00	1.0917	1.0917		120	58.75	1,986,361	4,493,400	
1998/01		1.00	1.1663	1.1663		120	64.94	2,009,528	4,545,840	
1998/07		1.00	1.0794	1.0794		120	64.94	2,031,219	4,594,920	
1999/01		0.95	1.4499	1.4499		120	63.33	2,059,197	4,661,520	
1999/07		0.95	1.2299	1.2299		120	63.33	2,083,257	4,718,880	
2000/01		0.90	1.3356	1.3356		120	65.39	2,108,298	4,781,880	
2000/07		0.90	1.1129	1.1129		120	65.39	2,129,415	4,835,040	
2001/01		0.85	1.2976	1.2976		120	72.13	2,152,902	4,897,800	
2001/07		0.85	0.9615	0.9615		120	72.13	2,170,498	4,944,840	
2002/01		0.80	1.0301	1.0301		120	69.83	2,188,385	4,995,720	
2002/07		0.80	0.8337	0.8337		120	69.83	2,202,982	5,037,360	
2003/01		0.75	1.3271	1.3271		120	60.28	2,224,908	5,104,200	
2003/07		0.75	1.1664	1.1664		120	63.94	2,244,371	5,163,720	
2004/01		0.70	1.1103	1.1103		120	63.94	2,261,814	5,221,080	
2004/07		0.70	0.8378	0.8378		120	63.94	2,275,080	5,264,880	
2005/01		0.65	0.8595	0.8595		120	63.94	2,287,791	5,310,120	
2005/07		0.65	0.7364	0.7364		120	63.94	2,298,743	5,349,240	
2006/01	27,552	0.60	0.9068	0.9068		120	61.39	2,338,802	5,397,720	
2006/07		0.60	0.8133	0.8133		120	61.39	2,350,215	5,441,640	
2007/01		0.55	1.0133	1.0133		120	63.17	2,363,313	5,496,720	
2007/07		0.55	1.1050	1.1050		120	63.17	2,377,677	5,557,440	
2008/01		0.50	0.8556	0.8556		120	62.98	2,387,849	5,604,960	



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**216.94**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		0.50	0.6104	0.6104		120	64.90	2,395,137	5,639,160	
2009/01		0.45	1.3268	1.3268		120	64.90	2,409,438	5,714,040	
2009/07		0.45	0.6841	0.6841		120	60.03	2,416,854	5,753,160	
2010/01		0.40	0.8643	0.8643		120	60.03	2,425,209	5,802,840	
2010/07		0.40	0.7107	0.7107		120	63.39	2,432,104	5,844,120	
2011/01		0.35	0.9198	0.9198		120	63.39	2,439,933	5,897,880	
2011/07		0.35	0.9028	0.9028		120	63.39	2,447,643	5,951,160	
2012/01	23,244	0.30	0.3865	0.3865		120	66.01	2,473,726	5,974,200	
2012/07	28,111	0.30	0.9417	0.9417		120	58.73	2,508,825	6,030,480	
2013/01		0.25	0.4901	0.4901		120	58.73	2,511,898	6,060,000	
2013/07	165,973	0.25	0.6196	0.6196		120	57.29	2,681,762	6,097,560	
2014/01		0.20	0.8564	0.8564		120	57.29	2,686,356	6,149,760	
2014/07		0.20	1.2383	1.2383		120	61.03	2,693,010	6,225,960	
2015/01		0.15	0.7571	0.7571		120	61.03	2,696,069	6,273,120	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 263842123120130101201304212014161614



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263851-00 - 2015/01**

**214.18**

**Deerfield Beach Health and Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>401 EAST SAMPLE ROAD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>194</b>	Superior: <b>0</b>
<b>POMPANO BEACH, FL 33064</b>	Days in CR <b>365</b>	Maximum: <b>70,810</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>70,810</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>60,820</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>15,590</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>41,851</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>68.81125%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.89182%</b>	Cost: <b>1.04340134</b>
Open Date: <b>08/01/1978</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/26/1988</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/26/1988</b>	Low Occupancy Adjustment Factor:	<b>109.67998%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211770</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,527,189	3,181,311	2,090,496	1,194,428		7,993,424	
1a	Audit Adjustments							
2	Cost Per Diem	36.4911	76.0152	49.9509	28.5400		190.9972	
3	Cost Per Diem Inflated	38.0749	78.4862	52.1188				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>38.0749</b>	<b>78.4862</b>	<b>52.1188</b>	<b>28.5400</b>		<b>197.2199</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.5165		65.3489				
7	Provider Target Rate	<b>57.5496</b>		<b>67.7420</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>38.0749</b>	<b>78.4862</b>	<b>52.1188</b>	<b>13.6500</b>		<b>182.3299</b>	
12/13	Medical Adjustment Rate		1.6610	1.1030				
14	Prospective Per Diem 11	<b>38.0749</b>	<b>80.1472</b>	<b>53.2218</b>	<b>13.6500</b>		<b>185.0939</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 263851-00 - 2015/01**

**214.18**

Rate Semester 01/01/2015 through 08/31/2015

**Deerfield Beach Health and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/26/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	6,497,037 10.8111
RS to Start Calcs:	1988/07	<60% of Base:	False	20% ROE(2):	1,624,259 0.4779
Indexed Asset Value	8,121,296	Interest Rate:	9.7100%	Insurance Cost(3):	166,706 2.7410
FRVS Base Asset:	2,135,400	Chase Rate:	6.7500%	Taxes Cost(3):	205,721 3.3825
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	54,322 0.0000
		Yearly Payment:	688,980	Total FRVS PD:	17.4125

- (1) 80% Capital (\$6,497,037) amortized at 8.7500 % for 20 years Principal & Interest of \$688,980 divided by annual available days (70810) divided by Occup. Adj. (0.90) = \$10.8111
- (2) 20% ROE (\$1,624,259) times the ROE factor (0.018750) divided by annual available days (70810) divided by Occup. Adj. (0.90) = \$0.4779
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	17,795
Comparison Date: <b>01/01/1978</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	2,135,400

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.0749	38.0749	0.6624	37.4125
Direct Care	80.1472	80.1472	1.3944	78.7528
Indirect Care	53.2218	53.2218	0.9259	52.2959
Property	13.6500	17.4125	0.3029	17.1096
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.7113
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>185.0939</b>	<b>188.8564</b>	<b>3.2856</b>	<b>214.1846</b>

**Medicaid Trend Adjustment**



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214.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	2,135,400	0.00	0.5899	0.5899		120	21.51	2,135,400	3,557,520	
1989/01	428,969	0.10	0.5899	0.5899		120	21.51	2,564,369	3,578,520	
1989/07		0.10	0.5899	0.5899		120	21.51	2,564,369	3,602,760	
1990/01		0.20	0.5899	0.5899		120	21.51	2,564,369	3,620,880	
1990/07	2,193,804	0.20	0.5899	0.5899		194	46.42	4,760,727	5,888,288	
1991/01		0.30	0.5899	0.5899		194	46.42	4,767,839	5,922,820	
1991/07		0.30	1.4932	1.4932		194	46.42	4,785,867	6,011,284	
1992/01	49,201	0.40	2.0117	2.0117		194	46.42	4,867,572	6,132,146	
1992/07		0.40	1.8152	1.8152		194	46.42	4,897,402	6,243,502	
1993/01		0.50	1.7710	1.7710		194	46.42	4,934,003	6,354,082	
1993/07	27,983	0.50	1.5329	1.5329		194	63.42	4,999,805	6,451,470	
1994/01	60,058	0.60	1.6983	1.6983		194	67.54	5,110,811	6,561,080	
1994/07		0.60	1.5991	1.5991		194	67.54	5,159,849	6,666,034	
1995/01		0.70	1.5812	1.5812		194	52.84	5,214,715	6,771,376	
1995/07		0.70	1.5250	1.5250		194	52.84	5,268,196	6,874,584	
1996/01	20,327	0.80	1.7228	1.7228		194	52.84	5,358,278	6,993,118	
1996/07	16,396	0.80	1.3294	1.3294		194	52.84	5,429,421	7,086,044	
1997/01		0.90	1.4109	1.4109		194	52.84	5,495,656	7,185,954	
1997/07		0.90	1.0917	1.0917		194	52.84	5,547,530	7,264,330	
1998/01		1.00	1.1663	1.1663		194	52.84	5,609,690	7,349,108	
1998/07		1.00	1.0794	1.0794		194	56.10	5,670,241	7,428,454	
1999/01		1.00	1.4499	1.4499		194	56.10	5,752,454	7,536,124	
1999/07		1.00	1.2299	1.2299		194	55.35	5,823,203	7,628,856	
2000/01		1.00	1.3356	1.3356		194	55.35	5,900,978	7,730,706	
2000/07		1.00	1.1129	1.1129		194	52.87	5,964,107	7,816,648	
2001/01		1.00	1.2976	1.2976		194	52.87	6,038,500	7,918,110	
2001/07		1.00	0.9615	0.9615		194	53.11	6,094,565	7,994,158	
2002/01		1.00	1.0301	1.0301		194	60.98	6,157,345	8,076,414	
2002/07		1.00	0.8337	0.8337		194	60.98	6,208,679	8,143,732	
2003/01		1.00	1.3271	1.3271		194	60.59	6,291,074	8,251,790	



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0 263851-00 - 2015/01

214.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		194	57.63	6,364,453	8,348,014	
2004/01		1.00	1.1103	1.1103		194	57.63	6,435,118	8,440,746	
2004/07		1.00	0.8378	0.8378		194	57.63	6,489,031	8,511,556	
2005/01		1.00	0.8595	0.8595		194	57.63	6,544,804	8,584,694	
2005/07		1.00	0.7364	0.7364		194	57.63	6,593,000	8,647,938	
2006/01	35,100	1.00	0.9068	0.9068		194	54.11	6,686,918	8,726,314	
2006/07		1.00	0.8133	0.8133		194	58.58	6,741,303	8,797,318	
2007/01		1.00	1.0133	1.0133		194	58.58	6,809,613	8,886,364	
2007/07		1.00	1.1050	1.1050		194	58.58	6,884,859	8,984,528	
2008/01		1.00	0.8556	0.8556		194	60.00	6,943,766	9,061,352	
2008/07		1.00	0.6104	0.6104		194	60.00	6,986,151	9,116,642	
2009/01		0.95	1.3268	1.3268		194	62.91	7,074,211	9,237,698	
2009/07		0.95	0.6841	0.6841		194	62.91	7,074,211	9,300,942	5
2010/01	51,415	0.90	0.8643	0.8643		194	67.02	7,226,989	9,381,258	
2010/07	99,846	0.90	0.7107	0.7107		194	70.65	7,373,059	9,447,994	
2011/01		0.85	0.9198	0.9198		194	70.65	7,430,702	9,534,906	
2011/07		0.85	0.9028	0.9028		194	70.65	7,487,725	9,621,042	
2012/01		0.80	0.3865	0.3865		194	62.60	7,510,877	9,658,290	
2012/07		0.80	0.9417	0.9417		194	62.60	7,567,464	9,749,276	
2013/01	137,268	0.75	0.4901	0.4901		194	63.42	7,732,550	9,797,000	
2013/07		0.75	0.6196	0.6196		194	63.42	7,768,483	9,857,722	
2014/01	144,313	0.70	0.8564	0.8564		194	66.29	7,959,368	9,942,112	
2014/07		0.70	1.2383	1.2383		194	66.29	8,028,360	10,065,302	
2015/01	53,428	0.65	0.7571	0.7571		194	68.81	8,121,296	10,141,544	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263869-00 - 2015/01**

**220.70**

**Rehabilitation and Healthcare Center of Cape Coral**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2629 DEL PRADO BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>CAPE CORAL , FL 33904</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Lee [36]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,603</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>14,200</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>22,786</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>56.11901%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.70091%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1979</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1979</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>03/01/1979</b>	Low Occupancy Adjustment Factor:	<b>118.37488%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>219231</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	940,943	1,787,711	1,319,537	647,578		4,695,769	
1a	Audit Adjustments							
2	Cost Per Diem	41.2948	78.4566	57.9100	28.4200		206.0814	
3	Cost Per Diem Inflated	43.0870	81.0069	60.4234				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>43.0870</b>	<b>81.0069</b>	<b>60.4234</b>	<b>28.4200</b>		<b>212.9373</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		56.6225				
7	Provider Target Rate	<b>49.1189</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>43.0870</b>	<b>81.0069</b>	<b>58.6961</b>	<b>13.6500</b>		<b>196.4400</b>	
12/13	Medical Adjustment Rate		0.5576	0.4041				
14	Prospective Per Diem 11	<b>43.0870</b>	<b>81.5645</b>	<b>59.1002</b>	<b>13.6500</b>		<b>197.4017</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





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**220.70**

Rate Semester 01/01/2015 through 08/31/2015

**Rehabilitation and Healthcare Center of Cape Coral**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	12/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>3,000,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1979/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>2,278,905 6.1306</b>
Indexed Asset Value	<b>2,848,631</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>569,726 0.2710</b>
FRVS Base Asset:	<b>1,715,226</b>	Interest Rate:	<b>11.9600%</b>	Insurance Cost(3):	<b>108,623 2.6752</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.7500%</b>	Taxes Cost(3):	<b>103,115 2.5396</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.7500%</b>	Home Office(3):	<b>0 0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>90,688 0.0000</b>
		Yearly Payment:	<b>241,667</b>	Total FRVS PD:	<b>11.6164</b>

- (1) 80% Capital (\$2,278,905) amortized at 8.7500 % for 20 years Principal & Interest of \$241,667 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.1306
- (2) 20% ROE (\$569,726) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2710
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>43.0870</b>	<b>43.0870</b>	<b>0.7496</b>	<b>42.3374</b>
Direct Care	<b>81.5645</b>	<b>81.5645</b>	<b>1.4190</b>	<b>80.1455</b>
Indirect Care	<b>59.1002</b>	<b>59.1002</b>	<b>1.0282</b>	<b>58.0720</b>
Property	<b>13.6500</b>	<b>11.6164</b>	<b>0.2021</b>	<b>11.4143</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>18.8291</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>197.4017</b>	<b>195.3681</b>	<b>3.3989</b>	<b>220.7008</b>

Medicaid Trend Adjustment



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**220.70**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/01	1,654,849	0.00	5.1272	3.0000	2.1272	120	100.00	1,654,849	2,369,160	
1979/07		0.10	6.3255	3.0000	3.3255	120	100.00	1,659,814	2,468,640	
1980/01		0.10	9.4912	3.0000	6.4912	120	11.52	1,659,814	2,620,920	
1980/07		0.20	10.3018	3.0000	7.3018	120	11.52	1,659,814	2,720,760	
1981/01		0.20	11.1259	3.0000	8.1259	120	15.96	1,659,814	2,824,800	
1981/07		0.30	10.7147	3.0000	7.7147	120	15.96	1,659,814	2,897,880	
1982/01		0.30	10.3907	3.0000	7.3907	120	17.82	1,659,814	2,975,520	
1982/07		0.40	9.6883	3.0000	6.6883	120	17.82	1,659,814	3,043,800	
1983/04		0.40	9.3172	3.0000	6.3172	120	26.74	1,669,498	3,123,840	
1983/07		0.50	10.2750	3.0000	7.2750	120	26.74	1,681,673	3,247,440	
1984/01		0.50	8.5701	3.0000	5.5701	120	22.25	1,681,673	3,289,560	
1984/07		0.60	7.4880	3.0000	4.4880	120	22.25	1,681,673	3,352,680	
1985/01		0.60	5.6351	3.0000	2.6351	120	28.00	1,697,083	3,391,080	
1985/10		0.70	3.4873	3.0000	0.4873	120	28.00	1,715,226	3,420,000	
1986/01		0.70	1.3172	1.3172		120	26.95	1,722,975	3,448,440	
1986/07		0.80	0.2974	0.2974		120	26.95	1,724,983	3,441,840	
1987/01		0.80	1.0091	1.0091		120	26.95	1,731,807	3,503,400	
1987/07		0.90	0.9007	0.9007		120	26.95	1,738,686	3,530,760	
1988/01		0.90	0.9007	0.9007		120	35.59	1,747,806	3,559,440	
1988/07		1.00	0.5899	0.5899		120	35.59	1,754,478	3,557,520	
1989/01		1.00	0.5899	0.5899		120	49.01	1,763,700	3,578,520	
1989/07		1.00	0.5899	0.5899		120	49.01	1,772,971	3,602,760	
1990/01		1.00	0.5899	0.5899		120	49.01	1,782,291	3,620,880	
1990/07		1.00	0.5899	0.5899		120	46.92	1,791,260	3,642,240	
1991/01		1.00	0.5899	0.5899		120	43.19	1,791,260	3,663,600	5
1991/07		1.00	1.4932	1.4932		120	43.19	1,799,558	3,718,320	5
1992/01		1.00	2.0117	2.0117		120	52.17	1,855,401	3,793,080	
1992/07		1.00	1.8152	1.8152		120	52.17	1,887,347	3,861,960	
1993/01		1.00	1.7710	1.7710		120	52.88	1,919,484	3,930,360	
1993/07		1.00	1.5329	1.5329		120	52.88	1,947,774	3,990,600	



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**0 263869-00 - 2015/01**

**220.70**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01		1.00	1.6983	1.6983		120	47.57	1,976,384	4,058,400	
1994/07		1.00	1.5991	1.5991		120	47.57	2,003,719	4,123,320	
1995/01		1.00	1.5812	1.5812		120	44.48	2,003,719	4,188,480	5
1995/07		1.00	1.5250	1.5250		120	44.48	2,029,342	4,252,320	5
1996/01		1.00	1.7228	1.7228		120	48.89	2,085,831	4,325,640	
1996/07		1.00	1.3294	1.3294		120	48.89	2,110,480	4,383,120	
1997/01		1.00	1.4109	1.4109		120	50.83	2,137,999	4,444,920	
1997/07		1.00	1.0917	1.0917		120	50.83	2,159,570	4,493,400	
1998/01		1.00	1.1663	1.1663		120	54.74	2,159,570	4,545,840	5
1998/07		1.00	1.0794	1.0794		120	54.74	2,208,108	4,594,920	
1999/01		1.00	1.4499	1.4499		120	58.85	2,240,123	4,661,520	
1999/07		0.95	1.2299	1.2299		120	58.85	2,240,123	4,718,880	5
2000/01		0.95	1.3356	1.3356		120	65.04	2,295,052	4,781,880	
2000/07		0.90	1.1129	1.1129		120	65.04	2,318,039	4,835,040	
2001/01		0.90	1.2976	1.2976		120	63.29	2,345,109	4,897,800	
2001/07		0.85	0.9615	0.9615		120	63.29	2,364,276	4,944,840	
2002/01	23,013	0.85	1.0301	1.0301		120	65.14	2,407,991	4,995,720	
2002/07		0.80	0.8337	0.8337		120	65.14	2,424,052	5,037,360	
2003/01		0.80	1.3271	1.3271		120	62.18	2,449,788	5,104,200	
2003/07		0.75	1.1664	1.1664		120	63.55	2,471,219	5,163,720	
2004/01		0.75	1.1103	1.1103		120	63.55	2,491,797	5,221,080	
2004/07		0.70	0.8378	0.8378		120	63.55	2,506,411	5,264,880	
2005/01		0.70	0.8595	0.8595		120	63.55	2,521,492	5,310,120	
2005/07		0.65	0.7364	0.7364		120	63.55	2,533,562	5,349,240	
2006/01		0.65	0.9068	0.9068		120	61.94	2,548,495	5,397,720	
2006/07		0.60	0.8133	0.8133		120	61.94	2,560,932	5,441,640	
2007/01		0.60	1.0133	1.0133		120	59.81	2,576,502	5,496,720	
2007/07		0.55	1.1050	1.1050		120	60.81	2,592,162	5,557,440	
2008/01		0.55	0.8556	0.8556		120	60.81	2,604,361	5,604,960	
2008/07		0.50	0.6104	0.6104		120	63.21	2,612,310	5,639,160	



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**0 263869-00 - 2015/01**

**220.70**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		0.50	1.3268	1.3268		120	63.21	2,629,640	5,714,040	
2009/07		0.45	0.6841	0.6841		120	63.21	2,637,734	5,753,160	
2010/01		0.45	0.8643	0.8643		120	61.26	2,647,992	5,802,840	
2010/07		0.40	0.7107	0.7107		120	57.95	2,655,520	5,844,120	
2011/01		0.40	0.9198	0.9198		120	57.95	2,665,290	5,897,880	
2011/07	26,558	0.35	0.9028	0.9028		120	59.11	2,700,270	5,951,160	
2012/01		0.35	0.3865	0.3865		120	59.11	2,703,923	5,974,200	
2012/07		0.30	0.9417	0.9417		120	59.11	2,711,562	6,030,480	
2013/01		0.30	0.4901	0.4901		120	63.86	2,715,548	6,060,000	
2013/07		0.25	0.6196	0.6196		120	63.86	2,719,754	6,097,560	
2014/01	86,966	0.25	0.8564	0.8564		120	57.01	2,812,543	6,149,760	
2014/07	24,815	0.20	1.2383	1.2383		120	56.12	2,844,325	6,225,960	
2015/01		0.20	0.7571	0.7571		120	56.12	2,848,631	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 263869123120130101201304212014162205



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263877-00 - 2015/01**

**205.67**

**Carrollwood Care Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Nonprofit : 501(c)(3) Organization    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>15002 HUTCHINSON RD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>TAMPA, FL 33625</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Hillsborough [29]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>43,026</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>8,988</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>28,606</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>66.48538%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>98.23288%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1987</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1987</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>01/01/1987</b>	Low Occupancy Adjustment Factor:	<b>125.43896%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>209236</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,042,676	2,147,008	1,264,893	619,034		5,073,611	
1a	Audit Adjustments							
2	Cost Per Diem	36.4496	75.0545	44.2178	21.6400		177.3619	
3	Cost Per Diem Inflated	38.0316	77.4942	46.1369				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>38.0316</b>	<b>77.4942</b>	<b>46.1369</b>	<b>21.6400</b>		<b>183.3027</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0405		54.4474				
7	Provider Target Rate	<b>46.6899</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>38.0316</b>	<b>77.4942</b>	<b>46.1369</b>	<b>13.6500</b>		<b>175.3127</b>	
12/13	Medical Adjustment Rate		1.4372	0.8557				
14	Prospective Per Diem 11	<b>38.0316</b>	<b>78.9314</b>	<b>46.9926</b>	<b>13.6500</b>		<b>177.6056</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**205.67**

Rate Semester 01/01/2015 through 08/31/2015

**Carrollwood Care Center**

**FRVS**

FRVS Status as of this Semester

**On Payback FRV**

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:		Total Amount	Per Diem
	<b>5,100,000.00</b>			
Type:	<b>Variable</b>	80% Capital(1):	<b>4,404,298</b>	<b>9.0344</b>
<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,101,074</b>	<b>0.5237</b>
Interest Rate:	<b>8.7500%</b>	Insurance Cost(3):	<b>102,184</b>	<b>2.3749</b>
Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>41,680</b>	<b>0.9687</b>
Amortization Rate:	<b>5.2500%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
Interest Only:	<b>False</b>	Replacement(3&4):	<b>67,056</b>	<b>0.0000</b>
Yearly Payment:	<b>356,137</b>	Total FRVS PD:		<b>12.9017</b>

- (1) 80% Capital (\$4,404,298) amortized at 5.2500 % for 20 years Principal & Interest of \$356,137 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.0344
- (2) 20% ROE (\$1,101,074) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5237
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	<b>07/01/1986</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,441,840

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>38.0316</b>	<b>38.0316</b>	<b>0.6617</b>	<b>37.3699</b>
Direct Care	<b>78.9314</b>	<b>78.9314</b>	<b>1.3732</b>	<b>77.5582</b>
Indirect Care	<b>46.9926</b>	<b>46.9926</b>	<b>0.8176</b>	<b>46.1750</b>
Property	<b>13.6500</b>	<b>12.9017</b>	<b>0.2375</b>	<b>13.4125</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>21.2487</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>177.6056</b>	<b>176.8573</b>	<b>3.0900</b>	<b>205.6668</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	3,057,712	0.00	1.0091	1.0091		120	65.11	3,057,712	3,503,400	
1987/07		0.10	0.9007	0.9007		120	65.11	3,060,467	3,530,760	
1988/01		0.10	0.9007	0.9007		120	65.11	3,063,224	3,559,440	
1988/07		0.20	0.5899	0.5899		120	65.11	3,066,839	3,557,520	
1989/01		0.20	0.5899	0.5899		120	65.11	3,070,458	3,578,520	
1989/07		0.30	0.5899	0.5899		120	65.11	3,075,893	3,602,760	
1990/01	50,503	0.30	0.5899	0.5899		120	71.70	3,131,840	3,620,880	
1990/07	45,802	0.40	0.5899	0.5899		120	59.15	3,185,033	3,642,240	
1991/01		0.40	0.5899	0.5899		120	59.15	3,192,550	3,663,600	
1991/07	178,956	0.50	1.4932	1.4932		120	71.37	3,395,342	3,718,320	
1992/01		0.50	2.0117	2.0117		120	71.37	3,429,496	3,793,080	
1992/07		0.60	1.8152	1.8152		120	70.72	3,466,847	3,861,960	
1993/01		0.60	1.7710	1.7710		120	70.72	3,503,686	3,930,360	
1993/07		0.70	1.5329	1.5329		120	68.71	3,541,281	3,990,600	
1994/01		0.70	1.6983	1.6983		120	68.71	3,583,380	4,058,400	
1994/07		0.80	1.5991	1.5991		120	71.04	3,629,222	4,123,320	
1995/01		0.80	1.5812	1.5812		120	71.04	3,675,132	4,188,480	
1995/07		0.90	1.5250	1.5250		120	62.47	3,725,573	4,252,320	
1996/01		0.90	1.7228	1.7228		120	62.47	3,783,338	4,325,640	
1996/07		1.00	1.3294	1.3294		120	60.01	3,833,634	4,383,120	
1997/01		1.00	1.4109	1.4109		120	60.01	3,887,723	4,444,920	
1997/07		1.00	1.0917	1.0917		120	60.01	3,930,165	4,493,400	
1998/01		1.00	1.1663	1.1663		120	60.16	3,976,003	4,545,840	
1998/07		1.00	1.0794	1.0794		120	60.16	4,018,920	4,594,920	
1999/01		1.00	1.4499	1.4499		120	63.65	4,077,190	4,661,520	
1999/07		1.00	1.2299	1.2299		120	60.29	4,127,335	4,718,880	
2000/01		1.00	1.3356	1.3356		120	60.29	4,127,335	4,781,880	5
2000/07		1.00	1.1129	1.1129		120	69.40	4,229,007	4,835,040	
2001/01		1.00	1.2976	1.2976		120	69.40	4,283,883	4,897,800	
2001/07		1.00	0.9615	0.9615		120	72.43	4,325,073	4,944,840	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		120	66.08	4,369,626	4,995,720	
2002/07		1.00	0.8337	0.8337		120	66.08	4,406,056	5,037,360	
2003/01		1.00	1.3271	1.3271		120	67.20	4,464,529	5,104,200	
2003/07		1.00	1.1664	1.1664		120	65.62	4,516,603	5,163,720	
2004/01		1.00	1.1103	1.1103		120	65.62	4,566,751	5,221,080	
2004/07		1.00	0.8378	0.8378		120	65.62	4,605,011	5,264,880	
2005/01		1.00	0.8595	0.8595		120	65.62	4,644,591	5,310,120	
2005/07		1.00	0.7364	0.7364		120	65.62	4,678,794	5,349,240	
2006/01		1.00	0.9068	0.9068		120	66.15	4,721,221	5,397,720	
2006/07		1.00	0.8133	0.8133		120	66.15	4,759,619	5,441,640	
2007/01		1.00	1.0133	1.0133		120	65.61	4,807,848	5,496,720	
2007/07		0.95	1.1050	1.1050		120	65.61	4,858,321	5,557,440	
2008/01		0.95	0.8556	0.8556		120	64.10	4,897,809	5,604,960	
2008/07		0.90	0.6104	0.6104		120	63.65	4,924,718	5,639,160	
2009/01		0.90	1.3268	1.3268		120	63.65	4,983,524	5,714,040	
2009/07		0.85	0.6841	0.6841		120	63.65	5,012,503	5,753,160	
2010/01	65,765	0.85	0.8643	0.8643		120	70.32	5,115,095	5,802,840	
2010/07		0.80	0.7107	0.7107		120	66.83	5,144,179	5,844,120	
2011/01		0.80	0.9198	0.9198		120	66.83	5,182,030	5,897,880	
2011/07		0.75	0.9028	0.9028		120	66.83	5,217,118	5,951,160	
2012/01		0.75	0.3865	0.3865		120	62.77	5,232,242	5,974,200	
2012/07		0.70	0.9417	0.9417		120	64.74	5,266,733	6,030,480	
2013/01		0.70	0.4901	0.4901		120	64.74	5,284,803	6,060,000	
2013/07	81,765	0.65	0.6196	0.6196		120	60.47	5,387,850	6,097,560	
2014/01		0.65	0.8564	0.8564		120	60.47	5,417,844	6,149,760	
2014/07		0.60	1.2383	1.2383		120	60.47	5,458,099	6,225,960	
2015/01	22,477	0.60	0.7571	0.7571		120	66.49	5,505,372	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency





**Florida Agency for Health Care Administration**  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 263885-00 - 2015/01**

**213.81**

**Casa Mora Rehabilitation and Extended Care**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1902 59TH ST W</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>240</b>	Superior: <b>0</b>
<b>BRADENTON, FL 34209</b>	Days in CR <b>365</b>	Maximum: <b>87,600</b>	Standard: <b>243</b>
County: <b>Manatee [41]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>87,600</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>62,249</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>9,568</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>48,066</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>77.21570%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>71.06050%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1978</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1978</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>06/01/1979</b>	Low Occupancy Adjustment Factor:	<b>90.74106%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211745</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,328,419	4,152,290	2,432,369	1,440,538		10,353,616	
1a	Audit Adjustments							
2	Cost Per Diem	48.4421	86.3873	50.6048	29.9700		215.4042	
3	Cost Per Diem Inflated	50.5446	89.1954	52.8011				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>50.5446</b>	<b>89.1954</b>	<b>52.8011</b>	<b>29.9700</b>		<b>222.5111</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0405		54.4474				
7	Provider Target Rate	<b>46.6899</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>46.6899</b>	<b>89.1954</b>	<b>52.8011</b>	<b>13.6500</b>		<b>202.3364</b>	
12/13	Medical Adjustment Rate		2.7310	1.6166				
14	Prospective Per Diem 11	<b>46.6899</b>	<b>91.9264</b>	<b>54.4177</b>	<b>13.6500</b>		<b>206.6840</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**Casa Mora Rehabilitation and Extended Care**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>06/01/1997</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,800,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1978/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,938,232</b>	<b>6.6423</b>
Indexed Asset Value	<b>6,172,790</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,234,558</b>	<b>0.2936</b>
FRVS Base Asset:	<b>3,474,070</b>	Interest Rate:	<b>11.9600%</b>	Insurance Cost(3):	<b>202,712</b>	<b>3.2565</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.7500%</b>	Taxes Cost(3):	<b>94,202</b>	<b>1.5133</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.7500%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>155,086</b>	<b>0.0000</b>
		Yearly Payment:	<b>523,676</b>	Total FRVS PD:		<b>11.7057</b>

- (1) 80% Capital (\$4,938,232) amortized at 8.7500 % for 20 years Principal & Interest of \$523,676 divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$6.6423
- (2) 20% ROE (\$1,234,558) times the ROE factor (0.018750) divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$0.2936
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>240</b>	Effective PBS Limitation	52,276
			6,840,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>46.6899</b>	<b>46.6899</b>	<b>0.8123</b>	<b>45.8776</b>
Direct Care	<b>91.9264</b>	<b>91.9264</b>	<b>1.5993</b>	<b>90.3271</b>
Indirect Care	<b>54.4177</b>	<b>54.4177</b>	<b>0.9467</b>	<b>53.4710</b>
Property	<b>13.6500</b>	<b>11.7057</b>	<b>0.2037</b>	<b>11.5020</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>2.7298</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>206.6840</b>	<b>204.7397</b>	<b>3.5620</b>	<b>213.8100</b>

**Medicaid Trend Adjustment**



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**213.81**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/01	1,434,270	0.00	4.7397	3.0000	1.7397	240	100.00	1,434,270	4,270,800	
1978/07		0.10	7.2791	3.0000	4.2791	240	100.00	1,438,573	4,507,200	
1979/01	43,625	0.10	9.4064	3.0000	6.4064	240	100.00	1,486,514	4,738,320	
1979/07	24,352	0.20	10.6046	3.0000	7.6046	240	100.00	1,519,785	4,937,280	
1980/01		0.20	13.7703	3.0000	10.7703	240	18.65	1,519,785	5,241,840	
1980/07		0.30	14.5810	3.0000	11.5810	240	18.65	1,519,785	5,441,520	
1981/01		0.30	15.4050	3.0000	12.4050	240	20.10	1,519,785	5,649,600	
1981/07	5,301	0.40	14.9938	3.0000	11.9938	240	20.10	1,525,086	5,795,760	
1982/01	3,005	0.40	14.6698	3.0000	11.6698	240	16.51	1,528,091	5,951,040	
1982/07	1,775,277	0.50	13.9675	3.0000	10.9675	240	16.51	3,303,368	6,087,600	
1983/04	30,238	0.50	13.5963	3.0000	10.5963	240	18.47	3,333,606	6,247,680	
1983/07	92,004	0.60	14.5541	3.0000	11.5541	240	18.47	3,425,610	6,494,880	
1984/01	10,087	0.60	12.8493	3.0000	9.8493	240	23.67	3,435,697	6,579,120	
1984/07		0.70	11.7672	3.0000	8.7672	240	23.67	3,435,697	6,705,360	
1985/01	38,373	0.70	9.9143	3.0000	6.9143	240	18.47	3,474,070	6,782,160	
1985/10		0.80	7.7665	3.0000	4.7665	240	23.70	3,474,070	6,840,000	
1986/01		0.80	5.5964	3.0000	2.5964	240	23.70	3,474,070	6,896,880	
1986/07		0.90	2.8938	2.8938		240	23.70	3,474,070	6,883,680	
1987/01		0.90	1.0091	1.0091		240	27.75	3,489,989	7,006,800	
1987/07		1.00	0.9007	0.9007		240	39.82	3,512,747	7,061,520	
1988/01		1.00	0.9007	0.9007		240	39.82	3,535,654	7,118,880	
1988/07	106,663	1.00	0.5899	0.5899		240	40.02	3,657,493	7,115,040	
1989/01		1.00	0.5899	0.5899		240	40.02	3,673,192	7,157,040	
1989/07		1.00	0.5899	0.5899		240	35.83	3,687,308	7,205,520	
1990/01		1.00	0.5899	0.5899		240	35.83	3,701,478	7,241,760	
1990/07	48,158	1.00	0.5899	0.5899		240	32.06	3,762,364	7,284,480	
1991/01		1.00	0.5899	0.5899		240	32.06	3,775,301	7,327,200	
1991/07		1.00	1.4932	1.4932		240	34.07	3,810,221	7,436,640	
1992/01		1.00	2.0117	2.0117		240	34.07	3,857,702	7,586,160	
1992/07	60,965	1.00	1.8152	1.8152		240	40.38	3,970,078	7,723,920	



Florida Agency for Health Care Administration  
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**0 263885-00 - 2015/01**

**213.81**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01		1.00	1.7710	1.7710		240	40.38	4,021,698	7,860,720	
1993/07		1.00	1.5329	1.5329		240	43.11	4,070,019	7,981,200	
1994/01		1.00	1.6983	1.6983		240	43.11	4,124,197	8,116,800	
1994/07	204,313	1.00	1.5991	1.5991		240	45.52	4,383,093	8,246,640	
1995/01		1.00	1.5812	1.5812		240	49.86	4,445,922	8,376,960	
1995/07	14,076	1.00	1.5250	1.5250		240	49.86	4,521,462	8,504,640	
1996/01	51,369	1.00	1.7228	1.7228		240	49.86	4,643,447	8,651,280	
1996/07	8,959	1.00	1.3294	1.3294		240	49.86	4,708,367	8,766,240	
1997/01		1.00	1.4109	1.4109		240	49.86	4,768,589	8,889,840	
1997/07		1.00	1.0917	1.0917		240	49.86	4,815,783	8,986,800	
1998/01		1.00	1.1663	1.1663		240	49.86	4,866,700	9,091,680	
1998/07		0.95	1.0794	1.0794		240	57.26	4,916,603	9,189,840	
1999/01		0.95	1.4499	1.4499		240	57.26	4,984,324	9,323,040	
1999/07		0.90	1.2299	1.2299		240	62.29	5,039,495	9,437,760	
2000/01		0.90	1.3356	1.3356		240	62.29	5,100,070	9,563,760	
2000/07		0.85	1.1129	1.1129		240	70.08	5,148,317	9,670,080	
2001/01		0.85	1.2976	1.2976		240	70.08	5,205,103	9,795,600	
2001/07		0.80	0.9615	0.9615		240	67.82	5,245,141	9,889,680	
2002/01		0.80	1.0301	1.0301		240	73.03	5,288,366	9,991,440	
2002/07		0.75	0.8337	0.8337		240	73.03	5,321,434	10,074,720	
2003/01		0.75	1.3271	1.3271		240	72.12	5,374,398	10,208,400	
2003/07		0.70	1.1664	1.1664		240	73.48	5,418,280	10,327,440	
2004/01		0.70	1.1103	1.1103		240	73.48	5,460,391	10,442,160	
2004/07		0.65	0.8378	0.8378		240	73.48	5,490,128	10,529,760	
2005/01		0.65	0.8595	0.8595		240	73.48	5,520,801	10,620,240	
2005/07		0.60	0.7364	0.7364		240	73.48	5,545,192	10,698,480	
2006/01		0.60	0.9068	0.9068		240	69.12	5,575,363	10,795,440	
2006/07		0.55	0.8133	0.8133		240	69.12	5,600,302	10,883,280	
2007/01		0.55	1.0133	1.0133		240	67.57	5,631,512	10,993,440	
2007/07		0.50	1.1050	1.1050		240	72.83	5,662,626	11,114,880	



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**213.81**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		0.50	0.8556	0.8556		240	72.83	5,686,851	11,209,920	
2008/07	56,647	0.45	0.6104	0.6104		240	76.10	5,759,120	11,278,320	
2009/01		0.45	1.3268	1.3268		240	76.10	5,793,508	11,428,080	
2009/07		0.40	0.6841	0.6841		240	76.10	5,809,359	11,506,320	
2010/01		0.40	0.8643	0.8643		240	78.90	5,829,442	11,605,680	
2010/07	39,227	0.35	0.7107	0.7107		240	80.28	5,883,167	11,688,240	
2011/01		0.35	0.9198	0.9198		240	80.28	5,902,105	11,795,760	
2011/07		0.30	0.9028	0.9028		240	76.33	5,918,088	11,902,320	
2012/01		0.30	0.3865	0.3865		240	76.33	5,924,953	11,948,400	
2012/07		0.25	0.9417	0.9417		240	76.33	5,938,900	12,060,960	
2013/01		0.25	0.4901	0.4901		240	78.15	5,946,175	12,120,000	
2013/07	190,291	0.20	0.6196	0.6196		240	76.54	6,136,466	12,195,120	5
2014/01		0.20	0.8564	0.8564		240	76.54	6,154,357	12,299,520	
2014/07		0.15	1.2383	1.2383		240	77.22	6,165,786	12,451,920	
2015/01		0.15	0.7571	0.7571		240	77.22	6,172,790	12,546,240	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263893-00 - 2015/01**

**217.43**

**Evergreen Woods Health and Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>7045 EVERGREEN WOODS TRL</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>SPRING HILL, FL 34608</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Hernando [27]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>42,604</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>15,405</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>25,634</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>60.16806%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>97.26941%</b>	Cost: <b>1.04340134</b>
Open Date: <b>04/01/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/01/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>04/01/1984</b>	Low Occupancy Adjustment Factor:	<b>124.20865%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>207837</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,098,634	1,912,586	1,446,528	591,120		5,048,868	
1a	Audit Adjustments							
2	Cost Per Diem	42.8585	74.6113	56.4301	23.0600		196.9599	
3	Cost Per Diem Inflated	44.7186	77.0366	58.8792				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.7186</b>	<b>77.0366</b>	<b>58.8792</b>	<b>23.0600</b>		<b>203.6944</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.9276		52.2722				
7	Provider Target Rate	<b>47.6095</b>		<b>54.1865</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.7186</b>	<b>77.0366</b>	<b>54.1865</b>	<b>13.6500</b>		<b>189.5917</b>	
12/13	Medical Adjustment Rate		0.8812	0.6198				
14	Prospective Per Diem 11	<b>44.7186</b>	<b>77.9178</b>	<b>54.8063</b>	<b>13.6500</b>		<b>191.0927</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**217.43**

Rate Semester 01/01/2015 through 08/31/2015

**Evergreen Woods Health and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/01/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,300,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,506,372 12.1228
RS to Start Calcs:	1984/01	<60% of Base:	False	20% ROE(2):	1,126,593 0.5359
Indexed Asset Value	5,632,965	Interest Rate:	11.9600%	Insurance Cost(3):	99,527 2.3361
FRVS Base Asset:	1,541,932	Chase Rate:	6.7500%	Taxes Cost(3):	89,631 2.1038
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	87,016 0.0000
		Yearly Payment:	477,880	Total FRVS PD:	17.0986

- (1) 80% Capital (\$4,506,372) amortized at 8.7500 % for 20 years Principal & Interest of \$477,880 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.1228  
 (2) 20% ROE (\$1,126,593) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5359  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,710,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.7186	44.7186	0.7780	43.9406
Direct Care	77.9178	77.9178	1.3556	76.5622
Indirect Care	54.8063	54.8063	0.9535	53.8528
Property	13.6500	17.0986	0.2975	16.8011
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.3700
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>191.0927</b>	<b>194.5413</b>	<b>3.3846</b>	<b>217.4292</b>

**Medicaid Trend Adjustment**



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**217.43**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	1,535,634	0.00	1.2952	1.2952		60	47.24	1,535,634	1,644,780	
1984/07		0.10	1.9179	1.9179		60	47.24	1,538,164	1,676,340	
1985/01		0.10	1.1471	1.1471		60	47.24	1,539,679	1,695,540	
1985/10		0.20	0.8522	0.8522		60	47.24	1,541,932	1,710,000	
1986/01		0.20	0.8299	0.8299		60	47.24	1,544,130	1,724,220	
1986/07		0.30	0.2974	0.2974		60	50.16	1,545,386	1,720,920	
1987/01		0.30	1.0091	1.0091		60	50.16	1,549,652	1,751,700	
1987/07		0.40	0.9007	0.9007		60	50.16	1,554,744	1,765,380	
1988/01		0.40	0.9007	0.9007		60	50.14	1,559,851	1,779,720	
1988/07	28,956	0.50	0.5899	0.5899		120	48.58	1,592,871	3,557,520	
1989/01	1,960,498	0.50	0.5899	0.5899		120	48.58	3,557,519	3,578,520	
1989/07	15,317	0.60	0.5899	0.5899		120	54.96	3,585,417	3,602,760	
1990/01		0.60	0.5899	0.5899		120	54.96	3,598,097	3,620,880	
1990/07	40,665	0.70	0.5899	0.5899		120	49.22	3,652,057	3,642,240	
1991/01		0.70	0.5899	0.5899		120	49.22	3,665,552	3,663,600	
1991/07	20,033	0.80	1.4932	1.4932		120	52.67	3,727,519	3,718,320	
1992/01		0.80	2.0117	2.0117		120	52.67	3,784,968	3,793,080	
1992/07		0.90	1.8152	1.8152		120	49.30	3,840,395	3,861,960	
1993/01		0.90	1.7710	1.7710		120	49.30	3,895,263	3,930,360	
1993/07		1.00	1.5329	1.5329		120	44.21	3,943,259	3,990,600	
1994/01		1.00	1.6983	1.6983		120	44.21	3,997,089	4,058,400	
1994/07		1.00	1.5991	1.5991		120	43.87	4,048,072	4,123,320	
1995/01		1.00	1.5812	1.5812		120	43.87	4,099,127	4,188,480	
1995/07	43,474	1.00	1.5250	1.5250		120	39.14	4,187,087	4,252,320	
1996/01		1.00	1.7228	1.7228		120	39.14	4,238,421	4,325,640	
1996/07		1.00	1.3294	1.3294		120	36.06	4,275,363	4,383,120	
1997/01		1.00	1.4109	1.4109		120	36.06	4,314,912	4,444,920	
1997/07		1.00	1.0917	1.0917		120	36.06	4,345,796	4,493,400	
1998/01		1.00	1.1663	1.1663		120	31.61	4,374,926	4,545,840	
1998/07		1.00	1.0794	1.0794		120	31.61	4,402,066	4,594,920	





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**0 263893-00 - 2015/01**

**217.43**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		120	32.55	4,439,839	4,661,520	
1999/07		1.00	1.2299	1.2299		120	31.60	4,471,212	4,718,880	
2000/01		1.00	1.3356	1.3356		120	31.60	4,505,522	4,781,880	
2000/07		1.00	1.1129	1.1129		120	30.68	4,533,492	4,835,040	
2001/01		1.00	1.2976	1.2976		120	30.68	4,566,307	4,897,800	
2001/07		1.00	0.9615	0.9615		120	38.29	4,596,873	4,944,840	
2002/01		1.00	1.0301	1.0301		120	32.36	4,624,733	4,995,720	
2002/07		1.00	0.8337	0.8337		120	32.36	4,647,418	5,037,360	
2003/01		1.00	1.3271	1.3271		120	31.43	4,682,663	5,104,200	
2003/07		1.00	1.1664	1.1664		120	42.85	4,725,216	5,163,720	
2004/01		1.00	1.1103	1.1103		120	42.85	4,766,090	5,221,080	
2004/07		0.95	0.8378	0.8378		120	42.85	4,795,643	5,264,880	
2005/01		0.95	0.8595	0.8595		120	42.85	4,826,149	5,310,120	
2005/07		0.90	0.7364	0.7364		120	42.85	4,851,070	5,349,240	
2006/01		0.90	0.9068	0.9068		120	45.46	4,883,793	5,397,720	
2006/07		0.85	0.8133	0.8133		120	45.46	4,911,699	5,441,640	
2007/01		0.85	1.0133	1.0133		120	45.64	4,946,804	5,496,720	
2007/07		0.80	1.1050	1.1050		120	45.64	4,983,092	5,557,440	
2008/01		0.80	0.8556	0.8556		120	53.78	5,016,445	5,604,960	
2008/07		0.75	0.6104	0.6104		120	53.73	5,038,880	5,639,160	
2009/01		0.75	1.3268	1.3268		120	53.73	5,087,864	5,714,040	
2009/07		0.70	0.6841	0.6841		120	53.73	5,111,667	5,753,160	
2010/01	32,059	0.70	0.8643	0.8643		120	51.59	5,172,734	5,802,840	
2010/07		0.65	0.7107	0.7107		120	51.59	5,195,150	5,844,120	
2011/01	23,214	0.65	0.9198	0.9198		120	55.29	5,249,426	5,897,880	
2011/07	25,684	0.60	0.9028	0.9028		120	54.95	5,303,520	5,951,160	
2012/01		0.60	0.3865	0.3865		120	54.95	5,315,808	5,974,200	
2012/07	39,490	0.55	0.9417	0.9417		120	56.48	5,382,829	6,030,480	
2013/01		0.55	0.4901	0.4901		120	56.48	5,397,341	6,060,000	
2013/07		0.50	0.6196	0.6196		120	56.48	5,414,062	6,097,560	



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0 263893-00 - 2015/01

217.43

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01	112,354	0.50	0.8564	0.8564		120	55.98	5,549,599	6,149,760	
2014/07	33,318	0.45	1.2383	1.2383		120	60.17	5,613,839	6,225,960	
2015/01		0.45	0.7571	0.7571		120	60.17	5,632,965	6,273,120	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 263893123120130101201304212014164609



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263907-00 - 2015/01**

**207.47**

**Highland Pines Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Nonprofit : 501(c)(3) Organization    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1111 S HIGHLAND AVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>CLEARWATER, FL 33756</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>37,326</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>4,570</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>30,880</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>82.73054%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.21918%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1971</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1971</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>01/01/1971</b>	Low Occupancy Adjustment Factor:	<b>108.82105%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211737</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,140,331	2,405,127	1,350,736	1,015,952		5,912,146	
1a	Audit Adjustments							
2	Cost Per Diem	36.9278	77.8862	43.7415	32.9000		191.4555	
3	Cost Per Diem Inflated	38.5305	80.4180	45.6399				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>38.5305</b>	<b>80.4180</b>	<b>45.6399</b>	<b>32.9000</b>		<b>197.4884</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0828		54.4497				
7	Provider Target Rate	<b>46.7338</b>		<b>56.4437</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>38.5305</b>	<b>80.4180</b>	<b>45.6399</b>	<b>13.6500</b>		<b>178.2384</b>	
12/13	Medical Adjustment Rate		2.9611	1.6805				
14	Prospective Per Diem 11	<b>38.5305</b>	<b>83.3791</b>	<b>47.3204</b>	<b>13.6500</b>		<b>182.8800</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 263907-00 - 2015/01**

**207.47**

Rate Semester 01/01/2015 through 08/31/2015

**Highland Pines Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>2,400,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1971/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>1,678,397 4.5151</b>
Indexed Asset Value	<b>2,097,996</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>419,599 0.1996</b>
FRVS Base Asset:	<b>1,236,839</b>	Interest Rate:	<b>11.9600%</b>	Insurance Cost(3):	<b>130,770 3.5035</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.7500%</b>	Taxes Cost(3):	<b>58,436 1.5656</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.7500%</b>	Home Office(3):	<b>0 0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>249,817 0.0000</b>
		Yearly Payment:	<b>177,986</b>	Total FRVS PD:	<b>9.7838</b>

- (1) 80% Capital (\$1,678,397) amortized at 8.7500 % for 20 years Principal & Interest of \$177,986 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$4.5151
- (2) 20% ROE (\$419,599) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.1996
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>38.5305</b>	<b>38.5305</b>	<b>0.6703</b>	<b>37.8602</b>
Direct Care	<b>83.3791</b>	<b>83.3791</b>	<b>1.4506</b>	<b>81.9285</b>
Indirect Care	<b>47.3204</b>	<b>47.3204</b>	<b>0.8233</b>	<b>46.4971</b>
Property	<b>13.6500</b>	<b>9.7838</b>	<b>0.1702</b>	<b>9.6136</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>21.6710</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>182.8800</b>	<b>179.0138</b>	<b>3.1144</b>	<b>207.4729</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	630,976	0.00				120	100.00	630,976	1,231,320	
1972/01	12,595	0.10	3.9787	3.0000	0.9787	120	100.00	645,464	1,280,280	
1972/07		0.10	5.9113	3.0000	2.9113	120	100.00	647,400	1,343,400	
1973/01	14,079	0.20	8.0622	3.0000	5.0622	120	100.00	665,363	1,412,640	
1973/07		0.20	10.7186	3.0000	7.7186	120	100.00	669,355	1,492,560	
1974/01	6,001	0.30	12.9457	3.0000	9.9457	120	100.00	681,380	1,570,560	
1974/07		0.30	13.0494	3.0000	10.0494	120	100.00	687,512	1,619,280	
1975/01	10,712	0.40	13.1399	3.0000	10.1399	120	100.00	706,474	1,669,320	
1975/07		0.40	14.2033	3.0000	11.2033	120	100.00	714,952	1,737,240	
1976/01	17,291	0.50	15.2478	3.0000	12.2478	120	100.00	742,967	1,807,440	
1976/07		0.50	15.7330	3.0000	12.7330	120	100.00	754,112	1,870,440	
1977/01	6,193	0.60	16.4836	3.0000	13.4836	120	100.00	773,879	1,940,640	
1977/07		0.60	18.5412	3.0000	15.5412	120	100.00	787,809	2,038,680	
1978/01		0.70	20.2809	3.0000	17.2809	120	100.00	804,353	2,135,400	
1978/07	19,659	0.70	22.8203	3.0000	19.8203	120	100.00	840,903	2,253,600	
1979/01		0.80	24.9476	3.0000	21.9476	120	100.00	861,085	2,369,160	
1979/07		0.80	26.1458	3.0000	23.1458	120	100.00	881,751	2,468,640	
1980/01	242,347	0.90	29.3115	3.0000	26.3115	120	6.00	1,124,098	2,620,920	
1980/07	40,607	0.90	30.1222	3.0000	27.1222	120	6.00	1,164,705	2,720,760	
1981/01	1,828	1.00	30.9462	3.0000	27.9462	120	6.00	1,166,533	2,824,800	
1981/07	19,643	1.00	30.5350	3.0000	27.5350	120	6.00	1,186,176	2,897,880	
1982/01		1.00	30.2110	3.0000	27.2110	120	6.00	1,186,176	2,975,520	
1982/07	2,880	1.00	29.5087	3.0000	26.5087	120	6.00	1,189,056	3,043,800	
1983/04	763	1.00	29.1375	3.0000	26.1375	120	6.00	1,189,819	3,123,840	
1983/07	8,495	1.00	30.0953	3.0000	27.0953	120	6.00	1,198,314	3,247,440	
1984/01	13,101	1.00	28.3905	3.0000	25.3905	120	5.91	1,211,415	3,289,560	
1984/07	5,305	1.00	27.3084	3.0000	24.3084	120	4.66	1,216,720	3,352,680	
1985/01	17,409	1.00	25.4555	3.0000	22.4555	120	4.66	1,234,129	3,391,080	
1985/10	2,710	1.00	23.3077	3.0000	20.3077	120	4.66	1,236,839	3,420,000	
1986/01		1.00	21.1376	3.0000	18.1376	120	6.43	1,236,839	3,448,440	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	120	6.43	1,236,839	3,441,840	
1987/01		1.00	16.4441	3.0000	13.4441	120	9.22	1,236,839	3,503,400	
1987/07		1.00	14.3448	3.0000	11.3448	120	12.66	1,236,839	3,530,760	
1988/01		1.00	12.2455	3.0000	9.2455	120	12.66	1,236,839	3,559,440	
1988/07	26,652	1.00	9.8354	3.0000	6.8354	120	13.13	1,263,491	3,557,520	
1989/01		1.00	7.4253	3.0000	4.4253	120	13.13	1,263,491	3,578,520	
1989/07		1.00	5.0152	3.0000	2.0152	120	13.13	1,263,491	3,602,760	
1990/01	17,182	1.00	2.6051	2.6051		120	18.36	1,280,673	3,620,880	
1990/07	45,653	1.00	0.5899	0.5899		120	23.74	1,326,326	3,642,240	
1991/01		1.00	0.5899	0.5899		120	23.74	1,326,326	3,663,600	
1991/07	24,734	1.00	1.4932	1.4932		120	32.91	1,362,910	3,718,320	
1992/01		0.95	2.0117	2.0117		120	32.91	1,378,495	3,793,080	
1992/07		0.95	1.8152	1.8152		120	40.99	1,396,211	3,861,960	
1993/01		0.90	1.7710	1.7710		120	40.99	1,412,796	3,930,360	
1993/07	19,654	0.90	1.5329	1.5329		120	49.34	1,449,935	3,990,600	
1994/01		0.85	1.6983	1.6983		120	49.34	1,468,712	4,058,400	
1994/07	41,803	0.85	1.5991	1.5991		120	50.76	1,528,939	4,123,320	
1995/01		0.80	1.5812	1.5812		120	59.71	1,548,280	4,188,480	
1995/07		0.80	1.5250	1.5250		120	59.71	1,567,169	4,252,320	
1996/01		0.75	1.7228	1.7228		120	59.71	1,587,418	4,325,640	
1996/07		0.75	1.3294	1.3294		120	59.71	1,603,246	4,383,120	
1997/01		0.70	1.4109	1.4109		120	59.71	1,619,080	4,444,920	
1997/07		0.70	1.0917	1.0917		120	59.71	1,631,453	4,493,400	
1998/01		0.65	1.1663	1.1663		120	59.71	1,643,821	4,545,840	
1998/07		0.65	1.0794	1.0794		120	62.95	1,655,354	4,594,920	
1999/01		0.60	1.4499	1.4499		120	62.95	1,669,754	4,661,520	
1999/07		0.60	1.2299	1.2299		120	63.88	1,682,075	4,718,880	
2000/01		0.55	1.3356	1.3356		120	63.88	1,694,432	4,781,880	
2000/07		0.55	1.1129	1.1129		120	60.98	1,704,804	4,835,040	
2001/01		0.50	1.2976	1.2976		120	60.98	1,715,865	4,897,800	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		120	67.67	1,724,115	4,944,840	
2002/01		0.45	1.0301	1.0301		120	68.32	1,732,106	4,995,720	
2002/07		0.45	0.8337	0.8337		120	68.32	1,738,605	5,037,360	
2003/01		0.40	1.3271	1.3271		120	70.53	1,747,834	5,104,200	
2003/07		0.40	1.1664	1.1664		120	75.33	1,755,989	5,163,720	
2004/01		0.35	1.1103	1.1103		120	75.33	1,762,813	5,221,080	
2004/07		0.35	0.8378	0.8378		120	75.33	1,767,982	5,264,880	
2005/01		0.30	0.8595	0.8595		120	75.33	1,772,542	5,310,120	
2005/07		0.30	0.7364	0.7364		120	75.33	1,776,458	5,349,240	
2006/01		0.25	0.9068	0.9068		120	76.92	1,780,485	5,397,720	
2006/07		0.25	0.8133	0.8133		120	76.92	1,784,105	5,441,640	
2007/01		0.20	1.0133	1.0133		120	78.67	1,787,721	5,496,720	
2007/07		0.20	1.1050	1.1050		120	78.67	1,791,672	5,557,440	
2008/01	46,230	0.15	0.8556	0.8556		120	75.70	1,840,201	5,604,960	
2008/07		0.15	0.6104	0.6104		120	79.05	1,841,887	5,639,160	
2009/01		0.10	1.3268	1.3268		120	79.05	1,844,331	5,714,040	
2009/07		0.10	0.6841	0.6841		120	79.05	1,845,593	5,753,160	
2010/01		0.05	0.8643	0.8643		120	74.65	1,846,390	5,802,840	
2010/07		0.05	0.7107	0.7107		120	74.65	1,847,045	5,844,120	
2011/01	44,374	0.00	0.9198	0.9198		120	75.54	1,891,419	5,897,880	
2011/07		0.00	0.9028	0.9028		120	77.90	1,891,419	5,951,160	
2012/01		0.00	0.3865	0.3865		120	77.90	1,891,419	5,974,200	
2012/07	29,884	0.00	0.9417	0.9417		120	82.55	1,921,303	6,030,480	
2013/01		0.00	0.4901	0.4901		120	82.55	1,921,303	6,060,000	
2013/07		0.00	0.6196	0.6196		120	82.55	1,921,303	6,097,560	
2014/01	139,994	0.00	0.8564	0.8564		120	85.97	2,061,297	6,149,760	
2014/07	36,699	0.00	1.2383	1.2383		120	82.73	2,097,996	6,225,960	
2015/01		0.00	0.7571	0.7571		120	82.73	2,097,996	6,273,120	

**Message Code:**



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**0 263915-00 - 2015/01**

**226.32**

**Rehabilitation Center of The Palm Beaches**

Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective	CHOW Status based on this Cost Report: No Change			
Type of Ownership: Nonprofit : 501(c)(3) Organization							
Provider Information	Cost Report	Patient Days		Ratings Days			
<b>301 NORTHPOINTE PARKWAY</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds:	<b>99</b>	Superior:	<b>0</b>		
<b>WEST PALM BEACH , FL</b>	Days in CR <b>365</b>	Maximum:	<b>36,135</b>	Standard:	<b>243</b>		
County: <b>Palm Beach [50]</b>	First Used : <b>2015/01</b>	Max Annualized:	<b>36,135</b>	Conditional:	<b>0</b>		
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient:	<b>34,302</b>	Total:	<b>243</b>		
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare:	<b>9,048</b>	Inflation			
Current Class <b>South Small</b>	Initial CR? <b>False</b>	Medicaid:	<b>23,853</b>	FY Index:	<b>1.31456505</b>		
Class at 1/94: <b>South Small</b>	Medical Utilization		<b>69.53822%</b>	Semester Index:	<b>1.37161894</b>		
Operating Ex > <b>18 months</b>	Occupancy:		<b>94.92736%</b>	Cost:	<b>1.04340134</b>		
Open Date: <b>01/01/1970</b>	Statewide Low Occupancy Threshold:		<b>78.31130%</b>	Target:	<b>1.02563464</b>		
Acquired Date: <b>01/01/1970</b>	Medicaid Low Occupancy Threshold:		<b>41.41010%</b>	DC FY Index:	<b>1.21500000</b>		
Entered Medicaid <b>01/01/1970</b>	Low Occupancy Adjustment Factor:		<b>121.21796%</b>	DC Sem Index:	<b>1.25449501</b>		
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:		<b>100.00000%</b>	DC Inflation:	<b>1.03250618</b>		
Previous Med # <b>228419</b>				PS Target:	<b>1.03662091</b>		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,062,864	1,800,575	1,233,137	642,838		4,739,414	
1a	Audit Adjustments							
2	Cost Per Diem	44.5589	75.4863	51.6974	26.9500		198.6926	
3	Cost Per Diem Inflated	46.4928	77.9401	53.9411				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>46.4928</b>	<b>77.9401</b>	<b>53.9411</b>	<b>26.9500</b>		<b>205.3240</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.0623		69.1600				
7	Provider Target Rate	<b>61.2252</b>		<b>71.6927</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>46.4928</b>	<b>77.9401</b>	<b>53.9411</b>	<b>13.6500</b>		<b>192.0240</b>	
12/13	Medical Adjustment Rate		1.7132	1.1857				
14	Prospective Per Diem 11	<b>46.4928</b>	<b>79.6533</b>	<b>55.1268</b>	<b>13.6500</b>		<b>194.9229</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00





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Rate Semester 01/01/2015 through 08/31/2015

**Rehabilitation Center of The Palm Beaches**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,300,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1971/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>3,513,270</b>	<b>11.4560</b>
Indexed Asset Value	<b>4,391,587</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>878,317</b>	<b>0.5064</b>
FRVS Base Asset:	<b>1,055,594</b>	Interest Rate:	<b>11.9600%</b>	Insurance Cost(3):	<b>89,729</b>	<b>2.6159</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.7500%</b>	Taxes Cost(3):	<b>130,034</b>	<b>3.7909</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.7500%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>294,307</b>	<b>0.0000</b>
		Yearly Payment:	<b>372,566</b>	Total FRVS PD:		<b>18.3692</b>

- (1) 80% Capital (\$3,513,270) amortized at 8.7500 % for 20 years Principal & Interest of \$372,566 divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$11.4560
- (2) 20% ROE (\$878,317) times the ROE factor (0.018750) divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$0.5064
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>99</b>	Effective PBS Limitation	2,821,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>46.4928</b>	<b>46.4928</b>	<b>0.8089</b>	<b>45.6839</b>
Direct Care	<b>79.6533</b>	<b>79.6533</b>	<b>1.3858</b>	<b>78.2675</b>
Indirect Care	<b>55.1268</b>	<b>55.1268</b>	<b>0.9591</b>	<b>54.1677</b>
Property	<b>13.6500</b>	<b>18.3692</b>	<b>0.3196</b>	<b>18.0496</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>20.2450</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>194.9229</b>	<b>199.6421</b>	<b>3.4734</b>	<b>226.3162</b>

Medicaid Trend Adjustment



Florida Agency for Health Care Administration  
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**0 263915-00 - 2015/01**

**226.32**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	842,184	0.00				99	100.00	842,184	1,015,839	
1972/01		0.10	3.9787	3.0000	0.9787	99	100.00	844,711	1,056,231	
1972/07		0.10	5.9113	3.0000	2.9113	99	100.00	847,245	1,108,305	
1973/01		0.20	8.0622	3.0000	5.0622	99	100.00	852,328	1,165,428	
1973/07		0.20	10.7186	3.0000	7.7186	99	100.00	857,442	1,231,362	
1974/01		0.30	12.9457	3.0000	9.9457	99	100.00	865,159	1,295,712	
1974/07		0.30	13.0494	3.0000	10.0494	99	100.00	872,945	1,335,906	
1975/01		0.40	13.1399	3.0000	10.1399	99	100.00	883,420	1,377,189	
1975/07		0.40	14.2033	3.0000	11.2033	99	100.00	894,021	1,433,223	
1976/01		0.50	15.2478	3.0000	12.2478	99	100.00	907,431	1,491,138	
1976/07		0.50	15.7330	3.0000	12.7330	99	100.00	921,042	1,543,113	
1977/01		0.60	16.4836	3.0000	13.4836	99	100.00	937,621	1,601,028	
1977/07		0.60	18.5412	3.0000	15.5412	99	100.00	954,498	1,681,911	
1978/01		0.70	20.2809	3.0000	17.2809	99	100.00	974,542	1,761,705	
1978/07		0.70	22.8203	3.0000	19.8203	99	100.00	995,007	1,859,220	
1979/01		0.80	24.9476	3.0000	21.9476	99	100.00	1,018,887	1,954,557	
1979/07		0.80	26.1458	3.0000	23.1458	99	100.00	1,043,340	2,036,628	
1980/01		0.90	29.3115	3.0000	26.3115	99	11.27	1,043,340	2,162,259	
1980/07		0.90	30.1222	3.0000	27.1222	99	11.27	1,043,340	2,244,627	
1981/01		1.00	30.9462	3.0000	27.9462	99	12.72	1,043,340	2,330,460	
1981/07		1.00	30.5350	3.0000	27.5350	99	12.72	1,043,340	2,390,751	
1982/01		1.00	30.2110	3.0000	27.2110	99	17.43	1,043,340	2,454,804	
1982/07		1.00	29.5087	3.0000	26.5087	99	17.43	1,043,340	2,511,135	
1983/04		1.00	29.1375	3.0000	26.1375	99	16.47	1,043,340	2,577,168	
1983/07		1.00	30.0953	3.0000	27.0953	99	16.47	1,043,340	2,679,138	
1984/01	12,254	1.00	28.3905	3.0000	25.3905	99	17.41	1,055,594	2,713,887	
1984/07		1.00	27.3084	3.0000	24.3084	99	17.41	1,055,594	2,765,961	
1985/01		1.00	25.4555	3.0000	22.4555	99	21.14	1,055,594	2,797,641	
1985/10		1.00	23.3077	3.0000	20.3077	99	21.14	1,055,594	2,821,500	
1986/01		1.00	21.1376	3.0000	18.1376	99	21.14	1,055,594	2,844,963	



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**226.32**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	99	21.14	1,055,594	2,839,518	
1987/01	1,135,159	1.00	16.4441	3.0000	13.4441	99	20.80	2,190,753	2,890,305	
1987/07		1.00	14.3448	3.0000	11.3448	99	20.80	2,190,753	2,912,877	
1988/01		1.00	12.2455	3.0000	9.2455	99	23.04	2,190,753	2,936,538	
1988/07		1.00	9.8354	3.0000	6.8354	99	23.04	2,190,753	2,934,954	
1989/01		1.00	7.4253	3.0000	4.4253	99	45.59	2,245,231	2,952,279	
1989/07		1.00	5.0152	3.0000	2.0152	99	45.59	2,301,064	2,972,277	
1990/01	14,321	1.00	2.6051	2.6051		99	48.20	2,367,919	2,987,226	
1990/07		1.00	0.5899	0.5899		99	48.20	2,380,160	3,004,848	
1991/01		1.00	0.5899	0.5899		99	54.39	2,380,160	3,022,470	5
1991/07		1.00	1.4932	1.4932		99	54.39	2,394,045	3,067,614	5
1992/01		0.95	2.0117	2.0117		99	52.88	2,474,035	3,129,291	
1992/07		0.95	1.8152	1.8152		99	52.88	2,515,053	3,186,117	
1993/01		0.90	1.7710	1.7710		99	45.72	2,548,377	3,242,547	
1993/07		0.90	1.5329	1.5329		99	45.72	2,577,602	3,292,245	
1994/01		0.85	1.6983	1.6983		99	57.71	2,614,812	3,348,180	
1994/07		0.85	1.5991	1.5991		99	57.71	2,650,353	3,401,739	
1995/01		0.80	1.5812	1.5812		99	52.21	2,650,353	3,455,496	5
1995/07		0.80	1.5250	1.5250		99	52.21	2,682,179	3,508,164	5
1996/01		0.75	1.7228	1.7228		99	58.91	2,748,300	3,568,653	
1996/07		0.75	1.3294	1.3294		99	59.38	2,775,703	3,616,074	
1997/01		0.70	1.4109	1.4109		99	59.38	2,803,116	3,667,059	
1997/07		0.70	1.0917	1.0917		99	59.38	2,824,537	3,707,055	
1998/01		0.65	1.1663	1.1663		99	59.38	2,824,537	3,750,318	5
1998/07		0.65	1.0794	1.0794		99	59.38	2,865,917	3,790,809	
1999/01		0.60	1.4499	1.4499		99	61.27	2,890,848	3,845,754	
1999/07		0.60	1.2299	1.2299		99	61.27	2,912,180	3,893,076	
2000/01		0.55	1.3356	1.3356		99	68.04	2,933,573	3,945,051	
2000/07		0.55	1.1129	1.1129		99	68.04	2,951,529	3,988,908	
2001/01	9,987,746	0.50	1.2976	1.2976		99	73.13	4,040,685	4,040,685	8



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**226.32**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		99	73.13	4,060,113	4,079,493	
2002/01		0.45	1.0301	1.0301		99	66.16	4,078,932	4,121,469	
2002/07		0.45	0.8337	0.8337		99	66.16	4,094,236	4,155,822	
2003/01		0.40	1.3271	1.3271		99	70.00	4,115,968	4,210,965	
2003/07		0.40	1.1664	1.1664		99	63.79	4,135,173	4,260,069	
2004/01		0.35	1.1103	1.1103		99	63.79	4,151,242	4,307,391	
2004/07		0.35	0.8378	0.8378		99	63.79	4,163,413	4,343,526	
2005/01		0.30	0.8595	0.8595		99	63.79	4,174,150	4,380,849	
2005/07		0.30	0.7364	0.7364		99	63.79	4,183,371	4,413,123	
2006/01		0.25	0.9068	0.9068		99	66.20	4,192,855	4,453,119	
2006/07		0.25	0.8133	0.8133		99	66.20	4,201,379	4,489,353	
2007/01		0.20	1.0133	1.0133		99	73.24	4,209,895	4,534,794	
2007/07	24,489	0.20	1.1050	1.1050		99	71.10	4,243,688	4,584,888	
2008/01		0.15	0.8556	0.8556		99	71.10	4,249,133	4,624,092	
2008/07		0.15	0.6104	0.6104		99	71.10	4,253,025	4,652,307	
2009/01		0.10	1.3268	1.3268		99	69.13	4,258,669	4,714,083	
2009/07		0.10	0.6841	0.6841		99	69.13	4,261,582	4,746,357	
2010/01		0.05	0.8643	0.8643		99	69.81	4,263,423	4,787,343	
2010/07		0.05	0.7107	0.7107		99	69.81	4,264,937	4,821,399	
2011/01		0.00	0.9198	0.9198		99	66.49	4,264,937	4,865,751	
2011/07		0.00	0.9028	0.9028		99	66.49	4,264,937	4,909,707	
2012/01		0.00	0.3865	0.3865		99	64.91	4,264,937	4,928,715	
2012/07	108,052	0.00	0.9417	0.9417		99	65.42	4,372,989	4,975,146	
2013/01		0.00	0.4901	0.4901		99	65.42	4,372,989	4,999,500	
2013/07		0.00	0.6196	0.6196		99	66.37	4,372,989	5,030,487	
2014/01		0.00	0.8564	0.8564		99	66.37	4,372,989	5,073,552	
2014/07		0.00	1.2383	1.2383		99	66.37	4,372,989	5,136,417	
2015/01	18,598	0.00	0.7571	0.7571		99	69.54	4,391,587	5,175,324	

**Message Code:**

- |  |
|--|
| 5 Uncorrected Licensure Deficiency       |
| 8 Limited to Current RS Per Bed Standard |





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263923-00 - 2015/01**

**219.75**

**Pompano Health and Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>51 W SAMPLE ROAD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>127</b>	Superior: <b>0</b>
<b>POMPANO BEACH , FL</b>	Days in CR <b>365</b>	Maximum: <b>46,355</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>46,355</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>42,192</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>7,452</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>32,761</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>77.64742%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.01931%</b>	Cost: <b>1.04340134</b>
Open Date: <b>04/01/1987</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/01/1990</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/01/1990</b>	Low Occupancy Adjustment Factor:	<b>116.22756%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211800</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,246,153	2,475,229	1,627,137	871,115		6,219,634	
1a	Audit Adjustments							
2	Cost Per Diem	38.0377	75.5541	49.6669	26.5900		189.8487	
3	Cost Per Diem Inflated	39.6886	78.0101	51.8225				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>39.6886</b>	<b>78.0101</b>	<b>51.8225</b>	<b>26.5900</b>		<b>196.1112</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		56.6225				
7	Provider Target Rate	<b>49.1189</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>39.6886</b>	<b>78.0101</b>	<b>51.8225</b>	<b>13.6500</b>		<b>183.1712</b>	
12/13	Medical Adjustment Rate		2.4264	1.6119				
14	Prospective Per Diem 11	<b>39.6886</b>	<b>80.4365</b>	<b>53.4344</b>	<b>13.6500</b>		<b>187.2095</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**219.75**

Rate Semester 01/01/2015 through 08/31/2015

**Pompano Health and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/01/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,500,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1990/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,455,262</b>	<b>11.3247</b>
Indexed Asset Value	<b>5,569,078</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,113,816</b>	<b>0.5006</b>
FRVS Base Asset:	<b>3,642,614</b>	Interest Rate:	<b>11.9600%</b>	Insurance Cost(3):	<b>111,024</b>	<b>2.6314</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.7500%</b>	Taxes Cost(3):	<b>115,199</b>	<b>2.7304</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.7500%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>65,026</b>	<b>0.0000</b>
		Yearly Payment:	<b>472,460</b>	Total FRVS PD:		<b>17.1871</b>

- (1) 80% Capital (\$4,455,262) amortized at 8.7500 % for 20 years Principal & Interest of \$472,460 divided by annual available days (46355) divided by Occup. Adj. (0.90) = \$11.3247
- (2) 20% ROE (\$1,113,816) times the ROE factor (0.018750) divided by annual available days (46355) divided by Occup. Adj. (0.90) = \$0.5006
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,682
Comparison Date: <b>07/01/1986</b>	Current RS PBS:	52,276
Comparison Bed <b>127</b>	Effective PBS Limitation	3,642,614

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>39.6886</b>	<b>39.6886</b>	<b>0.6905</b>	<b>38.9981</b>
Direct Care	<b>80.4365</b>	<b>80.4365</b>	<b>1.3994</b>	<b>79.0371</b>
Indirect Care	<b>53.4344</b>	<b>53.4344</b>	<b>0.9296</b>	<b>52.5048</b>
Property	<b>13.6500</b>	<b>17.1871</b>	<b>0.2990</b>	<b>16.8881</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.4149</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>187.2095</b>	<b>190.7466</b>	<b>3.3185</b>	<b>219.7455</b>

**Medicaid Trend Adjustment**



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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263923-00 - 2015/01**

**219.75**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	3,642,614	0.00	0.5899	0.5899		127	19.41	3,642,614	3,854,704	
1991/01		0.10	0.5899	0.5899		127	19.41	3,642,614	3,877,310	
1991/07		0.10	1.4932	1.4932		127	19.41	3,642,614	3,935,222	5
1992/01		0.20	2.0117	2.0117		127	19.41	3,642,614	4,014,343	5
1992/07		0.20	1.8152	1.8152		127	19.41	3,642,614	4,087,241	
1993/01		0.30	1.7710	1.7710		127	19.41	3,642,614	4,159,631	
1993/07	13,295	0.30	1.5329	1.5329		127	29.56	3,664,913	4,223,385	
1994/01		0.40	1.6983	1.6983		127	51.61	3,688,274	4,295,140	
1994/07		0.40	1.5991	1.5991		127	51.61	3,710,410	4,363,847	
1995/01		0.50	1.5812	1.5812		127	55.72	3,739,745	4,432,808	
1995/07		0.50	1.5250	1.5250		127	55.72	3,768,261	4,500,372	
1996/01		0.60	1.7228	1.7228		127	55.72	3,807,214	4,577,969	
1996/07		0.60	1.3294	1.3294		127	55.72	3,837,580	4,638,802	
1997/01		0.70	1.4109	1.4109		127	55.72	3,875,480	4,704,207	
1997/07		0.70	1.0917	1.0917		127	55.72	3,905,096	4,755,515	
1998/01		0.80	1.1663	1.1663		127	55.72	3,941,531	4,811,014	
1998/07		0.80	1.0794	1.0794		127	56.50	3,975,566	4,862,957	
1999/01		0.90	1.4499	1.4499		127	56.50	3,975,566	4,933,442	5
1999/07		0.90	1.2299	1.2299		127	62.31	4,072,023	4,994,148	
2000/01		1.00	1.3356	1.3356		127	62.31	4,126,409	5,060,823	
2000/07		1.00	1.1129	1.1129		127	65.15	4,172,332	5,117,084	
2001/01		1.00	1.2976	1.2976		127	65.15	4,226,472	5,183,505	
2001/07		1.00	0.9615	0.9615		127	65.85	4,267,110	5,233,289	
2002/01		1.00	1.0301	1.0301		127	69.51	4,311,066	5,287,137	
2002/07		1.00	0.8337	0.8337		127	69.51	4,347,007	5,331,206	
2003/01		1.00	1.3271	1.3271		127	70.80	4,404,696	5,401,945	
2003/07		1.00	1.1664	1.1664		127	82.58	4,456,072	5,464,937	
2004/01		1.00	1.1103	1.1103		127	82.58	4,505,548	5,525,643	
2004/07		1.00	0.8378	0.8378		127	82.58	4,543,295	5,571,998	
2005/01		1.00	0.8595	0.8595		127	82.58	4,582,345	5,619,877	





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**0 263923-00 - 2015/01**

**219.75**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		127	82.58	4,616,089	5,661,279	
2006/01		1.00	0.9068	0.9068		127	79.63	4,657,948	5,712,587	
2006/07		1.00	0.8133	0.8133		127	79.63	4,695,831	5,759,069	
2007/01		1.00	1.0133	1.0133		127	72.47	4,743,414	5,817,362	
2007/07		1.00	1.1050	1.1050		127	75.19	4,795,829	5,881,624	
2008/01		1.00	0.8556	0.8556		127	75.19	4,836,862	5,931,916	
2008/07		1.00	0.6104	0.6104		127	77.71	4,866,386	5,968,111	
2009/01		1.00	1.3268	1.3268		127	77.71	4,930,953	6,047,359	
2009/07		1.00	0.6841	0.6841		127	77.71	4,964,686	6,088,761	
2010/01		1.00	0.8643	0.8643		127	78.78	5,007,596	6,141,339	
2010/07		1.00	0.7107	0.7107		127	76.88	5,043,185	6,185,027	
2011/01		0.95	0.9198	0.9198		127	76.88	5,087,252	6,241,923	
2011/07	17,828	0.95	0.9028	0.9028		127	75.54	5,148,713	6,298,311	
2012/01		0.90	0.3865	0.3865		127	75.54	5,166,625	6,322,695	
2012/07		0.90	0.9417	0.9417		127	75.54	5,210,412	6,382,258	
2013/01	56,834	0.85	0.4901	0.4901		127	78.84	5,288,953	6,413,500	
2013/07		0.85	0.6196	0.6196		127	78.84	5,316,810	6,453,251	
2014/01	88,669	0.80	0.8564	0.8564		127	80.86	5,441,904	6,508,496	
2014/07	41,823	0.80	1.2383	1.2383		127	77.65	5,537,635	6,589,141	
2015/01		0.75	0.7571	0.7571		127	77.65	5,569,078	6,639,052	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 263931-00 - 2015/01**

**203.13**

**Healthcare and Rehabilitation Center of Sanford**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>950 MELLONVILLE AVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>114</b>	Superior: <b>0</b>
<b>SANFORD, FL 32771</b>	Days in CR <b>365</b>	Maximum: <b>41,610</b>	Standard: <b>243</b>
County: <b>Seminole [59]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>41,610</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,270</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>8,475</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>27,111</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>70.84139%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.97308%</b>	Cost: <b>1.04340134</b>
Open Date: <b>03/01/1972</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/01/1972</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>01/01/1970</b>	Low Occupancy Adjustment Factor:	<b>117.44548%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>226866</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	947,461	2,099,605	1,190,521	739,046		4,976,633	
1a	Audit Adjustments							
2	Cost Per Diem	34.9475	77.4448	43.9128	27.2600		183.5651	
3	Cost Per Diem Inflated	36.4643	79.9622	45.8187				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>36.4643</b>	<b>79.9622</b>	<b>45.8187</b>	<b>27.2600</b>		<b>189.5052</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0405		54.4474				
7	Provider Target Rate	<b>46.6899</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>36.4643</b>	<b>79.9622</b>	<b>45.8187</b>	<b>13.6500</b>		<b>175.8952</b>	
12/13	Medical Adjustment Rate		1.8748	1.0743				
14	Prospective Per Diem 11	<b>36.4643</b>	<b>81.8370</b>	<b>46.8930</b>	<b>13.6500</b>		<b>178.8443</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**203.13**

Rate Semester 01/01/2015 through 08/31/2015

**Healthcare and Rehabilitation Center of Sanford**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,200,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,537,898 4.3549
RS to Start Calcs:	1972/01	<60% of Base:	False	20% ROE(2):	384,475 0.1925
Indexed Asset Value	1,922,373	Interest Rate:	11.9600%	Insurance Cost(3):	98,184 2.5656
FRVS Base Asset:	952,108	Chase Rate:	6.7500%	Taxes Cost(3):	41,960 1.0964
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	348,799 0.0000
		Yearly Payment:	163,087	Total FRVS PD:	8.2094

- (1) 80% Capital (\$1,537,898) amortized at 8.7500 % for 20 years Principal & Interest of \$163,087 divided by annual available days (41610) divided by Occup. Adj. (0.90) = \$4.3549
- (2) 20% ROE (\$384,475) times the ROE factor (0.018750) divided by annual available days (41610) divided by Occup. Adj. (0.90) = \$0.1925
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	114	Effective PBS Limitation	3,249,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	36.4643	36.4643	0.6344	35.8299
Direct Care	81.8370	81.8370	1.4238	80.4132
Indirect Care	46.8930	46.8930	0.8158	46.0772
Property	13.6500	8.2094	0.1428	8.0666
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.8383
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>178.8443</b>	<b>173.4037</b>	<b>3.0168</b>	<b>203.1277</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/01	558,459	0.00	3.9787	3.0000	0.9787	114	100.00	558,459	1,216,266	
1972/07		0.10	5.9113	3.0000	2.9113	114	100.00	560,134	1,276,230	
1973/01		0.10	8.0622	3.0000	5.0622	114	100.00	561,814	1,342,008	
1973/07		0.20	10.7186	3.0000	7.7186	114	100.00	565,185	1,417,932	
1974/01		0.20	12.9457	3.0000	9.9457	114	100.00	568,576	1,492,032	
1974/07		0.30	13.0494	3.0000	10.0494	114	100.00	573,693	1,538,316	
1975/01		0.30	13.1399	3.0000	10.1399	114	100.00	578,856	1,585,854	
1975/07		0.40	14.2033	3.0000	11.2033	114	100.00	585,802	1,650,378	
1976/01		0.40	15.2478	3.0000	12.2478	114	100.00	592,832	1,717,068	
1976/07		0.50	15.7330	3.0000	12.7330	114	100.00	601,724	1,776,918	
1977/01		0.50	16.4836	3.0000	13.4836	114	100.00	610,750	1,843,608	
1977/07		0.60	18.5412	3.0000	15.5412	114	100.00	621,744	1,936,746	
1978/01		0.60	20.2809	3.0000	17.2809	114	100.00	632,935	2,028,630	
1978/07		0.70	22.8203	3.0000	19.8203	114	100.00	646,227	2,140,920	
1979/01		0.70	24.9476	3.0000	21.9476	114	100.00	659,798	2,250,702	
1979/07		0.80	26.1458	3.0000	23.1458	114	100.00	675,633	2,345,208	
1980/01		0.80	29.3115	3.0000	26.3115	114	96.36	691,848	2,489,874	
1980/07		0.90	30.1222	3.0000	27.1222	114	96.36	710,528	2,584,722	
1981/01		0.90	30.9462	3.0000	27.9462	114	93.74	729,712	2,683,560	
1981/07		1.00	30.5350	3.0000	27.5350	114	93.74	751,603	2,752,986	
1982/01		1.00	30.2110	3.0000	27.2110	114	90.13	774,151	2,826,744	
1982/07		1.00	29.5087	3.0000	26.5087	114	90.13	797,376	2,891,610	
1983/04		1.00	29.1375	3.0000	26.1375	114	85.85	821,297	2,967,648	
1983/07		1.00	30.0953	3.0000	27.0953	114	85.85	845,936	3,085,068	
1984/01		1.00	28.3905	3.0000	25.3905	114	79.78	871,314	3,125,082	
1984/07		1.00	27.3084	3.0000	24.3084	114	79.78	897,453	3,185,046	
1985/01		1.00	25.4555	3.0000	22.4555	114	98.81	924,377	3,221,526	
1985/10		1.00	23.3077	3.0000	20.3077	114	81.00	952,108	3,249,000	
1986/01		1.00	21.1376	3.0000	18.1376	114	81.00	980,671	3,276,018	
1986/07		1.00	18.4350	3.0000	15.4350	114	81.00	1,010,091	3,269,748	



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**203.13**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01		1.00	16.4441	3.0000	13.4441	114	81.00	1,040,394	3,328,230	
1987/07		1.00	14.3448	3.0000	11.3448	114	80.67	1,071,606	3,354,222	
1988/01		1.00	12.2455	3.0000	9.2455	114	83.00	1,103,754	3,381,468	
1988/07		1.00	9.8354	3.0000	6.8354	114	83.00	1,136,867	3,379,644	
1989/01		1.00	7.4253	3.0000	4.4253	114	82.05	1,170,973	3,399,594	
1989/07		1.00	5.0152	3.0000	2.0152	114	82.05	1,206,102	3,422,622	
1990/01		1.00	2.6051	2.6051		114	75.06	1,237,522	3,439,836	
1990/07		1.00	0.5899	0.5899		114	75.06	1,244,822	3,460,128	
1991/01		1.00	0.5899	0.5899		114	76.81	1,252,165	3,480,420	
1991/07		1.00	1.4932	1.4932		114	76.81	1,270,862	3,532,404	
1992/01		1.00	2.0117	2.0117		114	79.92	1,296,428	3,603,426	
1992/07		0.95	1.8152	1.8152		114	79.92	1,318,784	3,668,862	
1993/01		0.95	1.7710	1.7710		114	78.90	1,340,973	3,733,842	
1993/07		0.90	1.5329	1.5329		114	78.90	1,340,973	3,791,070	5
1994/01	49,953	0.90	1.6983	1.6983		114	74.49	1,430,206	3,855,480	
1994/07		0.85	1.5991	1.5991		114	74.49	1,449,645	3,917,154	
1995/01		0.85	1.5812	1.5812		114	73.15	1,469,128	3,979,056	
1995/07		0.80	1.5250	1.5250		114	73.15	1,487,051	4,039,704	
1996/01		0.80	1.7228	1.7228		114	75.31	1,507,546	4,109,358	
1996/07		0.75	1.3294	1.3294		114	75.31	1,522,578	4,163,964	
1997/01		0.75	1.4109	1.4109		114	75.31	1,538,690	4,222,674	
1997/07		0.70	1.0917	1.0917		114	76.03	1,550,449	4,268,730	
1998/01		0.70	1.1663	1.1663		114	76.88	1,563,107	4,318,548	
1998/07		0.65	1.0794	1.0794		114	76.88	1,574,074	4,365,174	
1999/01		0.65	1.4499	1.4499		114	77.30	1,588,908	4,428,444	
1999/07		0.60	1.2299	1.2299		114	77.30	1,588,908	4,482,936	5
2000/01		0.60	1.3356	1.3356		114	79.14	1,613,460	4,542,786	
2000/07		0.55	1.1129	1.1129		114	79.14	1,623,336	4,593,288	
2001/01		0.55	1.2976	1.2976		114	79.88	1,634,922	4,652,910	
2001/07		0.50	0.9615	0.9615		114	79.88	1,642,783	4,697,598	



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203.13

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		0.50	1.0301	1.0301		114	76.58	1,651,245	4,745,934	
2002/07		0.45	0.8337	0.8337		114	76.58	1,657,440	4,785,492	
2003/01		0.45	1.3271	1.3271		114	73.91	1,667,338	4,848,990	
2003/07		0.40	1.1664	1.1664		114	73.71	1,675,118	4,905,534	
2004/01		0.40	1.1103	1.1103		114	73.71	1,682,557	4,960,026	
2004/07		0.35	0.8378	0.8378		114	73.71	1,687,490	5,001,636	
2005/01		0.35	0.8595	0.8595		114	73.71	1,692,566	5,044,614	
2005/07		0.30	0.7364	0.7364		114	73.71	1,696,305	5,081,778	
2006/01		0.30	0.9068	0.9068		114	72.98	1,700,919	5,127,834	
2006/07		0.25	0.8133	0.8133		114	72.98	1,704,377	5,169,558	
2007/01		0.25	1.0133	1.0133		114	73.94	1,708,694	5,221,884	
2007/07	26,176	0.20	1.1050	1.1050		114	71.03	1,738,646	5,279,568	
2008/01		0.20	0.8556	0.8556		114	71.03	1,741,621	5,324,712	
2008/07		0.15	0.6104	0.6104		114	66.83	1,743,216	5,357,202	
2009/01		0.15	1.3268	1.3268		114	66.83	1,746,685	5,428,338	
2009/07		0.10	0.6841	0.6841		114	66.83	1,747,880	5,465,502	
2010/01		0.10	0.8643	0.8643		114	69.97	1,749,390	5,512,698	
2010/07	23,932	0.05	0.7107	0.7107		114	72.09	1,773,943	5,551,914	
2011/01		0.05	0.9198	0.9198		114	72.09	1,774,759	5,602,986	
2011/07		0.00	0.9028	0.9028		114	71.45	1,774,759	5,653,602	
2012/01		0.00	0.3865	0.3865		114	71.45	1,774,759	5,675,490	
2012/07		0.00	0.9417	0.9417		114	71.45	1,774,759	5,728,956	
2013/01	49,588	0.00	0.4901	0.4901		114	68.05	1,824,347	5,757,000	
2013/07		0.00	0.6196	0.6196		114	68.05	1,824,347	5,792,682	
2014/01	39,995	0.00	0.8564	0.8564		114	70.23	1,864,342	5,842,272	
2014/07		0.00	1.2383	1.2383		114	70.23	1,864,342	5,914,662	
2015/01	58,031	0.00	0.7571	0.7571		114	70.84	1,922,373	5,959,464	

**Message Code:**

5 Uncorrected Licensure Deficiency



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 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263940-00 - 2015/01**

**204.69**

**Rehabilitation and Healthcare Center of Tampa**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4411 N HABANA AVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>174</b>	Superior: <b>0</b>
<b>TAMPA, FL 33614</b>	Days in CR <b>365</b>	Maximum: <b>63,510</b>	Standard: <b>197</b>
County: <b>Hillsborough [29]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>63,510</b>	Conditional: <b>46</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>59,089</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>17,449</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>39,521</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>66.88385%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.03889%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1970</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1971</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>01/01/1974</b>	Low Occupancy Adjustment Factor:	<b>118.80647%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>227102</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,440,169	2,995,330	1,948,287	952,851		7,336,637	
1a	Audit Adjustments							
2	Cost Per Diem	36.4406	75.7909	49.2975	24.1100		185.6390	
3	Cost Per Diem Inflated	38.0222	78.2546	51.4371				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>38.0222</b>	<b>78.2546</b>	<b>51.4371</b>	<b>24.1100</b>		<b>191.8239</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0614		54.4481				
7	Provider Target Rate	<b>46.7116</b>		<b>56.4420</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>38.0222</b>	<b>78.2546</b>	<b>51.4371</b>	<b>13.6500</b>		<b>181.3639</b>	
12/13	Medical Adjustment Rate		1.2050	0.7921				
14	Prospective Per Diem 11	<b>38.0222</b>	<b>79.4596</b>	<b>52.2292</b>	<b>13.6500</b>		<b>183.3610</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**0 263940-00 - 2015/01**

**204.69**

Rate Semester 01/01/2015 through 08/31/2015

**Rehabilitation and Healthcare Center of Tampa**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>4,600,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1971/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>2,208,614 4.0976</b>
Indexed Asset Value	<b>2,760,767</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>552,153 0.1811</b>
FRVS Base Asset:	<b>1,545,483</b>	Interest Rate:	<b>11.9600%</b>	Insurance Cost(3):	<b>144,230 2.4409</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.7500%</b>	Taxes Cost(3):	<b>99,687 1.6871</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.7500%</b>	Home Office(3):	<b>0 0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>86,139 0.0000</b>
		Yearly Payment:	<b>234,213</b>	Total FRVS PD:	<b>8.4067</b>

- (1) 80% Capital (\$2,208,614) amortized at 8.7500 % for 20 years Principal & Interest of \$234,213 divided by annual available days (63510) divided by Occup. Adj. (0.90) = \$4.0976
- (2) 20% ROE (\$552,153) times the ROE factor (0.018750) divided by annual available days (63510) divided by Occup. Adj. (0.90) = \$0.1811
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>174</b>	Effective PBS Limitation	4,959,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>38.0222</b>	<b>38.0222</b>	<b>0.6615</b>	<b>37.3607</b>
Direct Care	<b>79.4596</b>	<b>79.4596</b>	<b>1.3824</b>	<b>78.0772</b>
Indirect Care	<b>52.2292</b>	<b>52.2292</b>	<b>0.9087</b>	<b>51.3205</b>
Property	<b>13.6500</b>	<b>8.4067</b>	<b>0.1463</b>	<b>8.2604</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.7668</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>183.3610</b>	<b>178.1177</b>	<b>3.0989</b>	<b>204.6881</b>

Medicaid Trend Adjustment





Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263940-00 - 2015/01**

**204.69**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	1,136,560	0.00				174	100.00	1,136,560	1,785,414	
1972/01		0.10	3.9787	3.0000	0.9787	174	100.00	1,139,970	1,856,406	
1972/07		0.10	5.9113	3.0000	2.9113	174	100.00	1,143,390	1,947,930	
1973/01		0.20	8.0622	3.0000	5.0622	174	100.00	1,150,250	2,048,328	
1973/07		0.20	10.7186	3.0000	7.7186	174	100.00	1,157,152	2,164,212	
1974/01		0.30	12.9457	3.0000	9.9457	174	100.00	1,167,566	2,277,312	
1974/07		0.30	13.0494	3.0000	10.0494	174	100.00	1,178,074	2,347,956	
1975/01		0.40	13.1399	3.0000	10.1399	174	100.00	1,192,211	2,420,514	
1975/07		0.40	14.2033	3.0000	11.2033	174	100.00	1,206,518	2,518,998	
1976/01		0.50	15.2478	3.0000	12.2478	174	100.00	1,224,616	2,620,788	
1976/07		0.50	15.7330	3.0000	12.7330	174	100.00	1,242,985	2,712,138	
1977/01		0.60	16.4836	3.0000	13.4836	174	100.00	1,265,359	2,813,928	
1977/07		0.60	18.5412	3.0000	15.5412	174	100.00	1,288,135	2,956,086	
1978/01		0.70	20.2809	3.0000	17.2809	174	100.00	1,315,186	3,096,330	
1978/07		0.70	22.8203	3.0000	19.8203	174	100.00	1,342,805	3,267,720	
1979/01		0.80	24.9476	3.0000	21.9476	174	100.00	1,375,032	3,435,282	
1979/07		0.80	26.1458	3.0000	23.1458	174	100.00	1,408,033	3,579,528	
1980/01		0.90	29.3115	3.0000	26.3115	174	30.45	1,429,081	3,800,334	
1980/07		0.90	30.1222	3.0000	27.1222	174	30.45	1,450,443	3,945,102	
1981/01		1.00	30.9462	3.0000	27.9462	174	32.96	1,476,519	4,095,960	
1981/07		1.00	30.5350	3.0000	27.5350	174	32.96	1,503,064	4,201,926	
1982/01		1.00	30.2110	3.0000	27.2110	174	25.69	1,524,126	4,314,504	
1982/07		1.00	29.5087	3.0000	26.5087	174	25.69	1,545,483	4,413,510	
1983/04		1.00	29.1375	3.0000	26.1375	174	23.31	1,545,483	4,529,568	
1983/07		1.00	30.0953	3.0000	27.0953	174	23.31	1,545,483	4,708,788	
1984/01		1.00	28.3905	3.0000	25.3905	174	23.66	1,545,483	4,769,862	
1984/07		1.00	27.3084	3.0000	24.3084	174	23.66	1,545,483	4,861,386	
1985/01		1.00	25.4555	3.0000	22.4555	174	23.91	1,545,483	4,917,066	
1985/10		1.00	23.3077	3.0000	20.3077	174	23.91	1,545,483	4,959,000	
1986/01		1.00	21.1376	3.0000	18.1376	174	23.91	1,545,483	5,000,238	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	174	23.91	1,545,483	4,990,668	
1987/01		1.00	16.4441	3.0000	13.4441	174	23.00	1,545,483	5,079,930	
1987/07		1.00	14.3448	3.0000	11.3448	174	22.55	1,545,483	5,119,602	
1988/01		1.00	12.2455	3.0000	9.2455	174	31.31	1,571,877	5,161,188	
1988/07		1.00	9.8354	3.0000	6.8354	174	31.31	1,598,722	5,158,404	
1989/01		1.00	7.4253	3.0000	4.4253	174	42.90	1,636,132	5,188,854	
1989/07		1.00	5.0152	3.0000	2.0152	174	42.90	1,674,417	5,224,002	
1990/01		1.00	2.6051	2.6051		174	44.85	1,709,987	5,250,276	
1990/07		1.00	0.5899	0.5899		174	44.85	1,718,213	5,281,248	
1991/01		1.00	0.5899	0.5899		174	48.95	1,727,234	5,312,220	
1991/07		1.00	1.4932	1.4932		174	48.95	1,750,188	5,391,564	
1992/01		0.95	2.0117	2.0117		174	47.43	1,779,032	5,499,966	
1992/07		0.95	1.8152	1.8152		174	47.43	1,805,487	5,599,842	
1993/01		0.90	1.7710	1.7710		174	49.74	1,831,512	5,699,022	
1993/07		0.90	1.5329	1.5329		174	49.74	1,854,363	5,786,370	
1994/01	294,284	0.85	1.6983	1.6983		174	51.58	2,173,752	5,884,680	
1994/07		0.85	1.5991	1.5991		174	51.58	2,201,460	5,978,814	
1995/01		0.80	1.5812	1.5812		174	51.03	2,227,298	6,073,296	
1995/07		0.80	1.5250	1.5250		174	51.03	2,252,510	6,165,864	
1996/01	27,460	0.75	1.7228	1.7228		174	51.51	2,307,228	6,272,178	
1996/07		0.75	1.3294	1.3294		174	51.51	2,328,774	6,355,524	
1997/01		0.70	1.4109	1.4109		174	51.51	2,350,314	6,445,134	
1997/07		0.70	1.0917	1.0917		174	60.11	2,368,275	6,515,430	
1998/01		0.65	1.1663	1.1663		174	73.67	2,386,229	6,591,468	
1998/07		0.65	1.0794	1.0794		174	73.67	2,402,971	6,662,634	
1999/01		0.60	1.4499	1.4499		174	67.72	2,423,874	6,759,204	
1999/07		0.60	1.2299	1.2299		174	67.72	2,423,874	6,842,376	5
2000/01		0.55	1.3356	1.3356		174	67.51	2,441,760	6,933,726	5
2000/07		0.55	1.1129	1.1129		174	67.51	2,474,753	7,010,808	
2001/01		0.50	1.2976	1.2976		174	71.98	2,490,809	7,101,810	



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0 263940-00 - 2015/01

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		174	71.98	2,502,785	7,170,018	
2002/01		0.45	1.0301	1.0301		174	66.09	2,514,385	7,243,794	
2002/07		0.45	0.8337	0.8337		174	66.09	2,523,819	7,304,172	
2003/01		0.40	1.3271	1.3271		174	68.87	2,537,215	7,401,090	
2003/07		0.40	1.1664	1.1664		174	74.73	2,549,054	7,487,394	
2004/01		0.35	1.1103	1.1103		174	74.73	2,558,960	7,570,566	
2004/07		0.35	0.8378	0.8378		174	74.73	2,566,463	7,634,076	
2005/01		0.30	0.8595	0.8595		174	74.73	2,573,082	7,699,674	
2005/07		0.30	0.7364	0.7364		174	74.73	2,578,766	7,756,398	
2006/01		0.25	0.9068	0.9068		174	72.82	2,584,612	7,826,694	
2006/07		0.25	0.8133	0.8133		174	72.82	2,589,867	7,890,378	
2007/01		0.20	1.0133	1.0133		174	69.71	2,595,117	7,970,244	
2007/07		0.20	1.1050	1.1050		174	71.28	2,600,852	8,058,288	
2008/01		0.15	0.8556	0.8556		174	71.28	2,604,189	8,127,192	
2008/07		0.15	0.6104	0.6104		174	70.66	2,606,574	8,176,782	
2009/01		0.10	1.3268	1.3268		174	70.66	2,610,033	8,285,358	
2009/07		0.10	0.6841	0.6841		174	70.66	2,611,818	8,342,082	
2010/01		0.05	0.8643	0.8643		174	70.03	2,612,946	8,414,118	
2010/07		0.05	0.7107	0.7107		174	66.64	2,613,874	8,473,974	
2011/01		0.00	0.9198	0.9198		174	66.64	2,613,874	8,551,926	
2011/07		0.00	0.9028	0.9028		174	64.93	2,613,874	8,629,182	
2012/01		0.00	0.3865	0.3865		174	64.93	2,613,874	8,662,590	
2012/07		0.00	0.9417	0.9417		174	66.87	2,613,874	8,744,196	
2013/01		0.00	0.4901	0.4901		174	66.87	2,613,874	8,787,000	
2013/07		0.00	0.6196	0.6196		174	66.87	2,613,874	8,841,462	
2014/01	110,710	0.00	0.8564	0.8564		174	63.83	2,724,584	8,917,152	
2014/07		0.00	1.2383	1.2383		174	63.83	2,724,584	9,027,642	
2015/01	36,183	0.00	0.7571	0.7571		174	66.88	2,760,767	9,096,024	5

**Message Code:**

5 Uncorrected Licensure Deficiency





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263958-00 - 2015/01**

**222.54**

**The Abbey Rehabilitation and Nursing Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective Type of Ownership: Nonprofit : 501(c)(3) Organization		CHOW Status based on this Cost Report: No Change	
Provider Information	Cost Report	Patient Days	Ratings Days
<b>7101 DR MARTIN LUTHER KING JR ST N</b> <b>SAINT PETERSBURG, FL 33702</b> County: <b>Pinellas [52]</b> Region: <b>Central</b> Area: <b>5</b> Control: <b>Nonprofit : 501(c)(3) Organization</b> Current Class <b>Central Large</b> Class at 1/94: <b>North Large</b> Operating Ex > <b>18 months</b> Open Date: <b>08/01/1977</b> Acquired Date: <b>08/01/1977</b> Entered Medicaid <b>08/01/1977</b> Med # Active Date: <b>07/01/2003</b> Previous Med # <b>211711</b>	<b>1/1/2013-12/31/2013</b>  Days in CR <b>365</b> First Used : <b>2015/01</b> Last Used: <b>2015/01</b> <b>Unaudited</b>  Initial CR? <b>False</b> Medical Utilization Occupancy: Statewide Low Occupancy Threshold: Medicaid Low Occupancy Threshold: Low Occupancy Adjustment Factor: Weighted Low Occ Adjustment Factor:	Number of Beds: <b>152</b>  Maximum: <b>55,480</b> Max Annualized: <b>55,480</b> Total Patient: <b>40,349</b> Medicare: <b>6,306</b>  Medicaid: <b>30,968</b>  <b>76.75035%</b> <b>72.72711%</b> <b>78.31130%</b> <b>41.41010%</b> <b>92.86924%</b> <b>100.00000%</b>	Superior: <b>0</b>  Standard: <b>210</b> Conditional: <b>33</b> Total: <b>243</b>  <div style="border: 1px solid black; padding: 5px; text-align: center;">           Inflation         </div> FY Index: <b>1.31456505</b> Semester Index: <b>1.37161894</b> Cost: <b>1.04340134</b> Target: <b>1.02563464</b> DC FY Index: <b>1.21500000</b> DC Sem Index: <b>1.25449501</b> DC Inflation: <b>1.03250618</b> PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,215,092	2,580,829	1,561,088	926,563		6,283,572	
1a	Audit Adjustments							
2	Cost Per Diem	39.2370	83.3386	50.4097	29.9200		202.9053	
3	Cost Per Diem Inflated	40.9399	86.0476	52.5975				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>40.9399</b>	<b>86.0476</b>	<b>52.5975</b>	<b>29.9200</b>		<b>209.5050</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.4408		54.5493				
7	Provider Target Rate	<b>47.1049</b>		<b>56.5469</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>40.9399</b>	<b>86.0476</b>	<b>52.5975</b>	<b>13.6500</b>		<b>193.2350</b>	
12/13	Medical Adjustment Rate		2.2379	1.3679				
14	Prospective Per Diem 11	<b>40.9399</b>	<b>88.2855</b>	<b>53.9654</b>	<b>13.6500</b>		<b>196.8408</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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**0 263958-00 - 2015/01**

**222.54**

Rate Semester 01/01/2015 through 08/31/2015

**The Abbey Rehabilitation and Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,600,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,240,390 4.7581
RS to Start Calcs:	1977/07	<60% of Base:	False	20% ROE(2):	560,098 0.2103
Indexed Asset Value	2,800,488	Interest Rate:	11.9600%	Insurance Cost(3):	135,795 3.3655
FRVS Base Asset:	1,258,236	Chase Rate:	6.7500%	Taxes Cost(3):	52,830 1.3093
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	105,568 0.0000
		Yearly Payment:	237,583	Total FRVS PD:	9.6432

- (1) 80% Capital (\$2,240,390) amortized at 8.7500 % for 20 years Principal & Interest of \$237,583 divided by annual available days (55480) divided by Occup. Adj. (0.90) = \$4.7581
- (2) 20% ROE (\$560,098) times the ROE factor (0.018750) divided by annual available days (55480) divided by Occup. Adj. (0.90) = \$0.2103
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	146	Effective PBS Limitation	4,161,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.9399	40.9399	0.7123	40.2276
Direct Care	88.2855	88.2855	1.5360	86.7495
Indirect Care	53.9654	53.9654	0.9389	53.0265
Property	13.6500	9.6432	0.1678	9.4754
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.1585
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>196.8408</b>	<b>192.8340</b>	<b>3.3550</b>	<b>222.5400</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**222.54**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1977/07	1,146,786	0.00	5.0576	3.0000	2.0576	146	100.00	1,146,786	2,480,394	
1978/01		0.10	6.7973	3.0000	3.7973	146	100.00	1,150,226	2,598,070	
1978/07		0.10	9.3367	3.0000	6.3367	146	100.00	1,153,677	2,741,880	
1979/01		0.20	11.4640	3.0000	8.4640	146	100.00	1,160,599	2,882,478	
1979/07		0.20	12.6622	3.0000	9.6622	146	100.00	1,167,563	3,003,512	
1980/01		0.30	15.8279	3.0000	12.8279	146	28.48	1,173,004	3,188,786	
1980/07		0.30	16.6385	3.0000	13.6385	146	28.48	1,178,471	3,310,258	
1981/01		0.40	17.4626	3.0000	14.4626	146	29.50	1,186,056	3,436,840	
1981/07		0.40	17.0514	3.0000	14.0514	146	29.50	1,193,690	3,525,754	
1982/01		0.50	16.7274	3.0000	13.7274	146	28.71	1,203,037	3,620,216	
1982/07		0.50	16.0251	3.0000	13.0251	146	28.71	1,212,457	3,703,290	
1983/04		0.60	15.6539	3.0000	12.6539	146	25.42	1,222,544	3,800,672	
1983/07	9,893	0.60	16.6117	3.0000	13.6117	146	25.42	1,242,608	3,951,052	
1984/01	1,824	0.70	14.9069	3.0000	11.9069	146	22.61	1,244,432	4,002,298	
1984/07		0.70	13.8248	3.0000	10.8248	146	22.61	1,244,432	4,079,094	
1985/01		0.80	11.9719	3.0000	8.9719	146	25.42	1,258,236	4,125,814	
1985/10		0.80	9.8241	3.0000	6.8241	146	22.66	1,258,236	4,161,000	
1986/01		0.90	7.6540	3.0000	4.6540	146	22.66	1,258,236	4,195,602	
1986/07		0.90	4.9514	3.0000	1.9514	146	22.66	1,258,236	4,187,572	
1987/01		1.00	2.9605	2.9605		146	19.20	1,258,236	4,262,470	
1987/07		1.00	0.9007	0.9007		146	24.22	1,258,236	4,295,758	
1988/01		1.00	0.9007	0.9007		146	24.22	1,258,236	4,330,652	
1988/07	71,895	1.00	0.5899	0.5899		152	32.83	1,334,561	4,506,192	
1989/01		1.00	0.5899	0.5899		152	32.83	1,339,260	4,532,792	
1989/07	110,358	1.00	0.5899	0.5899		152	43.18	1,455,820	4,563,496	
1990/01		1.00	0.5899	0.5899		152	43.18	1,462,562	4,586,448	
1990/07	25,815	1.00	0.5899	0.5899		152	51.13	1,496,398	4,613,504	
1991/01		1.00	0.5899	0.5899		152	51.13	1,504,604	4,640,560	
1991/07	42,603	1.00	1.4932	1.4932		152	60.01	1,569,674	4,709,872	
1992/01		1.00	2.0117	2.0117		152	60.01	1,601,251	4,804,568	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07	25,317	1.00	1.8152	1.8152		152	65.94	1,655,634	4,891,816	
1993/01		1.00	1.7710	1.7710		152	65.94	1,684,955	4,978,456	
1993/07	26,965	1.00	1.5329	1.5329		152	70.92	1,737,749	5,054,760	
1994/01		1.00	1.6983	1.6983		152	70.92	1,767,261	5,140,640	
1994/07	54,958	1.00	1.5991	1.5991		152	69.99	1,850,479	5,222,872	
1995/01		1.00	1.5812	1.5812		152	74.68	1,879,739	5,305,408	
1995/07		1.00	1.5250	1.5250		152	74.68	1,908,405	5,386,272	
1996/01		1.00	1.7228	1.7228		152	74.68	1,941,283	5,479,144	
1996/07		1.00	1.3294	1.3294		152	74.68	1,967,090	5,551,952	
1997/01		1.00	1.4109	1.4109		152	74.68	1,994,844	5,630,232	
1997/07		1.00	1.0917	1.0917		152	74.68	2,016,622	5,691,640	
1998/01		0.95	1.1663	1.1663		152	74.68	2,038,966	5,758,064	
1998/07		0.95	1.0794	1.0794		152	72.51	2,059,874	5,820,232	
1999/01		0.90	1.4499	1.4499		152	72.51	2,086,753	5,904,592	
1999/07		0.90	1.2299	1.2299		152	71.78	2,086,753	5,977,248	5
2000/01		0.85	1.3356	1.3356		152	71.78	2,133,804	6,057,048	
2000/07		0.85	1.1129	1.1129		152	74.98	2,153,990	6,124,384	
2001/01		0.80	1.2976	1.2976		152	74.98	2,176,351	6,203,880	
2001/07		0.80	0.9615	0.9615		152	78.68	2,193,091	6,263,464	
2002/01		0.75	1.0301	1.0301		152	74.63	2,210,035	6,327,912	
2002/07		0.75	0.8337	0.8337		152	74.63	2,223,854	6,380,656	
2003/01		0.70	1.3271	1.3271		152	73.07	2,244,514	6,465,320	
2003/07		0.70	1.1664	1.1664		152	76.36	2,262,840	6,540,712	
2004/01		0.65	1.1103	1.1103		152	76.36	2,279,171	6,613,368	
2004/07		0.65	0.8378	0.8378		152	76.36	2,291,583	6,668,848	
2005/01		0.60	0.8595	0.8595		152	76.36	2,303,401	6,726,152	
2005/07		0.60	0.7364	0.7364		152	76.36	2,313,577	6,775,704	
2006/01		0.55	0.9068	0.9068		152	80.30	2,325,115	6,837,112	
2006/07		0.55	0.8133	0.8133		152	80.30	2,335,515	6,892,744	
2007/01		0.50	1.0133	1.0133		152	80.70	2,347,349	6,962,512	





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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07		0.50	1.1050	1.1050		152	80.70	2,360,318	7,039,424	
2008/01		0.45	0.8556	0.8556		152	81.83	2,369,405	7,099,616	
2008/07	18,751	0.45	0.6104	0.6104		152	82.41	2,394,665	7,142,936	
2009/01		0.40	1.3268	1.3268		152	82.41	2,394,665	7,237,784	5
2009/07		0.40	0.6841	0.6841		152	82.41	2,413,960	7,287,336	
2010/01	129,778	0.35	0.8643	0.8643		152	81.51	2,551,040	7,350,264	
2010/07		0.35	0.7107	0.7107		152	82.36	2,557,384	7,402,552	
2011/01		0.30	0.9198	0.9198		152	82.36	2,564,440	7,470,648	
2011/07		0.30	0.9028	0.9028		152	82.36	2,571,385	7,538,136	
2012/01	28,524	0.25	0.3865	0.3865		152	81.01	2,602,393	7,567,320	
2012/07		0.25	0.9417	0.9417		152	81.01	2,608,519	7,638,608	
2013/01		0.20	0.4901	0.4901		152	83.78	2,611,075	7,676,000	
2013/07	100,032	0.20	0.6196	0.6196		152	84.54	2,714,342	7,723,576	
2014/01		0.15	0.8564	0.8564		152	84.54	2,717,830	7,789,696	
2014/07		0.15	1.2383	1.2383		152	84.54	2,722,877	7,886,216	
2015/01	75,550	0.10	0.7571	0.7571		152	76.75	2,800,488	7,945,952	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
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**0 263966-00 - 2015/01**

**210.69**

**The Oaks at Avon Park**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Nonprofit : 501(c)(3) Organization    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1010 US 27 N</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>104</b>	Superior: <b>0</b>
<b>AVON PARK, FL 33825</b>	Days in CR <b>365</b>	Maximum: <b>37,960</b>	Standard: <b>243</b>
County: <b>Highlands [28]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>37,960</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>33,384</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>10,381</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>19,973</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>59.82806%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>87.94521%</b>	Cost: <b>1.04340134</b>
Open Date: <b>11/25/1992</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/05/1993</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>01/05/1993</b>	Low Occupancy Adjustment Factor:	<b>112.30207%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>228486</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	741,089	1,407,456	1,032,134	623,957		3,804,636	
1a	Audit Adjustments							
2	Cost Per Diem	37.1045	70.4679	51.6765	31.2400		190.4889	
3	Cost Per Diem Inflated	38.7149	72.7585	53.9193				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>38.7149</b>	<b>72.7585</b>	<b>53.9193</b>	<b>31.2400</b>		<b>196.6327</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0907		54.4474				
7	Provider Target Rate	<b>46.7420</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>38.7149</b>	<b>72.7585</b>	<b>53.9193</b>	<b>13.6500</b>		<b>179.0427</b>	
12/13	Medical Adjustment Rate		0.8045	0.5962				
14	Prospective Per Diem 11	<b>38.7149</b>	<b>73.5630</b>	<b>54.5155</b>	<b>13.6500</b>		<b>180.4434</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**The Oaks at Avon Park**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/05/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	1,764,618.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,028,817	11.8366
RS to Start Calcs:	1993/01	<60% of Base:	False	20% ROE(2):	1,007,204	0.5528
Indexed Asset Value	5,036,021	Interest Rate:	8.0000%	Insurance Cost(3):	86,243	2.5834
FRVS Base Asset:	2,781,592	Chase Rate:	7.7500%	Taxes Cost(3):	101,634	3.0444
Occup Adj Factor	0.9000	Amortization Rate:	8.0000%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	34,353	0.0000
		Yearly Payment:	404,384	Total FRVS PD:		18.0172

- (1) 80% Capital (\$4,028,817) amortized at 8.0000 % for 20 years Principal & Interest of \$404,384 divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$11.8366
- (2) 20% ROE (\$1,007,204) times the ROE factor (0.018750) divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$0.5528
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	31,609
Comparison Date:	01/01/1992	Current RS PBS:	52,276
Comparison Bed	88	Effective PBS Limitation	2,781,592

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.7149	38.7149	0.6735	38.0414
Direct Care	73.5630	73.5630	1.2798	72.2832
Indirect Care	54.5155	54.5155	0.9484	53.5671
Property	13.6500	18.0172	0.3135	17.7037
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.1900
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>180.4434</b>	<b>184.8106</b>	<b>3.2152</b>	<b>210.6879</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	3,629,732	0.00	1.7710	1.7710		88	52.27	2,781,592	2,781,592	1
1993/07		0.10	1.5329	1.5329		88	52.27	2,785,645	2,926,440	
1994/01	45,384	0.10	1.6983	1.6983		88	52.27	2,835,524	2,976,160	
1994/07		0.20	1.5991	1.5991		88	41.05	2,842,292	3,023,768	
1995/01		0.20	1.5812	1.5812		88	41.05	2,849,000	3,071,552	
1995/07	63,795	0.30	1.5250	1.5250		88	51.56	2,925,014	3,118,368	
1996/01		0.30	1.7228	1.7228		88	51.56	2,939,185	3,172,136	
1996/07	566,976	0.40	1.3294	1.3294		104	55.64	3,521,792	3,798,704	
1997/01		0.40	1.4109	1.4109		104	55.64	3,541,669	3,852,264	
1997/07		0.50	1.0917	1.0917		104	55.64	3,561,003	3,894,280	
1998/01		0.50	1.1663	1.1663		104	55.64	3,581,771	3,939,728	
1998/07		0.60	1.0794	1.0794		104	55.64	3,604,967	3,982,264	
1999/01		0.60	1.4499	1.4499		104	51.86	3,634,536	4,039,984	
1999/07		0.70	1.2299	1.2299		104	51.86	3,664,039	4,089,696	
2000/01		0.70	1.3356	1.3356		104	59.25	3,698,294	4,144,296	
2000/07		0.80	1.1129	1.1129		104	59.25	3,698,294	4,190,368	5
2001/01		0.80	1.2976	1.2976		104	54.98	3,769,940	4,244,760	
2001/07		0.90	0.9615	0.9615		104	54.98	3,802,553	4,285,528	
2002/01		0.90	1.0301	1.0301		104	55.14	3,837,806	4,329,624	
2002/07		1.00	0.8337	0.8337		104	55.14	3,869,802	4,365,712	
2003/01		1.00	1.3271	1.3271		104	58.46	3,921,158	4,423,640	
2003/07		1.00	1.1664	1.1664		104	65.96	3,966,894	4,475,224	
2004/01		1.00	1.1103	1.1103		104	65.96	4,010,938	4,524,936	
2004/07		1.00	0.8378	0.8378		104	65.96	4,044,542	4,562,896	
2005/01		1.00	0.8595	0.8595		104	65.96	4,044,542	4,602,104	5
2005/07		1.00	0.7364	0.7364		104	65.96	4,109,345	4,636,008	
2006/01		1.00	0.9068	0.9068		104	61.50	4,146,609	4,678,024	
2006/07		1.00	0.8133	0.8133		104	61.50	4,180,333	4,716,088	
2007/01		1.00	1.0133	1.0133		104	59.34	4,222,692	4,763,824	
2007/07		1.00	1.1050	1.1050		104	59.34	4,269,353	4,816,448	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		104	60.72	4,305,882	4,857,632	
2008/07		1.00	0.6104	0.6104		104	62.12	4,332,165	4,887,272	
2009/01		1.00	1.3268	1.3268		104	62.12	4,332,165	4,952,168	5
2009/07		1.00	0.6841	0.6841		104	62.12	4,419,674	4,986,072	
2010/01	90,334	1.00	0.8643	0.8643		104	62.47	4,548,207	5,029,128	
2010/07		1.00	0.7107	0.7107		104	63.46	4,580,531	5,064,904	
2011/01		1.00	0.9198	0.9198		104	63.46	4,622,663	5,111,496	
2011/07		1.00	0.9028	0.9028		104	61.20	4,664,396	5,157,672	
2012/01		1.00	0.3865	0.3865		104	61.20	4,682,424	5,177,640	
2012/07		1.00	0.9417	0.9417		104	61.20	4,726,518	5,226,416	
2013/01		1.00	0.4901	0.4901		104	58.60	4,749,683	5,252,000	
2013/07		0.95	0.6196	0.6196		104	58.60	4,777,640	5,284,552	
2014/01	109,773	0.95	0.8564	0.8564		104	61.51	4,926,284	5,329,792	
2014/07	20,751	0.90	1.2383	1.2383		104	59.83	5,001,938	5,395,832	
2015/01		0.90	0.7571	0.7571		104	59.83	5,036,021	5,436,704	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

<b>0 263974-00 - 2015/01</b>
<b>219.20</b>

<b>Titusville Rehabilitation and Nursing Center</b>
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Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective		CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization			
Provider Information	Cost Report	Patient Days	Ratings Days
<b>1705 JESS PARRISH CT</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>157</b>	Superior: <b>0</b>
<b>TITUSVILLE, FL 32796</b>	Days in CR <b>365</b>	Maximum: <b>57,305</b>	Standard: <b>243</b>
County: <b>Brevard [5]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>57,305</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>47,757</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>4,694</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>36,104</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>75.59939%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>83.33828%</b>	Cost: <b>1.04340134</b>
Open Date: <b>11/01/1971</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/01/1971</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/01/1971</b>	Low Occupancy Adjustment Factor:	<b>106.41923%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>227692</b>			PS Target: <b>1.03662091</b>

Rate Calculations							
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,328,790	2,950,468	1,801,777	908,016		6,989,051	
1a	Audit Adjustments							
2	Cost Per Diem	36.8045	81.7214	49.9052	25.1500		193.5811	
3	Cost Per Diem Inflated	38.4019	84.3779	52.0712				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>38.4019</b>	<b>84.3779</b>	<b>52.0712</b>	<b>25.1500</b>		<b>200.0010</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.5215		54.6452				
7	Provider Target Rate	<b>47.1885</b>		<b>56.6464</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>38.4019</b>	<b>84.3779</b>	<b>52.0712</b>	<b>13.6500</b>		<b>188.5010</b>	
12/13	Medical Adjustment Rate		2.4300	1.4996				
14	Prospective Per Diem 11	<b>38.4019</b>	<b>86.8079</b>	<b>53.5708</b>	<b>13.6500</b>		<b>192.4306</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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 Computation of Nursing Home Medicaid Reimbursement Rate

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Rate Semester 01/01/2015 through 08/31/2015

**Titusville Rehabilitation and Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,300,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,659,564 5.4685
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	664,891 0.2417
Indexed Asset Value	3,324,455	Interest Rate:	11.9600%	Insurance Cost(3):	130,103 2.7243
FRVS Base Asset:	1,729,005	Chase Rate:	6.7500%	Taxes Cost(3):	45,098 0.9443
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	70,874 0.0000
		Yearly Payment:	282,034	Total FRVS PD:	9.3788

- (1) 80% Capital (\$2,659,564) amortized at 8.7500 % for 20 years Principal & Interest of \$282,034 divided by annual available days (57305) divided by Occup. Adj. (0.90) = \$5.4685
- (2) 20% ROE (\$664,891) times the ROE factor (0.018750) divided by annual available days (57305) divided by Occup. Adj. (0.90) = \$0.2417
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	157	Effective PBS Limitation	4,474,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.4019	38.4019	0.6681	37.7338
Direct Care	86.8079	86.8079	1.5102	85.2977
Indirect Care	53.5708	53.5708	0.9320	52.6388
Property	13.6500	9.3788	0.1632	9.2156
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.4103
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>192.4306</b>	<b>188.1594</b>	<b>3.2735</b>	<b>219.1987</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263974-00 - 2015/01**

**219.20**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	561,689	0.00				157	100.00	561,689	1,610,977	
1972/01		0.10	3.9787	3.0000	0.9787	157	100.00	563,374	1,675,033	
1972/07		0.10	5.9113	3.0000	2.9113	157	100.00	565,064	1,757,615	
1973/01		0.20	8.0622	3.0000	5.0622	157	100.00	568,454	1,848,204	
1973/07		0.20	10.7186	3.0000	7.7186	157	100.00	571,865	1,952,766	
1974/01		0.30	12.9457	3.0000	9.9457	157	100.00	577,012	2,054,816	
1974/07		0.30	13.0494	3.0000	10.0494	157	100.00	582,205	2,118,558	
1975/01		0.40	13.1399	3.0000	10.1399	157	100.00	589,191	2,184,027	
1975/07	28,490	0.40	14.2033	3.0000	11.2033	157	100.00	624,751	2,272,889	
1976/01		0.50	15.2478	3.0000	12.2478	157	100.00	634,122	2,364,734	
1976/07		0.50	15.7330	3.0000	12.7330	157	100.00	643,634	2,447,159	
1977/01		0.60	16.4836	3.0000	13.4836	157	100.00	655,219	2,539,004	
1977/07		0.60	18.5412	3.0000	15.5412	157	100.00	667,013	2,667,273	
1978/01		0.70	20.2809	3.0000	17.2809	157	100.00	681,020	2,793,815	
1978/07		0.70	22.8203	3.0000	19.8203	157	100.00	695,321	2,948,460	
1979/01		0.80	24.9476	3.0000	21.9476	157	100.00	712,009	3,099,651	
1979/07		0.80	26.1458	3.0000	23.1458	157	100.00	729,097	3,229,804	
1980/01		0.90	29.3115	3.0000	26.3115	157	55.00	748,783	3,429,037	
1980/07		0.90	30.1222	3.0000	27.1222	157	55.00	769,000	3,559,661	
1981/01		1.00	30.9462	3.0000	27.9462	157	55.00	792,070	3,695,780	
1981/07		1.00	30.5350	3.0000	27.5350	157	55.00	815,832	3,791,393	
1982/01		1.00	30.2110	3.0000	27.2110	157	55.00	840,307	3,892,972	
1982/07	582,498	1.00	29.5087	3.0000	26.5087	157	55.00	1,448,014	3,982,305	
1983/04		1.00	29.1375	3.0000	26.1375	157	55.00	1,491,454	4,087,024	
1983/07		1.00	30.0953	3.0000	27.0953	157	55.00	1,536,198	4,248,734	
1984/01		1.00	28.3905	3.0000	25.3905	157	55.00	1,582,284	4,303,841	
1984/07		1.00	27.3084	3.0000	24.3084	157	55.00	1,629,753	4,386,423	
1985/01		1.00	25.4555	3.0000	22.4555	157	55.00	1,678,646	4,436,663	
1985/10		1.00	23.3077	3.0000	20.3077	157	65.36	1,729,005	4,474,500	
1986/01		1.00	21.1376	3.0000	18.1376	157	65.36	1,780,875	4,511,709	





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**0 263974-00 - 2015/01**

**219.20**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	157	65.36	1,834,301	4,503,074	
1987/01		1.00	16.4441	3.0000	13.4441	157	70.00	1,889,330	4,583,615	
1987/07		1.00	14.3448	3.0000	11.3448	157	70.38	1,946,010	4,619,411	
1988/01		1.00	12.2455	3.0000	9.2455	157	70.91	2,004,390	4,656,934	
1988/07		1.00	9.8354	3.0000	6.8354	157	70.91	2,064,522	4,654,422	
1989/01	19,691	1.00	7.4253	3.0000	4.4253	157	70.99	2,146,149	4,681,897	
1989/07		1.00	5.0152	3.0000	2.0152	157	70.99	2,210,533	4,713,611	
1990/01		1.00	2.6051	2.6051		157	70.06	2,268,120	4,737,318	
1990/07		1.00	0.5899	0.5899		157	70.06	2,281,500	4,765,264	
1991/01		1.00	0.5899	0.5899		157	70.59	2,294,959	4,793,210	
1991/07		1.00	1.4932	1.4932		157	70.59	2,329,227	4,864,802	
1992/01		0.95	2.0117	2.0117		157	70.86	2,373,741	4,962,613	
1992/07		0.95	1.8152	1.8152		157	70.86	2,414,674	5,052,731	
1993/01		0.90	1.7710	1.7710		157	75.72	2,453,161	5,142,221	
1993/07		0.90	1.5329	1.5329		157	75.72	2,487,005	5,221,035	
1994/01	36,587	0.85	1.6983	1.6983		157	76.97	2,559,494	5,309,740	
1994/07		0.85	1.5991	1.5991		157	76.97	2,594,283	5,394,677	
1995/01		0.80	1.5812	1.5812		157	74.14	2,627,101	5,479,928	
1995/07		0.80	1.5250	1.5250		157	74.14	2,659,152	5,563,452	
1996/01		0.75	1.7228	1.7228		157	75.24	2,693,511	5,659,379	
1996/07		0.75	1.3294	1.3294		157	75.24	2,720,368	5,734,582	
1997/01		0.70	1.4109	1.4109		157	72.94	2,747,234	5,815,437	
1997/07		0.70	1.0917	1.0917		157	72.94	2,768,228	5,878,865	
1998/01		0.65	1.1663	1.1663		157	69.26	2,789,214	5,947,474	
1998/07		0.65	1.0794	1.0794		157	69.26	2,808,783	6,011,687	
1999/01		0.60	1.4499	1.4499		157	69.79	2,833,217	6,098,822	
1999/07		0.60	1.2299	1.2299		157	69.79	2,854,123	6,173,868	
2000/01		0.55	1.3356	1.3356		157	70.57	2,854,123	6,256,293	5
2000/07		0.55	1.1129	1.1129		157	70.57	2,892,687	6,325,844	
2001/01		0.50	1.2976	1.2976		157	67.29	2,911,455	6,407,955	



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0 263974-00 - 2015/01

219.20

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		157	67.29	2,925,453	6,469,499	
2002/01	29,651	0.45	1.0301	1.0301		157	69.45	2,968,663	6,536,067	
2002/07		0.45	0.8337	0.8337		157	69.45	2,979,801	6,590,546	
2003/01		0.40	1.3271	1.3271		157	67.74	2,995,618	6,677,995	
2003/07		0.40	1.1664	1.1664		157	66.46	3,009,596	6,755,867	
2004/01		0.35	1.1103	1.1103		157	66.46	3,021,291	6,830,913	
2004/07		0.35	0.8378	0.8378		157	66.46	3,021,291	6,888,218	5
2005/01		0.30	0.8595	0.8595		157	66.46	3,037,964	6,947,407	
2005/07		0.30	0.7364	0.7364		157	66.46	3,044,675	6,998,589	
2006/01		0.25	0.9068	0.9068		157	59.53	3,051,577	7,062,017	
2006/07		0.25	0.8133	0.8133		157	59.53	3,057,781	7,119,479	
2007/01		0.20	1.0133	1.0133		157	63.82	3,063,979	7,191,542	
2007/07		0.20	1.1050	1.1050		157	63.82	3,070,750	7,270,984	
2008/01		0.15	0.8556	0.8556		157	62.16	3,074,690	7,333,156	
2008/07		0.15	0.6104	0.6104		157	73.02	3,077,506	7,377,901	
2009/01		0.10	1.3268	1.3268		157	73.02	3,081,590	7,475,869	
2009/07		0.10	0.6841	0.6841		157	73.02	3,083,698	7,527,051	
2010/01		0.05	0.8643	0.8643		157	74.50	3,085,030	7,592,049	
2010/07	115,399	0.05	0.7107	0.7107		157	73.38	3,201,524	7,646,057	
2011/01		0.00	0.9198	0.9198		157	73.38	3,201,524	7,716,393	
2011/07		0.00	0.9028	0.9028		157	73.38	3,201,524	7,786,101	
2012/01		0.00	0.3865	0.3865		157	75.26	3,201,524	7,816,245	
2012/07		0.00	0.9417	0.9417		157	75.26	3,201,524	7,889,878	
2013/01		0.00	0.4901	0.4901		157	74.50	3,201,524	7,928,500	
2013/07	122,931	0.00	0.6196	0.6196		157	74.78	3,324,455	7,977,641	
2014/01		0.00	0.8564	0.8564		157	74.78	3,324,455	8,045,936	
2014/07		0.00	1.2383	1.2383		157	74.78	3,324,455	8,145,631	
2015/01		0.00	0.7571	0.7571		157	75.60	3,324,455	8,207,332	

**Message Code:**

5 Uncorrected Licensure Deficiency





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 263982-00 - 2015/01**

**214.00**

**Sarasota Health and Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1524 EAST AVENUE SOUTH</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>169</b>	Superior: <b>0</b>
<b>SARASOTA, FL 34239</b>	Days in CR <b>365</b>	Maximum: <b>61,685</b>	Standard: <b>243</b>
County: <b>Sarasota [58]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>61,685</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>45,455</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>4,264</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>39,390</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>86.65713%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>73.68890%</b>	Cost: <b>1.04340134</b>
Open Date: <b>10/01/1971</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1971</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/01/1971</b>	Low Occupancy Adjustment Factor:	<b>94.09740%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>214922</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,347,782	2,985,176	1,857,225	1,149,006		7,339,189	
1a	Audit Adjustments							
2	Cost Per Diem	34.2163	75.7851	47.1497	29.1700		186.3211	
3	Cost Per Diem Inflated	35.7013	78.2486	49.1961				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>35.7013</b>	<b>78.2486</b>	<b>49.1961</b>	<b>29.1700</b>		<b>192.3160</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		56.6225				
7	Provider Target Rate	<b>49.1189</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>35.7013</b>	<b>78.2486</b>	<b>49.1961</b>	<b>13.6500</b>		<b>176.7960</b>	
12/13	Medical Adjustment Rate		3.2269	2.0288				
14	Prospective Per Diem 11	<b>35.7013</b>	<b>81.4755</b>	<b>51.2249</b>	<b>13.6500</b>		<b>182.0517</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 263982-00 - 2015/01**

**214.00**

Rate Semester 01/01/2015 through 08/31/2015

**Sarasota Health and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/01/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,731,188 9.0373
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	1,182,797 0.3995
Indexed Asset Value	5,913,985	Interest Rate:	11.9600%	Insurance Cost(3):	140,223 3.0849
FRVS Base Asset:	3,074,907	Chase Rate:	6.7500%	Taxes Cost(3):	68,900 1.5158
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	194,256 0.0000
		Yearly Payment:	501,720	Total FRVS PD:	14.0375

- (1) 80% Capital (\$4,731,188) amortized at 8.7500 % for 20 years Principal & Interest of \$501,720 divided by annual available days (61685) divided by Occup. Adj. (0.90) = \$9.0373
- (2) 20% ROE (\$1,182,797) times the ROE factor (0.018750) divided by annual available days (61685) divided by Occup. Adj. (0.90) = \$0.3995
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	169	Effective PBS Limitation	4,816,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	35.7013	35.7013	0.6211	35.0802
Direct Care	81.4755	81.4755	1.4175	80.0580
Indirect Care	51.2249	51.2249	0.8912	50.3337
Property	13.6500	14.0375	0.2442	13.7933
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.8312
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>182.0517</b>	<b>182.4392</b>	<b>3.1740</b>	<b>213.9989</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 263982-00 - 2015/01**

**214.00**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	959,000	0.00				169	100.00	959,000	1,734,109	
1972/01		0.10	3.9787	3.0000	0.9787	169	100.00	961,877	1,803,061	
1972/07		0.10	5.9113	3.0000	2.9113	169	100.00	964,763	1,891,955	
1973/01		0.20	8.0622	3.0000	5.0622	169	100.00	970,552	1,989,468	
1973/07		0.20	10.7186	3.0000	7.7186	169	100.00	976,375	2,102,022	
1974/01		0.30	12.9457	3.0000	9.9457	169	100.00	985,162	2,211,872	
1974/07		0.30	13.0494	3.0000	10.0494	169	100.00	994,028	2,280,486	
1975/01		0.40	13.1399	3.0000	10.1399	169	100.00	1,005,956	2,350,959	
1975/07		0.40	14.2033	3.0000	11.2033	169	100.00	1,018,027	2,446,613	
1976/01		0.50	15.2478	3.0000	12.2478	169	100.00	1,033,297	2,545,478	
1976/07		0.50	15.7330	3.0000	12.7330	169	100.00	1,048,796	2,634,203	
1977/01	738,570	0.60	16.4836	3.0000	13.4836	169	100.00	1,806,244	2,733,068	
1977/07		0.60	18.5412	3.0000	15.5412	169	100.00	1,838,756	2,871,141	
1978/01	107,515	0.70	20.2809	3.0000	17.2809	169	100.00	1,984,885	3,007,355	
1978/07		0.70	22.8203	3.0000	19.8203	169	100.00	2,026,568	3,173,820	
1979/01	42,175	0.80	24.9476	3.0000	21.9476	169	100.00	2,117,381	3,336,567	
1979/07		0.80	26.1458	3.0000	23.1458	169	100.00	2,168,198	3,476,668	
1980/01		0.90	29.3115	3.0000	26.3115	169	55.57	2,226,739	3,691,129	
1980/07		0.90	30.1222	3.0000	27.1222	169	55.57	2,286,861	3,831,737	
1981/01		1.00	30.9462	3.0000	27.9462	169	60.34	2,355,467	3,978,260	
1981/07		1.00	30.5350	3.0000	27.5350	169	60.34	2,426,131	4,081,181	
1982/01		1.00	30.2110	3.0000	27.2110	169	60.58	2,498,915	4,190,524	
1982/07		1.00	29.5087	3.0000	26.5087	169	60.58	2,573,882	4,286,685	
1983/04		1.00	29.1375	3.0000	26.1375	169	64.24	2,651,098	4,399,408	
1983/07		1.00	30.0953	3.0000	27.0953	169	64.24	2,730,631	4,573,478	
1984/01		1.00	28.3905	3.0000	25.3905	169	66.10	2,812,550	4,632,797	
1984/07		1.00	27.3084	3.0000	24.3084	169	66.10	2,896,927	4,721,691	
1985/01	1,512	1.00	25.4555	3.0000	22.4555	169	68.31	2,985,347	4,775,771	
1985/10		1.00	23.3077	3.0000	20.3077	169	68.31	3,074,907	4,816,500	
1986/01		1.00	21.1376	3.0000	18.1376	169	68.31	3,167,154	4,856,553	



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**214.00**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	169	68.31	3,262,169	4,847,258	
1987/01		1.00	16.4441	3.0000	13.4441	169	66.00	3,360,034	4,933,955	
1987/07		1.00	14.3448	3.0000	11.3448	169	65.09	3,460,835	4,972,487	
1988/01		1.00	12.2455	3.0000	9.2455	169	67.01	3,564,660	5,012,878	
1988/07		1.00	9.8354	3.0000	6.8354	169	67.01	3,671,600	5,010,174	
1989/01		1.00	7.4253	3.0000	4.4253	169	63.09	3,781,748	5,039,749	
1989/07		1.00	5.0152	3.0000	2.0152	169	63.09	3,895,200	5,073,887	
1990/01		1.00	2.6051	2.6051		169	55.20	3,996,674	5,099,406	
1990/07		1.00	0.5899	0.5899		169	55.20	4,020,250	5,129,488	
1991/01	316,498	1.00	0.5899	0.5899		169	58.56	4,360,463	5,159,570	
1991/07		1.00	1.4932	1.4932		169	58.56	4,360,463	5,236,634	5
1992/01	51,271	0.95	2.0117	2.0117		169	69.22	4,561,421	5,341,921	
1992/07		0.95	1.8152	1.8152		169	69.22	4,640,078	5,438,927	
1993/01		0.90	1.7710	1.7710		169	62.65	4,714,036	5,535,257	
1993/07		0.90	1.5329	1.5329		169	62.65	4,779,071	5,620,095	
1994/01		0.85	1.6983	1.6983		169	62.55	4,779,071	5,715,580	5
1994/07		0.85	1.5991	1.5991		169	62.55	4,848,062	5,807,009	5
1995/01		0.80	1.5812	1.5812		169	61.07	4,976,119	5,898,776	
1995/07		0.80	1.5250	1.5250		169	61.07	5,036,828	5,988,684	
1996/01		0.75	1.7228	1.7228		169	61.88	5,101,909	6,091,943	
1996/07		0.75	1.3294	1.3294		169	61.88	5,152,780	6,172,894	
1997/01		0.70	1.4109	1.4109		169	61.88	5,203,669	6,259,929	
1997/07		0.70	1.0917	1.0917		169	72.24	5,243,435	6,328,205	
1998/01		0.65	1.1663	1.1663		169	77.44	5,243,435	6,402,058	5
1998/07		0.65	1.0794	1.0794		169	77.44	5,320,252	6,471,179	
1999/01		0.60	1.4499	1.4499		169	80.56	5,320,252	6,564,974	5
1999/07		0.60	1.2299	1.2299		169	80.56	5,366,533	6,645,756	5
2000/01		0.55	1.3356	1.3356		169	80.90	5,445,846	6,734,481	
2000/07		0.55	1.1129	1.1129		169	80.90	5,445,846	6,809,348	5
2001/01		0.50	1.2976	1.2976		169	86.59	5,514,729	6,897,735	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		169	86.59	5,514,729	6,963,983	5
2002/01		0.45	1.0301	1.0301		169	90.06	5,566,928	7,035,639	
2002/07		0.45	0.8337	0.8337		169	90.06	5,587,815	7,094,282	
2003/01		0.40	1.3271	1.3271		169	84.50	5,617,475	7,188,415	
2003/07		0.40	1.1664	1.1664		169	76.76	5,643,686	7,272,239	
2004/01		0.35	1.1103	1.1103		169	76.76	5,665,617	7,353,021	
2004/07		0.35	0.8378	0.8378		169	76.76	5,682,229	7,414,706	
2005/01		0.30	0.8595	0.8595		169	76.76	5,696,883	7,478,419	
2005/07		0.30	0.7364	0.7364		169	76.76	5,709,467	7,533,513	
2006/01		0.25	0.9068	0.9068		169	75.95	5,722,410	7,601,789	
2006/07		0.25	0.8133	0.8133		169	75.95	5,734,044	7,663,643	
2007/01		0.20	1.0133	1.0133		169	75.19	5,745,667	7,741,214	
2007/07		0.20	1.1050	1.1050		169	75.19	5,758,365	7,826,728	
2008/01		0.15	0.8556	0.8556		169	75.36	5,765,753	7,893,652	
2008/07		0.15	0.6104	0.6104		169	75.36	5,771,034	7,941,817	
2009/01		0.10	1.3268	1.3268		169	77.56	5,778,692	8,047,273	
2009/07		0.10	0.6841	0.6841		169	77.56	5,782,645	8,102,367	
2010/01		0.05	0.8643	0.8643		169	80.16	5,785,143	8,172,333	
2010/07		0.05	0.7107	0.7107		169	84.08	5,787,197	8,230,469	
2011/01		0.00	0.9198	0.9198		169	84.08	5,787,197	8,306,181	
2011/07		0.00	0.9028	0.9028		169	86.75	5,787,197	8,381,217	
2012/01		0.00	0.3865	0.3865		169	86.75	5,787,197	8,413,665	
2012/07		0.00	0.9417	0.9417		169	86.75	5,787,197	8,492,926	
2013/01		0.00	0.4901	0.4901		169	86.02	5,787,197	8,534,500	
2013/07		0.00	0.6196	0.6196		169	86.02	5,787,197	8,587,397	
2014/01	126,788	0.00	0.8564	0.8564		169	88.10	5,913,985	8,660,912	
2014/07		0.00	1.2383	1.2383		169	86.66	5,913,985	8,768,227	
2015/01		0.00	0.7571	0.7571		169	86.66	5,913,985	8,834,644	

**Message Code:**

5 Uncorrected Licensure Deficiency







Florida Agency for Health Care Administration  
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**204.26**

**Windsor Woods Rehabilitation and Healthcare Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>13719 DALLAS DR</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>103</b>	Superior: <b>0</b>
<b>HUDSON, FL 34667</b>	Days in CR <b>365</b>	Maximum: <b>37,595</b>	Standard: <b>220</b>
County: <b>Pasco [51]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>37,595</b>	Conditional: <b>23</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>35,308</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>6,557</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>21,973</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>62.23236%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.91674%</b>	Cost: <b>1.04340134</b>
Open Date: <b>04/01/1987</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/01/1987</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>05/11/1987</b>	Low Occupancy Adjustment Factor:	<b>119.92744%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>227030</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	763,595	1,521,818	1,041,311	490,437		3,817,161	
1a	Audit Adjustments							
2	Cost Per Diem	34.7515	69.2585	47.3905	22.3200		173.7205	
3	Cost Per Diem Inflated	36.2598	71.5098	49.4473				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>36.2598</b>	<b>71.5098</b>	<b>49.4473</b>	<b>22.3200</b>		<b>179.5369</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0405		54.4474				
7	Provider Target Rate	<b>46.6899</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>36.2598</b>	<b>71.5098</b>	<b>49.4473</b>	<b>13.6500</b>		<b>170.8669</b>	
12/13	Medical Adjustment Rate		0.8909	0.6161				
14	Prospective Per Diem 11	<b>36.2598</b>	<b>72.4007</b>	<b>50.0634</b>	<b>13.6500</b>		<b>172.3739</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

**Windsor Woods Rehabilitation and Healthcare Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	09/01/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,400,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1987/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>3,750,556</b>	<b>11.7548</b>
Indexed Asset Value	<b>4,688,195</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>937,639</b>	<b>0.5196</b>
FRVS Base Asset:	<b>1,720,920</b>	Interest Rate:	<b>11.9600%</b>	Insurance Cost(3):	<b>96,129</b>	<b>2.7226</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.7500%</b>	Taxes Cost(3):	<b>42,228</b>	<b>1.1960</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.7500%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>48,985</b>	<b>0.0000</b>
		Yearly Payment:	<b>397,729</b>	Total FRVS PD:		<b>16.1930</b>

- (1) 80% Capital (\$3,750,556) amortized at 8.7500 % for 20 years Principal & Interest of \$397,729 divided by annual available days (37595) divided by Occup. Adj. (0.90) = \$11.7548
- (2) 20% ROE (\$937,639) times the ROE factor (0.018750) divided by annual available days (37595) divided by Occup. Adj. (0.90) = \$0.5196
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	<b>07/01/1986</b>	Current RS PBS:	52,276
Comparison Bed	<b>60</b>	Effective PBS Limitation	1,720,920

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>36.2598</b>	<b>36.2598</b>	<b>0.6308</b>	<b>35.6290</b>
Direct Care	<b>72.4007</b>	<b>72.4007</b>	<b>1.2596</b>	<b>71.1411</b>
Indirect Care	<b>50.0634</b>	<b>50.0634</b>	<b>0.8710</b>	<b>49.1924</b>
Property	<b>13.6500</b>	<b>16.1930</b>	<b>0.2817</b>	<b>15.9113</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.4832</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>172.3739</b>	<b>174.9169</b>	<b>3.0431</b>	<b>204.2595</b>

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	3,750,934	0.00	1.0091	1.0091		60	32.59	1,720,920	1,720,920	1
1987/07		0.10	0.9007	0.9007		60	32.59	1,721,839	1,765,380	
1988/01		0.10	0.9007	0.9007		60	32.59	1,722,758	1,779,720	
1988/07		0.20	0.5899	0.5899		60	32.59	1,723,963	1,778,760	
1989/01		0.20	0.5899	0.5899		60	32.59	1,725,168	1,789,260	
1989/07		0.30	0.5899	0.5899		60	32.59	1,726,977	1,801,380	
1990/01	46,869	0.30	0.5899	0.5899		60	48.69	1,776,552	1,810,440	
1990/07		0.40	0.5899	0.5899		60	48.27	1,780,232	1,821,120	
1991/01		0.40	0.5899	0.5899		60	48.27	1,783,919	1,831,800	
1991/07		0.50	1.4932	1.4932		60	52.78	1,796,700	1,859,160	
1992/01		0.50	2.0117	2.0117		60	52.78	1,814,044	1,896,540	
1992/07		0.60	1.8152	1.8152		60	52.50	1,832,903	1,930,980	
1993/01		0.60	1.7710	1.7710		60	52.50	1,851,494	1,965,180	
1993/07	1,332,398	0.70	1.5329	1.5329		60	40.06	3,198,362	1,995,300	
1994/01		0.70	1.6983	1.6983		60	40.06	3,226,056	2,029,200	
1994/07		0.80	1.5991	1.5991		60	39.61	3,255,779	2,061,660	
1995/01		0.80	1.5812	1.5812		60	39.61	3,285,440	2,094,240	
1995/07		0.90	1.5250	1.5250		103	45.22	3,322,514	3,649,908	
1996/01		0.90	1.7228	1.7228		103	45.22	3,364,869	3,712,841	
1996/07		1.00	1.3294	1.3294		103	46.11	3,402,371	3,762,178	
1997/01		1.00	1.4109	1.4109		103	46.11	3,442,616	3,815,223	
1997/07		1.00	1.0917	1.0917		103	46.11	3,474,124	3,856,835	
1998/01		1.00	1.1663	1.1663		103	50.67	3,511,453	3,901,846	
1998/07		1.00	1.0794	1.0794		103	44.58	3,542,175	3,943,973	
1999/01		1.00	1.4499	1.4499		103	44.58	3,583,803	4,001,138	
1999/07		1.00	1.2299	1.2299		103	37.59	3,613,928	4,050,372	
2000/01		1.00	1.3356	1.3356		103	37.59	3,646,917	4,104,447	
2000/07		1.00	1.1129	1.1129		103	41.42	3,677,482	4,150,076	
2001/01		1.00	1.2976	1.2976		103	41.42	3,713,419	4,203,945	
2001/07		1.00	0.9615	0.9615		103	51.29	3,746,715	4,244,321	



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204.26

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		103	51.77	3,783,043	4,287,993	
2002/07		1.00	0.8337	0.8337		103	51.77	3,812,730	4,323,734	
2003/01		1.00	1.3271	1.3271		103	56.47	3,863,329	4,381,105	
2003/07		1.00	1.1664	1.1664		103	51.60	3,905,605	4,432,193	
2004/01		1.00	1.1103	1.1103		103	51.60	3,946,288	4,481,427	
2004/07		1.00	0.8378	0.8378		103	51.60	3,977,306	4,519,022	
2005/01		1.00	0.8595	0.8595		103	51.60	4,009,378	4,557,853	
2005/07		1.00	0.7364	0.7364		103	51.60	4,037,078	4,591,431	
2006/01		1.00	0.9068	0.9068		103	57.47	4,073,686	4,633,043	
2006/07		1.00	0.8133	0.8133		103	57.47	4,106,817	4,670,741	
2007/01		1.00	1.0133	1.0133		103	61.00	4,148,431	4,718,018	
2007/07		0.95	1.1050	1.1050		103	61.00	4,191,981	4,770,136	
2008/01		0.95	0.8556	0.8556		103	61.11	4,226,053	4,810,924	
2008/07		0.90	0.6104	0.6104		103	61.11	4,249,271	4,840,279	
2009/01		0.90	1.3268	1.3268		103	59.58	4,300,012	4,904,551	
2009/07		0.85	0.6841	0.6841		103	59.58	4,325,017	4,938,129	
2010/01		0.85	0.8643	0.8643		103	59.41	4,356,793	4,980,771	
2010/07		0.80	0.7107	0.7107		103	58.37	4,381,566	5,016,203	
2011/01		0.80	0.9198	0.9198		103	58.37	4,413,806	5,062,347	
2011/07	21,747	0.75	0.9028	0.9028		103	54.83	4,465,347	5,108,079	
2012/01		0.75	0.3865	0.3865		103	54.83	4,478,252	5,127,855	
2012/07		0.70	0.9417	0.9417		103	54.83	4,507,681	5,176,162	
2013/01		0.70	0.4901	0.4901		103	58.27	4,523,147	5,201,500	
2013/07		0.65	0.6196	0.6196		103	58.27	4,541,362	5,233,739	
2014/01	65,929	0.65	0.8564	0.8564		103	58.78	4,632,573	5,278,544	
2014/07		0.60	1.2383	1.2383		103	58.78	4,666,993	5,343,949	
2015/01		0.60	0.7571	0.7571		103	62.23	4,688,195	5,384,428	

**Message Code:**

1 Per Bed Standard Limitation



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**216.21**

**Winkler Court**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3250 WINKLER AVENUE EXTENSION FORT MYERS, FL 33916</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
County: <b>Lee [36]</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
Region: <b>South</b> Area: <b>8</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	Last Used: <b>2015/01</b>	Total Patient: <b>42,072</b>	Total: <b>243</b>
Current Class <b>South Large</b>	<b>Unaudited</b>	Medicare: <b>8,451</b>	Inflation
Class at 1/94: <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>31,706</b>	FY Index: <b>1.31456505</b>
Operating Ex > <b>18 months</b>	Medical Utilization	<b>75.36129%</b>	Semester Index: <b>1.37161894</b>
Open Date: <b>04/12/1995</b>	Occupancy:	<b>96.05479%</b>	Cost: <b>1.04340134</b>
Acquired Date: <b>04/12/1995</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Entered Medicaid <b>04/12/1995</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Med # Active Date: <b>07/01/2003</b>	Low Occupancy Adjustment Factor:	<b>122.65764%</b>	DC Sem Index: <b>1.25449501</b>
Previous Med # <b>211818</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,251,676	2,387,100	1,439,175	869,379		5,947,330	
1a	Audit Adjustments							
2	Cost Per Diem	39.4776	75.2886	45.3913	27.4200		187.5775	
3	Cost Per Diem Inflated	41.1910	77.7359	47.3613				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>41.1910</b>	<b>77.7359</b>	<b>47.3613</b>	<b>27.4200</b>		<b>193.7082</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		56.6225				
7	Provider Target Rate	<b>49.1189</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>41.1910</b>	<b>77.7359</b>	<b>47.3613</b>	<b>13.6500</b>		<b>179.9382</b>	
12/13	Medical Adjustment Rate		2.2179	1.3513				
14	Prospective Per Diem 11	<b>41.1910</b>	<b>79.9538</b>	<b>48.7126</b>	<b>13.6500</b>		<b>183.5074</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**216.21**

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**Winkler Court**

**FRVS**

FRVS Status as of this Semester **On FRVS**

Began FRVS: <b>04/12/1995</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,300,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1995/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,467,113</b>	<b>12.0171</b>
Indexed Asset Value	<b>5,583,891</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,116,778</b>	<b>0.5312</b>
FRVS Base Asset:	<b>4,098,639</b>	Interest Rate:	<b>11.9600%</b>	Insurance Cost(3):	<b>100,901</b>	<b>2.3983</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.7500%</b>	Taxes Cost(3):	<b>120,745</b>	<b>2.8700</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.7500%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>48,297</b>	<b>0.0000</b>
		Yearly Payment:	<b>473,716</b>	Total FRVS PD:		<b>17.8166</b>

- (1) 80% Capital (\$4,467,113) amortized at 8.7500 % for 20 years Principal & Interest of \$473,716 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.0171
- (2) 20% ROE (\$1,116,778) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5312
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1994</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	4,123,320

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>41.1910</b>	<b>41.1910</b>	<b>0.7166</b>	<b>40.4744</b>
Direct Care	<b>79.9538</b>	<b>79.9538</b>	<b>1.3910</b>	<b>78.5628</b>
Indirect Care	<b>48.7126</b>	<b>48.7126</b>	<b>0.8475</b>	<b>47.8651</b>
Property	<b>13.6500</b>	<b>17.8166</b>	<b>0.3100</b>	<b>17.5066</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>21.9003</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>183.5074</b>	<b>187.6740</b>	<b>3.2651</b>	<b>216.2117</b>

**Medicaid Trend Adjustment**



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**216.21**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	4,098,639	0.00	1.5812	1.5812		120	25.98	4,098,639	4,188,480	
1995/07		0.10	1.5250	1.5250		120	25.98	4,101,591	4,252,320	
1996/01		0.10	1.7228	1.7228		120	25.98	4,104,929	4,325,640	
1996/07		0.20	1.3294	1.3294		120	25.98	4,110,085	4,383,120	
1997/01		0.20	1.4109	1.4109		120	25.98	4,110,085	4,444,920	5
1997/07		0.30	1.0917	1.0917		120	25.98	4,115,564	4,493,400	5
1998/01		0.30	1.1663	1.1663		120	42.55	4,133,089	4,545,840	
1998/07		0.40	1.0794	1.0794		120	42.55	4,133,089	4,594,920	5
1999/01		0.40	1.4499	1.4499		120	51.97	4,169,623	4,661,520	
1999/07		0.50	1.2299	1.2299		120	51.97	4,169,623	4,718,880	5
2000/01		0.50	1.3356	1.3356		120	58.48	4,193,853	4,781,880	5
2000/07		0.60	1.1129	1.1129		120	58.48	4,250,049	4,835,040	
2001/01		0.60	1.2976	1.2976		120	72.58	4,283,140	4,897,800	
2001/07		0.70	0.9615	0.9615		120	72.58	4,311,970	4,944,840	
2002/01		0.70	1.0301	1.0301		120	76.25	4,343,064	4,995,720	
2002/07		0.80	0.8337	0.8337		120	76.25	4,372,032	5,037,360	
2003/01		0.80	1.3271	1.3271		120	73.26	4,418,450	5,104,200	
2003/07		0.90	1.1664	1.1664		120	76.69	4,464,835	5,163,720	
2004/01		0.90	1.1103	1.1103		120	76.69	4,509,452	5,221,080	
2004/07		1.00	0.8378	0.8378		120	76.69	4,547,232	5,264,880	
2005/01		1.00	0.8595	0.8595		120	76.69	4,547,232	5,310,120	5
2005/07		1.00	0.7364	0.7364		120	76.69	4,620,089	5,349,240	
2006/01		1.00	0.9068	0.9068		120	74.33	4,661,984	5,397,720	
2006/07		1.00	0.8133	0.8133		120	74.33	4,699,900	5,441,640	
2007/01		1.00	1.0133	1.0133		120	72.73	4,747,524	5,496,720	
2007/07		1.00	1.1050	1.1050		120	77.44	4,799,984	5,557,440	
2008/01		1.00	0.8556	0.8556		120	77.44	4,841,053	5,604,960	
2008/07		1.00	0.6104	0.6104		120	76.18	4,870,603	5,639,160	
2009/01		1.00	1.3268	1.3268		120	76.18	4,935,226	5,714,040	
2009/07		1.00	0.6841	0.6841		120	76.18	4,968,988	5,753,160	





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**0 264008-00 - 2015/01**

**216.21**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		1.00	0.8643	0.8643		120	74.46	5,011,935	5,802,840	
2010/07	28,146	1.00	0.7107	0.7107		120	73.55	5,075,701	5,844,120	
2011/01		1.00	0.9198	0.9198		120	73.55	5,122,387	5,897,880	
2011/07		1.00	0.9028	0.9028		120	73.55	5,168,632	5,951,160	
2012/01	40,818	1.00	0.3865	0.3865		120	76.78	5,229,427	5,974,200	
2012/07		1.00	0.9417	0.9417		120	77.15	5,278,673	6,030,480	
2013/01		1.00	0.4901	0.4901		120	77.15	5,304,544	6,060,000	
2013/07		1.00	0.6196	0.6196		120	77.15	5,337,411	6,097,560	
2014/01	70,965	1.00	0.8564	0.8564		120	77.82	5,454,086	6,149,760	
2014/07	20,309	1.00	1.2383	1.2383		120	75.36	5,541,933	6,225,960	
2015/01		1.00	0.7571	0.7571		120	75.36	5,583,891	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
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**0 264482-00 - 2015/01**

**190.63**

**Lafayette Healthcare Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>512 W MAIN ST</b>	<b>11/1/2012-10/31/2013</b>	Number of Beds: <b>60</b>	Superior: <b>0</b>
<b>MAYO, FL 32066</b>	Days in CR <b>365</b>	Maximum: <b>21,900</b>	Standard: <b>243</b>
County: <b>Lafayette [34]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>21,900</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>20,046</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>2,780</b>	Inflation
Current Class <b>North Small</b>	Initial CR? <b>False</b>	Medicaid: <b>14,245</b>	FY Index: <b>1.31107019</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>71.06156%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.53425%</b>	Cost: <b>1.04618269</b>
Open Date: <b>06/16/1997</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/16/1997</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21266554</b>
Entered Medicaid <b>07/15/1997</b>	Low Occupancy Adjustment Factor:	<b>116.88511%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03449382</b>
Previous Med # <b>213179</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	510,311	893,603	530,576	390,883		2,325,373	
1a	Audit Adjustments							
2	Cost Per Diem	35.8239	62.7310	37.2465	27.4400		163.2414	
3	Cost Per Diem Inflated	37.4783	64.8948	38.9666				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>37.4783</b>	<b>64.8948</b>	<b>38.9666</b>	<b>27.4400</b>		<b>168.7797</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.4272		57.5320				
7	Provider Target Rate	<b>50.2006</b>		<b>59.6389</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>57.4318</b>	<b>96.7541</b>	<b>74.4105</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	<b>55.8134</b>		<b>67.8397</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>37.4783</b>	<b>64.8948</b>	<b>38.9666</b>	<b>13.6500</b>		<b>154.9897</b>	
12/13	Medical Adjustment Rate		1.5376	0.9233				
14	Prospective Per Diem 11	<b>37.4783</b>	<b>66.4324</b>	<b>39.8899</b>	<b>13.6500</b>		<b>157.4506</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 264482-00 - 2015/01**

**190.63**

Rate Semester 01/01/2015 through 08/31/2015

**Lafayette Healthcare Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/15/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,510,000.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Variable	80% Capital(1):	2,250,318	12.9169
Indexed Asset Value	2,812,897	<60% of Base:	False	20% ROE(2):	562,579	0.4966
FRVS Base Asset:	0	Interest Rate:	9.6630%	Insurance Cost(3):	9,552	0.4765
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	40,936	2.0421
ROE Factor	0.017400	Amortization Rate:	9.6630%	Home Office(3):	1,571	0.0784
		Interest Only:	False	Replacement(3&4):	2,266	0.0000
		Yearly Payment:	254,592	Total FRVS PD:		16.0105

- (1) 80% Capital (\$2,250,318) amortized at 9.6630 % for 20 years Principal & Interest of \$254,592 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$12.9169
- (2) 20% ROE (\$562,579) times the ROE factor (0.017400) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.4966
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,526
Comparison Date:	07/01/1996	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	2,191,560

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	37.4783	37.4783	0.6520	36.8263
Direct Care	66.4324	66.4324	1.1558	65.2766
Indirect Care	39.8899	39.8899	0.6940	39.1959
Property	13.6500	16.0105	0.2785	15.7320
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.6975
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>157.4506</b>	<b>159.8111</b>	<b>2.7803</b>	<b>190.6308</b>

Medicaid Trend Adjustment



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 10/31/2013

**0 264482-00 - 2015/01**

**190.63**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	2,950,000	0.00	1.0917	1.0917		60	72.32	2,191,560	2,191,560	1
1998/01		0.10	1.1663	1.1663		60	72.32	2,194,115	2,272,920	
1998/07		0.10	1.0794	1.0794		60	72.32	2,196,482	2,297,460	
1999/01		0.20	1.4499	1.4499		60	72.32	2,202,852	2,330,760	
1999/07		0.20	1.2299	1.2299		60	72.32	2,208,271	2,359,440	
2000/01		0.30	1.3356	1.3356		60	72.67	2,217,120	2,390,940	
2000/07		0.30	1.1129	1.1129		60	72.67	2,224,523	2,417,520	
2001/01		0.40	1.2976	1.2976		60	79.86	2,236,068	2,448,900	
2001/07		0.40	0.9615	0.9615		60	83.64	2,244,668	2,472,420	
2002/01		0.50	1.0301	1.0301		60	83.64	2,256,230	2,497,860	
2002/07		0.50	0.8337	0.8337		60	79.13	2,265,636	2,518,680	
2003/01		0.60	1.3271	1.3271		60	81.57	2,283,677	2,552,100	
2003/07		0.60	1.1664	1.1664		60	81.57	2,299,658	2,581,860	
2004/01		0.70	1.1103	1.1103		60	81.57	2,317,531	2,610,540	
2004/07		0.70	0.8378	0.8378		60	81.57	2,331,123	2,632,440	
2005/01		0.80	0.8595	0.8595		60	81.57	2,347,152	2,655,060	
2005/07		0.80	0.7364	0.7364		60	81.57	2,360,979	2,674,620	
2006/01		0.90	0.9068	0.9068		60	81.57	2,380,247	2,698,860	
2006/07		0.90	0.8133	0.8133		60	77.02	2,397,670	2,720,820	
2007/01		1.00	1.0133	1.0133		60	77.02	2,421,966	2,748,360	
2007/07		1.00	1.1050	1.1050		60	81.06	2,448,729	2,778,720	
2008/01		1.00	0.8556	0.8556		60	81.06	2,469,680	2,802,480	
2008/07	33,979	1.00	0.6104	0.6104		60	81.06	2,518,734	2,819,580	
2009/01		1.00	1.3268	1.3268		60	81.06	2,552,153	2,857,020	
2009/07		1.00	0.6841	0.6841		60	77.00	2,569,612	2,876,580	
2010/01		1.00	0.8643	0.8643		60	77.00	2,591,821	2,901,420	
2010/07		1.00	0.7107	0.7107		60	77.00	2,610,241	2,922,060	
2011/01		1.00	0.9198	0.9198		60	79.71	2,634,250	2,948,940	
2011/07		1.00	0.9028	0.9028		60	77.03	2,658,032	2,975,580	
2012/01		1.00	0.3865	0.3865		60	77.03	2,668,305	2,987,100	



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Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 10/31/2013

0 264482-00 - 2015/01

190.63

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		1.00	0.9417	0.9417		60	81.75	2,693,432	3,015,240	
2013/01		1.00	0.4901	0.4901		60	81.75	2,706,633	3,030,000	
2013/07	10,794	1.00	0.6196	0.6196		60	74.64	2,734,197	3,048,780	
2014/01		1.00	0.8564	0.8564		60	74.64	2,757,613	3,074,880	
2014/07		1.00	1.2383	1.2383		60	71.06	2,791,761	3,112,980	
2015/01		1.00	0.7571	0.7571		60	71.06	2,812,897	3,136,560	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 264482103120131101201204282014122508



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 264491-00 - 2015/01**

**245.93**

**Clifford Chester Sims State Veterans' Nursing Home**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Government

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4419 TRAM ROAD</b>	<b>7/1/2013-6/30/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PANAMA CITY, FL 32404</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Bay [3]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>2</b>	Last Used: <b>2015/01</b>	Total Patient: <b>43,735</b>	Total: <b>243</b>
Control: <b>Government</b>	<b>Unaudited</b>	Medicare: <b>2,835</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>9,340</b>	FY Index: <b>1.32215372</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>21.35589%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>99.85160%</b>	Cost: <b>1.03741261</b>
Open Date: <b>10/20/2003</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/20/2003</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22300000</b>
Entered Medicaid <b>11/05/2003</b>	Low Occupancy Adjustment Factor:	<b>127.50599%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/05/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02575226</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	488,390	1,194,517	551,422	119,365		2,353,694	
1a	Audit Adjustments							
2	Cost Per Diem	52.2901	127.8926	59.0388	12.7800		252.0015	
3	Cost Per Diem Inflated	54.2464	131.1861	61.2476				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>54.2464</b>	<b>131.1861</b>	<b>61.2476</b>	<b>12.7800</b>		<b>259.4601</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.9200		57.6424				
7	Provider Target Rate	<b>67.2974</b>		<b>59.7533</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.5678</b>	<b>96.4319</b>	<b>59.7533</b>	<b>12.7800</b>		<b>220.5330</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>51.5678</b>	<b>96.4319</b>	<b>59.7533</b>	<b>12.7800</b>		<b>220.5330</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 264491-00 - 2015/01**

**245.93**

Rate Semester 01/01/2015 through 08/31/2015

**Clifford Chester Sims State Veterans' Nursing Home**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/05/2003	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>0.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>2003/07</b>	Type:	<b>None</b>	80% Capital(1):	<b>4,388,775 4.3858</b>
Indexed Asset Value	<b>5,485,969</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>1,097,194 0.6321</b>
FRVS Base Asset:	<b>5,104,200</b>	Interest Rate:	<b>4.0000%</b>	Insurance Cost(3):	<b>5,417 0.1239</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.0000%</b>	Taxes Cost(3):	<b>0 0.0000</b>
ROE Factor	<b>0.022710</b>	Amortization Rate:	<b>4.0000%</b>	Home Office(3):	<b>49,108 1.1229</b>
		Interest Only:	<b>True</b>	Replacement(3&4):	<b>54,783 0.0000</b>
		Yearly Payment:	<b>172,889</b>	Total FRVS PD:	<b>6.2647</b>

- (1) 80% Capital (\$4,388,775) amortized at 4.0000 % for 20 years Interest of \$172,889 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$4.3858
- (2) 20% ROE (\$1,097,194) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6321
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	42,535
Comparison Date:	<b>01/01/2003</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	5,104,200

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.5678</b>	<b>51.5678</b>	<b>0.8972</b>	<b>50.6706</b>
Direct Care	<b>96.4319</b>	<b>96.4319</b>	<b>1.6777</b>	<b>94.7542</b>
Indirect Care	<b>59.7533</b>	<b>59.7533</b>	<b>1.0396</b>	<b>58.7137</b>
Property	<b>12.7800</b>	<b>6.2647</b>	<b>0.1090</b>	<b>6.1557</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>25.7305</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>220.5330</b>	<b>214.0177</b>	<b>3.7235</b>	<b>245.9272</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 264491-00 - 2015/01

245.93

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07	11,660,759	0.00	1.1664	1.1664		120	40.24	5,104,200	5,104,200	1
2004/01		0.10	1.1103	1.1103		120	40.24	5,108,345	5,221,080	
2004/07		0.10	0.8378	0.8378		120	40.24	5,111,477	5,264,880	
2005/01		0.20	0.8595	0.8595		120	40.24	5,117,906	5,310,120	
2005/07		0.20	0.7364	0.7364		120	40.24	5,123,422	5,349,240	
2006/01		0.30	0.9068	0.9068		120	40.24	5,133,618	5,397,720	
2006/07		0.30	0.8133	0.8133		120	30.12	5,140,478	5,441,640	
2007/01		0.40	1.0133	1.0133		120	30.12	5,151,888	5,496,720	
2007/07		0.40	1.1050	1.1050		120	35.02	5,166,387	5,557,440	
2008/01		0.50	0.8556	0.8556		120	34.09	5,180,086	5,604,960	
2008/07		0.50	0.6104	0.6104		120	34.09	5,189,885	5,639,160	
2009/01		0.60	1.3268	1.3268		120	34.09	5,215,494	5,714,040	
2009/07		0.60	0.6841	0.6841		120	33.68	5,228,604	5,753,160	
2010/01		0.70	0.8643	0.8643		120	33.68	5,247,975	5,802,840	
2010/07		0.70	0.7107	0.7107		120	34.49	5,264,348	5,844,120	
2011/01		0.80	0.9198	0.9198		120	34.49	5,288,638	5,897,880	
2011/07		0.80	0.9028	0.9028		120	29.70	5,309,263	5,951,160	
2012/01	29,419	0.90	0.3865	0.3865		120	25.94	5,347,394	5,974,200	
2012/07		0.90	0.9417	0.9417		120	25.94	5,368,768	6,030,480	
2013/01		1.00	0.4901	0.4901		120	25.94	5,381,178	6,060,000	
2013/07		1.00	0.6196	0.6196		120	20.94	5,381,178	6,097,560	
2014/01		1.00	0.8564	0.8564		120	20.94	5,381,178	6,149,760	
2014/07	46,970	1.00	1.2383	1.2383		120	21.21	5,428,148	6,225,960	
2015/01	57,821	1.00	0.7571	0.7571		120	21.36	5,485,969	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 264512-00 - 2015/01**

**242.74**

**Conway Lakes Health & Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>5201 CURRY FORD ROAD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>ORLANDO , FL 32812</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Orange [48]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,896</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>20,324</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>15,470</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>38.77582%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.08676%</b>	Cost: <b>1.04340134</b>
Open Date: <b>11/13/1991</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/13/1991</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>12/23/1991</b>	Low Occupancy Adjustment Factor:	<b>116.31369%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>259969</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	833,790	1,370,811	925,921	335,080		3,465,602	
1a	Audit Adjustments							
2	Cost Per Diem	53.8972	88.6109	59.8527	21.6600		224.0208	
3	Cost Per Diem Inflated	56.2364	91.4913	62.4504				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>56.2364</b>	<b>91.4913</b>	<b>62.4504</b>	<b>21.6600</b>		<b>231.8381</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.8616		66.9403				
7	Provider Target Rate	<b>56.8707</b>		<b>69.3917</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>54.1549</b>	<b>91.4913</b>	<b>62.4504</b>	<b>13.6500</b>		<b>221.7466</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>54.1549</b>	<b>91.4913</b>	<b>62.4504</b>	<b>13.6500</b>		<b>221.7466</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 264512-00 - 2015/01**

**242.74**

Rate Semester 01/01/2015 through 08/31/2015

**Conway Lakes Health & Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	12/23/1991	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>5,146,031.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1991/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,439,552 10.9618</b>
Indexed Asset Value	<b>5,549,440</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,109,888 0.5279</b>
FRVS Base Asset:	<b>3,663,600</b>	Interest Rate:	<b>7.5900%</b>	Insurance Cost(3):	<b>94,393 2.3660</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>55,882 1.4007</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>7.5900%</b>	Home Office(3):	<b>18,661 0.4677</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>126,966 0.0000</b>
		Yearly Payment:	<b>432,113</b>	Total FRVS PD:	<b>15.7241</b>

- (1) 80% Capital (\$4,439,552) amortized at 7.5900 % for 20 years Principal & Interest of \$432,113 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.9618
- (2) 20% ROE (\$1,109,888) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5279
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,530
Comparison Date:	<b>01/01/1991</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,663,600

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>54.1549</b>	<b>54.1549</b>	<b>0.9422</b>	<b>53.2127</b>
Direct Care	<b>91.4913</b>	<b>91.4913</b>	<b>1.5917</b>	<b>89.8996</b>
Indirect Care	<b>62.4504</b>	<b>62.4504</b>	<b>1.0865</b>	<b>61.3639</b>
Property	<b>13.6500</b>	<b>15.7241</b>	<b>0.2736</b>	<b>15.4505</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>12.9124</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>221.7466</b>	<b>223.8207</b>	<b>3.8940</b>	<b>242.7416</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**242.74**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07	5,194,873	0.00	1.4932	1.4932		120	43.07	3,663,600	3,663,600	1
1992/01		0.10	2.0117	2.0117		120	43.07	3,669,372	3,793,080	
1992/07		0.10	1.8152	1.8152		120	43.07	3,674,587	3,861,960	
1993/01		0.20	1.7710	1.7710		120	43.07	3,684,779	3,930,360	
1993/07		0.20	1.5329	1.5329		120	43.07	3,693,626	3,990,600	
1994/01		0.30	1.6983	1.6983		120	43.07	3,708,363	4,058,400	
1994/07	47,332	0.30	1.5991	1.5991		120	48.19	3,771,281	4,123,320	
1995/01		0.40	1.5812	1.5812		120	48.19	3,792,181	4,188,480	
1995/07		0.40	1.5250	1.5250		120	49.37	3,792,181	4,252,320	5
1996/01		0.50	1.7228	1.7228		120	49.37	3,812,945	4,325,640	5
1996/07	11,182	0.50	1.3294	1.3294		120	57.35	3,879,151	4,383,120	
1997/01		0.60	1.4109	1.4109		120	57.35	3,911,988	4,444,920	
1997/07		0.60	1.0917	1.0917		120	57.35	3,937,612	4,493,400	
1998/01		0.70	1.1663	1.1663		120	57.35	3,969,759	4,545,840	
1998/07		0.70	1.0794	1.0794		120	57.35	3,999,754	4,594,920	
1999/01		0.80	1.4499	1.4499		120	55.79	4,046,147	4,661,520	
1999/07		0.80	1.2299	1.2299		120	62.11	4,085,957	4,718,880	
2000/01		0.90	1.3356	1.3356		120	62.11	4,085,957	4,781,880	5
2000/07		0.90	1.1129	1.1129		120	62.11	4,176,487	4,835,040	
2001/01		1.00	1.2976	1.2976		120	60.11	4,230,681	4,897,800	
2001/07		1.00	0.9615	0.9615		120	60.11	4,271,359	4,944,840	
2002/01		1.00	1.0301	1.0301		120	57.14	4,315,358	4,995,720	
2002/07	17,659	1.00	0.8337	0.8337		120	61.44	4,368,994	5,037,360	
2003/01		1.00	1.3271	1.3271		120	61.44	4,426,975	5,104,200	
2003/07		1.00	1.1664	1.1664		120	54.84	4,478,461	5,163,720	
2004/01		1.00	1.1103	1.1103		120	54.84	4,528,041	5,221,080	
2004/07		1.00	0.8378	0.8378		120	54.84	4,565,867	5,264,880	
2005/01		1.00	0.8595	0.8595		120	54.84	4,604,996	5,310,120	
2005/07		1.00	0.7364	0.7364		120	54.84	4,638,809	5,349,240	
2006/01		1.00	0.9068	0.9068		120	54.84	4,680,751	5,397,720	



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242.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07		1.00	0.8133	0.8133		120	54.84	4,718,709	5,441,640	
2007/01		1.00	1.0133	1.0133		120	57.23	4,766,524	5,496,720	
2007/07		1.00	1.1050	1.1050		120	56.81	4,819,194	5,557,440	
2008/01		1.00	0.8556	0.8556		120	56.81	4,860,427	5,604,960	
2008/07		1.00	0.6104	0.6104		120	56.81	4,890,095	5,639,160	
2009/01		1.00	1.3268	1.3268		120	57.67	4,954,977	5,714,040	
2009/07		1.00	0.6841	0.6841		120	57.67	4,988,874	5,753,160	
2010/01	33,569	1.00	0.8643	0.8643		120	48.01	5,060,082	5,802,840	
2010/07	30,438	1.00	0.7107	0.7107		120	49.57	5,122,932	5,844,120	
2011/01		1.00	0.9198	0.9198		120	49.57	5,165,401	5,897,880	
2011/07		1.00	0.9028	0.9028		120	49.57	5,207,430	5,951,160	
2012/01	88,035	0.95	0.3865	0.3865		120	47.91	5,312,122	5,974,200	
2012/07		0.95	0.9417	0.9417		120	46.61	5,352,395	6,030,480	
2013/01		0.90	0.4901	0.4901		120	46.61	5,372,403	6,060,000	
2013/07		0.90	0.6196	0.6196		120	46.61	5,397,790	6,097,560	
2014/01	37,847	0.85	0.8564	0.8564		120	43.21	5,466,505	6,149,760	
2014/07	18,765	0.85	1.2383	1.2383		120	38.78	5,525,841	6,225,960	
2015/01		0.80	0.7571	0.7571		120	38.78	5,549,440	6,273,120	

**Message Code:**

- |                                    |
|------------------------------------|
| 1 Per Bed Standard Limitation      |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
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**0 264521-00 - 2015/01**

**229.56**

**Belleair Health Care Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1150 PONCE DE LEON BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>CLEARWATER, FL 33756</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,861</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>13,256</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>21,477</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>53.87973%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.00685%</b>	Cost: <b>1.04340134</b>
Open Date: <b>09/01/1981</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/01/1981</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>09/01/1981</b>	Low Occupancy Adjustment Factor:	<b>116.21165%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>259977</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,094,302	1,727,250	1,334,527	416,009		4,572,088	
1a	Audit Adjustments							
2	Cost Per Diem	50.9523	80.4232	62.1375	19.3700		212.8830	
3	Cost Per Diem Inflated	53.1637	83.0375	64.8344				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>53.1637</b>	<b>83.0375</b>	<b>64.8344</b>	<b>19.3700</b>		<b>220.4056</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.3534		54.8701				
7	Provider Target Rate	<b>51.1608</b>		<b>56.8795</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.1608</b>	<b>83.0375</b>	<b>56.8795</b>	<b>13.6500</b>		<b>204.7278</b>	
12/13	Medical Adjustment Rate		0.3624	0.2483				
14	Prospective Per Diem 11	<b>51.1608</b>	<b>83.3999</b>	<b>57.1278</b>	<b>13.6500</b>		<b>205.3385</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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Rate Semester 01/01/2015 through 08/31/2015

**Belleair Health Care Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>1,852,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1981/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>3,660,662</b>	<b>9.2172</b>
Indexed Asset Value	<b>4,575,828</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>915,166</b>	<b>0.4353</b>
FRVS Base Asset:	<b>2,648,565</b>	Interest Rate:	<b>7.8500%</b>	Insurance Cost(3):	<b>83,093</b>	<b>2.0846</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>65,451</b>	<b>1.6420</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>7.8500%</b>	Home Office(3):	<b>17,144</b>	<b>0.4301</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>76,206</b>	<b>0.0000</b>
		Yearly Payment:	<b>363,341</b>	Total FRVS PD:		<b>13.8092</b>

- (1) 80% Capital (\$3,660,662) amortized at 7.8500 % for 20 years Principal & Interest of \$363,341 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.2172
- (2) 20% ROE (\$915,166) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4353
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.1608</b>	<b>51.1608</b>	<b>0.8901</b>	<b>50.2707</b>
Direct Care	<b>83.3999</b>	<b>83.3999</b>	<b>1.4510</b>	<b>81.9489</b>
Indirect Care	<b>57.1278</b>	<b>57.1278</b>	<b>0.9939</b>	<b>56.1339</b>
Property	<b>13.6500</b>	<b>13.8092</b>	<b>0.2402</b>	<b>13.5690</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>17.7372</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>205.3385</b>	<b>205.4977</b>	<b>3.5752</b>	<b>229.5622</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	2,600,000	0.00	2.5888	2.5888		120	6.93	2,600,000	2,897,880	
1982/01		0.10	2.6760	2.6760		120	6.69	2,600,000	2,975,520	
1982/07		0.10	2.2977	2.2977		120	6.69	2,600,000	3,043,800	
1983/04		0.20	2.6288	2.6288		120	6.34	2,600,000	3,123,840	
1983/07	43,771	0.20	3.9578	3.0000	0.9578	120	6.34	2,643,771	3,247,440	
1984/01		0.30	2.2530	2.2530		120	7.35	2,643,771	3,289,560	
1984/07	4,794	0.30	1.9179	1.9179		120	7.35	2,648,565	3,352,680	
1985/01		0.40	1.1471	1.1471		120	7.37	2,648,565	3,391,080	
1985/10		0.40	0.8522	0.8522		120	7.35	2,648,565	3,420,000	
1986/01		0.50	0.8299	0.8299		120	6.76	2,648,565	3,448,440	
1986/07		0.50	0.2974	0.2974		120	6.76	2,648,565	3,441,840	
1987/01		0.60	1.0091	1.0091		120	6.76	2,648,565	3,503,400	
1987/07		0.60	0.9007	0.9007		120	6.76	2,648,565	3,530,760	
1988/01		0.70	0.9007	0.9007		120	6.76	2,648,565	3,559,440	
1988/07		0.70	0.5899	0.5899		120	6.76	2,648,565	3,557,520	
1989/01		0.80	0.5899	0.5899		120	5.88	2,648,565	3,578,520	
1989/07		0.80	0.5899	0.5899		120	5.88	2,648,565	3,602,760	
1990/01		0.90	0.5899	0.5899		120	11.34	2,648,565	3,620,880	
1990/07		0.90	0.5899	0.5899		120	11.34	2,648,565	3,642,240	
1991/01		1.00	0.5899	0.5899		120	13.07	2,648,565	3,663,600	5
1991/07		1.00	1.4932	1.4932		120	13.07	2,648,565	3,718,320	5
1992/01		1.00	2.0117	2.0117		120	19.13	2,648,565	3,793,080	
1992/07		1.00	1.8152	1.8152		120	29.08	2,673,984	3,861,960	
1993/01		1.00	1.7710	1.7710		120	29.08	2,673,984	3,930,360	5
1993/07	129,753	1.00	1.5329	1.5329		120	33.33	2,853,848	3,990,600	
1994/01		1.00	1.6983	1.6983		120	33.33	2,883,219	4,058,400	
1994/07	29,164	1.00	1.5991	1.5991		120	33.35	2,940,340	4,123,320	
1995/01		1.00	1.5812	1.5812		120	33.35	2,968,531	4,188,480	
1995/07	122,106	1.00	1.5250	1.5250		120	39.31	3,122,993	4,252,320	
1996/01		1.00	1.7228	1.7228		120	39.31	3,161,447	4,325,640	



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**229.56**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		120	49.10	3,198,967	4,383,120	
1997/01		1.00	1.4109	1.4109		120	49.10	3,239,260	4,444,920	
1997/07		1.00	1.0917	1.0917		120	49.10	3,270,830	4,493,400	
1998/01		1.00	1.1663	1.1663		120	49.10	3,304,885	4,545,840	
1998/07		1.00	1.0794	1.0794		120	49.10	3,336,731	4,594,920	
1999/01		1.00	1.4499	1.4499		120	53.41	3,383,712	4,661,520	
1999/07		1.00	1.2299	1.2299		120	53.41	3,424,125	4,718,880	
2000/01		1.00	1.3356	1.3356		120	53.41	3,468,536	4,781,880	
2000/07		1.00	1.1129	1.1129		120	53.26	3,505,916	4,835,040	
2001/01		1.00	1.2976	1.2976		120	58.23	3,551,409	4,897,800	
2001/07		1.00	0.9615	0.9615		120	58.23	3,585,556	4,944,840	
2002/01	18,287	0.95	1.0301	1.0301		120	61.86	3,638,931	4,995,720	
2002/07		0.95	0.8337	0.8337		120	61.86	3,667,751	5,037,360	
2003/01		0.90	1.3271	1.3271		120	61.79	3,711,559	5,104,200	
2003/07		0.90	1.1664	1.1664		120	60.63	3,750,523	5,163,720	
2004/01		0.85	1.1103	1.1103		120	60.63	3,785,920	5,221,080	
2004/07		0.85	0.8378	0.8378		120	60.63	3,812,880	5,264,880	
2005/01		0.80	0.8595	0.8595		120	60.63	3,839,097	5,310,120	
2005/07		0.80	0.7364	0.7364		120	60.63	3,861,713	5,349,240	
2006/01		0.75	0.9068	0.9068		120	60.63	3,887,977	5,397,720	
2006/07		0.75	0.8133	0.8133		120	60.63	3,911,694	5,441,640	
2007/01		0.70	1.0133	1.0133		120	65.39	3,939,440	5,496,720	
2007/07		0.70	1.1050	1.1050		120	65.39	3,969,912	5,557,440	
2008/01		0.65	0.8556	0.8556		120	59.74	3,991,989	5,604,960	
2008/07		0.65	0.6104	0.6104		120	59.74	4,007,829	5,639,160	
2009/01		0.60	1.3268	1.3268		120	62.36	4,039,735	5,714,040	
2009/07		0.60	0.6841	0.6841		120	62.36	4,056,318	5,753,160	
2010/01		0.55	0.8643	0.8643		120	59.21	4,075,602	5,802,840	
2010/07	20,385	0.55	0.7107	0.7107		120	64.25	4,111,919	5,844,120	
2011/01		0.50	0.9198	0.9198		120	64.25	4,130,830	5,897,880	





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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 264521-00 - 2015/01

229.56

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		120	64.25	4,149,477	5,951,160	
2012/01	137,674	0.45	0.3865	0.3865		120	55.28	4,294,367	5,974,200	
2012/07	129,047	0.45	0.9417	0.9417		120	55.31	4,441,614	6,030,480	
2013/01		0.40	0.4901	0.4901		120	55.31	4,450,320	6,060,000	
2013/07		0.40	0.6196	0.6196		120	55.31	4,461,348	6,097,560	
2014/01	24,541	0.35	0.8564	0.8564		120	55.93	4,499,260	6,149,760	
2014/07	47,308	0.35	1.2383	1.2383		120	53.88	4,565,671	6,225,960	
2015/01		0.30	0.7571	0.7571		120	53.88	4,575,828	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 264521123120130101201304212014112524



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 264539-00 - 2015/01**

**231.87**

**East Bay Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4470 E BAY DR</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>243</b>
<b>CLEARWATER, FL 33764</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>0</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,200</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>15,811</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>17,723</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>43.01699%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>94.06393%</b>	Cost: <b>1.04340134</b>
Open Date: <b>05/03/1990</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/03/1990</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>07/26/1990</b>	Low Occupancy Adjustment Factor:	<b>120.11540%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>259985</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	805,372	1,504,502	976,582	305,367		3,591,823	
1a	Audit Adjustments							
2	Cost Per Diem	45.4422	84.8898	55.1025	17.2300		202.6645	
3	Cost Per Diem Inflated	47.4145	87.6492	57.4940				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>47.4145</b>	<b>87.6492</b>	<b>57.4940</b>	<b>17.2300</b>		<b>209.7877</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7105		56.5637				
7	Provider Target Rate	<b>55.6774</b>		<b>58.6351</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>47.4145</b>	<b>87.6492</b>	<b>57.4940</b>	<b>13.6500</b>		<b>206.2077</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>47.4145</b>	<b>87.6492</b>	<b>57.4940</b>	<b>13.6500</b>		<b>206.2077</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**231.87**

Rate Semester 01/01/2015 through 08/31/2015

**East Bay Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>07/26/1990</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,600,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1990/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,705,963</b>	<b>11.8225</b>
Indexed Asset Value	<b>5,882,454</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,176,491</b>	<b>0.5596</b>
FRVS Base Asset:	<b>3,602,760</b>	Interest Rate:	<b>7.8200%</b>	Insurance Cost(3):	<b>74,090</b>	<b>1.7983</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>70,553</b>	<b>1.7125</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>7.8200%</b>	Home Office(3):	<b>17,734</b>	<b>0.4304</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>41,464</b>	<b>0.0000</b>
		Yearly Payment:	<b>466,044</b>	Total FRVS PD:		<b>16.3233</b>

- (1) 80% Capital (\$4,705,963) amortized at 7.8200 % for 20 years Principal & Interest of \$466,044 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.8225
- (2) 20% ROE (\$1,176,491) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5596
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>		Used Per Bed Standard:	30,023
Comparison Date:	<b>07/01/1989</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,602,760

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>47.4145</b>	<b>47.4145</b>	<b>0.8249</b>	<b>46.5896</b>
Direct Care	<b>87.6492</b>	<b>87.6492</b>	<b>1.5249</b>	<b>86.1243</b>
Indirect Care	<b>57.4940</b>	<b>57.4940</b>	<b>1.0003</b>	<b>56.4937</b>
Property	<b>13.6500</b>	<b>16.3233</b>	<b>0.2840</b>	<b>16.0393</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>16.7247</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>206.2077</b>	<b>208.8810</b>	<b>3.6341</b>	<b>231.8741</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**231.87**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	4,677,582	0.00	0.5899	0.5899		120		3,602,760	3,602,760	1
1990/07		0.10	0.5899	0.5899		120	42.64	3,604,408	3,642,240	
1991/01		0.10	0.5899	0.5899		120	42.64	3,606,057	3,663,600	
1991/07		0.20	1.4932	1.4932		120	42.64	3,614,405	3,718,320	
1992/01		0.20	2.0117	2.0117		120	42.64	3,625,678	3,793,080	
1992/07		0.30	1.8152	1.8152		120	42.64	3,640,986	3,861,960	
1993/01		0.30	1.7710	1.7710		120	42.64	3,655,983	3,930,360	
1993/07		0.40	1.5329	1.5329		120	47.51	3,675,348	3,990,600	
1994/01		0.40	1.6983	1.6983		120	47.51	3,675,348	4,058,400	5
1994/07	52,649	0.50	1.5991	1.5991		120	49.51	3,776,174	4,123,320	
1995/01		0.50	1.5812	1.5812		120	49.51	3,803,048	4,188,480	
1995/07		0.60	1.5250	1.5250		120	48.04	3,833,442	4,252,320	
1996/01		0.60	1.7228	1.7228		120	48.04	3,868,054	4,325,640	
1996/07		0.70	1.3294	1.3294		120	51.09	3,901,491	4,383,120	
1997/01		0.70	1.4109	1.4109		120	51.09	3,937,283	4,444,920	
1997/07		0.80	1.0917	1.0917		120	51.09	3,969,227	4,493,400	
1998/01		0.80	1.1663	1.1663		120	51.09	4,003,627	4,545,840	
1998/07		0.90	1.0794	1.0794		120	51.09	4,039,757	4,594,920	
1999/01		0.90	1.4499	1.4499		120	51.09	4,088,724	4,661,520	
1999/07		1.00	1.2299	1.2299		120	55.09	4,139,011	4,718,880	
2000/01		1.00	1.3356	1.3356		120	57.25	4,194,292	4,781,880	
2000/07	78,196	1.00	1.1129	1.1129		120	55.92	4,319,166	4,835,040	
2001/01		1.00	1.2976	1.2976		120	55.92	4,375,211	4,897,800	
2001/07		1.00	0.9615	0.9615		120	55.92	4,417,279	4,944,840	
2002/01		1.00	1.0301	1.0301		120	55.63	4,462,781	4,995,720	
2002/07		1.00	0.8337	0.8337		120	61.96	4,499,987	5,037,360	
2003/01		1.00	1.3271	1.3271		120	61.96	4,559,706	5,104,200	
2003/07		1.00	1.1664	1.1664		120	63.56	4,612,890	5,163,720	
2004/01		1.00	1.1103	1.1103		120	63.56	4,664,107	5,221,080	
2004/07		1.00	0.8378	0.8378		120	63.56	4,703,183	5,264,880	



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**0 264539-00 - 2015/01**

**231.87**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		1.00	0.8595	0.8595		120	63.56	4,743,607	5,310,120	
2005/07		1.00	0.7364	0.7364		120	63.56	4,778,539	5,349,240	
2006/01		1.00	0.9068	0.9068		120	63.56	4,821,871	5,397,720	
2006/07		1.00	0.8133	0.8133		120	63.56	4,861,087	5,441,640	
2007/01		1.00	1.0133	1.0133		120	54.68	4,910,058	5,496,720	
2007/07		1.00	1.1050	1.1050		120	54.68	4,963,998	5,557,440	
2008/01		1.00	0.8556	0.8556		120	56.08	5,006,470	5,604,960	
2008/07		1.00	0.6104	0.6104		120	56.08	5,037,029	5,639,160	
2009/01		1.00	1.3268	1.3268		120	53.92	5,102,548	5,714,040	
2009/07		1.00	0.6841	0.6841		120	53.92	5,136,769	5,753,160	
2010/01		1.00	0.8643	0.8643		120	53.64	5,180,068	5,802,840	
2010/07	37,375	0.95	0.7107	0.7107		120	53.57	5,251,509	5,844,120	
2011/01		0.95	0.9198	0.9198		120	53.57	5,296,204	5,897,880	
2011/07	112,765	0.90	0.9028	0.9028		120	57.28	5,452,001	5,951,160	
2012/01		0.90	0.3865	0.3865		120	57.28	5,470,969	5,974,200	
2012/07	135,764	0.85	0.9417	0.9417		120	54.18	5,649,870	6,030,480	
2013/01		0.85	0.4901	0.4901		120	54.18	5,673,056	6,060,000	
2013/07		0.80	0.6196	0.6196		120	54.18	5,700,758	6,097,560	
2014/01		0.80	0.8564	0.8564		120	49.81	5,736,128	6,149,760	
2014/07		0.75	1.2383	1.2383		120	49.81	5,784,373	6,225,960	
2015/01	72,391	0.75	0.7571	0.7571		120	43.02	5,882,454	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 264547-00 - 2015/01**

**238.72**

**Melbourne Terrace Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>251 FLORIDA AVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>MELBOURNE, FL 32901</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Brevard [5]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,268</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>20,820</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>13,243</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>33.72466%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.65297%</b>	Cost: <b>1.04340134</b>
Open Date: <b>02/09/1989</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>02/09/1989</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>02/09/1989</b>	Low Occupancy Adjustment Factor:	<b>114.48280%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>258458</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	736,630	1,140,174	878,384	439,932		3,195,120	
1a	Audit Adjustments							
2	Cost Per Diem	55.6241	86.0963	66.3282	33.2200		241.2686	
3	Cost Per Diem Inflated	58.0383	88.8950	69.2069				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>58.0383</b>	<b>88.8950</b>	<b>69.2069</b>	<b>33.2200</b>		<b>249.3602</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.6833		55.7206				
7	Provider Target Rate	<b>55.6492</b>		<b>57.7611</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>54.1549</b>	<b>88.8950</b>	<b>57.7611</b>	<b>13.6500</b>		<b>214.4610</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>54.1549</b>	<b>88.8950</b>	<b>57.7611</b>	<b>13.6500</b>		<b>214.4610</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 264547-00 - 2015/01**

**238.72**

Rate Semester 01/01/2015 through 08/31/2015

**Melbourne Terrace Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/09/1989	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>4,782,837.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1989/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,889,084 14.9791</b>
Indexed Asset Value	<b>6,111,355</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,222,271 0.5814</b>
FRVS Base Asset:	<b>3,557,520</b>	Interest Rate:	<b>10.6200%</b>	Insurance Cost(3):	<b>111,631 2.8428</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>9.0000%</b>	Taxes Cost(3):	<b>58,689 1.4946</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>10.6200%</b>	Home Office(3):	<b>19,917 0.5072</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>33,972 0.0000</b>
		Yearly Payment:	<b>590,476</b>	Total FRVS PD:	<b>20.4051</b>

- (1) 80% Capital (\$4,889,084) amortized at 10.6200 % for 20 years Principal & Interest of \$590,476 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.9791
- (2) 20% ROE (\$1,222,271) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5814
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,646
Comparison Date:	<b>07/01/1988</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,557,520

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>54.1549</b>	<b>54.1549</b>	<b>0.9422</b>	<b>53.2127</b>
Direct Care	<b>88.8950</b>	<b>88.8950</b>	<b>1.5466</b>	<b>87.3484</b>
Indirect Care	<b>57.7611</b>	<b>57.7611</b>	<b>1.0049</b>	<b>56.7562</b>
Property	<b>13.6500</b>	<b>20.4051</b>	<b>0.3550</b>	<b>20.0501</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>11.4513</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>214.4610</b>	<b>221.2161</b>	<b>3.8487</b>	<b>238.7212</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 264547-00 - 2015/01**

**238.72**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	4,499,415	0.00	0.5899	0.5899		120	40.39	3,557,520	3,557,520	1
1989/07		0.10	0.5899	0.5899		120	40.39	3,559,061	3,602,760	
1990/01		0.10	0.5899	0.5899		120	40.39	3,560,603	3,620,880	
1990/07		0.20	0.5899	0.5899		120	40.39	3,563,688	3,642,240	
1991/01		0.20	0.5899	0.5899		120	40.39	3,566,776	3,663,600	
1991/07		0.30	1.4932	1.4932		120	40.39	3,566,776	3,718,320	5
1992/01		0.30	2.0117	2.0117		120	56.35	3,600,107	3,793,080	
1992/07		0.40	1.8152	1.8152		120	64.80	3,626,247	3,861,960	
1993/01		0.40	1.7710	1.7710		120	64.80	3,651,935	3,930,360	
1993/07		0.50	1.5329	1.5329		120	68.13	3,679,927	3,990,600	
1994/01		0.50	1.6983	1.6983		120	68.13	3,711,177	4,058,400	
1994/07	40,435	0.60	1.5991	1.5991		120	64.92	3,787,221	4,123,320	
1995/01		0.60	1.5812	1.5812		120	64.92	3,823,150	4,188,480	
1995/07	96,868	0.70	1.5250	1.5250		120	59.68	3,960,830	4,252,320	
1996/01		0.70	1.7228	1.7228		120	59.68	4,008,598	4,325,640	
1996/07		0.80	1.3294	1.3294		120	75.25	4,051,229	4,383,120	
1997/01		0.80	1.4109	1.4109		120	75.25	4,096,955	4,444,920	
1997/07		0.90	1.0917	1.0917		120	75.25	4,137,208	4,493,400	
1998/01		0.90	1.1663	1.1663		120	75.25	4,137,208	4,545,840	5
1998/07		1.00	1.0794	1.0794		120	75.25	4,225,762	4,594,920	
1999/01		1.00	1.4499	1.4499		120	75.42	4,225,762	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	78.47	4,339,757	4,718,880	
2000/01		1.00	1.3356	1.3356		120	78.47	4,339,757	4,781,880	5
2000/07	21,613	1.00	1.1129	1.1129		120	77.23	4,468,274	4,835,040	
2001/01		1.00	1.2976	1.2976		120	77.23	4,526,254	4,897,800	
2001/07		1.00	0.9615	0.9615		120	77.23	4,569,774	4,944,840	
2002/01		1.00	1.0301	1.0301		120	78.34	4,616,847	4,995,720	
2002/07		1.00	0.8337	0.8337		120	70.73	4,655,338	5,037,360	
2003/01		1.00	1.3271	1.3271		120	70.73	4,655,338	5,104,200	5
2003/07		1.00	1.1664	1.1664		120	71.63	4,772,139	5,163,720	





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**0 264547-00 - 2015/01**

**238.72**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		120	71.63	4,825,124	5,221,080	
2004/07		1.00	0.8378	0.8378		120	71.63	4,865,549	5,264,880	
2005/01		1.00	0.8595	0.8595		120	71.63	4,907,368	5,310,120	
2005/07		1.00	0.7364	0.7364		120	71.63	4,943,506	5,349,240	
2006/01		1.00	0.9068	0.9068		120	71.63	4,988,334	5,397,720	
2006/07		1.00	0.8133	0.8133		120	71.63	5,028,904	5,441,640	
2007/01		1.00	1.0133	1.0133		120	69.84	5,079,862	5,496,720	
2007/07		1.00	1.1050	1.1050		120	69.84	5,135,994	5,557,440	
2008/01		1.00	0.8556	0.8556		120	68.77	5,179,938	5,604,960	
2008/07		1.00	0.6104	0.6104		120	68.77	5,211,556	5,639,160	
2009/01	41,671	1.00	1.3268	1.3268		120	64.02	5,253,227	5,714,040	5
2009/07	186,397	0.95	0.6841	0.6841		120	62.83	5,543,361	5,753,160	
2010/01		0.95	0.8643	0.8643		120	62.83	5,588,878	5,802,840	
2010/07	23,015	0.90	0.7107	0.7107		120	57.37	5,647,639	5,844,120	
2011/01		0.90	0.9198	0.9198		120	57.37	5,694,390	5,897,880	
2011/07		0.85	0.9028	0.9028		120	57.37	5,738,089	5,951,160	
2012/01	102,664	0.85	0.3865	0.3865		120	54.58	5,859,459	5,974,200	
2012/07		0.80	0.9417	0.9417		120	54.53	5,903,227	6,030,480	
2013/01		0.80	0.4901	0.4901		120	54.53	5,926,176	6,060,000	
2013/07		0.75	0.6196	0.6196		120	54.53	5,953,480	6,097,560	
2014/01	29,568	0.75	0.8564	0.8564		120	42.97	6,012,923	6,149,760	
2014/07	46,684	0.70	1.2383	1.2383		120	33.72	6,091,561	6,225,960	
2015/01		0.70	0.7571	0.7571		120	33.72	6,111,355	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 264563-00 - 2015/01**

**217.65**

**Centre Pointe Health and Rehab Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2255 CENTERVILLE ROAD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>TALLAHASSEE , FL 32308</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Leon [37]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>2</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,649</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>20,375</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>17,669</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>42.42359%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.08904%</b>	Cost: <b>1.04340134</b>
Open Date: <b>06/25/1987</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/25/1987</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>06/25/1987</b>	Low Occupancy Adjustment Factor:	<b>121.42442%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>260070</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	815,078	1,411,249	895,601	347,019		3,468,947	
1a	Audit Adjustments							
2	Cost Per Diem	46.1304	79.8715	50.6877	19.6400		196.3296	
3	Cost Per Diem Inflated	48.1325	82.4678	52.8876				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>48.1325</b>	<b>82.4678</b>	<b>52.8876</b>	<b>19.6400</b>		<b>203.1279</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.8273		58.1986				
7	Provider Target Rate	<b>60.9816</b>		<b>60.3299</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>48.1325</b>	<b>82.4678</b>	<b>52.8876</b>	<b>13.6500</b>		<b>197.1379</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>48.1325</b>	<b>82.4678</b>	<b>52.8876</b>	<b>13.6500</b>		<b>197.1379</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**217.65**

Rate Semester 01/01/2015 through 08/31/2015

**Centre Pointe Health and Rehab Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>06/25/1987</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,900,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1987/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,810,305</b>	<b>9.1361</b>
Indexed Asset Value	<b>6,012,881</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,202,576</b>	<b>0.5720</b>
FRVS Base Asset:	<b>2,524,016</b>	Interest Rate:	<b>4.3375%</b>	Insurance Cost(3):	<b>70,269</b>	<b>1.6872</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.5000%</b>	Taxes Cost(3):	<b>66,218</b>	<b>1.5899</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>4.3375%</b>	Home Office(3):	<b>17,237</b>	<b>0.4139</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>105,704</b>	<b>0.0000</b>
		Yearly Payment:	<b>360,145</b>	Total FRVS PD:		<b>13.3991</b>

- (1) 80% Capital (\$4,810,305) amortized at 4.3375 % for 20 years Principal & Interest of \$360,145 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.1361
- (2) 20% ROE (\$1,202,576) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5720
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1986</b>	Current RS PBS:	28,682
Comparison Bed	<b>88</b>	Effective PBS Limitation	52,276
			2,524,016

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>48.1325</b>	<b>48.1325</b>	<b>0.8374</b>	<b>47.2951</b>
Direct Care	<b>82.4678</b>	<b>82.4678</b>	<b>1.4347</b>	<b>81.0331</b>
Indirect Care	<b>52.8876</b>	<b>52.8876</b>	<b>0.9201</b>	<b>51.9675</b>
Property	<b>13.6500</b>	<b>13.3991</b>	<b>0.2331</b>	<b>13.1660</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>14.2864</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>197.1379</b>	<b>196.8870</b>	<b>3.4253</b>	<b>217.6506</b>

**Medicaid Trend Adjustment**



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**0 264563-00 - 2015/01**

**217.65**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	3,046,900	0.00	1.0091	1.0091		88	48.00	2,524,016	2,524,016	1
1987/07		0.10	0.9007	0.9007		88	48.00	2,526,001	2,589,224	
1988/01	941,536	0.10	0.9007	0.9007		120	68.62	3,469,813	3,559,440	
1988/07		0.20	0.5899	0.5899		120	68.62	3,473,907	3,557,520	
1989/01		0.20	0.5899	0.5899		120	68.62	3,478,006	3,578,520	
1989/07		0.30	0.5899	0.5899		120	68.62	3,484,162	3,602,760	
1990/01		0.30	0.5899	0.5899		120	68.62	3,490,329	3,620,880	
1990/07		0.40	0.5899	0.5899		120	68.62	3,498,566	3,642,240	
1991/01		0.40	0.5899	0.5899		120	67.84	3,498,566	3,663,600	5
1991/07		0.50	1.4932	1.4932		120	67.84	3,506,823	3,718,320	5
1992/01		0.50	2.0117	2.0117		120	68.27	3,568,543	3,793,080	
1992/07		0.60	1.8152	1.8152		120	63.68	3,607,408	3,861,960	
1993/01		0.60	1.7710	1.7710		120	63.68	3,645,740	3,930,360	
1993/07	30,721	0.70	1.5329	1.5329		120	59.95	3,715,580	3,990,600	
1994/01		0.70	1.6983	1.6983		120	59.95	3,759,751	4,058,400	
1994/07		0.80	1.5991	1.5991		120	65.38	3,807,849	4,123,320	
1995/01		0.80	1.5812	1.5812		120	65.38	3,856,018	4,188,480	
1995/07		0.90	1.5250	1.5250		120	65.85	3,908,942	4,252,320	
1996/01		0.90	1.7228	1.7228		120	65.85	3,969,550	4,325,640	
1996/07		1.00	1.3294	1.3294		120	65.50	4,022,321	4,383,120	
1997/01		1.00	1.4109	1.4109		120	65.50	4,079,072	4,444,920	
1997/07		1.00	1.0917	1.0917		120	65.50	4,123,603	4,493,400	
1998/01		1.00	1.1663	1.1663		120	65.50	4,171,697	4,545,840	
1998/07		1.00	1.0794	1.0794		120	65.50	4,216,726	4,594,920	
1999/01		1.00	1.4499	1.4499		120	65.50	4,277,864	4,661,520	
1999/07		1.00	1.2299	1.2299		120	64.02	4,330,477	4,718,880	
2000/01		1.00	1.3356	1.3356		120	64.02	4,330,477	4,781,880	5
2000/07		1.00	1.1129	1.1129		120	67.65	4,437,153	4,835,040	
2001/01		1.00	1.2976	1.2976		120	67.05	4,494,729	4,897,800	
2001/07		1.00	0.9615	0.9615		120	67.05	4,537,946	4,944,840	



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**0 264563-00 - 2015/01**

**217.65**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01	22,015	1.00	1.0301	1.0301		120	64.50	4,606,706	4,995,720	
2002/07		1.00	0.8337	0.8337		120	64.50	4,645,112	5,037,360	
2003/01		1.00	1.3271	1.3271		120	65.86	4,706,757	5,104,200	
2003/07	15,550	1.00	1.1664	1.1664		120	62.92	4,777,207	5,163,720	
2004/01	31,799	1.00	1.1103	1.1103		120	62.92	4,862,047	5,221,080	
2004/07	27,022	1.00	0.8378	0.8378		120	62.92	4,929,803	5,264,880	
2005/01		1.00	0.8595	0.8595		120	62.92	4,972,175	5,310,120	
2005/07		1.00	0.7364	0.7364		120	62.92	5,008,790	5,349,240	
2006/01		1.00	0.9068	0.9068		120	62.92	5,008,790	5,397,720	5
2006/07		1.00	0.8133	0.8133		120	62.92	5,095,316	5,441,640	
2007/01	31,750	1.00	1.0133	1.0133		120	56.18	5,178,697	5,496,720	
2007/07	122,592	0.95	1.1050	1.1050		120	43.74	5,301,289	5,557,440	5
2008/01		0.95	0.8556	0.8556		120	43.74	5,379,072	5,604,960	
2008/07		0.90	0.6104	0.6104		120	43.74	5,402,574	5,639,160	
2009/01		0.90	1.3268	1.3268		120	41.51	5,451,263	5,714,040	
2009/07		0.85	0.6841	0.6841		120	41.51	5,475,187	5,753,160	
2010/01	43,471	0.85	0.8643	0.8643		120	47.19	5,553,172	5,802,840	
2010/07		0.80	0.7107	0.7107		120	40.66	5,576,515	5,844,120	
2011/01		0.80	0.9198	0.9198		120	40.66	5,606,849	5,897,880	
2011/07		0.75	0.9028	0.9028		120	40.66	5,634,915	5,951,160	
2012/01	71,225	0.75	0.3865	0.3865		120	40.76	5,718,246	5,974,200	
2012/07	118,418	0.70	0.9417	0.9417		120	41.93	5,865,401	6,030,480	
2013/01		0.70	0.4901	0.4901		120	41.93	5,880,743	6,060,000	
2013/07		0.65	0.6196	0.6196		120	42.40	5,898,999	6,097,560	
2014/01		0.65	0.8564	0.8564		120	42.40	5,924,315	6,149,760	
2014/07		0.60	1.2383	1.2383		120	42.40	5,958,249	6,225,960	
2015/01	33,755	0.60	0.7571	0.7571		120	42.42	6,012,881	6,273,120	

**Message Code:**

- |                                    |
|------------------------------------|
| 1 Per Bed Standard Limitation      |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 264571-00 - 2015/01**

**238.50**

**Spring Lake Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1540 6TH ST NW</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>WINTER HAVEN, FL 33881</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Polk [53]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,353</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>25,123</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>11,327</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>28.06978%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.13014%</b>	Cost: <b>1.04340134</b>
Open Date: <b>04/04/1991</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/17/1991</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>05/17/1991</b>	Low Occupancy Adjustment Factor:	<b>117.64604%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>260088</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	619,940	1,015,816	756,665	394,066		2,786,487	
1a	Audit Adjustments							
2	Cost Per Diem	54.7312	89.6810	66.8019	34.7900		246.0041	
3	Cost Per Diem Inflated	57.1066	92.5962	69.7012				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>57.1066</b>	<b>92.5962</b>	<b>69.7012</b>	<b>34.7900</b>		<b>254.1940</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.7608		55.9267				
7	Provider Target Rate	<b>59.8761</b>		<b>57.9748</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>54.1549</b>	<b>92.5962</b>	<b>57.9748</b>	<b>13.6500</b>		<b>218.3759</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>54.1549</b>	<b>92.5962</b>	<b>57.9748</b>	<b>13.6500</b>		<b>218.3759</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 264571-00 - 2015/01**

**238.50**

Rate Semester 01/01/2015 through 08/31/2015

**Spring Lake Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>05/17/1991</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>5,599,947.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1991/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,561,182</b>	<b>11.2621</b>
Indexed Asset Value	<b>5,701,478</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,140,296</b>	<b>0.5424</b>
FRVS Base Asset:	<b>3,642,240</b>	Interest Rate:	<b>7.5900%</b>	Insurance Cost(3):	<b>133,434</b>	<b>3.3067</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>83,375</b>	<b>2.0661</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>7.5900%</b>	Home Office(3):	<b>21,142</b>	<b>0.5239</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>74,168</b>	<b>0.0000</b>
		Yearly Payment:	<b>443,952</b>	Total FRVS PD:		<b>17.7012</b>

- (1) 80% Capital (\$4,561,182) amortized at 7.5900 % for 20 years Principal & Interest of \$443,952 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.2621
- (2) 20% ROE (\$1,140,296) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5424
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1990</b>	Current RS PBS:	30,352
Comparison Bed	<b>120</b>	Effective PBS Limitation	52,276
			3,642,240

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>54.1549</b>	<b>54.1549</b>	<b>0.9422</b>	<b>53.2127</b>
Direct Care	<b>92.5962</b>	<b>92.5962</b>	<b>1.6110</b>	<b>90.9852</b>
Indirect Care	<b>57.9748</b>	<b>57.9748</b>	<b>1.0086</b>	<b>56.9662</b>
Property	<b>13.6500</b>	<b>17.7012</b>	<b>0.3080</b>	<b>17.3932</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>10.0386</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>218.3759</b>	<b>222.4271</b>	<b>3.8698</b>	<b>238.4984</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 264571-00 - 2015/01**

**238.50**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	5,749,294	0.00	0.5899	0.5899		120	58.73	3,642,240	3,642,240	1
1991/07		0.10	1.4932	1.4932		120	58.73	3,647,678	3,718,320	
1992/01		0.10	2.0117	2.0117		120	58.73	3,655,017	3,793,080	
1992/07		0.20	1.8152	1.8152		120	58.73	3,668,285	3,861,960	
1993/01		0.20	1.7710	1.7710		120	58.73	3,681,278	3,930,360	
1993/07		0.30	1.5329	1.5329		120	58.73	3,698,208	3,990,600	
1994/01		0.30	1.6983	1.6983		120	58.73	3,717,050	4,058,400	
1994/07	47,812	0.40	1.5991	1.5991		120	57.52	3,788,636	4,123,320	
1995/01		0.40	1.5812	1.5812		120	57.52	3,812,599	4,188,480	
1995/07	52,901	0.50	1.5250	1.5250		120	61.39	3,894,571	4,252,320	
1996/01		0.50	1.7228	1.7228		120	61.39	3,928,119	4,325,640	
1996/07		0.60	1.3294	1.3294		120	59.96	3,959,450	4,383,120	
1997/01		0.60	1.4109	1.4109		120	59.96	3,992,967	4,444,920	
1997/07		0.70	1.0917	1.0917		120	59.96	4,023,481	4,493,400	
1998/01		0.70	1.1663	1.1663		120	59.96	4,023,481	4,545,840	5
1998/07		0.80	1.0794	1.0794		120	59.96	4,091,355	4,594,920	
1999/01		0.80	1.4499	1.4499		120	59.96	4,138,811	4,661,520	
1999/07		0.90	1.2299	1.2299		120	61.90	4,184,623	4,718,880	
2000/01		0.90	1.3356	1.3356		120	63.55	4,234,922	4,781,880	
2000/07		1.00	1.1129	1.1129		120	63.55	4,282,052	4,835,040	
2001/01		1.00	1.2976	1.2976		120	68.71	4,337,616	4,897,800	
2001/07		1.00	0.9615	0.9615		120	68.71	4,379,322	4,944,840	
2002/01		1.00	1.0301	1.0301		120	65.35	4,424,433	4,995,720	
2002/07		1.00	0.8337	0.8337		120	65.35	4,461,319	5,037,360	
2003/01		1.00	1.3271	1.3271		120	64.68	4,520,525	5,104,200	
2003/07		1.00	1.1664	1.1664		120	62.87	4,573,252	5,163,720	
2004/01		1.00	1.1103	1.1103		120	62.87	4,624,029	5,221,080	
2004/07		1.00	0.8378	0.8378		120	62.87	4,662,769	5,264,880	
2005/01		1.00	0.8595	0.8595		120	62.87	4,702,845	5,310,120	
2005/07		1.00	0.7364	0.7364		120	62.87	4,737,477	5,349,240	





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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 264571-00 - 2015/01

238.50

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		120	62.87	4,780,436	5,397,720	
2006/07		1.00	0.8133	0.8133		120	62.87	4,819,315	5,441,640	
2007/01		1.00	1.0133	1.0133		120	59.15	4,868,149	5,496,720	
2007/07		1.00	1.1050	1.1050		120	59.99	4,921,942	5,557,440	
2008/01		1.00	0.8556	0.8556		120	59.99	4,964,054	5,604,960	
2008/07		1.00	0.6104	0.6104		120	59.99	4,994,355	5,639,160	
2009/01		1.00	1.3268	1.3268		120	54.71	5,060,271	5,714,040	
2009/07	19,251	1.00	0.6841	0.6841		120	44.14	5,107,304	5,753,160	
2010/01		1.00	0.8643	0.8643		120	44.14	5,142,730	5,802,840	
2010/07	74,280	1.00	0.7107	0.7107		120	43.02	5,245,598	5,844,120	
2011/01		1.00	0.9198	0.9198		120	43.02	5,283,337	5,897,880	
2011/07		0.95	0.9028	0.9028		120	43.02	5,318,782	5,951,160	
2012/01	81,464	0.95	0.3865	0.3865		120	43.47	5,415,682	5,974,200	
2012/07		0.90	0.9417	0.9417		120	40.67	5,449,621	6,030,480	
2013/01		0.90	0.4901	0.4901		120	40.67	5,467,396	6,060,000	
2013/07		0.85	0.6196	0.6196		120	40.67	5,488,690	6,097,560	
2014/01	41,045	0.85	0.8564	0.8564		120	37.40	5,556,902	6,149,760	
2014/07	98,911	0.80	1.2383	1.2383		120	28.07	5,683,907	6,225,960	
2015/01		0.80	0.7571	0.7571		120	28.07	5,701,478	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 265381-00 - 2015/01**

**242.44**

**Life Care Center of Estero**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3850 WILLIAMS ROAD</b>	<b>7/1/2013-6/30/2014</b>	Number of Beds: <b>155</b>	Superior: <b>0</b>
<b>ESTERO, FL 33928</b>	Days in CR <b>365</b>	Maximum: <b>56,575</b>	Standard: <b>243</b>
County: <b>Lee [36]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>56,575</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>48,040</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>16,276</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>24,646</b>	FY Index: <b>1.32215372</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>51.30308%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>84.91383%</b>	Cost: <b>1.03741261</b>
Open Date: <b>09/23/2003</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/23/2003</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22300000</b>
Entered Medicaid <b>10/23/2003</b>	Low Occupancy Adjustment Factor:	<b>108.43113%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/23/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02575226</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,154,794	2,223,721	1,476,630	703,150		5,558,295	
1a	Audit Adjustments							
2	Cost Per Diem	46.8552	90.2265	59.9136	28.5300		225.5253	
3	Cost Per Diem Inflated	48.6082	92.5500	62.1551				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>48.6082</b>	<b>92.5500</b>	<b>62.1551</b>	<b>28.5300</b>		<b>231.8433</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.0040		62.5591				
7	Provider Target Rate	<b>58.0549</b>		<b>64.8501</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>48.6082</b>	<b>92.5500</b>	<b>62.1551</b>	<b>13.6500</b>		<b>216.9633</b>	
12/13	Medical Adjustment Rate		0.1357	0.0911				
14	Prospective Per Diem 11	<b>48.6082</b>	<b>92.6857</b>	<b>62.2462</b>	<b>13.6500</b>		<b>217.1901</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 265381-00 - 2015/01**

**242.44**

Rate Semester 01/01/2015 through 08/31/2015

**Life Care Center of Estero**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/23/2003	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>11,100,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	2003/07	Type:	<b>Variable</b>	80% Capital(1):	<b>6,348,285 9.3045</b>
Indexed Asset Value	7,935,356	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,587,071 0.7079</b>
FRVS Base Asset:	6,592,925	Interest Rate:	<b>4.3000%</b>	Insurance Cost(3):	<b>38,816 0.8080</b>
Occup Adj Factor	0.9000	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>152,111 3.1663</b>
ROE Factor	0.022710	Amortization Rate:	<b>4.3000%</b>	Home Office(3):	<b>56,373 1.1735</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>137,243 0.0000</b>
		Yearly Payment:	<b>473,763</b>	Total FRVS PD:	<b>15.1602</b>

- (1) 80% Capital (\$6,348,285) amortized at 4.3000 % for 20 years Principal & Interest of \$473,763 divided by annual available days (56575) divided by Occup. Adj. (0.90) = \$9.3045  
 (2) 20% ROE (\$1,587,071) times the ROE factor (0.022710) divided by annual available days (56575) divided by Occup. Adj. (0.90) = \$0.7079  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	42,535
Comparison Date:	01/01/2003	Current RS PBS:	52,276
Comparison Bed	155	Effective PBS Limitation	6,592,925

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>48.6082</b>	<b>48.6082</b>	<b>0.8457</b>	<b>47.7625</b>
Direct Care	<b>92.6857</b>	<b>92.6857</b>	<b>1.6125</b>	<b>91.0732</b>
Indirect Care	<b>62.2462</b>	<b>62.2462</b>	<b>1.0829</b>	<b>61.1633</b>
Property	<b>13.6500</b>	<b>15.1602</b>	<b>0.2638</b>	<b>14.8964</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>17.6416</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>217.1901</b>	<b>218.7003</b>	<b>3.8049</b>	<b>242.4395</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 265381-00 - 2015/01

242.44

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07	11,852,323	0.00	1.1664	1.1664		155	15.07	6,592,925	6,592,925	1
2004/01	44,017	0.10	1.1103	1.1103		155	15.07	6,636,942	6,743,895	
2004/07		0.10	0.8378	0.8378		155	15.07	6,636,942	6,800,470	
2005/01		0.20	0.8595	0.8595		155	15.07	6,636,942	6,858,905	
2005/07		0.20	0.7364	0.7364		155	15.07	6,636,942	6,909,435	
2006/01		0.30	0.9068	0.9068		155	15.07	6,636,942	6,972,055	
2006/07	47,276	0.30	0.8133	0.8133		155	46.50	6,697,909	7,028,785	
2007/01		0.40	1.0133	1.0133		155	46.50	6,720,860	7,099,930	
2007/07	45,709	0.40	1.1050	1.1050		155	40.82	6,788,616	7,178,360	
2008/01		0.50	0.8556	0.8556		155	40.82	6,810,170	7,239,740	
2008/07	27,885	0.50	0.6104	0.6104		155	43.76	6,854,592	7,283,915	
2009/01		0.60	1.3268	1.3268		155	43.76	6,898,009	7,380,635	
2009/07	201,748	0.60	0.6841	0.6841		155	49.20	7,125,087	7,431,165	
2010/01	34,516	0.70	0.8643	0.8643		155	53.12	7,201,236	7,495,335	
2010/07		0.70	0.7107	0.7107		155	53.12	7,235,838	7,548,655	
2011/01	45,888	0.80	0.9198	0.9198		155	54.69	7,334,667	7,618,095	
2011/07		0.80	0.9028	0.9028		155	54.69	7,387,339	7,686,915	
2012/01	50,817	0.90	0.3865	0.3865		155	52.17	7,462,534	7,716,675	
2012/07		0.90	0.9417	0.9417		155	52.17	7,522,525	7,789,370	
2013/01	59,858	1.00	0.4901	0.4901		155	47.72	7,614,371	7,827,500	
2013/07		1.00	0.6196	0.6196		155	47.72	7,655,305	7,876,015	
2014/01		1.00	0.8564	0.8564		155	47.72	7,712,187	7,943,440	
2014/07	58,186	1.00	1.2383	1.2383		155	49.45	7,856,236	8,041,865	
2015/01	23,642	1.00	0.7571	0.7571		155	51.30	7,935,356	8,102,780	

**Message Code:**

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 265560-00 - 2015/01**

**193.48**

**Valencia Hills Health and Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1350 SLEEPY HILL RD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>300</b>	Superior: <b>0</b>
<b>LAKELAND, FL 33810</b>	Days in CR <b>365</b>	Maximum: <b>109,500</b>	Standard: <b>243</b>
County: <b>Polk [53]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>109,500</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>88,386</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>11,328</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>56,462</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>63.88116%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>80.71781%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1982</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1982</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>01/01/1985</b>	Low Occupancy Adjustment Factor:	<b>103.07300%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/04/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>269026</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,938,402	4,516,135	2,804,518	914,120		10,173,175	
1a	Audit Adjustments							
2	Cost Per Diem	34.3311	79.9854	49.6709	16.1900		180.1774	
3	Cost Per Diem Inflated	35.8211	82.5854	51.8267				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>35.8211</b>	<b>82.5854</b>	<b>51.8267</b>	<b>16.1900</b>		<b>186.4232</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0405		57.6550				
7	Provider Target Rate	<b>46.6899</b>		<b>59.7664</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>35.8211</b>	<b>82.5854</b>	<b>51.8267</b>	<b>13.6500</b>		<b>183.8832</b>	
12/13	Medical Adjustment Rate		1.2897	0.8093				
14	Prospective Per Diem 11	<b>35.8211</b>	<b>83.8751</b>	<b>52.6360</b>	<b>13.6500</b>		<b>185.9822</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 265560-00 - 2015/01**

**193.48**

Rate Semester 01/01/2015 through 08/31/2015

**Valencia Hills Health and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/01/1994	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,625,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	8,226,661 9.5873
RS to Start Calcs:	1982/01	<60% of Base:	False	20% ROE(2):	2,056,665 0.3913
Indexed Asset Value	10,283,326	Interest Rate:	9.8800%	Insurance Cost(3):	90,797 1.0273
FRVS Base Asset:	5,789,828	Chase Rate:	7.7500%	Taxes Cost(3):	62,146 0.7031
Occup Adj Factor	0.9000	Amortization Rate:	9.8800%	Home Office(3):	17,676 0.2000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	58,873 0.0000
		Yearly Payment:	944,833	Total FRVS PD:	11.9090

- (1) 80% Capital (\$8,226,661) amortized at 9.8800 % for 20 years Principal & Interest of \$944,833 divided by annual available days (109500) divided by Occup. Adj. (0.90) = \$9.5873  
 (2) 20% ROE (\$2,056,665) times the ROE factor (0.018750) divided by annual available days (109500) divided by Occup. Adj. (0.90) = \$0.3913  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>300</b>	Effective PBS Limitation	8,550,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	35.8211	35.8211	0.6232	35.1979
Direct Care	83.8751	83.8751	1.4592	82.4159
Indirect Care	52.6360	52.6360	0.9157	51.7203
Property	13.6500	11.9090	0.2072	11.7018
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.5395
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>185.9822</b>	<b>184.2412</b>	<b>3.2053</b>	<b>193.4779</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 265560-00 - 2015/01**

**193.48**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	5,558,444	0.00	2.6760	2.6760		300		5,558,444	7,438,800	
1982/07		0.10	2.2977	2.2977		300		5,558,444	7,609,500	
1983/04		0.10	2.6288	2.6288		300		5,558,444	7,809,600	
1983/07	129,039	0.20	3.9578	3.0000	0.9578	300		5,687,483	8,118,600	
1984/01	62,888	0.20	2.2530	2.2530		300		5,750,371	8,223,900	
1984/07		0.30	1.9179	1.9179		300		5,750,371	8,381,700	
1985/01		0.30	1.1471	1.1471		300	85.27	5,770,158	8,477,700	
1985/10		0.40	0.8522	0.8522		300	85.27	5,789,828	8,550,000	
1986/01		0.40	0.8299	0.8299		300	85.27	5,809,050	8,621,100	
1986/07		0.50	0.2974	0.2974		300	85.27	5,817,688	8,604,600	
1987/01		0.50	1.0091	1.0091		300	85.00	5,847,044	8,758,500	
1987/07		0.60	0.9007	0.9007		300	86.82	5,878,641	8,826,900	
1988/01		0.60	0.9007	0.9007		300	86.82	5,910,409	8,898,600	
1988/07		0.70	0.5899	0.5899		300	86.82	5,934,813	8,893,800	
1989/01	111,247	0.70	0.5899	0.5899		300	86.41	6,070,565	8,946,300	
1989/07		0.80	0.5899	0.5899		300	87.16	6,099,212	9,006,900	
1990/01		0.80	0.5899	0.5899		300	87.16	6,127,994	9,052,200	
1990/07		0.90	0.5899	0.5899		300	87.16	6,160,528	9,105,600	
1991/01		0.90	0.5899	0.5899		300	83.67	6,193,234	9,159,000	
1991/07		1.00	1.4932	1.4932		300	83.67	6,285,711	9,295,800	
1992/01		1.00	2.0117	2.0117		300	83.67	6,412,161	9,482,700	
1992/07		1.00	1.8152	1.8152		300	91.94	6,528,555	9,654,900	
1993/01		1.00	1.7710	1.7710		300	91.94	6,644,176	9,825,900	
1993/07		1.00	1.5329	1.5329		300	93.70	6,746,025	9,976,500	
1994/01		1.00	1.6983	1.6983		300	93.70	6,860,593	10,146,000	
1994/07		1.00	1.5991	1.5991		300	93.10	6,970,301	10,308,300	
1995/01		1.00	1.5812	1.5812		300	93.10	7,080,515	10,471,200	
1995/07		1.00	1.5250	1.5250		300	93.10	7,188,493	10,630,800	
1996/01		1.00	1.7228	1.7228		300	92.93	7,312,336	10,814,100	
1996/07		1.00	1.3294	1.3294		300	92.93	7,409,546	10,957,800	



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0 265560-00 - 2015/01

193.48

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		300	90.50	7,409,546	11,112,300	5
1997/07		1.00	1.0917	1.0917		300	80.87	7,596,118	11,233,500	
1998/01		1.00	1.1663	1.1663		300	80.87	7,596,118	11,364,600	5
1998/07	238,432	1.00	1.0794	1.0794		300	84.76	8,006,093	11,487,300	
1999/01		1.00	1.4499	1.4499		300	84.76	8,122,173	11,653,800	
1999/07		1.00	1.2299	1.2299		300	79.79	8,222,068	11,797,200	
2000/01		1.00	1.3356	1.3356		300	79.79	8,331,882	11,954,700	
2000/07		1.00	1.1129	1.1129		300	79.79	8,424,608	12,087,600	
2001/01		1.00	1.2976	1.2976		300	77.64	8,533,926	12,244,500	
2001/07		1.00	0.9615	0.9615		300	77.64	8,615,980	12,362,100	
2002/01		1.00	1.0301	1.0301		300	77.64	8,704,733	12,489,300	
2002/07		0.95	0.8337	0.8337		300	77.64	8,773,674	12,593,400	
2003/01		0.95	1.3271	1.3271		300	77.64	8,884,284	12,760,500	
2003/07		0.90	1.1664	1.1664		300	76.90	8,977,551	12,909,300	
2004/01		0.90	1.1103	1.1103		300	76.90	9,067,264	13,052,700	
2004/07		0.85	0.8378	0.8378		300	76.90	9,131,832	13,162,200	
2005/01		0.85	0.8595	0.8595		300	76.90	9,198,549	13,275,300	
2005/07		0.80	0.7364	0.7364		300	76.90	9,252,738	13,373,100	
2006/01		0.80	0.9068	0.9068		300	75.80	9,319,857	13,494,300	
2006/07		0.75	0.8133	0.8133		300	75.80	9,376,708	13,604,100	
2007/01	41,020	0.75	1.0133	1.0133		300	77.15	9,488,991	13,741,800	
2007/07		0.70	1.1050	1.1050		300	77.15	9,562,388	13,893,600	
2008/01		0.70	0.8556	0.8556		300	78.53	9,619,657	14,012,400	
2008/07	99,192	0.65	0.6104	0.6104		300	75.81	9,757,020	14,097,900	
2009/01		0.65	1.3268	1.3268		300	75.81	9,841,165	14,285,100	
2009/07		0.60	0.6841	0.6841		300	75.81	9,881,563	14,382,900	
2010/01		0.60	0.8643	0.8643		300	72.83	9,932,809	14,507,100	
2010/07		0.55	0.7107	0.7107		300	70.65	9,971,636	14,610,300	
2011/01		0.55	0.9198	0.9198		300	70.65	10,022,083	14,744,700	
2011/07		0.50	0.9028	0.9028		300	70.65	10,067,323	14,877,900	





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**0 265560-00 - 2015/01**

**193.48**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		300	64.52	10,086,783	14,935,500	
2012/07		0.45	0.9417	0.9417		300	64.52	10,129,531	15,076,200	
2013/01		0.45	0.4901	0.4901		300	62.88	10,151,867	15,150,000	
2013/07		0.40	0.6196	0.6196		300	62.88	10,177,023	15,243,900	
2014/01		0.40	0.8564	0.8564		300	61.19	10,211,889	15,374,400	
2014/07		0.35	1.2383	1.2383		300	61.19	10,256,147	15,564,900	
2015/01		0.35	0.7571	0.7571		300	63.88	10,283,326	15,682,800	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 265560123120130101201308202014141331



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 265730-00 - 2015/01**

**207.06**

**Hialeah Nursing and Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>190 W 28TH STREET</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>276</b>	Superior: <b>0</b>
<b>HIALEAH, FL 33010</b>	Days in CR <b>365</b>	Maximum: <b>100,740</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>100,740</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>96,373</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>12,222</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>76,607</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>79.49011%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.66508%</b>	Cost: <b>1.04340134</b>
Open Date: <b>02/01/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>02/01/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>02/01/1984</b>	Low Occupancy Adjustment Factor:	<b>122.15999%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>207713</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,734,219	6,381,230	3,804,258	997,423		13,917,130	
1a	Audit Adjustments							
2	Cost Per Diem	35.6915	83.2983	49.6594	13.0200		181.6692	
3	Cost Per Diem Inflated	37.2406	86.0060	51.8147				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>37.2406</b>	<b>86.0060</b>	<b>51.8147</b>	<b>13.0200</b>		<b>188.0813</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		58.1836				
7	Provider Target Rate	<b>49.1189</b>		<b>60.3143</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>37.2406</b>	<b>86.0060</b>	<b>51.8147</b>	<b>13.0200</b>		<b>188.0813</b>	
12/13	Medical Adjustment Rate		2.8534	1.7190				
14	Prospective Per Diem 11	<b>37.2406</b>	<b>88.8594</b>	<b>53.5337</b>	<b>13.0200</b>		<b>192.6537</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 265730-00 - 2015/01**

**207.06**

Rate Semester 01/01/2015 through 08/31/2015

**Hialeah Nursing and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>07/01/1991</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>6,132,355.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1984/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>9,602,794</b>	<b>15.5249</b>
Indexed Asset Value	<b>12,003,492</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>2,400,698</b>	<b>0.4965</b>
FRVS Base Asset:	<b>6,410,022</b>	Interest Rate:	<b>13.6960%</b>	Insurance Cost(3):	<b>160,956</b>	<b>1.6701</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>13.0000%</b>	Taxes Cost(3):	<b>55,396</b>	<b>0.5748</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>13.6960%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>84,767</b>	<b>0.0000</b>
		Yearly Payment:	<b>1,407,582</b>	Total FRVS PD:		<b>18.2663</b>

- (1) 80% Capital (\$9,602,794) amortized at 13.6960 % for 20 years Principal & Interest of \$1,407,582 divided by annual available days (100740) divided by Occup. Adj. (0.90) = \$15.5249
- (2) 20% ROE (\$2,400,698) times the ROE factor (0.018750) divided by annual available days (100740) divided by Occup. Adj. (0.90) = \$0.4965
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>276</b>	Effective PBS Limitation	7,866,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>37.2406</b>	<b>37.2406</b>	<b>0.6479</b>	<b>36.5927</b>
Direct Care	<b>88.8594</b>	<b>88.8594</b>	<b>1.5459</b>	<b>87.3135</b>
Indirect Care	<b>53.5337</b>	<b>53.5337</b>	<b>0.9314</b>	<b>52.6023</b>
Property	<b>13.0200</b>	<b>18.2663</b>	<b>0.3178</b>	<b>17.9485</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>2.7044</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>192.6537</b>	<b>197.9000</b>	<b>3.4430</b>	<b>207.0639</b>

Medicaid Trend Adjustment



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 265730-00 - 2015/01**

**207.06**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	6,379,551	0.00	1.2952	1.2952		276	96.26	6,379,551	7,565,988	
1984/07		0.10	1.9179	1.9179		276	96.26	6,391,787	7,711,164	
1985/01		0.10	1.1471	1.1471		276	96.26	6,399,118	7,799,484	
1985/10		0.20	0.8522	0.8522		276	96.26	6,410,022	7,866,000	
1986/01		0.20	0.8299	0.8299		276	96.26	6,420,663	7,931,412	
1986/07		0.30	0.2974	0.2974		276	96.26	6,426,390	7,916,232	
1987/01		0.30	1.0091	1.0091		276	96.26	6,445,843	8,057,820	
1987/07		0.40	0.9007	0.9007		276	96.81	6,469,067	8,120,748	
1988/01		0.40	0.9007	0.9007		276	96.81	6,492,375	8,186,712	
1988/07	37,140	0.50	0.5899	0.5899		276	97.86	6,548,668	8,182,296	
1989/01	28,159	0.50	0.5899	0.5899		276	99.04	6,596,146	8,230,596	
1989/07		0.60	0.5899	0.5899		276	99.04	6,619,490	8,286,348	
1990/01		0.60	0.5899	0.5899		276	96.91	6,642,916	8,328,024	
1990/07		0.70	0.5899	0.5899		276	96.91	6,670,345	8,377,152	
1991/01		0.70	0.5899	0.5899		276	93.20	6,697,887	8,426,280	
1991/07		0.80	1.4932	1.4932		276	93.20	6,777,900	8,552,136	
1992/01		0.80	2.0117	2.0117		276	93.20	6,886,984	8,724,084	
1992/07		0.90	1.8152	1.8152		276	97.36	6,999,497	8,882,508	
1993/01		0.90	1.7710	1.7710		276	99.68	7,111,062	9,039,828	
1993/07		1.00	1.5329	1.5329		276	99.68	7,220,067	9,178,380	
1994/01		1.00	1.6983	1.6983		276	99.67	7,342,685	9,334,320	
1994/07		1.00	1.5991	1.5991		276	99.67	7,460,102	9,483,636	
1995/01	43,437	1.00	1.5812	1.5812		276	95.03	7,621,498	9,633,504	
1995/07		1.00	1.5250	1.5250		276	95.03	7,737,726	9,780,336	
1996/01		1.00	1.7228	1.7228		276	93.88	7,871,032	9,948,972	
1996/07		1.00	1.3294	1.3294		276	93.88	7,975,669	10,081,176	
1997/01		1.00	1.4109	1.4109		276	92.39	8,088,198	10,223,316	
1997/07		1.00	1.0917	1.0917		276	92.39	8,176,497	10,334,820	
1998/01		1.00	1.1663	1.1663		276	91.65	8,271,859	10,455,432	
1998/07		1.00	1.0794	1.0794		276	91.65	8,361,145	10,568,316	



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**0 265730-00 - 2015/01**

**207.06**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		276	89.87	8,482,373	10,721,496	
1999/07		1.00	1.2299	1.2299		276	89.87	8,586,698	10,853,424	
2000/01		1.00	1.3356	1.3356		276	89.87	8,701,382	10,998,324	
2000/07		1.00	1.1129	1.1129		276	88.57	8,798,220	11,120,592	
2001/01		1.00	1.2976	1.2976		276	91.08	8,912,386	11,264,940	
2001/07		1.00	0.9615	0.9615		276	91.08	8,998,079	11,373,132	
2002/01		1.00	1.0301	1.0301		276	89.35	9,090,768	11,490,156	
2002/07		1.00	0.8337	0.8337		276	89.35	9,166,558	11,585,928	
2003/01	349,944	1.00	1.3271	1.3271		276	84.30	9,638,151	11,739,660	
2003/07		1.00	1.1664	1.1664		276	81.51	9,750,570	11,876,556	
2004/01		1.00	1.1103	1.1103		276	81.51	9,858,831	12,008,484	
2004/07		0.95	0.8378	0.8378		276	81.51	9,937,297	12,109,224	
2005/01		0.95	0.8595	0.8595		276	81.51	9,937,297	12,213,276	5
2005/07		0.90	0.7364	0.7364		276	79.68	10,084,837	12,303,252	
2006/01		0.90	0.9068	0.9068		276	79.68	10,167,139	12,414,756	
2006/07		0.85	0.8133	0.8133		276	79.68	10,237,424	12,515,772	
2007/01	296,170	0.85	1.0133	1.0133		276	80.67	10,621,769	12,642,456	
2007/07		0.80	1.1050	1.1050		276	80.67	10,715,665	12,782,112	
2008/01	103,553	0.80	0.8556	0.8556		276	72.54	10,892,567	12,891,408	
2008/07	223,330	0.75	0.6104	0.6104		276	76.68	11,165,763	12,970,068	
2009/01		0.75	1.3268	1.3268		276	76.68	11,276,874	13,142,292	
2009/07		0.70	0.6841	0.6841		276	76.68	11,330,879	13,232,268	
2010/01		0.70	0.8643	0.8643		276	75.67	11,399,431	13,346,532	
2010/07		0.65	0.7107	0.7107		276	75.67	11,452,096	13,441,476	
2011/01	62,248	0.65	0.9198	0.9198		276	74.64	11,582,816	13,565,124	
2011/07		0.60	0.9028	0.9028		276	72.18	11,645,560	13,687,668	
2012/01		0.60	0.3865	0.3865		276	72.18	11,672,566	13,740,660	
2012/07		0.55	0.9417	0.9417		276	72.18	11,733,018	13,870,104	
2013/01	44,490	0.55	0.4901	0.4901		276	76.45	11,809,140	13,938,000	
2013/07		0.50	0.6196	0.6196		276	76.45	11,845,725	14,024,388	



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207.06

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		276	75.20	11,896,448	14,144,448	
2014/07		0.45	1.2383	1.2383		276	79.49	11,962,735	14,319,708	
2015/01		0.45	0.7571	0.7571		276	79.49	12,003,492	14,428,176	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 265730123120130101201304212014105147



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 266108-00 - 2015/01**

**235.92**

**Life Care Center of Ocala**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2800 SW 41ST ST</b>	<b>2/1/2013-1/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>OCALA, FL 34474</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Marion [42]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,946</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>23,271</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>12,696</b>	FY Index: <b>1.31458957</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>32.59898%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.91781%</b>	Cost: <b>1.04338188</b>
Open Date: <b>10/01/1998</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1998</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21633187</b>
Entered Medicaid <b>10/01/1998</b>	Low Occupancy Adjustment Factor:	<b>113.54404%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>02/01/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03137560</b>
Previous Med # <b>253154</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	591,547	1,133,106	869,165	301,530		2,895,348	
1a	Audit Adjustments							
2	Cost Per Diem	46.5932	89.2490	68.4598	23.7500		228.0520	
3	Cost Per Diem Inflated	48.6145	92.0492	71.4297				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>48.6145</b>	<b>92.0492</b>	<b>71.4297</b>	<b>23.7500</b>		<b>235.8434</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.0894		60.5061				
7	Provider Target Rate	<b>55.0336</b>		<b>62.7219</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>48.6145</b>	<b>92.0492</b>	<b>61.6580</b>	<b>13.6500</b>		<b>215.9717</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>48.6145</b>	<b>92.0492</b>	<b>61.6580</b>	<b>13.6500</b>		<b>215.9717</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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**0 266108-00 - 2015/01**

**235.92**

Rate Semester 01/01/2015 through 08/31/2015

**Life Care Center of Ocala**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	7,929,850.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,731,404 12.4993</b>
RS to Start Calcs:	<b>1998/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,182,851 0.5875</b>
Indexed Asset Value	<b>5,914,255</b>	Interest Rate:	<b>8.5000%</b>	Insurance Cost(3):	<b>27,555 0.7075</b>
FRVS Base Asset:	<b>4,545,840</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>62,867 1.6142</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>8.5000%</b>	Home Office(3):	<b>50,727 1.3025</b>
ROE Factor	<b>0.019580</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>36,546 0.0000</b>
		Yearly Payment:	<b>492,723</b>	Total FRVS PD:	<b>16.7110</b>

- (1) 80% Capital (\$4,731,404) amortized at 8.5000 % for 20 years Principal & Interest of \$492,723 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.4993
- (2) 20% ROE (\$1,182,851) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5875
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	37,882
Comparison Date: <b>01/01/1998</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	4,545,840

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>48.6145</b>	<b>48.6145</b>	<b>0.8458</b>	<b>47.7687</b>
Direct Care	<b>92.0492</b>	<b>92.0492</b>	<b>1.6014</b>	<b>90.4478</b>
Indirect Care	<b>61.6580</b>	<b>61.6580</b>	<b>1.0727</b>	<b>60.5853</b>
Property	<b>13.6500</b>	<b>16.7110</b>	<b>0.2907</b>	<b>16.4203</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>10.7926</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>215.9717</b>	<b>219.0327</b>	<b>3.8106</b>	<b>235.9172</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
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**0 266108-00 - 2015/01**

**235.92**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07	8,853,006	0.00	1.0794	1.0794		120	28.32	4,545,840	4,545,840	1
1999/01		0.10	1.4499	1.4499		120	28.32	4,549,234	4,661,520	
1999/07		0.10	1.2299	1.2299		120	28.32	4,552,115	4,718,880	
2000/01		0.20	1.3356	1.3356		120	28.32	4,558,376	4,781,880	
2000/07		0.20	1.1129	1.1129		120	28.32	4,563,601	4,835,040	
2001/01		0.30	1.2976	1.2976		120	28.32	4,572,749	4,897,800	
2001/07		0.30	0.9615	0.9615		120	28.32	4,579,542	4,944,840	
2002/01	33,962	0.40	1.0301	1.0301		120	45.66	4,629,168	4,995,720	
2002/07	44,624	0.40	0.8337	0.8337		120	36.23	4,673,792	5,037,360	5
2003/01		0.50	1.3271	1.3271		120	36.23	4,704,437	5,104,200	
2003/07	43,003	0.50	1.1664	1.1664		120	33.00	4,763,902	5,163,720	
2004/01		0.60	1.1103	1.1103		120	33.00	4,782,944	5,221,080	
2004/07		0.60	0.8378	0.8378		120	37.79	4,799,464	5,264,880	
2005/01		0.70	0.8595	0.8595		120	37.79	4,819,306	5,310,120	
2005/07	50,716	0.70	0.7364	0.7364		120	32.23	4,884,580	5,349,240	
2006/01		0.80	0.9068	0.9068		120	32.23	4,905,344	5,397,720	
2006/07	18,967	0.80	0.8133	0.8133		120	26.89	4,939,914	5,441,640	
2007/01		0.90	1.0133	1.0133		120	26.89	4,961,940	5,496,720	
2007/07		0.90	1.1050	1.1050		120	23.79	4,961,940	5,557,440	
2008/01		1.00	0.8556	0.8556		120	23.79	4,961,940	5,604,960	
2008/07		1.00	0.6104	0.6104		120	23.79	4,961,940	5,639,160	
2009/01		1.00	1.3268	1.3268		120	26.51	4,993,672	5,714,040	
2009/07	169,956	1.00	0.6841	0.6841		120	27.32	5,180,597	5,753,160	
2010/01		1.00	0.8643	0.8643		120	27.32	5,202,838	5,802,840	
2010/07	401,061	1.00	0.7107	0.7107		120	29.05	5,623,429	5,844,120	
2011/01		1.00	0.9198	0.9198		120	29.05	5,650,749	5,897,880	
2011/07		1.00	0.9028	0.9028		120	33.85	5,682,146	5,951,160	
2012/01		1.00	0.3865	0.3865		120	33.85	5,695,662	5,974,200	
2012/07		1.00	0.9417	0.9417		120	33.85	5,728,673	6,030,480	
2013/01		1.00	0.4901	0.4901		120	28.56	5,743,252	6,060,000	



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0 266108-00 - 2015/01

235.92

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		1.00	0.6196	0.6196		120	28.56	5,761,730	6,097,560	
2014/01	18,875	1.00	0.8564	0.8564		120	27.13	5,804,945	6,149,760	
2014/07	40,281	1.00	1.2383	1.2383		120	32.60	5,887,833	6,225,960	
2015/01		1.00	0.7571	0.7571		120	32.60	5,914,255	6,273,120	

**Message Code:**

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 266108013120140201201304142014131656



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 266124-00 - 2015/01**

**240.15**

**Oasis Health and Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1201 12TH AVENUE SOUTH</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>LAKE WORTH , FL 33460</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,470</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>3,596</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>32,411</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>82.11553%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>90.11416%</b>	Cost: <b>1.04340134</b>
Open Date: <b>06/01/1986</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/01/1986</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>06/01/1986</b>	Low Occupancy Adjustment Factor:	<b>115.07172%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>209279</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,581,827	2,430,673	1,899,197	600,900		6,512,597	
1a	Audit Adjustments							
2	Cost Per Diem	48.8053	74.9953	58.5973	18.5400		200.9379	
3	Cost Per Diem Inflated	50.9235	77.4331	61.1405				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>50.9235</b>	<b>77.4331</b>	<b>61.1405</b>	<b>18.5400</b>		<b>208.0371</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.8988		56.9929				
7	Provider Target Rate	<b>66.2388</b>		<b>59.0800</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>50.9235</b>	<b>77.4331</b>	<b>59.0800</b>	<b>13.6500</b>		<b>201.0866</b>	
12/13	Medical Adjustment Rate		2.7977	2.1346				
14	Prospective Per Diem 11	<b>50.9235</b>	<b>80.2308</b>	<b>61.2146</b>	<b>13.6500</b>		<b>206.0189</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 266124-00 - 2015/01**

**240.15**

Rate Semester 01/01/2015 through 08/31/2015

**Oasis Health and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>10/01/2002</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>2,500,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1986/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,402,898</b>	<b>11.2108</b>
Indexed Asset Value	<b>5,503,623</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,100,725</b>	<b>0.5236</b>
FRVS Base Asset:	<b>3,092,950</b>	Interest Rate:	<b>8.0000%</b>	Insurance Cost(3):	<b>95,953</b>	<b>2.4310</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>97,471</b>	<b>2.4695</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.0000%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>89,004</b>	<b>0.0000</b>
		Yearly Payment:	<b>441,931</b>	Total FRVS PD:		<b>16.6349</b>

- (1) 80% Capital (\$4,402,898) amortized at 8.0000 % for 20 years Principal & Interest of \$441,931 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.2108  
 (2) 20% ROE (\$1,100,725) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5236  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/1986</b>	Current RS PBS:	28,737
Comparison Bed	<b>120</b>	Effective PBS Limitation	52,276
			3,448,440

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>50.9235</b>	<b>50.9235</b>	<b>0.8859</b>	<b>50.0376</b>
Direct Care	<b>80.2308</b>	<b>80.2308</b>	<b>1.3958</b>	<b>78.8350</b>
Indirect Care	<b>61.2146</b>	<b>61.2146</b>	<b>1.0650</b>	<b>60.1496</b>
Property	<b>13.6500</b>	<b>16.6349</b>	<b>0.2894</b>	<b>16.3455</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>24.8756</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>206.0189</b>	<b>209.0038</b>	<b>3.6361</b>	<b>240.1458</b>

Medicaid Trend Adjustment



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 266124-00 - 2015/01**

**240.15**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	3,092,950	0.00	0.8299	0.8299		120	79.47	3,092,950	3,448,440	
1986/07		0.10	0.2974	0.2974		120	79.47	3,093,869	3,441,840	
1987/01		0.10	1.0091	1.0091		120	96.60	3,096,991	3,503,400	
1987/07		0.20	0.9007	0.9007		120	88.49	3,102,569	3,530,760	
1988/01		0.20	0.9007	0.9007		120	88.49	3,108,157	3,559,440	
1988/07		0.30	0.5899	0.5899		120	88.49	3,113,658	3,557,520	
1989/01		0.30	0.5899	0.5899		120	88.49	3,119,169	3,578,520	
1989/07		0.40	0.5899	0.5899		120	85.68	3,126,530	3,602,760	
1990/01		0.40	0.5899	0.5899		120	85.68	3,133,909	3,620,880	
1990/07		0.50	0.5899	0.5899		120	82.55	3,143,154	3,642,240	
1991/01		0.50	0.5899	0.5899		120	82.55	3,152,426	3,663,600	
1991/07	183,303	0.60	1.4932	1.4932		120	75.47	3,363,972	3,718,320	
1992/01		0.60	2.0117	2.0117		120	75.47	3,404,575	3,793,080	
1992/07		0.70	1.8152	1.8152		120	71.23	3,447,834	3,861,960	
1993/01		0.70	1.7710	1.7710		120	71.23	3,490,577	3,930,360	
1993/07		0.80	1.5329	1.5329		120	79.43	3,533,382	3,990,600	
1994/01		0.80	1.6983	1.6983		120	79.43	3,581,387	4,058,400	
1994/07	31,365	0.90	1.5991	1.5991		120	85.85	3,664,295	4,123,320	
1995/01		0.90	1.5812	1.5812		120	85.85	3,716,442	4,188,480	
1995/07		1.00	1.5250	1.5250		120	81.56	3,716,442	4,252,320	5
1996/01		1.00	1.7228	1.7228		120	81.56	3,838,121	4,325,640	
1996/07		1.00	1.3294	1.3294		120	80.67	3,889,145	4,383,120	
1997/01		1.00	1.4109	1.4109		120	80.67	3,944,017	4,444,920	
1997/07		1.00	1.0917	1.0917		120	69.21	3,987,074	4,493,400	
1998/01		1.00	1.1663	1.1663		120	69.21	4,033,575	4,545,840	
1998/07		1.00	1.0794	1.0794		120	64.61	4,077,113	4,594,920	
1999/01		1.00	1.4499	1.4499		120	64.61	4,077,113	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	67.38	4,187,098	4,718,880	
2000/01		1.00	1.3356	1.3356		120	67.38	4,243,021	4,781,880	
2000/07		1.00	1.1129	1.1129		120	60.37	4,290,242	4,835,040	



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240.15

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		120	60.37	4,345,912	4,897,800	
2001/07		1.00	0.9615	0.9615		120	61.05	4,387,698	4,944,840	
2002/01		1.00	1.0301	1.0301		120	58.44	4,432,896	4,995,720	
2002/07		1.00	0.8337	0.8337		120	58.44	4,469,853	5,037,360	
2003/01		1.00	1.3271	1.3271		120	66.43	4,469,853	5,104,200	5
2003/07		1.00	1.1664	1.1664		120	63.37	4,582,000	5,163,720	
2004/01		1.00	1.1103	1.1103		120	63.37	4,632,874	5,221,080	
2004/07		1.00	0.8378	0.8378		120	63.37	4,671,688	5,264,880	
2005/01		1.00	0.8595	0.8595		120	63.37	4,711,841	5,310,120	
2005/07		1.00	0.7364	0.7364		120	63.37	4,746,539	5,349,240	
2006/01		1.00	0.9068	0.9068		120	64.78	4,789,581	5,397,720	
2006/07		0.95	0.8133	0.8133		120	64.78	4,826,585	5,441,640	
2007/01		0.95	1.0133	1.0133		120	57.70	4,873,046	5,496,720	
2007/07		0.90	1.1050	1.1050		120	57.70	4,921,508	5,557,440	
2008/01		0.90	0.8556	0.8556		120	62.83	4,959,404	5,604,960	
2008/07		0.85	0.6104	0.6104		120	58.10	4,985,133	5,639,160	
2009/01		0.85	1.3268	1.3268		120	58.10	5,041,355	5,714,040	
2009/07	18,297	0.80	0.6841	0.6841		120	68.24	5,087,243	5,753,160	
2010/01		0.80	0.8643	0.8643		120	68.24	5,122,416	5,802,840	
2010/07	89,901	0.75	0.7107	0.7107		120	73.82	5,239,619	5,844,120	
2011/01		0.75	0.9198	0.9198		120	73.82	5,275,767	5,897,880	
2011/07		0.70	0.9028	0.9028		120	73.82	5,309,110	5,951,160	
2012/01		0.70	0.3865	0.3865		120	79.20	5,323,476	5,974,200	
2012/07		0.65	0.9417	0.9417		120	79.20	5,356,061	6,030,480	
2013/01	22,710	0.65	0.4901	0.4901		120	81.74	5,395,835	6,060,000	
2013/07		0.60	0.6196	0.6196		120	81.74	5,415,897	6,097,560	
2014/01		0.60	0.8564	0.8564		120	82.04	5,443,724	6,149,760	
2014/07		0.55	1.2383	1.2383		120	82.04	5,480,801	6,225,960	
2015/01		0.55	0.7571	0.7571		120	82.12	5,503,623	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 266281-00 - 2015/01**

**180.26**

**Southpoint Terrace**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Partnership    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4325 SOUTHPOINT BOULEVARD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>JACKSONVILLE, FL 32216</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Duval [16]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>42,910</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>7,659</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>23,973</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>55.86810%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>97.96804%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/08/2004</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/08/2004</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>02/20/2004</b>	Low Occupancy Adjustment Factor:	<b>125.10077%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>02/20/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	754,966	1,523,840	851,269	647,990		3,778,065	
1a	Audit Adjustments							
2	Cost Per Diem	31.4923	63.5649	35.5095	27.0300		157.5967	
3	Cost Per Diem Inflated	32.8591	65.6312	37.0507				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>32.8591</b>	<b>65.6312</b>	<b>37.0507</b>	<b>27.0300</b>		<b>162.5710</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	42.6973		52.2722				
7	Provider Target Rate	<b>44.2609</b>		<b>54.1865</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>32.8591</b>	<b>65.6312</b>	<b>37.0507</b>	<b>13.6500</b>		<b>149.1910</b>	
12/13	Medical Adjustment Rate		0.4333	0.2446				
14	Prospective Per Diem 11	<b>32.8591</b>	<b>66.0645</b>	<b>37.2953</b>	<b>13.6500</b>		<b>149.8689</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





**Florida Agency for Health Care Administration**  
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 Computation of Nursing Home Medicaid Reimbursement Rate

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**180.26**

Rate Semester 01/01/2015 through 08/31/2015

**Southpoint Terrace**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/20/2004	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	7,500,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,608,937	9.4464
RS to Start Calcs:	2004/01	<60% of Base:	False	20% ROE(2):	1,152,234	0.5481
Indexed Asset Value	5,761,171	Interest Rate:	5.2400%	Insurance Cost(3):	51,946	1.2106
FRVS Base Asset:	5,163,720	Chase Rate:	3.2500%	Taxes Cost(3):	142,222	3.3144
Occup Adj Factor	0.9000	Amortization Rate:	5.2400%	Home Office(3):	8,739	0.2037
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	63,860	0.0000
		Yearly Payment:	372,376	Total FRVS PD:		14.7232

- (1) 80% Capital (\$4,608,937) amortized at 5.2400 % for 20 years Principal & Interest of \$372,376 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.4464
- (2) 20% ROE (\$1,152,234) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5481
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	43,031
Comparison Date:	07/01/2003	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	5,163,720

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	32.8591	32.8591	0.5717	32.2874
Direct Care	66.0645	66.0645	1.1494	64.9151
Indirect Care	37.2953	37.2953	0.6488	36.6465
Property	13.6500	14.7232	0.2561	14.4671
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0452
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>149.8689</b>	<b>150.9421</b>	<b>2.6260</b>	<b>180.2638</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 266281-00 - 2015/01

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01	9,046,928	0.00	1.1103	1.1103		120	48.27	5,163,720	5,163,720	1
2004/07		0.10	0.8378	0.8378		120	48.27	5,167,518	5,264,880	
2005/01		0.10	0.8595	0.8595		120	48.27	5,171,418	5,310,120	
2005/07		0.20	0.7364	0.7364		120	48.27	5,178,103	5,349,240	
2006/01		0.20	0.9068	0.9068		120	48.27	5,186,347	5,397,720	
2006/07		0.30	0.8133	0.8133		120	48.27	5,197,453	5,441,640	
2007/01		0.30	1.0133	1.0133		120	57.13	5,213,253	5,496,720	
2007/07		0.40	1.1050	1.1050		120	57.13	5,236,296	5,557,440	
2008/01		0.40	0.8556	0.8556		120	64.48	5,254,215	5,604,960	
2008/07		0.50	0.6104	0.6104		120	64.48	5,270,251	5,639,160	
2009/01		0.50	1.3268	1.3268		120	57.16	5,305,214	5,714,040	
2009/07		0.60	0.6841	0.6841		120	57.16	5,326,992	5,753,160	
2010/01		0.60	0.8643	0.8643		120	52.74	5,353,483	5,802,840	
2010/07		0.70	0.7107	0.7107		120	52.74	5,379,022	5,844,120	
2011/01		0.70	0.9198	0.9198		120	56.06	5,413,658	5,897,880	
2011/07		0.80	0.9028	0.9028		120	56.06	5,452,755	5,951,160	
2012/01		0.80	0.3865	0.3865		120	57.29	5,469,615	5,974,200	
2012/07		0.90	0.9417	0.9417		120	57.29	5,515,970	6,030,480	
2013/01		0.90	0.4901	0.4901		120	59.76	5,540,301	6,060,000	
2013/07		1.00	0.6196	0.6196		120	59.76	5,574,629	6,097,560	
2014/01	25,573	1.00	0.8564	0.8564		120	58.52	5,647,943	6,149,760	
2014/07		1.00	1.2383	1.2383		120	55.87	5,717,881	6,225,960	
2015/01		1.00	0.7571	0.7571		120	55.87	5,761,171	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 266612-00 - 2015/01**

**163.13**

**Whispering Oaks**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1514 E CHELSEA ST</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>240</b>	Superior: <b>0</b>
<b>TAMPA, FL 33610</b>	Days in CR <b>365</b>	Maximum: <b>87,600</b>	Standard: <b>243</b>
County: <b>Hillsborough [29]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>87,600</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>83,069</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>5,936</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>71,392</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>85.94301%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>94.82763%</b>	Cost: <b>1.04340134</b>
Open Date: <b>06/01/1982</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/01/1982</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>06/01/1982</b>	Low Occupancy Adjustment Factor:	<b>121.09061%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/07/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211125</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,996,510	4,952,550	2,664,717	907,392		10,521,169	
1a	Audit Adjustments							
2	Cost Per Diem	27.9655	69.3712	37.3251	12.7100		147.3718	
3	Cost Per Diem Inflated	29.1792	71.6262	38.9451				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>29.1792</b>	<b>71.6262</b>	<b>38.9451</b>	<b>12.7100</b>		<b>152.4605</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.3102		54.5081				
7	Provider Target Rate	<b>46.9695</b>		<b>56.5042</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>29.1792</b>	<b>71.6262</b>	<b>38.9451</b>	<b>12.7100</b>		<b>152.4605</b>	
12/13	Medical Adjustment Rate		2.8963	1.5748				
14	Prospective Per Diem 11	<b>29.1792</b>	<b>74.5225</b>	<b>40.5199</b>	<b>12.7100</b>		<b>156.9316</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**163.13**

Rate Semester 01/01/2015 through 08/31/2015

**Whispering Oaks**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/01/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	9,880,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>5,827,170 7.0101</b>
RS to Start Calcs:	<b>1982/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,456,793 0.3465</b>
Indexed Asset Value	<b>7,283,963</b>	Interest Rate:	<b>7.9632%</b>	Insurance Cost(3):	<b>117,231 1.4112</b>
FRVS Base Asset:	<b>3,774,478</b>	Chase Rate:	<b>4.2500%</b>	Taxes Cost(3):	<b>1,032 0.0124</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>7.2500%</b>	Home Office(3):	<b>0 0.0000</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>135,846 0.0000</b>
		Yearly Payment:	<b>552,679</b>	Total FRVS PD:	<b>8.7802</b>

- (1) 80% Capital (\$5,827,170) amortized at 7.2500 % for 20 years Principal & Interest of \$552,679 divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$7.0101
- (2) 20% ROE (\$1,456,793) times the ROE factor (0.018750) divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$0.3465
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>240</b>	Effective PBS Limitation	6,840,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>29.1792</b>	<b>29.1792</b>	<b>0.5076</b>	<b>28.6716</b>
Direct Care	<b>74.5225</b>	<b>74.5225</b>	<b>1.2965</b>	<b>73.2260</b>
Indirect Care	<b>40.5199</b>	<b>40.5199</b>	<b>0.7049</b>	<b>39.8150</b>
Property	<b>12.7100</b>	<b>8.7802</b>	<b>0.1528</b>	<b>8.6274</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>2.8878</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>156.9316</b>	<b>153.0018</b>	<b>2.6618</b>	<b>163.1303</b>

**Medicaid Trend Adjustment**



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**163.13**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	3,670,352	0.00	2.6760	2.6760		240	81.24	3,670,352	5,951,040	
1982/07		0.10	2.2977	2.2977		240	81.24	3,678,786	6,087,600	
1983/04		0.10	2.6288	2.6288		240	84.76	3,688,458	6,247,680	
1983/07		0.20	3.9578	3.0000	0.9578	240	84.76	3,710,589	6,494,880	
1984/01		0.20	2.2530	2.2530		240	82.27	3,727,309	6,579,120	
1984/07		0.30	1.9179	1.9179		240	82.27	3,748,756	6,705,360	
1985/01		0.30	1.1471	1.1471		240	78.47	3,761,655	6,782,160	
1985/10		0.40	0.8522	0.8522		240	78.47	3,774,478	6,840,000	
1986/01		0.40	0.8299	0.8299		240	78.47	3,787,009	6,896,880	
1986/07		0.50	0.2974	0.2974		240	78.47	3,792,640	6,883,680	
1987/01		0.50	1.0091	1.0091		240	82.00	3,811,778	7,006,800	
1987/07		0.60	0.9007	0.9007		240	82.00	3,832,377	7,061,520	
1988/01		0.60	0.9007	0.9007		240	82.90	3,853,087	7,118,880	
1988/07		0.70	0.5899	0.5899		240	82.90	3,868,996	7,115,040	
1989/01		0.70	0.5899	0.5899		240	88.18	3,884,971	7,157,040	
1989/07		0.80	0.5899	0.5899		240	88.18	3,903,304	7,205,520	
1990/01		0.80	0.5899	0.5899		240	88.18	3,921,724	7,241,760	
1990/07		0.90	0.5899	0.5899		240	88.18	3,942,544	7,284,480	
1991/01		0.90	0.5899	0.5899		240	88.18	3,963,475	7,327,200	
1991/07		1.00	1.4932	1.4932		240	88.18	4,022,658	7,436,640	
1992/01		1.00	2.0117	2.0117		240	86.30	4,103,582	7,586,160	
1992/07		1.00	1.8152	1.8152		240	88.86	4,178,070	7,723,920	
1993/01		1.00	1.7710	1.7710		240	88.86	4,252,064	7,860,720	
1993/07		1.00	1.5329	1.5329		240	92.14	4,252,064	7,981,200	5
1994/01		1.00	1.6983	1.6983		240	92.14	4,317,244	8,116,800	5
1994/07		1.00	1.5991	1.5991		240	90.18	4,390,564	8,246,640	5
1995/01		1.00	1.5812	1.5812		240	90.18	4,531,308	8,376,960	
1995/07		1.00	1.5250	1.5250		240	90.18	4,531,308	8,504,640	5
1996/01		1.00	1.7228	1.7228		240	90.18	4,679,666	8,651,280	
1996/07		1.00	1.3294	1.3294		240	90.18	4,741,877	8,766,240	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		240	90.18	4,808,780	8,889,840	
1997/07		1.00	1.0917	1.0917		240	92.46	4,861,277	8,986,800	
1998/01		1.00	1.1663	1.1663		240	92.46	4,917,974	9,091,680	
1998/07		1.00	1.0794	1.0794		240	92.75	4,971,059	9,189,840	
1999/01		1.00	1.4499	1.4499		240	92.75	5,043,134	9,323,040	
1999/07		1.00	1.2299	1.2299		240	93.20	5,105,160	9,437,760	
2000/01	268,895	1.00	1.3356	1.3356		240	94.61	5,442,240	9,563,760	
2000/07		1.00	1.1129	1.1129		240	94.61	5,502,807	9,670,080	
2001/01		1.00	1.2976	1.2976		240	94.61	5,502,807	9,795,600	5
2001/07	165,744	1.00	0.9615	0.9615		240	94.47	5,793,551	9,889,680	
2002/01		1.00	1.0301	1.0301		240	91.95	5,853,230	9,991,440	
2002/07		0.95	0.8337	0.8337		240	91.95	5,899,588	10,074,720	
2003/01		0.95	1.3271	1.3271		240	89.70	5,973,964	10,208,400	
2003/07		0.90	1.1664	1.1664		240	89.70	6,036,679	10,327,440	
2004/01		0.90	1.1103	1.1103		240	89.70	6,097,004	10,442,160	
2004/07		0.85	0.8378	0.8378		240	89.70	6,140,421	10,529,760	
2005/01		0.85	0.8595	0.8595		240	89.70	6,185,283	10,620,240	
2005/07		0.80	0.7364	0.7364		240	90.37	6,221,721	10,698,480	
2006/01		0.80	0.9068	0.9068		240	90.37	6,266,853	10,795,440	
2006/07		0.75	0.8133	0.8133		240	89.17	6,305,081	10,883,280	
2007/01		0.75	1.0133	1.0133		240	89.17	6,353,000	10,993,440	
2007/07		0.70	1.1050	1.1050		240	87.95	6,402,140	11,114,880	
2008/01		0.70	0.8556	0.8556		240	87.95	6,440,482	11,209,920	
2008/07		0.65	0.6104	0.6104		240	90.01	6,466,038	11,278,320	
2009/01		0.65	1.3268	1.3268		240	90.01	6,521,801	11,428,080	
2009/07	107,161	0.60	0.6841	0.6841		240	89.43	6,655,734	11,506,320	
2010/01		0.60	0.8643	0.8643		240	89.43	6,690,251	11,605,680	
2010/07		0.55	0.7107	0.7107		240	89.43	6,716,403	11,688,240	
2011/01	37,543	0.55	0.9198	0.9198		240	88.15	6,787,924	11,795,760	
2011/07		0.50	0.9028	0.9028		240	86.88	6,818,565	11,902,320	



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**163.13**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		240	86.88	6,831,745	11,948,400	
2012/07		0.45	0.9417	0.9417		240	86.88	6,860,698	12,060,960	
2013/01		0.45	0.4901	0.4901		240	90.08	6,875,826	12,120,000	
2013/07	204,337	0.40	0.6196	0.6196		240	86.35	7,097,201	12,195,120	
2014/01		0.40	0.8564	0.8564		240	86.35	7,121,516	12,299,520	
2014/07		0.35	1.2383	1.2383		240	86.35	7,152,381	12,451,920	
2015/01	112,628	0.35	0.7571	0.7571		240	85.94	7,283,963	12,546,240	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 267724-00 - 2015/01**

**230.08**

**The Springs at Boca Ciega Bay**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1255 PASADENA AVE S, SUITE C</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>109</b>	Superior: <b>0</b>
<b>SOUTH PASADENA, FL 33707</b>	Days in CR <b>365</b>	Maximum: <b>39,785</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>39,785</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>37,565</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>13,216</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>15,230</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>40.54306%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>94.42001%</b>	Cost: <b>1.04340134</b>
Open Date: <b>08/01/1974</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1987</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>07/01/1987</b>	Low Occupancy Adjustment Factor:	<b>120.57010%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>213217</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	646,111	1,349,230	997,388	313,586		3,306,315	
1a	Audit Adjustments							
2	Cost Per Diem	42.4236	88.5903	65.4884	20.5900		217.0923	
3	Cost Per Diem Inflated	44.2648	91.4700	68.3307				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.2648</b>	<b>91.4700</b>	<b>68.3307</b>	<b>20.5900</b>		<b>224.6555</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.3429		66.5615				
7	Provider Target Rate	<b>52.1865</b>		<b>68.9990</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.2648</b>	<b>91.4700</b>	<b>63.5578</b>	<b>13.6500</b>		<b>212.9426</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>44.2648</b>	<b>91.4700</b>	<b>63.5578</b>	<b>13.6500</b>		<b>212.9426</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





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**0 267724-00 - 2015/01**

**230.08**

Rate Semester 01/01/2015 through 08/31/2015

**The Springs at Boca Ciega Bay**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/01/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>0.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1987/07</b>	Type:	<b>None</b>	80% Capital(1):	<b>2,077,210</b>	<b>4.8867</b>
Indexed Asset Value	<b>2,596,512</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>519,302</b>	<b>0.2719</b>
FRVS Base Asset:	<b>1,963,200</b>	Interest Rate:	<b>8.5000%</b>	Insurance Cost(3):	<b>67,971</b>	<b>1.8094</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>46,882</b>	<b>1.2480</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.5000%</b>	Home Office(3):	<b>7,470</b>	<b>0.1989</b>
		Interest Only:	<b>True</b>	Replacement(3&4):	<b>38,812</b>	<b>0.0000</b>
		Yearly Payment:	<b>174,977</b>	Total FRVS PD:		<b>8.4149</b>

(1) 80% Capital (\$2,077,210) amortized at 8.5000 % for 20 years Interest of \$174,977 divided by annual available days (39785) divided by Occup. Adj. (0.90) = \$4.8867

(2) 20% ROE (\$519,302) times the ROE factor (0.018750) divided by annual available days (39785) divided by Occup. Adj. (0.90) = \$0.2719

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	13,088
Comparison Date:	<b>01/01/1974</b>	Current RS PBS:	52,276
Comparison Bed	<b>150</b>	Effective PBS Limitation	1,963,200

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.2648</b>	<b>44.2648</b>	<b>0.7701</b>	<b>43.4947</b>
Direct Care	<b>91.4700</b>	<b>91.4700</b>	<b>1.5914</b>	<b>89.8786</b>
Indirect Care	<b>63.5578</b>	<b>63.5578</b>	<b>1.1058</b>	<b>62.4520</b>
Property	<b>13.6500</b>	<b>8.4149</b>	<b>0.1464</b>	<b>8.2685</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>16.0788</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>212.9426</b>	<b>207.7075</b>	<b>3.6137</b>	<b>230.0751</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 267724-00 - 2015/01**

**230.08**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	2,706,255	0.00	0.9007	0.9007		150	3.00	1,963,200	1,963,200	1
1988/01		0.10	0.9007	0.9007		150	3.00	1,963,200	4,449,300	
1988/07		0.10	0.5899	0.5899		150	3.00	1,963,200	4,446,900	
1989/01		0.20	0.5899	0.5899		150	3.00	1,963,200	4,473,150	
1989/07		0.20	0.5899	0.5899		150	3.00	1,963,200	4,503,450	
1990/01		0.30	0.5899	0.5899		150	3.00	1,963,200	4,526,100	
1990/07		0.30	0.5899	0.5899		150	3.00	1,963,200	4,552,800	5
1991/01	61,688	0.40	0.5899	0.5899		150	6.05	2,024,888	4,579,500	5
1991/07		0.40	1.4932	1.4932		150	6.05	2,024,888	4,647,900	
1992/01		0.50	2.0117	2.0117		150	6.92	2,024,888	4,741,350	
1992/07		0.50	1.8152	1.8152		150	6.92	2,024,888	4,827,450	
1993/01		0.60	1.7710	1.7710		150	9.01	2,024,888	4,912,950	5
1993/07	51,294	0.60	1.5329	1.5329		150	15.29	2,076,182	4,988,250	
1994/01		0.70	1.6983	1.6983		150	15.29	2,076,182	5,073,000	
1994/07		0.70	1.5991	1.5991		150	19.95	2,076,182	5,154,150	5
1995/01		0.80	1.5812	1.5812		150	19.95	2,076,182	5,235,600	5
1995/07		0.80	1.5250	1.5250		150	19.95	2,076,182	5,315,400	5
1996/01		0.90	1.7228	1.7228		150	24.88	2,076,182	5,407,050	5
1996/07		0.90	1.3294	1.3294		150	25.52	2,087,708	5,478,900	
1997/01		1.00	1.4109	1.4109		150	25.52	2,087,708	5,556,150	5
1997/07	15,111	1.00	1.0917	1.0917		150	30.29	2,116,486	5,616,750	5
1998/01	26,099	1.00	1.1663	1.1663		150	30.29	2,155,219	5,682,300	5
1998/07		1.00	1.0794	1.0794		150	30.29	2,181,788	5,743,650	
1999/01		1.00	1.4499	1.4499		150	30.29	2,199,210	5,826,900	
1999/07		1.00	1.2299	1.2299		150	30.29	2,214,106	5,898,600	
2000/01	(248,561)	1.00	1.3356	1.3356		132	35.46	1,984,611	5,260,068	
2000/07		1.00	1.1129	1.1129		132	35.46	1,998,851	5,318,544	
2001/01		1.00	1.2976	1.2976		132	38.51	2,017,012	5,387,580	
2001/07		1.00	0.9615	0.9615		132	38.51	2,030,591	5,439,324	
2002/01		1.00	1.0301	1.0301		132	41.82	2,046,496	5,495,292	



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**230.08**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		132	41.82	2,059,469	5,541,096	
2003/01		1.00	1.3271	1.3271		132	47.59	2,083,118	5,614,620	
2003/07		1.00	1.1664	1.1664		132	47.59	2,104,142	5,680,092	
2004/01	33,781	1.00	1.1103	1.1103		97	39.21	2,154,578	4,220,373	
2004/07		1.00	0.8378	0.8378		97	39.21	2,167,447	4,255,778	
2005/01		1.00	0.8595	0.8595		97	39.21	2,180,728	4,292,347	
2005/07		1.00	0.7364	0.7364		97	39.21	2,192,177	4,323,969	
2006/01		1.00	0.9068	0.9068		97	39.21	2,206,349	4,363,157	
2006/07		1.00	0.8133	0.8133		97	39.21	2,219,142	4,398,659	
2007/01		1.00	1.0133	1.0133		97	36.77	2,234,175	4,443,182	
2007/07		1.00	1.1050	1.1050		97	36.77	2,250,680	4,492,264	
2008/01		0.95	0.8556	0.8556		97	32.44	2,261,470	4,530,676	
2008/07	195,087	0.95	0.6104	0.6104		109	30.08	2,463,729	5,122,237	
2009/01		0.90	1.3268	1.3268		109	30.08	2,479,819	5,190,253	
2009/07		0.90	0.6841	0.6841		109	31.39	2,488,533	5,225,787	
2010/01		0.85	0.8643	0.8643		109	31.39	2,498,968	5,270,913	
2010/07		0.85	0.7107	0.7107		109	34.10	2,508,328	5,308,409	
2011/01		0.80	0.9198	0.9198		109	34.10	2,519,771	5,357,241	
2011/07		0.80	0.9028	0.9028		109	35.68	2,531,576	5,405,637	
2012/01		0.75	0.3865	0.3865		109	35.68	2,536,337	5,426,565	
2012/07		0.75	0.9417	0.9417		109	35.68	2,547,958	5,477,686	
2013/01		0.70	0.4901	0.4901		109	39.93	2,554,305	5,504,500	
2013/07		0.70	0.6196	0.6196		109	39.93	2,562,348	5,538,617	
2014/01		0.65	0.8564	0.8564		109	40.10	2,572,748	5,586,032	
2014/07		0.65	1.2383	1.2383		109	40.10	2,587,846	5,655,247	
2015/01		0.60	0.7571	0.7571		109	40.54	2,596,512	5,698,084	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
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**0 267902-00 - 2015/01**

**203.37**

**The Nursing Center at Mercy**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3671 S MIAMI AVENUE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>MIAMI , FL 33133</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,689</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>34,949</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>5,114</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>12.56851%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.89726%</b>	Cost: <b>1.04340134</b>
Open Date: <b>12/06/1994</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/04/1994</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>12/04/1994</b>	Low Occupancy Adjustment Factor:	<b>118.62561%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>03/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211494</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	215,621	352,004	319,256	143,243		1,030,124
1a	Audit Adjustments						
2	Cost Per Diem	42.1629	68.8314	62.4278	28.0100		201.4321
3	Cost Per Diem Inflated	43.9928	71.0688	65.1373			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>43.9928</b>	<b>71.0688</b>	<b>65.1373</b>	<b>28.0100</b>		<b>208.2089</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.3433		74.1763			
7	Provider Target Rate	<b>53.2235</b>		<b>76.8927</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	<b>43.9928</b>	<b>71.0688</b>	<b>65.1373</b>	<b>13.6500</b>		<b>193.8489</b>
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	<b>43.9928</b>	<b>71.0688</b>	<b>65.1373</b>	<b>13.6500</b>		<b>193.8489</b>
15	Inflated Usual & Customary Charge						0.00
Usual and Customary Limitations not applied after 7/1/2002.							



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**0 267902-00 - 2015/01**

**203.37**

Rate Semester 01/01/2015 through 08/31/2015

**The Nursing Center at Mercy**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	12/04/1994	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>6,640,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1994/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>3,913,894 6.9898</b>
Indexed Asset Value	<b>4,892,367</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>978,473 0.4654</b>
FRVS Base Asset:	<b>4,058,400</b>	Interest Rate:	<b>3.6300%</b>	Insurance Cost(3):	<b>78,876 1.9385</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>132,589 3.2586</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>3.6300%</b>	Home Office(3):	<b>5,248 0.1290</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>67,264 0.0000</b>
		Yearly Payment:	<b>275,536</b>	Total FRVS PD:	<b>12.7813</b>

- (1) 80% Capital (\$3,913,894) amortized at 3.6300 % for 20 years Principal & Interest of \$275,536 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.9898
- (2) 20% ROE (\$978,473) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4654
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	<b>01/01/1994</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	4,058,400

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>43.9928</b>	<b>43.9928</b>	<b>0.7654</b>	<b>43.2274</b>
Direct Care	<b>71.0688</b>	<b>71.0688</b>	<b>1.2364</b>	<b>69.8324</b>
Indirect Care	<b>65.1373</b>	<b>65.1373</b>	<b>1.1332</b>	<b>64.0041</b>
Property	<b>13.6500</b>	<b>12.7813</b>	<b>0.2224</b>	<b>12.5589</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>3.8429</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>193.8489</b>	<b>192.9802</b>	<b>3.3574</b>	<b>203.3682</b>

Medicaid Trend Adjustment



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203.37

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	5,761,017	0.00	1.5991	1.5991		120	53.71	4,058,400	4,058,400	1
1995/01		0.10	1.5812	1.5812		120	53.71	4,064,666	4,188,480	
1995/07		0.10	1.5250	1.5250		120	53.71	4,070,719	4,252,320	
1996/01		0.20	1.7228	1.7228		120	53.71	4,084,418	4,325,640	
1996/07		0.20	1.3294	1.3294		120	53.71	4,095,024	4,383,120	
1997/01		0.30	1.4109	1.4109		120	53.71	4,111,952	4,444,920	
1997/07		0.30	1.0917	1.0917		120	53.71	4,125,103	4,493,400	
1998/01	46,932	0.40	1.1663	1.1663		120	55.95	4,191,279	4,545,840	
1998/07		0.40	1.0794	1.0794		120	55.95	4,209,377	4,594,920	
1999/01	19,657	0.50	1.4499	1.4499		120	61.68	4,259,552	4,661,520	
1999/07		0.50	1.2299	1.2299		120	61.68	4,285,748	4,718,880	
2000/01		0.60	1.3356	1.3356		120	61.68	4,320,094	4,781,880	
2000/07		0.60	1.1129	1.1129		120	61.68	4,348,939	4,835,040	
2001/01	26,345	0.70	1.2976	1.2976		120	58.84	4,414,785	4,897,800	
2001/07	25,392	0.70	0.9615	0.9615		120	60.35	4,469,893	4,944,840	
2002/01		0.80	1.0301	1.0301		120	59.67	4,506,729	4,995,720	
2002/07		0.80	0.8337	0.8337		120	59.67	4,536,789	5,037,360	
2003/01		0.90	1.3271	1.3271		120	55.72	4,536,789	5,104,200	5
2003/07		0.90	1.1664	1.1664		120	55.72	4,639,172	5,163,720	
2004/01		1.00	1.1103	1.1103		120	55.72	4,690,681	5,221,080	
2004/07		1.00	0.8378	0.8378		120	55.72	4,690,681	5,264,880	5
2005/01		1.00	0.8595	0.8595		120	55.72	4,770,634	5,310,120	
2005/07		1.00	0.7364	0.7364		120	55.72	4,805,765	5,349,240	
2006/01		1.00	0.9068	0.9068		120	46.40	4,842,530	5,397,720	
2006/07		1.00	0.8133	0.8133		120	30.91	4,864,664	5,441,640	
2007/01		1.00	1.0133	1.0133		120	30.91	4,892,367	5,496,720	
2007/07		1.00	1.1050	1.1050		120	20.94	4,892,367	5,557,440	
2008/01		1.00	0.8556	0.8556		120	20.94	4,892,367	5,604,960	
2008/07		1.00	0.6104	0.6104		120	20.94	4,892,367	5,639,160	
2009/01		1.00	1.3268	1.3268		120	17.55	4,892,367	5,714,040	



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203.37

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		1.00	0.6841	0.6841		120	17.55	4,892,367	5,753,160	
2010/01		1.00	0.8643	0.8643		120	13.70	4,892,367	5,802,840	
2010/07		1.00	0.7107	0.7107		120	13.70	4,892,367	5,844,120	
2011/01		1.00	0.9198	0.9198		120	11.65	4,892,367	5,897,880	
2011/07		1.00	0.9028	0.9028		120	11.65	4,892,367	5,951,160	
2012/01		1.00	0.3865	0.3865		120	14.25	4,892,367	5,974,200	
2012/07		1.00	0.9417	0.9417		120	14.25	4,892,367	6,030,480	
2013/01		1.00	0.4901	0.4901		120	14.04	4,892,367	6,060,000	
2013/07		1.00	0.6196	0.6196		120	14.04	4,892,367	6,097,560	
2014/01		1.00	0.8564	0.8564		120	11.78	4,892,367	6,149,760	
2014/07		1.00	1.2383	1.2383		120	12.57	4,892,367	6,225,960	
2015/01		0.95	0.7571	0.7571		120	12.57	4,892,367	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 267902123120130101201304282014132848



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 268003-00 - 2015/01**

**216.17**

**Lanier Manor**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>12740 LANIER ROAD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>JACKSONVILLE, FL 32226-1704</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Duval [16]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,749</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>4,242</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>31,383</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>78.95293%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>90.75114%</b>	Cost: <b>1.04340134</b>
Open Date: <b>07/01/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>08/15/1984</b>	Low Occupancy Adjustment Factor:	<b>115.88511%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>228893</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,176,773	2,286,215	1,553,886	466,351		5,483,225	
1a	Audit Adjustments							
2	Cost Per Diem	37.4971	72.8488	49.5136	14.8600		174.7195	
3	Cost Per Diem Inflated	39.1245	75.2168	51.6626				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>39.1245</b>	<b>75.2168</b>	<b>51.6626</b>	<b>14.8600</b>		<b>180.8639</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	42.6973		52.2722				
7	Provider Target Rate	<b>44.2609</b>		<b>54.1865</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>39.1245</b>	<b>75.2168</b>	<b>51.6626</b>	<b>13.6500</b>		<b>179.6539</b>	
12/13	Medical Adjustment Rate		2.4500	1.6828				
14	Prospective Per Diem 11	<b>39.1245</b>	<b>77.6668</b>	<b>53.3454</b>	<b>13.6500</b>		<b>183.7867</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 268003-00 - 2015/01**

**216.17**

Rate Semester 01/01/2015 through 08/31/2015

**Lanier Manor**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	560,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,000,245	11.7514
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	1,000,061	0.4757
Indexed Asset Value	5,000,306	Interest Rate:	10.0000%	Insurance Cost(3):	61,152	1.5385
FRVS Base Asset:	623,247	Chase Rate:	13.0000%	Taxes Cost(3):	56,530	1.4222
Occup Adj Factor	0.9000	Amortization Rate:	10.0000%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	23,326	0.0000
		Yearly Payment:	463,239	Total FRVS PD:		15.1878

- (1) 80% Capital (\$4,000,245) amortized at 10.0000 % for 20 years Principal & Interest of \$463,239 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.7514
- (2) 20% ROE (\$1,000,061) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4757
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	55	Effective PBS Limitation	1,567,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	39.1245	39.1245	0.6807	38.4438
Direct Care	77.6668	77.6668	1.3512	76.3156
Indirect Care	53.3454	53.3454	0.9281	52.4173
Property	13.6500	15.1878	0.2642	14.9236
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.1645
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>183.7867</b>	<b>185.3245</b>	<b>3.2242</b>	<b>216.1673</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 268003-00 - 2015/01**

**216.17**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	622,003	0.00	1.9179	1.9179		55	91.56	622,003	1,536,645	
1985/01		0.10	1.1471	1.1471		55	91.56	622,716	1,554,245	
1985/10		0.10	0.8522	0.8522		55	91.56	623,247	1,567,500	
1986/01		0.20	0.8299	0.8299		55	91.56	624,282	1,580,535	
1986/07		0.20	0.2974	0.2974		55	91.56	624,653	1,577,510	
1987/01		0.30	1.0091	1.0091		55	89.19	626,544	1,605,725	
1987/07		0.30	0.9007	0.9007		55	89.19	628,237	1,618,265	
1988/01		0.40	0.9007	0.9007		55	89.19	630,501	1,631,410	
1988/07		0.40	0.5899	0.5899		55	92.53	631,989	1,630,530	
1989/01		0.50	0.5899	0.5899		55	92.53	633,853	1,640,155	
1989/07	83,440	0.50	0.5899	0.5899		55	95.74	719,163	1,651,265	
1990/01		0.60	0.5899	0.5899		55	95.74	721,708	1,659,570	
1990/07	1,838,802	0.60	0.5899	0.5899		116	91.15	2,563,064	3,520,832	
1991/01		0.70	0.5899	0.5899		116	91.15	2,573,647	3,541,480	
1991/07	298,293	0.70	1.4932	1.4932		120	92.18	2,898,840	3,718,320	
1992/01		0.80	2.0117	2.0117		120	92.18	2,945,494	3,793,080	
1992/07		0.80	1.8152	1.8152		120	83.52	2,988,268	3,861,960	
1993/01		0.90	1.7710	1.7710		120	83.52	3,035,898	3,930,360	
1993/07		0.90	1.5329	1.5329		120	81.73	3,077,781	3,990,600	
1994/01		1.00	1.6983	1.6983		120	81.73	3,130,051	4,058,400	
1994/07		1.00	1.5991	1.5991		120	82.58	3,180,104	4,123,320	
1995/01		1.00	1.5812	1.5812		120	82.58	3,230,388	4,188,480	
1995/07		1.00	1.5250	1.5250		120	80.06	3,279,651	4,252,320	
1996/01		1.00	1.7228	1.7228		120	80.06	3,336,153	4,325,640	
1996/07	41,522	1.00	1.3294	1.3294		120	78.60	3,422,026	4,383,120	
1997/01		1.00	1.4109	1.4109		120	78.60	3,422,026	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	80.62	3,508,192	4,493,400	
1998/01		1.00	1.1663	1.1663		120	80.62	3,549,108	4,545,840	
1998/07		1.00	1.0794	1.0794		120	79.47	3,587,417	4,594,920	
1999/01		1.00	1.4499	1.4499		120	79.47	3,639,431	4,661,520	



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**0 268003-00 - 2015/01**

**216.17**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	79.47	3,684,192	4,718,880	
2000/01	24,914	1.00	1.3356	1.3356		120	83.78	3,758,312	4,781,880	
2000/07		1.00	1.1129	1.1129		120	81.17	3,800,138	4,835,040	
2001/01		1.00	1.2976	1.2976		120	81.17	3,849,449	4,897,800	
2001/07		1.00	0.9615	0.9615		120	75.40	3,886,461	4,944,840	
2002/01	28,100	1.00	1.0301	1.0301		120	75.40	3,954,595	4,995,720	
2002/07	1,444	1.00	0.8337	0.8337		120	75.40	3,989,008	5,037,360	
2003/01		1.00	1.3271	1.3271		120	75.40	4,041,946	5,104,200	
2003/07		1.00	1.1664	1.1664		120	73.99	4,041,946	5,163,720	5
2004/01		1.00	1.1103	1.1103		120	73.99	4,134,492	5,221,080	
2004/07		1.00	0.8378	0.8378		120	73.99	4,169,131	5,264,880	
2005/01		0.95	0.8595	0.8595		120	73.99	4,203,172	5,310,120	
2005/07		0.95	0.7364	0.7364		120	73.99	4,232,577	5,349,240	
2006/01	25,818	0.90	0.9068	0.9068		120	73.44	4,292,937	5,397,720	
2006/07		0.90	0.8133	0.8133		120	73.44	4,324,361	5,441,640	
2007/01		0.85	1.0133	1.0133		120	73.44	4,361,607	5,496,720	
2007/07		0.85	1.1050	1.1050		120	73.46	4,402,576	5,557,440	
2008/01		0.80	0.8556	0.8556		120	73.46	4,432,712	5,604,960	
2008/07		0.80	0.6104	0.6104		120	68.40	4,454,357	5,639,160	
2009/01		0.75	1.3268	1.3268		120	68.40	4,498,682	5,714,040	
2009/07	17,843	0.75	0.6841	0.6841		120	73.00	4,539,608	5,753,160	
2010/01		0.70	0.8643	0.8643		120	73.00	4,567,073	5,802,840	
2010/07	17,832	0.70	0.7107	0.7107		120	73.57	4,607,626	5,844,120	
2011/01		0.65	0.9198	0.9198		120	78.34	4,635,175	5,897,880	
2011/07		0.65	0.9028	0.9028		120	78.34	4,662,374	5,951,160	
2012/01	102,750	0.60	0.3865	0.3865		120	78.15	4,775,936	5,974,200	
2012/07		0.60	0.9417	0.9417		120	78.15	4,802,920	6,030,480	
2013/01		0.55	0.4901	0.4901		120	78.15	4,815,869	6,060,000	
2013/07		0.55	0.6196	0.6196		120	78.15	4,832,281	6,097,560	
2014/01	99,688	0.50	0.8564	0.8564		120	76.13	4,952,661	6,149,760	



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216.17

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	78.95	4,983,328	6,225,960	
2015/01		0.45	0.7571	0.7571		120	78.95	5,000,306	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 268003123120130101201304092014100635



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 268062-00 - 2015/01**

**265.02**

**Susanna Wesley Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Nonprofit : 501(c)(3) Organization    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>5300 W 16TH AVENUE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>HIALEAH, FL 33012</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,989</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>12,010</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>25,102</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>64.38226%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.01598%</b>	Cost: <b>1.04340134</b>
Open Date: <b>04/01/1985</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/01/1985</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>04/01/1985</b>	Low Occupancy Adjustment Factor:	<b>113.66939%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>228478</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,490,503	2,494,178	1,625,263	299,718		5,909,662	
1a	Audit Adjustments							
2	Cost Per Diem	59.3779	99.3617	64.7464	11.9400		235.4260	
3	Cost Per Diem Inflated	61.9550	102.5916	67.5565				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>61.9550</b>	<b>102.5916</b>	<b>67.5565</b>	<b>11.9400</b>		<b>244.0431</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	70.3772		62.1809				
7	Provider Target Rate	<b>72.9545</b>		<b>64.4580</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>99.8648</b>	<b>64.4580</b>	<b>11.9400</b>		<b>233.0047</b>	
12/13	Medical Adjustment Rate		1.6158	1.0429				
14	Prospective Per Diem 11	<b>56.7419</b>	<b>101.4806</b>	<b>65.5009</b>	<b>11.9400</b>		<b>235.6634</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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**0 268062-00 - 2015/01**

**265.02**

Rate Semester 01/01/2015 through 08/31/2015

**Susanna Wesley Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/30/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,995,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,655,706 14.1497</b>
RS to Start Calcs:	<b>1985/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,163,926 0.5536</b>
Indexed Asset Value	<b>5,819,632</b>	Interest Rate:	<b>10.5000%</b>	Insurance Cost(3):	<b>86,240 2.2119</b>
FRVS Base Asset:	<b>3,420,000</b>	Chase Rate:	<b>13.0000%</b>	Taxes Cost(3):	<b>0 0.0000</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>10.5000%</b>	Home Office(3):	<b>0 0.0000</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>85,289 0.0000</b>
		Yearly Payment:	<b>557,780</b>	Total FRVS PD:	<b>16.9152</b>

- (1) 80% Capital (\$4,655,706) amortized at 10.5000 % for 20 years Principal & Interest of \$557,780 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.1497
- (2) 20% ROE (\$1,163,926) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5536
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>56.7419</b>	<b>56.7419</b>	<b>0.9872</b>	<b>55.7547</b>
Direct Care	<b>101.4806</b>	<b>101.4806</b>	<b>1.7655</b>	<b>99.7151</b>
Indirect Care	<b>65.5009</b>	<b>65.5009</b>	<b>1.1396</b>	<b>64.3613</b>
Property	<b>11.9400</b>	<b>16.9152</b>	<b>0.2943</b>	<b>16.6209</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>18.6625</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>235.6634</b>	<b>240.6386</b>	<b>4.1866</b>	<b>265.0170</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 268062-00 - 2015/01**

**265.02**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	5,233,655	0.00	1.1471	1.1471		120	35.45	5,233,655	3,391,080	
1985/10		0.10	0.8522	0.8522		120	35.45	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	35.45	3,421,830	3,448,440	
1986/07		0.20	0.2974	0.2974		120	35.45	3,423,142	3,441,840	
1987/01		0.20	1.0091	1.0091		120	35.45	3,427,594	3,503,400	
1987/07		0.30	0.9007	0.9007		120	35.45	3,433,563	3,530,760	
1988/01		0.30	0.9007	0.9007		120	47.21	3,441,526	3,559,440	
1988/07		0.40	0.5899	0.5899		120	47.21	3,448,498	3,557,520	
1989/01		0.40	0.5899	0.5899		120	56.98	3,456,636	3,578,520	
1989/07		0.50	0.5899	0.5899		120	56.98	3,466,833	3,602,760	
1990/01		0.50	0.5899	0.5899		120	52.40	3,476,577	3,620,880	
1990/07		0.60	0.5899	0.5899		120	52.40	3,488,299	3,642,240	
1991/01		0.60	0.5899	0.5899		120	56.43	3,500,644	3,663,600	
1991/07		0.70	1.4932	1.4932		120	56.43	3,537,233	3,718,320	
1992/01		0.70	2.0117	2.0117		120	61.00	3,537,233	3,793,080	5
1992/07		0.80	1.8152	1.8152		120	61.00	3,639,135	3,861,960	
1993/01		0.80	1.7710	1.7710		120	64.74	3,690,694	3,930,360	
1993/07		0.90	1.5329	1.5329		120	64.74	3,741,611	3,990,600	
1994/01		0.90	1.6983	1.6983		120	67.92	3,741,611	4,058,400	5
1994/07		1.00	1.5991	1.5991		120	67.92	3,798,802	4,123,320	5
1995/01		1.00	1.5812	1.5812		120	70.08	3,859,549	4,188,480	5
1995/07		1.00	1.5250	1.5250		120	70.08	3,980,365	4,252,320	
1996/01		1.00	1.7228	1.7228		120	67.27	4,048,939	4,325,640	
1996/07		1.00	1.3294	1.3294		120	67.27	4,102,766	4,383,120	
1997/01		1.00	1.4109	1.4109		120	69.70	4,160,652	4,444,920	
1997/07		1.00	1.0917	1.0917		120	69.70	4,206,074	4,493,400	
1998/01		1.00	1.1663	1.1663		120	75.92	4,255,129	4,545,840	
1998/07		1.00	1.0794	1.0794		120	75.92	4,301,059	4,594,920	
1999/01		1.00	1.4499	1.4499		120	75.92	4,363,420	4,661,520	
1999/07		1.00	1.2299	1.2299		120	71.83	4,417,086	4,718,880	



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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 268062-00 - 2015/01**

**265.02**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	71.83	4,476,081	4,781,880	
2000/07	90,337	1.00	1.1129	1.1129		120	70.25	4,616,232	4,835,040	
2001/01		1.00	1.2976	1.2976		120	54.44	4,675,522	4,897,800	
2001/07		1.00	0.9615	0.9615		120	54.44	4,720,019	4,944,840	
2002/01		1.00	1.0301	1.0301		120	54.44	4,768,145	4,995,720	
2002/07		1.00	0.8337	0.8337		120	54.44	4,807,492	5,037,360	
2003/01		1.00	1.3271	1.3271		120	54.44	4,870,643	5,104,200	
2003/07		1.00	1.1664	1.1664		120	58.19	4,927,454	5,163,720	
2004/01		1.00	1.1103	1.1103		120	58.19	4,982,164	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.19	5,023,905	5,264,880	
2005/01		1.00	0.8595	0.8595		120	58.19	5,067,085	5,310,120	
2005/07		0.95	0.7364	0.7364		120	58.19	5,102,534	5,349,240	
2006/01		0.95	0.9068	0.9068		120	54.53	5,146,117	5,397,720	
2006/07		0.90	0.8133	0.8133		120	54.53	5,183,465	5,441,640	
2007/01		0.90	1.0133	1.0133		120	54.53	5,230,334	5,496,720	
2007/07		0.85	1.1050	1.1050		120	54.84	5,279,320	5,557,440	
2008/01		0.85	0.8556	0.8556		120	61.80	5,317,716	5,604,960	
2008/07		0.80	0.6104	0.6104		120	61.80	5,343,682	5,639,160	
2009/01		0.80	1.3268	1.3268		120	66.66	5,400,400	5,714,040	
2009/07	72,264	0.75	0.6841	0.6841		120	59.93	5,500,373	5,753,160	
2010/01		0.75	0.8643	0.8643		120	59.93	5,536,026	5,802,840	
2010/07		0.70	0.7107	0.7107		120	59.44	5,563,568	5,844,120	
2011/01		0.70	0.9198	0.9198		120	59.44	5,599,392	5,897,880	
2011/07		0.65	0.9028	0.9028		120	60.02	5,632,249	5,951,160	
2012/01		0.65	0.3865	0.3865		120	60.02	5,646,397	5,974,200	
2012/07		0.60	0.9417	0.9417		120	60.78	5,678,299	6,030,480	
2013/01		0.60	0.4901	0.4901		120	60.78	5,694,999	6,060,000	
2013/07		0.55	0.6196	0.6196		120	61.28	5,714,408	6,097,560	
2014/01		0.55	0.8564	0.8564		120	61.28	5,741,323	6,149,760	
2014/07	20,809	0.50	1.2383	1.2383		120	64.38	5,797,682	6,225,960	





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265.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		120	64.38	5,819,632	6,273,120	

**Message Code:**

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 268062123120130101201304182014174321



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 268186-00 - 2015/01**

**220.25**

**Life Care Center of Palm Bay**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>175 VILLA NUEVA AVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>141</b>	Superior: <b>0</b>
<b>PALM BAY, FL 32907</b>	Days in CR <b>365</b>	Maximum: <b>51,465</b>	Standard: <b>243</b>
County: <b>Brevard [5]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>51,465</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>44,256</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>15,953</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>18,283</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>41.31191%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.99242%</b>	Cost: <b>1.04340134</b>
Open Date: <b>11/01/2003</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/2003</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>05/28/2004</b>	Low Occupancy Adjustment Factor:	<b>109.80844%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/28/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	763,314	1,503,744	987,803	442,083		3,696,944	
1a	Audit Adjustments							
2	Cost Per Diem	41.7499	82.2482	54.0285	24.1800		202.2066	
3	Cost Per Diem Inflated	43.5619	84.9218	56.3734				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>43.5619</b>	<b>84.9218</b>	<b>56.3734</b>	<b>24.1800</b>		<b>209.0371</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	60.8162		59.5078				
7	Provider Target Rate	<b>63.0433</b>		<b>61.6870</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>43.5619</b>	<b>84.9218</b>	<b>56.3734</b>	<b>13.6500</b>		<b>198.5071</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>43.5619</b>	<b>84.9218</b>	<b>56.3734</b>	<b>13.6500</b>		<b>198.5071</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 268186-00 - 2015/01**

**220.25**

Rate Semester 01/01/2015 through 08/31/2015

**Life Care Center of Palm Bay**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>05/28/2004</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>8,650,000.00</b>	Total Amount	Per Diem	
RS to Start Calcs:	<b>2003/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>5,802,833</b>	<b>9.1101</b>
Indexed Asset Value	<b>7,253,541</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,450,708</b>	<b>0.5873</b>
FRVS Base Asset:	<b>0</b>	Interest Rate:	<b>4.0000%</b>	Insurance Cost(3):	<b>22,462</b>	<b>0.5075</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>95,779</b>	<b>2.1642</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>4.0000%</b>	Home Office(3):	<b>51,101</b>	<b>1.1547</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>67,695</b>	<b>0.0000</b>
		Yearly Payment:	<b>421,968</b>	Total FRVS PD:	<b>13.5238</b>	

- (1) 80% Capital (\$5,802,833) amortized at 4.0000 % for 20 years Principal & Interest of \$421,968 divided by annual available days (51465) divided by Occup. Adj. (0.90) = \$9.1101
- (2) 20% ROE (\$1,450,708) times the ROE factor (0.018750) divided by annual available days (51465) divided by Occup. Adj. (0.90) = \$0.5873
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/2003</b>	Current RS PBS:	42,535
Comparison Bed	<b>141</b>	Effective PBS Limitation	5,997,435

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>43.5619</b>	<b>43.5619</b>	<b>0.7579</b>	<b>42.8040</b>
Direct Care	<b>84.9218</b>	<b>84.9218</b>	<b>1.4774</b>	<b>83.4444</b>
Indirect Care	<b>56.3734</b>	<b>56.3734</b>	<b>0.9808</b>	<b>55.3926</b>
Property	<b>13.6500</b>	<b>13.5238</b>	<b>0.2353</b>	<b>13.2885</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>15.4223</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>198.5071</b>	<b>198.3809</b>	<b>3.4514</b>	<b>220.2543</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 268186-00 - 2015/01**

**220.25**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01	11,151,724	0.00	1.1103	1.1103		141	11.86	5,997,435	5,997,435	1
2004/07	22,318	0.10	0.8378	0.8378		141	11.86	6,019,753	6,186,234	
2005/01		0.10	0.8595	0.8595		141	11.86	6,019,753	6,239,391	
2005/07		0.20	0.7364	0.7364		141	11.86	6,019,753	6,285,357	
2006/01		0.20	0.9068	0.9068		141	11.86	6,019,753	6,342,321	
2006/07		0.30	0.8133	0.8133		141	11.86	6,019,753	6,393,927	
2007/01	208,159	0.30	1.0133	1.0133		141	31.38	6,238,353	6,458,646	
2007/07		0.40	1.1050	1.1050		141	31.38	6,254,085	6,529,992	
2008/01	81,580	0.40	0.8556	0.8556		141	37.43	6,350,230	6,585,828	
2008/07		0.50	0.6104	0.6104		141	37.43	6,363,420	6,626,013	
2009/01	110,492	0.50	1.3268	1.3268		141	41.65	6,505,880	6,713,997	
2009/07	282,841	0.60	0.6841	0.6841		141	42.97	6,759,963	6,759,963	8
2010/01		0.60	0.8643	0.8643		141	42.97	6,787,352	6,818,337	
2010/07	47,113	0.70	0.7107	0.7107		141	39.76	6,858,876	6,866,841	
2011/01		0.70	0.9198	0.9198		141	39.76	6,890,803	6,930,009	
2011/07		0.80	0.9028	0.9028		141	39.76	6,926,779	6,992,613	
2012/01		0.80	0.3865	0.3865		141	41.64	6,942,994	7,019,685	
2012/07		0.90	0.9417	0.9417		141	41.64	6,987,543	7,085,814	
2013/01	33,267	0.90	0.4901	0.4901		141	39.58	7,042,991	7,120,500	
2013/07		1.00	0.6196	0.6196		141	39.58	7,074,395	7,164,633	
2014/01		1.00	0.8564	0.8564		141	40.34	7,118,831	7,225,968	
2014/07	27,485	1.00	1.2383	1.2383		141	41.31	7,212,527	7,315,503	
2015/01		1.00	0.7571	0.7571		141	41.31	7,253,541	7,370,916	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>8 Limited to Current RS Per Bed Standard |
|---|



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 268585-00 - 2015/01**

**243.55**

**Harborchase of Naples**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>7801 AIRPORT PULLING ROAD N NAPLES, FL 34109</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>40</b>	Superior: <b>0</b>
County: <b>Collier [11]</b>	Days in CR <b>365</b>	Maximum: <b>14,600</b>	Standard: <b>243</b>
Region: <b>South</b> Area: <b>8</b>	First Used : <b>2014/07</b>	Max Annualized: <b>14,600</b>	Conditional: <b>0</b>
Control: <b>Proprietary : Corporation</b>	Last Used: <b>2015/01</b>	Total Patient: <b>13,573</b>	Total: <b>243</b>
Current Class <b>South Small</b>	<b>Unaudited</b>	Medicare: <b>9,021</b>	Inflation
Class at 1/94: <b>South Small</b>	Initial CR? <b>False</b>	Medicaid: <b>2,681</b>	FY Index: <b>1.31456505</b>
Operating Ex > <b>18 months</b>	Medical Utilization	<b>19.75245%</b>	Semester Index: <b>1.37161894</b>
Open Date: <b>02/16/1998</b>	Occupancy:	<b>92.96575%</b>	Cost: <b>1.04340134</b>
Acquired Date: <b>09/12/1997</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Entered Medicaid <b>06/16/1998</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Med # Active Date: <b>01/01/2004</b>	Low Occupancy Adjustment Factor:	<b>118.71307%</b>	DC Sem Index: <b>1.25449501</b>
Previous Med # <b>214078</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	144,050	250,738	183,198	88,205		666,191	
1a	Audit Adjustments							
2	Cost Per Diem	53.7300	93.5239	68.3320	32.9000		248.4859	
3	Cost Per Diem Inflated	56.0620	96.5640	71.2977				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>56.0620</b>	<b>96.5640</b>	<b>71.2977</b>	<b>32.9000</b>		<b>256.8237</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.0623		69.1600				
7	Provider Target Rate	<b>61.2252</b>		<b>71.6927</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.0620</b>	<b>96.5640</b>	<b>71.2977</b>	<b>13.6500</b>		<b>237.5737</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>56.0620</b>	<b>96.5640</b>	<b>71.2977</b>	<b>13.6500</b>		<b>237.5737</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 268585-00 - 2015/01**

**243.55**

Rate Semester 01/01/2015 through 08/31/2015

**Harborchase of Naples**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/16/1998	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	13,681,685.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,538,986	11.1084
RS to Start Calcs:	1997/07	<60% of Base:	False	20% ROE(2):	384,746	0.5490
Indexed Asset Value	1,923,732	Interest Rate:	11.8800%	Insurance Cost(3):	12,879	0.9489
FRVS Base Asset:	0	Chase Rate:	5.2500%	Taxes Cost(3):	17,001	1.2526
Occup Adj Factor	0.9000	Amortization Rate:	7.2500%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	46,159	0.0000
		Yearly Payment:	145,965	Total FRVS PD:		13.8589

- (1) 80% Capital (\$1,538,986) amortized at 7.2500 % for 20 years Principal & Interest of \$145,965 divided by annual available days (14600) divided by Occup. Adj. (0.90) = \$11.1084
- (2) 20% ROE (\$384,746) times the ROE factor (0.018750) divided by annual available days (14600) divided by Occup. Adj. (0.90) = \$0.5490
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,445
Comparison Date:	07/01/1997	Current RS PBS:	52,276
Comparison Bed	40	Effective PBS Limitation	1,497,800

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.0620	56.0620	0.9753	55.0867
Direct Care	96.5640	96.5640	1.6800	94.8840
Indirect Care	71.2977	71.2977	1.2404	70.0573
Property	13.6500	13.8589	0.2411	13.6178
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>237.5737</b>	<b>237.7826</b>	<b>4.1368</b>	<b>243.5483</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 268585-00 - 2015/01**

**243.55**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	13,515,581	0.00	1.1663	1.1663		40	11.83	1,497,800	1,497,800	1
1998/07		0.10	1.0794	1.0794		40	11.83	1,497,800	1,531,640	
1999/01		0.10	1.4499	1.4499		40	11.83	1,497,800	1,553,840	
1999/07		0.20	1.2299	1.2299		40	11.83	1,497,800	1,572,960	
2000/01		0.20	1.3356	1.3356		40	11.83	1,497,800	1,593,960	
2000/07		0.30	1.1129	1.1129		40	11.83	1,497,800	1,611,680	
2001/01		0.30	1.2976	1.2976		40	11.83	1,497,800	1,632,600	
2001/07		0.40	0.9615	0.9615		40	34.41	1,501,404	1,648,280	
2002/01		0.40	1.0301	1.0301		40	34.41	1,505,274	1,665,240	
2002/07		0.50	0.8337	0.8337		40	48.86	1,510,849	1,679,120	
2003/01		0.50	1.3271	1.3271		40	48.86	1,519,756	1,701,400	
2003/07		0.60	1.1664	1.1664		40	45.36	1,528,527	1,721,240	
2004/01		0.60	1.1103	1.1103		40	45.36	1,536,925	1,740,360	
2004/07	5,891	0.70	0.8378	0.8378		40	43.24	1,549,903	1,754,960	
2005/01		0.70	0.8595	0.8595		40	43.24	1,557,235	1,770,040	
2005/07	40,336	0.80	0.7364	0.7364		40	44.30	1,604,960	1,783,080	
2006/01		0.80	0.9068	0.9068		40	44.30	1,614,337	1,799,240	
2006/07		0.90	0.8133	0.8133		40	44.30	1,623,855	1,813,880	
2007/01		0.90	1.0133	1.0133		40	44.30	1,635,783	1,832,240	
2007/07	51,012	1.00	1.1050	1.1050		40	35.71	1,698,531	1,852,480	
2008/01	10,798	1.00	0.8556	0.8556		40	35.71	1,718,765	1,868,320	
2008/07	30,384	1.00	0.6104	0.6104		40	29.03	1,754,687	1,879,720	
2009/01		1.00	1.3268	1.3268		40	29.03	1,766,975	1,904,680	
2009/07		1.00	0.6841	0.6841		40	29.03	1,773,355	1,917,720	
2010/01	10,356	1.00	0.8643	0.8643		40	39.16	1,794,624	1,934,280	
2010/07		1.00	0.7107	0.7107		40	39.16	1,803,705	1,948,040	
2011/01	10,521	1.00	0.9198	0.9198		40	34.74	1,824,705	1,965,960	
2011/07		1.00	0.9028	0.9028		40	26.13	1,832,531	1,983,720	
2012/01		1.00	0.3865	0.3865		40	26.13	1,835,896	1,991,400	
2012/07	8,392	1.00	0.9417	0.9417		40	23.44	1,844,288	2,010,160	



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0 268585-00 - 2015/01

243.55

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		40	23.44	1,844,288	2,020,000	
2013/07		1.00	0.6196	0.6196		40	23.44	1,844,288	2,032,520	
2014/01	49,877	1.00	0.8564	0.8564		40	22.20	1,894,165	2,049,920	
2014/07	29,567	1.00	1.2383	1.2383		40	19.75	1,923,732	2,075,320	
2015/01		1.00	0.7571	0.7571		40	19.75	1,923,732	2,091,040	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 268585123120130101201304182014091827





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 268755-00 - 2015/01**

**240.83**

**Abbiejean Russell Care Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>700 S 29TH STREET</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>79</b>	Superior: <b>0</b>
<b>FORT PIERCE, FL 34947</b>	Days in CR <b>365</b>	Maximum: <b>28,835</b>	Standard: <b>243</b>
County: <b>St Lucie [56]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>28,835</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>25,059</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>3,574</b>	Inflation
Current Class <b>South Small</b>	Initial CR? <b>False</b>	Medicaid: <b>18,574</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Small</b>	Medical Utilization	<b>74.12107%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>86.90480%</b>	Cost: <b>1.04340134</b>
Open Date: <b>10/01/1976</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1976</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/01/1976</b>	Low Occupancy Adjustment Factor:	<b>110.97351%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>05/01/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>204609</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,189,532	1,480,319	945,359	470,851		4,086,061
1a	Audit Adjustments						
2	Cost Per Diem	64.0429	79.6984	50.8969	25.3500		219.9882
3	Cost Per Diem Inflated	66.8224	82.2891	53.1059			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>66.8224</b>	<b>82.2891</b>	<b>53.1059</b>	<b>25.3500</b>		<b>227.5674</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	73.8933		69.1600			
7	Provider Target Rate	<b>76.5993</b>		<b>71.6927</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359			
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	<b>62.1716</b>	<b>82.2891</b>	<b>53.1059</b>	<b>13.6500</b>		<b>211.2166</b>
12/13	Medical Adjustment Rate		2.2330	1.4411			
14	Prospective Per Diem 11	<b>62.1716</b>	<b>84.5221</b>	<b>54.5470</b>	<b>13.6500</b>		<b>214.8907</b>
15	Inflated Usual & Customary Charge						0.00



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**240.83**

Rate Semester 01/01/2015 through 08/31/2015

**Abbiejean Russell Care Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>10/01/1985</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>425,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1976/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>2,497,261</b>	<b>4.0294</b>
Indexed Asset Value	<b>3,121,576</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>624,315</b>	<b>0.4511</b>
FRVS Base Asset:	<b>1,587,352</b>	Interest Rate:	<b>8.0000%</b>	Insurance Cost(3):	<b>64,719</b>	<b>2.5827</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.2500%</b>	Taxes Cost(3):	<b>55,278</b>	<b>2.2059</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>4.2500%</b>	Home Office(3):	<b>16,652</b>	<b>0.6645</b>
		Interest Only:	<b>True</b>	Replacement(3&4):	<b>21,691</b>	<b>0.0000</b>
		Yearly Payment:	<b>104,568</b>	Total FRVS PD:		<b>9.9336</b>

(1) 80% Capital (\$2,497,261) amortized at 4.2500 % for 20 years Interest of \$104,568 divided by annual available days (28835) divided by Occup. Adj. (0.90) = \$4.0294

(2) 20% ROE (\$624,315) times the ROE factor (0.018750) divided by annual available days (28835) divided by Occup. Adj. (0.90) = \$0.4511

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>78</b>	Effective PBS Limitation	52,276
			2,223,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>62.1716</b>	<b>62.1716</b>	<b>1.0816</b>	<b>61.0900</b>
Direct Care	<b>84.5221</b>	<b>84.5221</b>	<b>1.4705</b>	<b>83.0516</b>
Indirect Care	<b>54.5470</b>	<b>54.5470</b>	<b>0.9490</b>	<b>53.5980</b>
Property	<b>13.6500</b>	<b>9.9336</b>	<b>0.1728</b>	<b>9.7608</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>23.4224</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>214.8907</b>	<b>211.1743</b>	<b>3.6739</b>	<b>240.8253</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1976/07	1,214,821	0.00	3.4853	3.0000	0.4853	78	100.00	1,214,821	1,215,786	
1977/01		0.10	4.2359	3.0000	1.2359	78	100.00	1,218,465	1,261,416	
1977/07		0.10	6.2934	3.0000	3.2934	78	100.00	1,222,120	1,325,142	
1978/01		0.20	8.0331	3.0000	5.0331	78	100.00	1,229,453	1,388,010	
1978/07		0.20	10.5726	3.0000	7.5726	78	100.00	1,236,830	1,464,840	
1979/01		0.30	12.6998	3.0000	9.6998	78	100.00	1,247,961	1,539,954	
1979/07		0.30	13.8980	3.0000	10.8980	78	100.00	1,259,193	1,604,616	
1980/01		0.40	17.0638	3.0000	14.0638	78	82.00	1,274,303	1,703,598	
1980/07		0.40	17.8744	3.0000	14.8744	78	82.00	1,289,595	1,768,494	
1981/01		0.50	18.6984	3.0000	15.6984	78	79.04	1,308,939	1,836,120	
1981/07		0.50	18.2872	3.0000	15.2872	78	79.04	1,328,573	1,883,622	
1982/01		0.60	17.9632	3.0000	14.9632	78	74.49	1,352,487	1,934,088	
1982/07		0.60	17.2609	3.0000	14.2609	79	74.49	1,376,832	2,003,835	
1983/04		0.70	16.8897	3.0000	13.8897	79	76.71	1,405,745	2,056,528	
1983/07		0.70	17.8475	3.0000	14.8475	79	76.71	1,435,266	2,137,898	
1984/01		0.80	16.1427	3.0000	13.1427	79	78.63	1,469,712	2,165,627	
1984/07		0.80	15.0606	3.0000	12.0606	79	78.63	1,504,985	2,207,181	
1985/01		0.90	13.2077	3.0000	10.2077	79	80.89	1,545,620	2,232,461	
1985/10		0.90	11.0599	3.0000	8.0599	78	77.89	1,587,352	2,223,000	
1986/01		1.00	8.8898	3.0000	5.8898	78	77.89	1,634,973	2,241,486	
1986/07		1.00	6.1872	3.0000	3.1872	79	80.89	1,684,022	2,265,878	
1987/01		1.00	4.1963	3.0000	1.1963	79	80.89	1,734,543	2,306,405	
1987/07		1.00	2.0970	2.0970		79	73.88	1,770,916	2,324,417	
1988/01		1.00	0.9007	0.9007		79	73.88	1,786,867	2,343,298	
1988/07		1.00	0.5899	0.5899		79	76.58	1,797,408	2,342,034	
1989/01		1.00	0.5899	0.5899		79	76.58	1,808,011	2,355,859	
1989/07		1.00	0.5899	0.5899		79	78.33	1,818,676	2,371,817	
1990/01		1.00	0.5899	0.5899		79	78.33	1,829,404	2,383,746	
1990/07	155,027	1.00	0.5899	0.5899		79	83.93	1,995,223	2,397,808	
1991/01		1.00	0.5899	0.5899		79	83.93	2,006,993	2,411,870	



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**0 268755-00 - 2015/01**

**240.83**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07	9,178	1.00	1.4932	1.4932		79	82.23	2,046,139	2,447,894	
1992/01		1.00	2.0117	2.0117		79	82.23	2,087,301	2,497,111	
1992/07		1.00	1.8152	1.8152		79	82.86	2,125,190	2,542,457	
1993/01		1.00	1.7710	1.7710		79	82.86	2,162,827	2,587,487	
1993/07		1.00	1.5329	1.5329		79	84.79	2,195,981	2,627,145	
1994/01		1.00	1.6983	1.6983		79	84.79	2,233,275	2,671,780	
1994/07	12,577	1.00	1.5991	1.5991		79	79.90	2,281,564	2,714,519	
1995/01		1.00	1.5812	1.5812		79	79.90	2,317,640	2,757,416	
1995/07		1.00	1.5250	1.5250		79	77.54	2,352,984	2,799,444	
1996/01		1.00	1.7228	1.7228		79	77.54	2,393,521	2,847,713	
1996/07		1.00	1.3294	1.3294		79	79.74	2,425,340	2,885,554	
1997/01		0.95	1.4109	1.4109		79	79.74	2,457,849	2,926,239	
1997/07		0.95	1.0917	1.0917		79	78.04	2,483,339	2,958,155	
1998/01		0.90	1.1663	1.1663		79	78.04	2,509,407	2,992,678	
1998/07		0.90	1.0794	1.0794		79	83.42	2,533,786	3,024,989	
1999/01		0.85	1.4499	1.4499		79	83.42	2,565,012	3,068,834	
1999/07		0.85	1.2299	1.2299		79	82.55	2,591,827	3,106,596	
2000/01		0.80	1.3356	1.3356		79	82.55	2,619,521	3,148,071	
2000/07	12,106	0.80	1.1129	1.1129		79	79.06	2,654,949	3,183,068	
2001/01		0.75	1.2976	1.2976		79	79.06	2,680,787	3,224,385	
2001/07		0.75	0.9615	0.9615		79	77.46	2,700,118	3,255,353	
2002/01		0.70	1.0301	1.0301		79	77.46	2,719,589	3,288,849	
2002/07		0.70	0.8337	0.8337		79	82.88	2,735,461	3,316,262	
2003/01		0.65	1.3271	1.3271		79	82.88	2,735,461	3,360,265	5
2003/07		0.65	1.1664	1.1664		79	82.88	2,759,057	3,399,449	5
2004/01		0.60	1.1103	1.1103		79	76.46	2,798,496	3,437,211	
2004/07		0.60	0.8378	0.8378		79	76.46	2,798,496	3,466,046	5
2005/01		0.55	0.8595	0.8595		79	76.46	2,812,564	3,495,829	5
2005/07		0.55	0.7364	0.7364		79	76.46	2,825,859	3,521,583	5
2006/01		0.50	0.9068	0.9068		79	76.46	2,850,168	3,553,499	



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0 268755-00 - 2015/01

240.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07		0.50	0.8133	0.8133		79	76.46	2,861,760	3,582,413	
2007/01	58,176	0.45	1.0133	1.0133		79	84.71	2,932,986	3,618,674	
2007/07		0.45	1.1050	1.1050		79	70.35	2,947,572	3,658,648	
2008/01		0.40	0.8556	0.8556		79	70.35	2,957,659	3,689,932	
2008/07		0.40	0.6104	0.6104		79	70.35	2,964,882	3,712,447	
2009/01	16,555	0.35	1.3268	1.3268		79	67.11	2,995,206	3,761,743	
2009/07		0.35	0.6841	0.6841		79	67.11	3,002,377	3,787,497	
2010/01		0.30	0.8643	0.8643		79	72.54	3,010,162	3,820,203	
2010/07		0.30	0.7107	0.7107		79	72.54	3,016,580	3,847,379	
2011/01	69,955	0.25	0.9198	0.9198		79	69.72	3,093,473	3,882,771	
2011/07		0.25	0.9028	0.9028		79	68.51	3,100,455	3,917,847	
2012/01		0.20	0.3865	0.3865		79	68.51	3,102,852	3,933,015	
2012/07		0.20	0.9417	0.9417		79	68.51	3,108,695	3,970,066	
2013/01		0.15	0.4901	0.4901		79	70.01	3,110,980	3,989,500	
2013/07		0.15	0.6196	0.6196		79	70.01	3,113,870	4,014,227	
2014/01		0.10	0.8564	0.8564		79	75.34	3,116,535	4,048,592	
2014/07		0.10	1.2383	1.2383		79	75.34	3,120,393	4,098,757	
2015/01		0.05	0.7571	0.7571		79	74.12	3,121,576	4,129,804	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
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**0 268763-00 - 2015/01**

**217.79**

**Good Samaritan Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : Other

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>10676 MARVIN JONES BLVD</b>	<b>7/1/2013-6/30/2014</b>	Number of Beds: <b>161</b>	Superior: <b>0</b>
<b>LIVE OAK, FL 32060</b>	Days in CR <b>365</b>	Maximum: <b>58,765</b>	Standard: <b>243</b>
County: <b>Suwannee [61]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>58,765</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>54,614</b>	Total: <b>243</b>
Control: <b>Nonprofit : Other</b>	<b>Unaudited</b>	Medicare: <b>4,630</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>41,893</b>	FY Index: <b>1.32215372</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>76.70744%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.93627%</b>	Cost: <b>1.03741261</b>
Open Date: <b>01/01/1970</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1985</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22300000</b>
Entered Medicaid <b>01/01/1970</b>	Low Occupancy Adjustment Factor:	<b>118.67543%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02575226</b>
Previous Med # <b>202771</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,606,178	3,448,037	1,826,510	497,689		7,378,414	
1a	Audit Adjustments							
2	Cost Per Diem	38.3400	82.3058	43.5994	11.8800		176.1252	
3	Cost Per Diem Inflated	39.7744	84.4254	45.2306				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>39.7744</b>	<b>84.4254</b>	<b>45.2306</b>	<b>11.8800</b>		<b>181.3104</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.7883		56.4475				
7	Provider Target Rate	<b>48.5017</b>		<b>58.5147</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>39.7744</b>	<b>84.4254</b>	<b>45.2306</b>	<b>11.8800</b>		<b>181.3104</b>	
12/13	Medical Adjustment Rate		2.5366	1.3590				
14	Prospective Per Diem 11	<b>39.7744</b>	<b>86.9620</b>	<b>46.5896</b>	<b>11.8800</b>		<b>185.2060</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 268763-00 - 2015/01**

**217.79**

Rate Semester 01/01/2015 through 08/31/2015

**Good Samaritan Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	7,715,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>5,301,013</b> <b>9.3250</b>
RS to Start Calcs:	<b>1985/10</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,325,253</b> <b>0.5691</b>
Indexed Asset Value	<b>6,626,266</b>	Interest Rate:	<b>7.0000%</b>	Insurance Cost(3):	<b>29,465</b> <b>0.5395</b>
FRVS Base Asset:	<b>2,464,423</b>	Chase Rate:	<b>10.5000%</b>	Taxes Cost(3):	<b>0</b> <b>0.0000</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>7.0000%</b>	Home Office(3):	<b>110,853</b> <b>2.0298</b>
ROE Factor	<b>0.022710</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>14,556</b> <b>0.0000</b>
		Yearly Payment:	<b>493,184</b>	Total FRVS PD:	<b>12.4634</b>

- (1) 80% Capital (\$5,301,013) amortized at 7.0000 % for 20 years Principal & Interest of \$493,184 divided by annual available days (58765) divided by Occup. Adj. (0.90) = \$9.3250
- (2) 20% ROE (\$1,325,253) times the ROE factor (0.022710) divided by annual available days (58765) divided by Occup. Adj. (0.90) = \$0.5691
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>107</b>	Effective PBS Limitation	3,049,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>39.7744</b>	<b>39.7744</b>	<b>0.6920</b>	<b>39.0824</b>
Direct Care	<b>86.9620</b>	<b>86.9620</b>	<b>1.5129</b>	<b>85.4491</b>
Indirect Care	<b>46.5896</b>	<b>46.5896</b>	<b>0.8105</b>	<b>45.7791</b>
Property	<b>11.8800</b>	<b>12.4634</b>	<b>0.2168</b>	<b>12.2466</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>25.3261</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>185.2060</b>	<b>185.7894</b>	<b>3.2322</b>	<b>217.7858</b>

**Medicaid Trend Adjustment**



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**217.79**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	3,562	0.00				107	100.00	3,562	1,097,927	
1972/01		0.10	3.9787	3.0000	0.9787	107	100.00	3,573	1,141,583	
1972/07		0.10	5.9113	3.0000	2.9113	107	100.00	3,584	1,197,865	
1973/01		0.20	8.0622	3.0000	5.0622	107	100.00	3,606	1,259,604	
1973/07		0.20	10.7186	3.0000	7.7186	107	100.00	3,628	1,330,866	
1974/01	2,470	0.30	12.9457	3.0000	9.9457	107	100.00	6,131	1,400,416	
1974/07		0.30	13.0494	3.0000	10.0494	107	100.00	6,186	1,443,858	
1975/01	1,443,858	0.40	13.1399	3.0000	10.1399	107	100.00	1,450,118	1,488,477	
1975/07		0.40	14.2033	3.0000	11.2033	107	100.00	1,467,519	1,549,039	
1976/01	2,196	0.50	15.2478	3.0000	12.2478	107	100.00	1,491,728	1,611,634	
1976/07		0.50	15.7330	3.0000	12.7330	107	100.00	1,514,104	1,667,809	
1977/01	20,462	0.60	16.4836	3.0000	13.4836	107	100.00	1,561,820	1,730,404	
1977/07		0.60	18.5412	3.0000	15.5412	107	100.00	1,589,933	1,817,823	
1978/01	643	0.70	20.2809	3.0000	17.2809	107	100.00	1,623,965	1,904,065	
1978/07		0.70	22.8203	3.0000	19.8203	107	100.00	1,658,068	2,009,460	
1979/01		0.80	24.9476	3.0000	21.9476	107	100.00	1,697,862	2,112,501	
1979/07		0.80	26.1458	3.0000	23.1458	107	100.00	1,738,611	2,201,204	
1980/01		0.90	29.3115	3.0000	26.3115	107	72.75	1,785,553	2,336,987	
1980/07		0.90	30.1222	3.0000	27.1222	107	72.75	1,833,763	2,426,011	
1981/01		1.00	30.9462	3.0000	27.9462	107	65.07	1,888,776	2,518,780	
1981/07		1.00	30.5350	3.0000	27.5350	107	65.07	1,945,439	2,583,943	
1982/01		1.00	30.2110	3.0000	27.2110	107	66.11	2,003,802	2,653,172	
1982/07		1.00	29.5087	3.0000	26.5087	107	66.11	2,063,916	2,714,055	
1983/04		1.00	29.1375	3.0000	26.1375	107	66.51	2,125,833	2,785,424	
1983/07		1.00	30.0953	3.0000	27.0953	107	66.51	2,189,608	2,895,634	
1984/01		1.00	28.3905	3.0000	25.3905	107	64.52	2,255,296	2,933,191	
1984/07		1.00	27.3084	3.0000	24.3084	107	64.52	2,322,955	2,989,473	
1985/01		1.00	25.4555	3.0000	22.4555	107	64.51	2,392,644	3,023,713	
1985/10		1.00	23.3077	3.0000	20.3077	107	64.51	2,464,423	3,049,500	
1986/01		1.00	21.1376	3.0000	18.1376	107	62.15	2,538,356	3,074,859	





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**217.79**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	107	62.15	2,614,507	3,068,974	
1987/01		1.00	16.4441	3.0000	13.4441	107	62.10	2,692,942	3,123,865	
1987/07		1.00	14.3448	3.0000	11.3448	107	62.10	2,773,730	3,148,261	
1988/01		1.00	12.2455	3.0000	9.2455	107	60.02	2,856,942	3,173,834	
1988/07		1.00	9.8354	3.0000	6.8354	107	60.02	2,942,650	3,172,122	
1989/01		1.00	7.4253	3.0000	4.4253	107	62.88	3,030,930	3,190,847	
1989/07		1.00	5.0152	3.0000	2.0152	107	62.88	3,121,858	3,212,461	
1990/01		1.00	2.6051	2.6051		107	61.64	3,203,186	3,228,618	
1990/07		1.00	0.5899	0.5899		107	61.64	3,222,082	3,247,664	
1991/01	19,484	1.00	0.5899	0.5899		107	65.73	3,260,573	3,266,710	
1991/07	1,639,008	1.00	1.4932	1.4932		107	65.73	4,948,268	3,315,502	
1992/01		0.95	2.0117	2.0117		161	71.37	5,042,834	5,089,049	
1992/07		0.95	1.8152	1.8152		161	71.37	5,129,793	5,181,463	
1993/01		0.90	1.7710	1.7710		161	68.39	5,211,557	5,273,233	
1993/07		0.90	1.5329	1.5329		161	68.39	5,283,456	5,354,055	
1994/01		0.85	1.6983	1.6983		161	74.02	5,359,728	5,445,020	
1994/07		0.85	1.5991	1.5991		161	74.02	5,432,577	5,532,121	
1995/01		0.80	1.5812	1.5812		161	70.81	5,501,299	5,619,544	
1995/07		0.80	1.5250	1.5250		161	70.81	5,568,415	5,705,196	
1996/01		0.75	1.7228	1.7228		161	70.94	5,640,364	5,803,567	
1996/07		0.75	1.3294	1.3294		161	70.94	5,696,604	5,880,686	
1997/01		0.70	1.4109	1.4109		161	71.57	5,752,864	5,963,601	
1997/07		0.70	1.0917	1.0917		161	71.57	5,796,827	6,028,645	
1998/01	24,442	0.65	1.1663	1.1663		161	72.61	5,865,215	6,099,002	
1998/07		0.65	1.0794	1.0794		161	72.61	5,906,365	6,164,851	
1999/01		0.60	1.4499	1.4499		161	69.68	5,957,744	6,254,206	
1999/07		0.60	1.2299	1.2299		161	69.68	6,001,706	6,331,164	
2000/01	25,901	0.55	1.3356	1.3356		161	67.86	6,071,696	6,415,689	
2000/07		0.55	1.1129	1.1129		161	67.86	6,108,861	6,487,012	
2001/01		0.50	1.2976	1.2976		161	71.98	6,148,495	6,571,215	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		161	71.98	6,178,057	6,634,327	
2002/01	23,559	0.45	1.0301	1.0301		161	71.17	6,230,251	6,702,591	
2002/07		0.45	0.8337	0.8337		161	71.17	6,253,627	6,758,458	
2003/01		0.40	1.3271	1.3271		161	76.17	6,286,821	6,848,135	
2003/07		0.40	1.1664	1.1664		161	76.17	6,316,155	6,927,991	
2004/01		0.35	1.1103	1.1103		161	78.30	6,340,700	7,004,949	
2004/07		0.35	0.8378	0.8378		161	78.30	6,359,291	7,063,714	
2005/01		0.30	0.8595	0.8595		161	78.30	6,375,692	7,124,411	
2005/07		0.30	0.7364	0.7364		161	78.82	6,389,776	7,176,897	
2006/01		0.25	0.9068	0.9068		161	76.13	6,404,262	7,241,941	
2006/07		0.25	0.8133	0.8133		161	76.13	6,417,282	7,300,867	
2007/01		0.20	1.0133	1.0133		161	76.13	6,430,290	7,374,766	
2007/07		0.20	1.1050	1.1050		161	73.09	6,444,501	7,456,232	
2008/01		0.15	0.8556	0.8556		161	73.09	6,452,769	7,519,988	
2008/07	25,047	0.15	0.6104	0.6104		161	78.28	6,483,727	7,565,873	
2009/01		0.10	1.3268	1.3268		161	78.28	6,492,331	7,666,337	
2009/07		0.10	0.6841	0.6841		161	76.31	6,496,772	7,718,823	
2010/01		0.05	0.8643	0.8643		161	76.31	6,499,579	7,785,477	
2010/07		0.05	0.7107	0.7107		161	74.64	6,501,886	7,840,861	
2011/01		0.00	0.9198	0.9198		161	74.64	6,501,886	7,912,989	
2011/07		0.00	0.9028	0.9028		161	73.54	6,501,886	7,984,473	
2012/01		0.00	0.3865	0.3865		161	76.22	6,501,886	8,015,385	
2012/07		0.00	0.9417	0.9417		161	76.22	6,501,886	8,090,894	
2013/01		0.00	0.4901	0.4901		161	76.22	6,501,886	8,130,500	
2013/07	124,380	0.00	0.6196	0.6196		161	74.88	6,626,266	8,180,893	
2014/01		0.00	0.8564	0.8564		161	74.00	6,626,266	8,250,928	
2014/07		0.00	1.2383	1.2383		161	74.00	6,626,266	8,353,163	
2015/01		0.00	0.7571	0.7571		161	76.71	6,626,266	8,416,436	

**Message Code:**



Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 268780-00 - 2015/01**

**239.40**

**The Springs at Lake Pointe Woods**

Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective
Type of Ownership: Proprietary : Partnership		CHOW Status based on this Cost Report: No Change	
Provider Information	Cost Report	Patient Days	Ratings Days
<b>3280 LAKE POINTE BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>119</b>	Superior: <b>0</b>
<b>SARASOTA, FL 34231</b>	Days in CR <b>365</b>	Maximum: <b>43,435</b>	Standard: <b>243</b>
County: <b>Sarasota [58]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,435</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,411</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>7,682</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>20,072</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>52.25586%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.43329%</b>	Cost: <b>1.04340134</b>
Open Date: <b>11/06/1986</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/06/1986</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/01/1989</b>	Low Occupancy Adjustment Factor:	<b>112.92532%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>213225</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	819,787	1,883,735	1,152,347	553,184	11,146	4,420,199	
1a	Audit Adjustments							
2	Cost Per Diem	40.8423	93.8489	57.4107	27.5600	0.5553	220.2172	
3	Cost Per Diem Inflated	42.6149	96.8996	59.9024				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>42.6149</b>	<b>96.8996</b>	<b>59.9024</b>	<b>27.5600</b>	<b>0.5553</b>	<b>227.5322</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.1549		64.6637				
7	Provider Target Rate	<b>53.0282</b>		<b>67.0317</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>42.6149</b>	<b>96.8996</b>	<b>59.9024</b>	<b>13.6500</b>	<b>0.5553</b>	<b>213.6222</b>	
12/13	Medical Adjustment Rate		0.2459	0.1520				
14	Prospective Per Diem 11	<b>42.6149</b>	<b>97.1455</b>	<b>60.0544</b>	<b>13.6500</b>	<b>0.5553</b>	<b>214.0201</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 268780-00 - 2015/01**

**239.40**

Rate Semester 01/01/2015 through 08/31/2015

**The Springs at Lake Pointe Woods**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/01/1989	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>0.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1986/07</b>	Type:	<b>None</b>	80% Capital(1):	<b>3,493,846 7.5287</b>
Indexed Asset Value	<b>4,367,308</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>873,462 0.4190</b>
FRVS Base Asset:	<b>1,523,061</b>	Interest Rate:	<b>8.5000%</b>	Insurance Cost(3):	<b>67,907 1.7679</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>61,067 1.5898</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>8.5000%</b>	Home Office(3):	<b>7,778 0.2025</b>
		Interest Only:	<b>True</b>	Replacement(3&4):	<b>242,856 0.0000</b>
		Yearly Payment:	<b>294,309</b>	Total FRVS PD:	<b>11.5079</b>

(1) 80% Capital (\$3,493,846) amortized at 8.5000 % for 20 years Interest of \$294,309 divided by annual available days (43435) divided by Occup. Adj. (0.90) = \$7.5287

(2) 20% ROE (\$873,462) times the ROE factor (0.018750) divided by annual available days (43435) divided by Occup. Adj. (0.90) = \$0.4190

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,737
Comparison Date:	<b>01/01/1986</b>	Current RS PBS:	52,276
Comparison Bed	<b>53</b>	Effective PBS Limitation	1,523,061

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>42.6149</b>	<b>42.6149</b>	<b>0.7414</b>	<b>41.8735</b>
Direct Care	<b>97.1455</b>	<b>97.1455</b>	<b>1.6901</b>	<b>95.4554</b>
Indirect Care	<b>60.0544</b>	<b>60.0544</b>	<b>1.0448</b>	<b>59.0096</b>
Property	<b>13.6500</b>	<b>11.5079</b>	<b>0.2002</b>	<b>11.3077</b>
ROE	<b>0.5553</b>	<b>0.1180</b>	<b>0.0021</b>	<b>0.1159</b>
ROE Adjustment	<b>-0.1180</b>	<b>-0.1180</b>	<b>-0.0021</b>	<b>-0.1159</b>
Quality Assess-Medicaid Share				<b>21.8552</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>213.9021</b>	<b>211.3227</b>	<b>3.6765</b>	<b>239.4039</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 268780-00 - 2015/01**

**239.40**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07	4,817,727	0.00	0.2974	0.2974		53		1,523,061	1,523,061	1
1987/01		0.10	1.0091	1.0091		53		1,523,061	1,547,335	
1987/07		0.10	0.9007	0.9007		53		1,523,061	1,559,419	
1988/01		0.20	0.9007	0.9007		53		1,523,061	1,572,086	
1988/07		0.20	0.5899	0.5899		53		1,523,061	1,571,238	
1989/01		0.30	0.5899	0.5899		53		1,523,061	1,580,513	
1989/07		0.30	0.5899	0.5899		53	4.83	1,523,061	1,591,219	
1990/01	1,801,380	0.40	0.5899	0.5899		113	5.93	3,324,441	3,409,662	
1990/07		0.40	0.5899	0.5899		113	5.93	3,324,441	3,429,776	
1991/01		0.50	0.5899	0.5899		113	5.93	3,324,441	3,449,890	
1991/07		0.50	1.4932	1.4932		113	5.93	3,324,441	3,501,418	
1992/01		0.60	2.0117	2.0117		113	5.93	3,324,441	3,571,817	
1992/07		0.60	1.8152	1.8152		113	5.93	3,324,441	3,636,679	
1993/01		0.70	1.7710	1.7710		113	15.39	3,324,441	3,701,089	
1993/07		0.70	1.5329	1.5329		113	15.39	3,324,441	3,757,815	
1994/01	31,333	0.80	1.6983	1.6983		113	18.19	3,355,774	3,821,660	
1994/07		0.80	1.5991	1.5991		113	18.19	3,355,774	3,882,793	
1995/01	61,702	0.90	1.5812	1.5812		120	18.39	3,417,476	4,188,480	
1995/07		0.90	1.5250	1.5250		120	18.39	3,417,476	4,252,320	
1996/01		1.00	1.7228	1.7228		120	20.59	3,417,476	4,325,640	
1996/07		1.00	1.3294	1.3294		120	20.59	3,417,476	4,383,120	
1997/01		1.00	1.4109	1.4109		120	23.58	3,417,476	4,444,920	
1997/07	14,833	1.00	1.0917	1.0917		120	27.55	3,450,997	4,493,400	
1998/01	23,214	1.00	1.1663	1.1663		120	27.55	3,494,372	4,545,840	
1998/07		1.00	1.0794	1.0794		120	27.55	3,513,265	4,594,920	
1999/01		1.00	1.4499	1.4499		120	27.55	3,538,781	4,661,520	
1999/07		1.00	1.2299	1.2299		120	27.55	3,560,582	4,718,880	
2000/01		1.00	1.3356	1.3356		120	31.43	3,587,758	4,781,880	
2000/07		1.00	1.1129	1.1129		120	31.43	3,587,758	4,835,040	5
2001/01		1.00	1.2976	1.2976		120	36.86	3,610,575	4,897,800	5



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**0 268780-00 - 2015/01**

**239.40**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		1.00	0.9615	0.9615		120	36.86	3,641,974	4,944,840	5
2002/01		1.00	1.0301	1.0301		119	46.57	3,697,412	4,954,089	
2002/07		1.00	0.8337	0.8337		119	46.57	3,723,513	4,995,382	
2003/01		1.00	1.3271	1.3271		119	39.71	3,759,190	5,061,665	
2003/07		1.00	1.1664	1.1664		119	39.71	3,790,848	5,120,689	
2004/01		1.00	1.1103	1.1103		119	41.29	3,790,848	5,177,571	5
2004/07		1.00	0.8378	0.8378		119	41.29	3,846,488	5,221,006	
2005/01		1.00	0.8595	0.8595		119	41.29	3,871,307	5,265,869	
2005/07		1.00	0.7364	0.7364		119	41.29	3,892,709	5,304,663	
2006/01		1.00	0.9068	0.9068		119	41.29	3,919,209	5,352,739	
2006/07		1.00	0.8133	0.8133		119	41.70	3,943,376	5,396,293	
2007/01		0.95	1.0133	1.0133		119	41.70	3,972,156	5,450,914	
2007/07		0.95	1.1050	1.1050		119	44.68	4,006,031	5,511,128	
2008/01		0.90	0.8556	0.8556		119	44.68	4,031,090	5,558,252	
2008/07		0.90	0.6104	0.6104		119	44.68	4,049,081	5,592,167	
2009/01		0.85	1.3268	1.3268		119	47.20	4,088,270	5,666,423	
2009/07		0.85	0.6841	0.6841		119	47.20	4,108,672	5,705,217	
2010/01		0.80	0.8643	0.8643		119	50.11	4,134,554	5,754,483	
2010/07		0.80	0.7107	0.7107		119	50.56	4,156,165	5,795,419	
2011/01		0.75	0.9198	0.9198		119	50.56	4,182,524	5,848,731	
2011/07		0.75	0.9028	0.9028		119	50.56	4,208,558	5,901,567	
2012/01		0.70	0.3865	0.3865		119	52.43	4,219,414	5,924,415	
2012/07		0.70	0.9417	0.9417		119	52.43	4,245,929	5,980,226	
2013/01		0.65	0.4901	0.4901		119	53.55	4,259,100	6,009,500	
2013/07		0.65	0.6196	0.6196		119	53.55	4,275,799	6,046,747	
2014/01	20,520	0.60	0.8564	0.8564		119	54.72	4,318,176	6,098,512	
2014/07		0.60	1.2383	1.2383		119	54.72	4,350,097	6,174,077	
2015/01		0.55	0.7571	0.7571		119	52.26	4,367,308	6,220,844	

**Message Code:**

- |   |                                  |
|---|----------------------------------|
| 1 | Per Bed Standard Limitation      |
| 5 | Uncorrected Licensure Deficiency |





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 269000-00 - 2015/01**

**214.98**

**Majestic Oaks Continuing Care Complex**

Type of Cost Report: Prospective		Type of Cost: Actual		Type of Rate: Prospective	
Type of Ownership: Nonprofit : 501(c)(3) Organization				CHOW Status based on this Cost Report: No Change	
Provider Information	Cost Report	Patient Days	Ratings	Days	
<b>901 VETERAN'S MEMORIAL PARKWAY</b> <b>ORANGE CITY, FL 32763</b> County: <b>Volusia [64]</b> Region: <b>North</b> Area: <b>4</b> Control: <b>Nonprofit : 501(c)(3) Organization</b> Current Class <b>North Large</b> Class at 1/94: <b>North Large</b> Operating Ex > <b>18 months</b> Open Date: <b>01/21/2003</b> Acquired Date: <b>01/21/2003</b> Entered Medicaid <b>01/21/2003</b> Med # Active Date: <b>01/21/2003</b> Previous Med #	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>150</b>	Superior:	<b>0</b>	
	Days in CR <b>365</b>	Maximum: <b>54,750</b>	Standard:	<b>243</b>	
	First Used : <b>2014/07</b>	Max Annualized: <b>54,750</b>	Conditional:	<b>0</b>	
	Last Used: <b>2015/01</b>	Total Patient: <b>50,880</b>	Total:	<b>243</b>	
	<b>Unaudited</b>	Medicare: <b>8,657</b>	Inflation		
	Initial CR? <b>False</b>	Medicaid: <b>20,717</b>	FY Index:	<b>1.31456505</b>	
	Medical Utilization	<b>40.71737%</b>	Semester Index:	<b>1.37161894</b>	
	Occupancy:	<b>92.93151%</b>	Cost:	<b>1.04340134</b>	
	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target:	<b>1.02563464</b>	
	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index:	<b>1.21500000</b>	
Low Occupancy Adjustment Factor:	<b>118.66935%</b>	DC Sem Index:	<b>1.25449501</b>		
Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation:	<b>1.03250618</b>		
		PS Target:	<b>1.03662091</b>		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,362,736	2,030,151	961,104	277,401		4,631,392	
1a	Audit Adjustments							
2	Cost Per Diem	65.7786	97.9944	46.3920	13.3900		223.5550	
3	Cost Per Diem Inflated	68.6335	101.1798	48.4055				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>68.6335</b>	<b>101.1798</b>	<b>48.4055</b>	<b>13.3900</b>		<b>231.6088</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.7529		52.2722				
7	Provider Target Rate	<b>61.9411</b>		<b>54.1865</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.5678</b>	<b>96.4319</b>	<b>48.4055</b>	<b>13.3900</b>		<b>209.7952</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>51.5678</b>	<b>96.4319</b>	<b>48.4055</b>	<b>13.3900</b>		<b>209.7952</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 269000-00 - 2015/01**

**214.98**

Rate Semester 01/01/2015 through 08/31/2015

**Majestic Oaks Continuing Care Complex**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/21/2003	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>7,059,913.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>2003/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>5,450,325 9.4394</b>
Indexed Asset Value	<b>6,812,906</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,362,581 0.5185</b>
FRVS Base Asset:	<b>6,296,700</b>	Interest Rate:	<b>5.9085%</b>	Insurance Cost(3):	<b>74,812 1.4704</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.2500%</b>	Taxes Cost(3):	<b>44,485 0.8743</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>5.9085%</b>	Home Office(3):	<b>0 0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>180,381 0.0000</b>
		Yearly Payment:	<b>465,128</b>	Total FRVS PD:	<b>12.3026</b>

- (1) 80% Capital (\$5,450,325) amortized at 5.9085 % for 20 years Principal & Interest of \$465,128 divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$9.4394
- (2) 20% ROE (\$1,362,581) times the ROE factor (0.018750) divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$0.5185
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	41,978
Comparison Date:	<b>07/01/2002</b>	Current RS PBS:	52,276
Comparison Bed	<b>150</b>	Effective PBS Limitation	6,296,700

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.5678</b>	<b>51.5678</b>	<b>0.8972</b>	<b>50.6706</b>
Direct Care	<b>96.4319</b>	<b>96.4319</b>	<b>1.6777</b>	<b>94.7542</b>
Indirect Care	<b>48.4055</b>	<b>48.4055</b>	<b>0.8421</b>	<b>47.5634</b>
Property	<b>13.3900</b>	<b>12.3026</b>	<b>0.2140</b>	<b>12.0886</b>
ROE				
ROE Adjustment				
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>209.7952</b>	<b>208.7078</b>	<b>3.6310</b>	<b>214.9793</b>

Medicaid Trend Adjustment



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 269000-00 - 2015/01**

**214.98**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01	15,470,706	0.00	1.3271	1.3271		150	27.18	6,296,700	6,296,700	1
2003/07		0.10	1.1664	1.1664		150	27.18	6,300,328	6,454,650	
2004/01		0.10	1.1103	1.1103		150	27.18	6,303,784	6,526,350	
2004/07		0.20	0.8378	0.8378		150	27.18	6,309,005	6,581,100	
2005/01		0.20	0.8595	0.8595		150	27.18	6,314,364	6,637,650	
2005/07		0.30	0.7364	0.7364		150	27.18	6,321,257	6,686,550	
2006/01		0.30	0.9068	0.9068		150	29.72	6,330,548	6,747,150	
2006/07	22,384	0.40	0.8133	0.8133		150	34.38	6,365,805	6,802,050	
2007/01		0.40	1.0133	1.0133		150	34.38	6,381,933	6,870,900	
2007/07		0.50	1.1050	1.1050		150	34.38	6,403,974	6,946,800	
2008/01		0.50	0.8556	0.8556		150	31.33	6,419,580	7,006,200	
2008/07		0.60	0.6104	0.6104		150	31.33	6,432,971	7,048,950	
2009/01		0.60	1.3268	1.3268		150	28.20	6,459,229	7,142,550	
2009/07		0.70	0.6841	0.6841		150	28.20	6,475,089	7,191,450	
2010/01		0.70	0.8643	0.8643		150	29.16	6,495,858	7,253,550	
2010/07		0.80	0.7107	0.7107		150	29.16	6,515,441	7,305,150	
2011/01		0.80	0.9198	0.9198		150	32.72	6,543,961	7,372,350	
2011/07		0.90	0.9028	0.9028		150	33.52	6,576,366	7,438,950	
2012/01		0.90	0.3865	0.3865		150	33.52	6,590,310	7,467,750	
2012/07		1.00	0.9417	0.9417		150	32.85	6,627,377	7,538,100	
2013/01		1.00	0.4901	0.4901		150	32.85	6,646,777	7,575,000	
2013/07		1.00	0.6196	0.6196		150	37.25	6,674,669	7,621,950	
2014/01		1.00	0.8564	0.8564		150	37.25	6,713,383	7,687,200	
2014/07		1.00	1.2383	1.2383		150	40.72	6,774,931	7,782,450	
2015/01		1.00	0.7571	0.7571		150	40.72	6,812,906	7,841,400	

**Message Code:**

1 Per Bed Standard Limitation



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 269107-00 - 2015/01**

**198.95**

**Harmony Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Partnership    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>9820 N KENDALL DRIVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>203</b>	Superior: <b>0</b>
<b>MIAMI, FL 33176</b>	Days in CR <b>365</b>	Maximum: <b>74,095</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>74,095</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>73,642</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>14,956</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>41,368</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>56.17447%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>99.38862%</b>	Cost: <b>1.04340134</b>
Open Date: <b>03/01/1970</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/11/1998</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/13/2000</b>	Low Occupancy Adjustment Factor:	<b>126.91479%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>226386</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,282,036	2,861,340	2,226,192	587,839		6,957,407	
1a	Audit Adjustments							
2	Cost Per Diem	30.9910	69.1680	53.8143	14.2100		168.1833	
3	Cost Per Diem Inflated	32.3361	71.4164	56.1499				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>32.3361</b>	<b>71.4164</b>	<b>56.1499</b>	<b>14.2100</b>		<b>174.1124</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		61.6636				
7	Provider Target Rate	<b>49.1189</b>		<b>63.9218</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>32.3361</b>	<b>71.4164</b>	<b>56.1499</b>	<b>13.6500</b>		<b>173.5524</b>	
12/13	Medical Adjustment Rate		0.4961	0.3900				
14	Prospective Per Diem 11	<b>32.3361</b>	<b>71.9125</b>	<b>56.5399</b>	<b>13.6500</b>		<b>174.4385</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 269107-00 - 2015/01**

**198.95**

Rate Semester 01/01/2015 through 08/31/2015

**Harmony Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/13/2000	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	6,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>7,227,538 9.3178</b>
RS to Start Calcs:	<b>1998/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,806,884 0.5080</b>
Indexed Asset Value	<b>9,034,422</b>	Interest Rate:	<b>6.0000%</b>	Insurance Cost(3):	<b>77,761 1.0559</b>
FRVS Base Asset:	<b>0</b>	Chase Rate:	<b>4.0000%</b>	Taxes Cost(3):	<b>129,372 1.7568</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>6.0000%</b>	Home Office(3):	<b>5,248 0.0713</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>33,250 0.0000</b>
		Yearly Payment:	<b>621,364</b>	Total FRVS PD:	<b>12.7098</b>

- (1) 80% Capital (\$7,227,538) amortized at 6.0000 % for 20 years Principal & Interest of \$621,364 divided by annual available days (74095) divided by Occup. Adj. (0.90) = \$9.3178
- (2) 20% ROE (\$1,806,884) times the ROE factor (0.018750) divided by annual available days (74095) divided by Occup. Adj. (0.90) = \$0.5080
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>		Used Per Bed Standard:	37,882
Comparison Date:	<b>01/01/1998</b>	Current RS PBS:	52,276
Comparison Bed	<b>203</b>	Effective PBS Limitation	7,690,046

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>32.3361</b>	<b>32.3361</b>	<b>0.5626</b>	<b>31.7735</b>
Direct Care	<b>71.9125</b>	<b>71.9125</b>	<b>1.2511</b>	<b>70.6614</b>
Indirect Care	<b>56.5399</b>	<b>56.5399</b>	<b>0.9837</b>	<b>55.5562</b>
Property	<b>13.6500</b>	<b>12.7098</b>	<b>0.2211</b>	<b>12.4887</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>18.5704</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>174.4385</b>	<b>173.4983</b>	<b>3.0185</b>	<b>198.9527</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 269107-00 - 2015/01**

**198.95**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07	29,188,019	0.00	1.1129	1.1129		203	35.69	7,690,046	7,690,046	1
2001/01	33,100	0.10	1.2976	1.2976		203	35.69	7,729,623	8,285,445	
2001/07	8,316	0.10	0.9615	0.9615		203	35.69	7,742,764	8,365,021	
2002/01		0.20	1.0301	1.0301		203	35.69	7,742,764	8,451,093	5
2002/07		0.20	0.8337	0.8337		203	35.69	7,761,501	8,521,534	
2003/01		0.30	1.3271	1.3271		203	35.69	7,781,551	8,634,605	
2003/07		0.30	1.1664	1.1664		203	68.18	7,808,779	8,735,293	
2004/01		0.40	1.1103	1.1103		203	68.18	7,843,458	8,832,327	
2004/07		0.40	0.8378	0.8378		203	68.18	7,869,741	8,906,422	
2005/01		0.50	0.8595	0.8595		203	68.18	7,903,565	8,982,953	
2005/07		0.50	0.7364	0.7364		203	68.18	7,932,666	9,049,131	
2006/01		0.60	0.9068	0.9068		203	68.18	7,975,828	9,131,143	
2006/07		0.60	0.8133	0.8133		203	69.04	8,014,750	9,205,441	
2007/01		0.70	1.0133	1.0133		203	54.76	8,071,351	9,298,618	
2007/07		0.70	1.1050	1.1050		203	54.76	8,133,510	9,401,336	
2008/01		0.80	0.8556	0.8556		203	47.28	8,181,369	9,481,724	
2008/07		0.80	0.6104	0.6104		203	47.28	8,215,711	9,539,579	
2009/01		0.90	1.3268	1.3268		203	46.32	8,298,332	9,666,251	
2009/07		0.90	0.6841	0.6841		203	46.32	8,341,361	9,732,429	
2010/01		1.00	0.8643	0.8643		203	45.50	8,401,003	9,816,471	
2010/07		1.00	0.7107	0.7107		203	50.04	8,455,325	9,886,303	
2011/01		1.00	0.9198	0.9198		203	50.04	8,526,083	9,977,247	
2011/07		1.00	0.9028	0.9028		203	51.98	8,598,830	10,067,379	
2012/01		1.00	0.3865	0.3865		203	51.98	8,630,240	10,106,355	
2012/07		1.00	0.9417	0.9417		203	51.98	8,707,048	10,201,562	
2013/01		1.00	0.4901	0.4901		203	51.86	8,747,285	10,251,500	
2013/07		1.00	0.6196	0.6196		203	51.86	8,798,389	10,315,039	
2014/01		1.00	0.8564	0.8564		203	49.95	8,866,820	10,403,344	
2014/07		1.00	1.2383	1.2383		203	49.95	8,966,536	10,532,249	
2015/01		1.00	0.7571	0.7571		203	56.17	9,034,422	10,612,028	

**Message Code:**

1 Per Bed Standard Limitation

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 269107123120130101201310242014144304



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

<b>0 269492-00 - 2015/01</b>
<b>246.17</b>

**Douglas Jacobson State Veterans' Nursing Home**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Government

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>21281 GRAYTON TERRACE</b>	<b>7/1/2013-6/30/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PORT CHARLOTTE, FL 33954</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Charlotte [8]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>43,418</b>	Total: <b>243</b>
Control: <b>Government</b>	<b>Unaudited</b>	Medicare: <b>1,517</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>14,910</b>	FY Index: <b>1.32215372</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>34.34060%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>99.12785%</b>	Cost: <b>1.03741261</b>
Open Date: <b>04/01/2004</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/01/2004</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22300000</b>
Entered Medicaid <b>06/07/2004</b>	Low Occupancy Adjustment Factor:	<b>126.58180%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>06/07/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02575226</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	748,792	1,706,350	791,590	146,118		3,392,850	
1a	Audit Adjustments							
2	Cost Per Diem	50.2208	114.4433	53.0912	9.8000		227.5553	
3	Cost Per Diem Inflated	52.0997	117.3905	55.0775				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>52.0997</b>	<b>117.3905</b>	<b>55.0775</b>	<b>9.8000</b>		<b>234.3677</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	83.5875		70.9022				
7	Provider Target Rate	<b>86.6486</b>		<b>73.4987</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>52.0997</b>	<b>99.8648</b>	<b>55.0775</b>	<b>9.8000</b>		<b>216.8420</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>52.0997</b>	<b>99.8648</b>	<b>55.0775</b>	<b>9.8000</b>		<b>216.8420</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 269492-00 - 2015/01**

**246.17**

Rate Semester 01/01/2015 through 08/31/2015

**Douglas Jacobson State Veterans' Nursing Home**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/07/2004	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,604,311 4.6012
RS to Start Calcs:	2004/01	<60% of Base:	True	20% ROE(2):	1,151,078 0.6631
Indexed Asset Value	5,755,389	Interest Rate:	4.0000%	Insurance Cost(3):	8,266 0.1904
FRVS Base Asset:	5,163,720	Chase Rate:	4.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	4.0000%	Home Office(3):	44,420 1.0231
ROE Factor	0.022710	Interest Only:	True	Replacement(3&4):	222,005 0.0000
		Yearly Payment:	181,380	Total FRVS PD:	6.4778

- (1) 80% Capital (\$4,604,311) amortized at 4.0000 % for 20 years Interest of \$181,380 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$4.6012
- (2) 20% ROE (\$1,151,078) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6631
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	43,031
Comparison Date:	07/01/2003	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	5,163,720

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0997	52.0997	0.9064	51.1933
Direct Care	99.8648	99.8648	1.7374	98.1274
Indirect Care	55.0775	55.0775	0.9582	54.1193
Property	9.8000	6.4778	0.1127	6.3651
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				26.4612
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>216.8420</b>	<b>213.5198</b>	<b>3.7147</b>	<b>246.1688</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 269492-00 - 2015/01

246.17

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01	9,197,217	0.00	1.1103	1.1103		120	47.73	5,163,720	5,163,720	1
2004/07		0.10	0.8378	0.8378		120	47.73	5,167,475	5,264,880	
2005/01	52,861	0.10	0.8595	0.8595		120	47.73	5,224,193	5,310,120	
2005/07		0.20	0.7364	0.7364		120	47.73	5,230,871	5,349,240	
2006/01		0.20	0.9068	0.9068		120	47.73	5,239,106	5,397,720	
2006/07		0.30	0.8133	0.8133		120	47.73	5,250,200	5,441,640	
2007/01		0.30	1.0133	1.0133		120	47.73	5,264,051	5,496,720	
2007/07		0.40	1.1050	1.1050		120	58.75	5,287,318	5,557,440	
2008/01		0.40	0.8556	0.8556		120	56.24	5,305,411	5,604,960	
2008/07		0.50	0.6104	0.6104		120	56.24	5,321,603	5,639,160	
2009/01		0.50	1.3268	1.3268		120	56.24	5,356,907	5,714,040	
2009/07		0.60	0.6841	0.6841		120	59.51	5,378,897	5,753,160	
2010/01		0.60	0.8643	0.8643		120	59.51	5,406,792	5,802,840	
2010/07		0.70	0.7107	0.7107		120	55.54	5,433,691	5,844,120	
2011/01		0.70	0.9198	0.9198		120	55.54	5,468,679	5,897,880	
2011/07		0.80	0.9028	0.9028		120	53.81	5,507,319	5,951,160	
2012/01		0.80	0.3865	0.3865		120	38.44	5,519,220	5,974,200	
2012/07		0.90	0.9417	0.9417		120	38.44	5,551,912	6,030,480	
2013/01	27,001	0.90	0.4901	0.4901		120	37.25	5,595,499	6,060,000	
2013/07		1.00	0.6196	0.6196		120	37.25	5,618,980	6,097,560	
2014/01		1.00	0.8564	0.8564		120	37.25	5,651,571	6,149,760	
2014/07		1.00	1.2383	1.2383		120	42.23	5,705,306	6,225,960	
2015/01	23,114	1.00	0.7571	0.7571		120	34.34	5,755,389	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 269697-00 - 2015/01**

**217.08**

**Regents Park of Sunrise**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>9711 W OAKLAND PARK BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>SUNRISE , FL 33351</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,501</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>12,708</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>24,521</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>59.08532%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>94.75114%</b>	Cost: <b>1.04340134</b>
Open Date: <b>11/06/1989</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/06/1989</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/06/1989</b>	Low Occupancy Adjustment Factor:	<b>120.99293%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>06/01/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>210960</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	963,829	1,799,186	1,273,129	807,722		4,843,866	
1a	Audit Adjustments							
2	Cost Per Diem	39.3063	73.3733	51.9199	32.9400		197.5395	
3	Cost Per Diem Inflated	41.0122	75.7584	54.1733				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>41.0122</b>	<b>75.7584</b>	<b>54.1733</b>	<b>32.9400</b>		<b>203.8839</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.5288		66.4289				
7	Provider Target Rate	<b>58.5989</b>		<b>68.8616</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>41.0122</b>	<b>75.7584</b>	<b>54.1733</b>	<b>13.6500</b>		<b>184.5939</b>	
12/13	Medical Adjustment Rate		0.7743	0.5537				
14	Prospective Per Diem 11	<b>41.0122</b>	<b>76.5327</b>	<b>54.7270</b>	<b>13.6500</b>		<b>185.9219</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 269697-00 - 2015/01**

**217.08**

Rate Semester 01/01/2015 through 08/31/2015

**Regents Park of Sunrise**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>11/06/1989</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,762,500.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1989/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,392,262</b>	<b>12.4632</b>
Indexed Asset Value	<b>5,490,327</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,098,065</b>	<b>0.5223</b>
FRVS Base Asset:	<b>3,578,520</b>	Interest Rate:	<b>9.5000%</b>	Insurance Cost(3):	<b>68,745</b>	<b>1.6565</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>171,861</b>	<b>4.1411</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>9.5000%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>60,687</b>	<b>0.0000</b>
		Yearly Payment:	<b>491,300</b>	Total FRVS PD:		<b>18.7831</b>

- (1) 80% Capital (\$4,392,262) amortized at 9.5000 % for 20 years Principal & Interest of \$491,300 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.4632  
 (2) 20% ROE (\$1,098,065) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5223  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/1989</b>	Current RS PBS:	29,821
Comparison Bed	<b>120</b>	Effective PBS Limitation	52,276
			3,578,520

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>41.0122</b>	<b>41.0122</b>	<b>0.7135</b>	<b>40.2987</b>
Direct Care	<b>76.5327</b>	<b>76.5327</b>	<b>1.3315</b>	<b>75.2012</b>
Indirect Care	<b>54.7270</b>	<b>54.7270</b>	<b>0.9521</b>	<b>53.7749</b>
Property	<b>13.6500</b>	<b>18.7831</b>	<b>0.3268</b>	<b>18.4563</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.4483</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>185.9219</b>	<b>191.0550</b>	<b>3.3239</b>	<b>217.0819</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 269697-00 - 2015/01**

**217.08**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	5,175,978	0.00	0.5899	0.5899		120	23.28	3,578,520	3,578,520	1
1990/01		0.10	0.5899	0.5899		120	23.28	3,578,520	3,620,880	
1990/07		0.10	0.5899	0.5899		120	23.28	3,578,520	3,642,240	
1991/01		0.20	0.5899	0.5899		120	23.28	3,578,520	3,663,600	
1991/07		0.20	1.4932	1.4932		120	23.28	3,578,520	3,718,320	
1992/01		0.30	2.0117	2.0117		120	23.28	3,578,520	3,793,080	
1992/07		0.30	1.8152	1.8152		120	23.28	3,578,520	3,861,960	
1993/01		0.40	1.7710	1.7710		120	53.01	3,602,953	3,930,360	
1993/07		0.40	1.5329	1.5329		120	53.01	3,624,247	3,990,600	
1994/01	67,925	0.50	1.6983	1.6983		120	48.89	3,692,172	4,058,400	5
1994/07		0.50	1.5991	1.5991		120	48.89	3,745,967	4,123,320	
1995/01		0.60	1.5812	1.5812		120	48.89	3,777,557	4,188,480	
1995/07		0.60	1.5250	1.5250		120	48.89	3,808,282	4,252,320	
1996/01		0.70	1.7228	1.7228		120	48.89	3,849,108	4,325,640	
1996/07	29,130	0.70	1.3294	1.3294		120	36.91	3,902,276	4,383,120	
1997/01		0.80	1.4109	1.4109		120	36.91	3,931,834	4,444,920	
1997/07	27,223	0.80	1.0917	1.0917		120	47.37	3,988,634	4,493,400	
1998/01		0.90	1.1663	1.1663		120	47.37	4,024,694	4,545,840	
1998/07	75,583	0.90	1.0794	1.0794		120	32.39	4,123,303	4,594,920	
1999/01		1.00	1.4499	1.4499		120	32.39	4,158,510	4,661,520	
1999/07		1.00	1.2299	1.2299		120	32.39	4,188,630	4,718,880	
2000/01		1.00	1.3356	1.3356		120	30.18	4,219,328	4,781,880	
2000/07	33,791	1.00	1.1129	1.1129		120	36.85	4,284,580	4,835,040	
2001/01		1.00	1.2976	1.2976		120	36.85	4,321,830	4,897,800	
2001/07		1.00	0.9615	0.9615		120	36.85	4,349,671	4,944,840	
2002/01		1.00	1.0301	1.0301		120	32.76	4,376,359	4,995,720	
2002/07		1.00	0.8337	0.8337		120	32.76	4,398,091	5,037,360	
2003/01		1.00	1.3271	1.3271		120	32.76	4,432,857	5,104,200	
2003/07		1.00	1.1664	1.1664		120	39.96	4,470,423	5,163,720	
2004/01		1.00	1.1103	1.1103		120	49.23	4,514,851	5,221,080	



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 269697-00 - 2015/01

217.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		1.00	0.8378	0.8378		120	49.23	4,514,851	5,264,880	5
2005/01		1.00	0.8595	0.8595		120	49.23	4,583,703	5,310,120	
2005/07		1.00	0.7364	0.7364		120	49.23	4,613,916	5,349,240	
2006/01		1.00	0.9068	0.9068		120	49.23	4,651,366	5,397,720	
2006/07		1.00	0.8133	0.8133		120	49.23	4,651,366	5,441,640	5
2007/01		1.00	1.0133	1.0133		120	46.45	4,725,322	5,496,720	
2007/07		1.00	1.1050	1.1050		120	46.45	4,769,420	5,557,440	
2008/01		1.00	0.8556	0.8556		120	52.92	4,808,684	5,604,960	
2008/07		1.00	0.6104	0.6104		120	57.17	4,838,036	5,639,160	
2009/01		1.00	1.3268	1.3268		120	57.17	4,902,227	5,714,040	
2009/07		1.00	0.6841	0.6841		120	57.17	4,935,763	5,753,160	
2010/01		0.95	0.8643	0.8643		120	60.20	4,976,291	5,802,840	
2010/07		0.95	0.7107	0.7107		120	64.33	5,009,891	5,844,120	
2011/01		0.90	0.9198	0.9198		120	64.33	5,051,363	5,897,880	
2011/07		0.90	0.9028	0.9028		120	64.33	5,092,405	5,951,160	
2012/01		0.85	0.3865	0.3865		120	58.85	5,109,134	5,974,200	
2012/07		0.85	0.9417	0.9417		120	58.85	5,150,028	6,030,480	
2013/01	59,188	0.80	0.4901	0.4901		120	60.51	5,229,409	6,060,000	
2013/07	86,810	0.80	0.6196	0.6196		120	59.66	5,342,141	6,097,560	
2014/01		0.75	0.8564	0.8564		120	59.66	5,376,454	6,149,760	
2014/07		0.75	1.2383	1.2383		120	59.66	5,426,385	6,225,960	
2015/01	35,182	0.70	0.7571	0.7571		120	59.09	5,490,327	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 269719-00 - 2015/01**

**210.58**

**Regents Park of Winter Park**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>558 N SEMORAN BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>WINTER PARK, FL 32792</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Orange [48]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,101</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>12,980</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>24,347</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>59.23700%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.83790%</b>	Cost: <b>1.04340134</b>
Open Date: <b>11/23/1988</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/23/1988</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/23/1988</b>	Low Occupancy Adjustment Factor:	<b>119.82677%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>06/01/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211044</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	862,438	1,835,880	1,229,212	1,037,913		4,965,443	
1a	Audit Adjustments							
2	Cost Per Diem	35.4228	75.4048	50.4872	42.6300		203.9448	
3	Cost Per Diem Inflated	36.9602	77.8559	52.6784				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>36.9602</b>	<b>77.8559</b>	<b>52.6784</b>	<b>42.6300</b>		<b>210.1245</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.9012		58.6233				
7	Provider Target Rate	<b>50.6920</b>		<b>60.7701</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>36.9602</b>	<b>77.8559</b>	<b>52.6784</b>	<b>13.6500</b>		<b>181.1445</b>	
12/13	Medical Adjustment Rate		0.8090	0.5474				
14	Prospective Per Diem 11	<b>36.9602</b>	<b>78.6649</b>	<b>53.2258</b>	<b>13.6500</b>		<b>182.5009</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 269719-00 - 2015/01**

**210.58**

Rate Semester 01/01/2015 through 08/31/2015

**Regents Park of Winter Park**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/23/1988	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	7,688,955.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,205,524	10.7083
RS to Start Calcs:	1988/07	<60% of Base:	False	20% ROE(2):	1,051,381	0.5001
Indexed Asset Value	5,256,905	Interest Rate:	8.0000%	Insurance Cost(3):	74,298	1.8077
FRVS Base Asset:	3,559,440	Chase Rate:	7.7500%	Taxes Cost(3):	173,106	4.2117
Occup Adj Factor	0.9000	Amortization Rate:	8.0000%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	105,594	0.0000
		Yearly Payment:	422,120	Total FRVS PD:		17.2278

- (1) 80% Capital (\$4,205,524) amortized at 8.0000 % for 20 years Principal & Interest of \$422,120 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.7083  
 (2) 20% ROE (\$1,051,381) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5001  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,662
Comparison Date:	01/01/1988	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,559,440

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	36.9602	36.9602	0.6430	36.3172
Direct Care	78.6649	78.6649	1.3686	77.2963
Indirect Care	53.2258	53.2258	0.9260	52.2998
Property	13.6500	17.2278	0.2997	16.9281
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.8405
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>182.5009</b>	<b>186.0787</b>	<b>3.2373</b>	<b>210.5844</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 269719-00 - 2015/01**

**210.58**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	8,528,480	0.00	0.5899	0.5899		120	21.83	3,559,440	3,559,440	1
1989/01		0.10	0.5899	0.5899		120	21.83	3,559,440	3,578,520	
1989/07		0.10	0.5899	0.5899		120	21.83	3,559,440	3,602,760	
1990/01		0.20	0.5899	0.5899		120	21.83	3,559,440	3,620,880	
1990/07		0.20	0.5899	0.5899		120	21.83	3,559,440	3,642,240	
1991/01		0.30	0.5899	0.5899		120	34.76	3,563,422	3,663,600	
1991/07		0.30	1.4932	1.4932		120	34.76	3,563,422	3,718,320	5
1992/01		0.40	2.0117	2.0117		120	43.73	3,596,375	3,793,080	
1992/07		0.40	1.8152	1.8152		120	43.73	3,617,137	3,861,960	
1993/01		0.50	1.7710	1.7710		120	43.73	3,642,604	3,930,360	
1993/07	20,366	0.50	1.5329	1.5329		120	40.01	3,662,970	3,990,600	5
1994/01		0.60	1.6983	1.6983		120	37.94	3,709,172	4,058,400	
1994/07		0.60	1.5991	1.5991		120	37.94	3,733,722	4,123,320	
1995/01		0.70	1.5812	1.5812		120	37.94	3,762,229	4,188,480	
1995/07		0.70	1.5250	1.5250		120	37.94	3,789,933	4,252,320	
1996/01		0.80	1.7228	1.7228		120	37.94	3,825,964	4,325,640	
1996/07	38,606	0.80	1.3294	1.3294		120	36.53	3,891,595	4,383,120	
1997/01		0.90	1.4109	1.4109		120	36.53	3,924,416	4,444,920	
1997/07	34,726	0.90	1.0917	1.0917		120	40.15	3,987,289	4,493,400	
1998/01		1.00	1.1663	1.1663		120	40.15	4,021,237	4,545,840	
1998/07		1.00	1.0794	1.0794		120	37.36	4,050,721	4,594,920	
1999/01		1.00	1.4499	1.4499		120	37.36	4,090,616	4,661,520	
1999/07		1.00	1.2299	1.2299		120	37.36	4,124,791	4,718,880	
2000/01	47,039	1.00	1.3356	1.3356		120	37.80	4,209,692	4,781,880	
2000/07	35,743	1.00	1.1129	1.1129		120	31.94	4,272,642	4,835,040	
2001/01		1.00	1.2976	1.2976		120	31.94	4,304,839	4,897,800	
2001/07		1.00	0.9615	0.9615		120	36.80	4,332,533	4,944,840	
2002/01		1.00	1.0301	1.0301		120	41.98	4,332,533	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	41.98	4,394,383	5,037,360	
2003/01		1.00	1.3271	1.3271		120	41.98	4,438,895	5,104,200	





Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 269719-00 - 2015/01

210.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		120	39.20	4,475,797	5,163,720	
2004/01		1.00	1.1103	1.1103		120	31.98	4,504,692	5,221,080	
2004/07		1.00	0.8378	0.8378		120	31.98	4,526,636	5,264,880	
2005/01		1.00	0.8595	0.8595		120	31.98	4,549,258	5,310,120	
2005/07		1.00	0.7364	0.7364		120	31.98	4,568,737	5,349,240	
2006/01		1.00	0.9068	0.9068		120	31.98	4,592,826	5,397,720	
2006/07		1.00	0.8133	0.8133		120	31.98	4,614,545	5,441,640	
2007/01		1.00	1.0133	1.0133		120	34.78	4,644,114	5,496,720	
2007/07		1.00	1.1050	1.1050		120	34.78	4,676,565	5,557,440	
2008/01	24,808	1.00	0.8556	0.8556		120	35.65	4,727,308	5,604,960	
2008/07		1.00	0.6104	0.6104		120	41.95	4,749,317	5,639,160	
2009/01		0.95	1.3268	1.3268		120	41.95	4,794,978	5,714,040	
2009/07		0.95	0.6841	0.6841		120	41.95	4,818,747	5,753,160	
2010/01		0.90	0.8643	0.8643		120	47.69	4,851,250	5,802,840	
2010/07		0.90	0.7107	0.7107		120	49.86	4,879,379	5,844,120	
2011/01		0.85	0.9198	0.9198		120	49.86	4,913,961	5,897,880	
2011/07		0.85	0.9028	0.9028		120	49.86	4,948,147	5,951,160	
2012/01		0.80	0.3865	0.3865		120	53.83	4,963,121	5,974,200	
2012/07		0.80	0.9417	0.9417		120	53.83	4,999,718	6,030,480	
2013/01		0.75	0.4901	0.4901		120	60.63	5,018,097	6,060,000	
2013/07		0.75	0.6196	0.6196		120	60.63	5,041,416	6,097,560	
2014/01	48,693	0.70	0.8564	0.8564		120	60.53	5,120,332	6,149,760	
2014/07		0.70	1.2383	1.2383		120	60.53	5,164,715	6,225,960	
2015/01	66,774	0.65	0.7571	0.7571		120	59.24	5,256,905	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

<b>0 269727-00 - 2015/01</b>
<b>211.21</b>

<b>Regents Park of Jacksonville</b>
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Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective		CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization			
Provider Information	Cost Report	Patient Days	Ratings Days
<b>8700 A C SKINNER PARKWAY</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>243</b>
<b>JACKSONVILLE, FL 32256</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>0</b>
County: <b>Duval [16]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,245</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>7,064</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>29,861</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>72.39908%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>94.16667%</b>	Cost: <b>1.04340134</b>
Open Date: <b>02/01/1986</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>02/01/1986</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>02/01/1986</b>	Low Occupancy Adjustment Factor:	<b>120.24659%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>06/01/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211028</b>			PS Target: <b>1.03662091</b>

Rate Calculations							
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,255,350	2,157,304	1,304,765	1,116,801		5,834,220	
1a	Audit Adjustments							
2	Cost Per Diem	42.0398	72.2449	43.6946	37.4000		195.3793	
3	Cost Per Diem Inflated	43.8644	74.5933	45.5910				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>43.8644</b>	<b>74.5933</b>	<b>45.5910</b>	<b>37.4000</b>		<b>201.4487</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.9251		57.8211				
7	Provider Target Rate	<b>51.7534</b>		<b>59.9386</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>43.8644</b>	<b>74.5933</b>	<b>45.5910</b>	<b>13.6500</b>		<b>177.6987</b>	
12/13	Medical Adjustment Rate		1.8797	1.1488				
14	Prospective Per Diem 11	<b>43.8644</b>	<b>76.4730</b>	<b>46.7398</b>	<b>13.6500</b>		<b>180.7272</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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 Computation of Nursing Home Medicaid Reimbursement Rate

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**211.21**

Rate Semester 01/01/2015 through 08/31/2015

**Regents Park of Jacksonville**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	03/31/1994	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,990,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,083,298</b>	<b>10.5913</b>
RS to Start Calcs:	<b>1986/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,020,825</b>	<b>0.4856</b>
Indexed Asset Value	<b>5,104,123</b>	Interest Rate:	<b>8.2500%</b>	Insurance Cost(3):	<b>59,989</b>	<b>1.4545</b>
FRVS Base Asset:	<b>3,049,500</b>	Chase Rate:	<b>12.0000%</b>	Taxes Cost(3):	<b>166,323</b>	<b>4.0326</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>8.2500%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>345,956</b>	<b>0.0000</b>
		Yearly Payment:	<b>417,509</b>	Total FRVS PD:		<b>16.5640</b>

- (1) 80% Capital (\$4,083,298) amortized at 8.2500 % for 20 years Principal & Interest of \$417,509 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.5913
- (2) 20% ROE (\$1,020,825) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4856
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>107</b>	Effective PBS Limitation	3,049,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>43.8644</b>	<b>43.8644</b>	<b>0.7631</b>	<b>43.1013</b>
Direct Care	<b>76.4730</b>	<b>76.4730</b>	<b>1.3304</b>	<b>75.1426</b>
Indirect Care	<b>46.7398</b>	<b>46.7398</b>	<b>0.8132</b>	<b>45.9266</b>
Property	<b>13.6500</b>	<b>16.5640</b>	<b>0.2882</b>	<b>16.2758</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>20.8586</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>180.7272</b>	<b>183.6412</b>	<b>3.1949</b>	<b>211.2074</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 269727-00 - 2015/01**

**211.21**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	3,656,571	0.00	0.8299	0.8299		107	22.95	3,049,500	3,049,500	1
1986/07		0.10	0.2974	0.2974		107	22.95	3,049,500	3,068,974	
1987/01	17,379	0.10	1.0091	1.0091		107	22.95	3,066,879	3,123,865	
1987/07		0.20	0.9007	0.9007		107	22.95	3,066,879	3,148,261	
1988/01		0.20	0.9007	0.9007		107	22.95	3,066,879	3,173,834	
1988/07		0.30	0.5899	0.5899		107	22.95	3,066,879	3,172,122	
1989/01	15,264	0.30	0.5899	0.5899		107	30.64	3,085,167	3,190,847	
1989/07		0.40	0.5899	0.5899		107	38.51	3,090,265	3,212,461	
1990/01		0.40	0.5899	0.5899		120	38.51	3,095,371	3,620,880	
1990/07		0.50	0.5899	0.5899		120	35.64	3,101,288	3,642,240	
1991/01		0.50	0.5899	0.5899		120	35.64	3,107,216	3,663,600	
1991/07		0.60	1.4932	1.4932		120	42.81	3,128,884	3,718,320	
1992/01		0.60	2.0117	2.0117		120	42.81	3,158,279	3,793,080	
1992/07		0.70	1.8152	1.8152		120	48.39	3,193,585	3,861,960	
1993/01		0.70	1.7710	1.7710		120	48.39	3,228,418	3,930,360	
1993/07	28,862	0.80	1.5329	1.5329		120	46.43	3,290,701	3,990,600	
1994/01	70,814	0.80	1.6983	1.6983		120	36.02	3,390,794	4,058,400	
1994/07		0.90	1.5991	1.5991		120	36.02	3,422,754	4,123,320	
1995/01		0.90	1.5812	1.5812		120	36.02	3,454,654	4,188,480	
1995/07		1.00	1.5250	1.5250		120	36.02	3,489,157	4,252,320	
1996/01		1.00	1.7228	1.7228		120	36.02	3,528,524	4,325,640	
1996/07	37,112	1.00	1.3294	1.3294		120	34.70	3,595,231	4,383,120	
1997/01		1.00	1.4109	1.4109		120	34.70	3,627,234	4,444,920	
1997/07	43,357	1.00	1.0917	1.0917		120	31.47	3,693,249	4,493,400	
1998/01		1.00	1.1663	1.1663		120	31.47	3,717,895	4,545,840	
1998/07		1.00	1.0794	1.0794		120	33.09	3,742,039	4,594,920	
1999/01		1.00	1.4499	1.4499		120	33.09	3,774,681	4,661,520	
1999/07		1.00	1.2299	1.2299		120	33.09	3,802,612	4,718,880	
2000/01	53,264	1.00	1.3356	1.3356		120	39.04	3,891,926	4,781,880	
2000/07		1.00	1.1129	1.1129		120	46.23	3,928,333	4,835,040	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		120	46.23	3,971,179	4,897,800	
2001/07		1.00	0.9615	0.9615		120	46.23	4,003,273	4,944,840	
2002/01		1.00	1.0301	1.0301		120	46.06	4,037,808	4,995,720	
2002/07		1.00	0.8337	0.8337		120	46.06	4,065,999	5,037,360	
2003/01		1.00	1.3271	1.3271		120	46.06	4,111,188	5,104,200	
2003/07		1.00	1.1664	1.1664		120	44.45	4,149,943	5,163,720	
2004/01		1.00	1.1103	1.1103		120	34.38	4,178,745	5,221,080	
2004/07		1.00	0.8378	0.8378		120	34.38	4,200,629	5,264,880	
2005/01		1.00	0.8595	0.8595		120	34.38	4,223,198	5,310,120	
2005/07		1.00	0.7364	0.7364		120	34.38	4,242,638	5,349,240	
2006/01		1.00	0.9068	0.9068		120	34.38	4,266,687	5,397,720	
2006/07		0.95	0.8133	0.8133		120	34.38	4,287,293	5,441,640	
2007/01		0.95	1.0133	1.0133		120	41.75	4,318,620	5,496,720	
2007/07		0.90	1.1050	1.1050		120	41.75	4,351,222	5,557,440	
2008/01		0.90	0.8556	0.8556		120	48.17	4,380,566	5,604,960	
2008/07	52,700	0.85	0.6104	0.6104		120	57.86	4,455,992	5,639,160	
2009/01		0.85	1.3268	1.3268		120	57.86	4,506,247	5,714,040	
2009/07		0.80	0.6841	0.6841		120	57.86	4,530,910	5,753,160	
2010/01	80,252	0.80	0.8643	0.8643		120	62.16	4,642,489	5,802,840	
2010/07		0.75	0.7107	0.7107		120	62.16	4,667,233	5,844,120	
2011/01	30,524	0.75	0.9198	0.9198		120	65.57	4,729,956	5,897,880	
2011/07		0.70	0.9028	0.9028		120	65.60	4,759,849	5,951,160	
2012/01		0.70	0.3865	0.3865		120	65.60	4,772,729	5,974,200	
2012/07		0.65	0.9417	0.9417		120	65.60	4,801,943	6,030,480	
2013/01		0.65	0.4901	0.4901		120	68.47	4,817,242	6,060,000	
2013/07	97,970	0.60	0.6196	0.6196		120	69.58	4,933,123	6,097,560	
2014/01		0.60	0.8564	0.8564		120	69.58	4,958,469	6,149,760	
2014/07	90,717	0.55	1.2383	1.2383		120	72.40	5,082,958	6,225,960	
2015/01		0.55	0.7571	0.7571		120	72.40	5,104,123	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation





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**181.05**

**Jacaranda Manor**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4250 66TH ST N</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>299</b>	Superior: <b>0</b>
<b>SAINT PETERSBURG, FL 33709</b>	Days in CR <b>365</b>	Maximum: <b>109,135</b>	Standard: <b>152</b>
County: <b>Pinellas [52]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>109,135</b>	Conditional: <b>91</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>103,709</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>7,789</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>93,978</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>90.61701%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.02818%</b>	Cost: <b>1.04340134</b>
Open Date: <b>05/01/1970</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/01/1970</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>05/01/1970</b>	Low Occupancy Adjustment Factor:	<b>121.34670%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/15/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211729</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	4,176,378	7,092,109	3,327,071	1,979,177		16,574,735	
1a	Audit Adjustments							
2	Cost Per Diem	44.4400	75.4656	35.4027	21.0600		176.3683	
3	Cost Per Diem Inflated	46.3688	77.9187	36.9392				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>46.3688</b>	<b>77.9187</b>	<b>36.9392</b>	<b>21.0600</b>		<b>182.2867</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.3135		54.6294				
7	Provider Target Rate	<b>46.9729</b>		<b>56.6300</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>46.3688</b>	<b>77.9187</b>	<b>36.9392</b>	<b>13.6500</b>		<b>174.8767</b>	
12/13	Medical Adjustment Rate		2.1933	1.0398				
14	Prospective Per Diem 11	<b>46.3688</b>	<b>80.1120</b>	<b>37.9790</b>	<b>13.6500</b>		<b>178.1098</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**Jacaranda Manor**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,179,545.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,754,589 5.5098
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	1,188,647 0.2269
Indexed Asset Value	5,943,236	Interest Rate:	11.2200%	Insurance Cost(3):	25,795 0.2487
FRVS Base Asset:	2,853,393	Chase Rate:	7.7500%	Taxes Cost(3):	52,998 0.5110
Occup Adj Factor	0.9000	Amortization Rate:	9.7500%	Home Office(3):	29,380 0.2833
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	42,506 0.0000
		Yearly Payment:	541,177	Total FRVS PD:	6.7797

- (1) 80% Capital (\$4,754,589) amortized at 9.7500 % for 20 years Principal & Interest of \$541,177 divided by annual available days (109135) divided by Occup. Adj. (0.90) = \$5.5098
- (2) 20% ROE (\$1,188,647) times the ROE factor (0.018750) divided by annual available days (109135) divided by Occup. Adj. (0.90) = \$0.2269
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>299</b>	Effective PBS Limitation	8,521,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.3688	46.3688	0.8067	45.5621
Direct Care	80.1120	80.1120	1.3938	78.7182
Indirect Care	37.9790	37.9790	0.6607	37.3183
Property	13.6500	6.7797	0.1180	6.6617
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.8822
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>178.1098</b>	<b>171.2395</b>	<b>2.9792</b>	<b>181.0450</b>

**Medicaid Trend Adjustment**





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**0 281743-00 - 2015/01**

**181.05**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	839,264	0.00				299	100.00	839,264	3,068,039	
1972/01		0.10	3.9787	3.0000	0.9787	299	100.00	841,782	3,190,031	
1972/07		0.10	5.9113	3.0000	2.9113	299	100.00	844,307	3,347,305	
1973/01		0.20	8.0622	3.0000	5.0622	299	100.00	849,373	3,519,828	
1973/07		0.20	10.7186	3.0000	7.7186	299	100.00	854,469	3,718,962	
1974/01	783,011	0.30	12.9457	3.0000	9.9457	299	100.00	1,645,170	3,913,312	
1974/07		0.30	13.0494	3.0000	10.0494	299	100.00	1,659,977	4,034,706	
1975/01		0.40	13.1399	3.0000	10.1399	299	100.00	1,679,897	4,159,389	
1975/07	4,000	0.40	14.2033	3.0000	11.2033	299	100.00	1,704,056	4,328,623	
1976/01		0.50	15.2478	3.0000	12.2478	299	100.00	1,729,617	4,503,538	
1976/07	7,700	0.50	15.7330	3.0000	12.7330	299	100.00	1,763,261	4,660,513	
1977/01	1,592	0.60	16.4836	3.0000	13.4836	299	100.00	1,796,592	4,835,428	
1977/07		0.60	18.5412	3.0000	15.5412	299	100.00	1,828,931	5,079,711	
1978/01		0.70	20.2809	3.0000	17.2809	299	100.00	1,867,339	5,320,705	
1978/07	500	0.70	22.8203	3.0000	19.8203	299	100.00	1,907,053	5,615,220	
1979/01		0.80	24.9476	3.0000	21.9476	299	100.00	1,952,822	5,903,157	
1979/07	5,500	0.80	26.1458	3.0000	23.1458	299	100.00	2,005,190	6,151,028	
1980/01	1,658	0.90	29.3115	3.0000	26.3115	299	83.35	2,060,988	6,530,459	
1980/07		0.90	30.1222	3.0000	27.1222	299	83.35	2,116,635	6,779,227	
1981/01		1.00	30.9462	3.0000	27.9462	299	55.00	2,180,134	7,038,460	
1981/07	500	1.00	30.5350	3.0000	27.5350	299	55.00	2,246,038	7,220,551	
1982/01	880	1.00	30.2110	3.0000	27.2110	299	83.27	2,314,299	7,414,004	
1982/07	1,200	1.00	29.5087	3.0000	26.5087	299	83.27	2,384,928	7,584,135	
1983/04		1.00	29.1375	3.0000	26.1375	299	78.39	2,456,476	7,783,568	
1983/07	1,300	1.00	30.0953	3.0000	27.0953	299	78.39	2,531,470	8,091,538	
1984/01		1.00	28.3905	3.0000	25.3905	299	72.70	2,607,414	8,196,487	
1984/07	2,099	1.00	27.3084	3.0000	24.3084	299	72.70	2,687,735	8,353,761	
1985/01	1,365	1.00	25.4555	3.0000	22.4555	299	72.69	2,769,732	8,449,441	
1985/10	569	1.00	23.3077	3.0000	20.3077	299	72.69	2,853,393	8,521,500	
1986/01		1.00	21.1376	3.0000	18.1376	299	72.69	2,938,995	8,592,363	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	299	75.30	3,027,165	8,575,918	
1987/01		1.00	16.4441	3.0000	13.4441	299	75.30	3,117,980	8,729,305	
1987/07		1.00	14.3448	3.0000	11.3448	299	73.85	3,211,519	8,797,477	
1988/01		1.00	12.2455	3.0000	9.2455	299	74.31	3,307,865	8,868,938	
1988/07		1.00	9.8354	3.0000	6.8354	299	74.31	3,407,101	8,864,154	
1989/01		1.00	7.4253	3.0000	4.4253	299	72.07	3,509,314	8,916,479	
1989/07		1.00	5.0152	3.0000	2.0152	299	72.07	3,614,593	8,976,877	
1990/01		1.00	2.6051	2.6051		299	72.81	3,708,757	9,022,026	
1990/07		1.00	0.5899	0.5899		299	72.81	3,730,635	9,075,248	
1991/01	40,386	1.00	0.5899	0.5899		299	75.86	3,793,028	9,128,470	
1991/07		1.00	1.4932	1.4932		299	75.86	3,849,665	9,264,814	
1992/01	273,368	0.95	2.0117	2.0117		299	78.50	4,196,604	9,451,091	
1992/07		0.95	1.8152	1.8152		299	78.50	4,268,970	9,622,717	
1993/01		0.90	1.7710	1.7710		299	78.50	4,337,013	9,793,147	
1993/07	206,098	0.90	1.5329	1.5329		299	82.54	4,602,944	9,943,245	
1994/01	71,554	0.85	1.6983	1.6983		299	81.86	4,740,946	10,112,180	
1994/07		0.85	1.5991	1.5991		299	81.86	4,805,385	10,273,939	
1995/01	68,521	0.80	1.5812	1.5812		299	84.84	4,934,694	10,436,296	
1995/07		0.80	1.5250	1.5250		299	84.84	4,994,897	10,595,364	
1996/01		0.75	1.7228	1.7228		299	84.84	5,059,436	10,778,053	
1996/07	86,724	0.75	1.3294	1.3294		299	84.62	5,196,608	10,921,274	
1997/01		0.70	1.4109	1.4109		299	84.62	5,247,930	11,075,259	
1997/07		0.70	1.0917	1.0917		299	86.52	5,288,035	11,196,055	
1998/01		0.65	1.1663	1.1663		299	86.52	5,328,124	11,326,718	
1998/07		0.65	1.0794	1.0794		299	86.98	5,365,506	11,449,009	
1999/01		0.60	1.4499	1.4499		299	86.98	5,412,181	11,614,954	
1999/07		0.60	1.2299	1.2299		299	90.12	5,452,117	11,757,876	
2000/01		0.55	1.3356	1.3356		299	90.12	5,492,168	11,914,851	
2000/07		0.55	1.1129	1.1129		299	90.90	5,525,786	12,047,308	
2001/01		0.50	1.2976	1.2976		299	91.18	5,561,637	12,203,685	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		299	91.18	5,588,377	12,320,893	
2002/01		0.45	1.0301	1.0301		299	91.28	5,588,377	12,447,669	5
2002/07		0.45	0.8337	0.8337		299	91.28	5,635,344	12,551,422	
2003/01		0.40	1.3271	1.3271		299	91.28	5,665,256	12,717,965	
2003/07		0.40	1.1664	1.1664		299	92.48	5,691,690	12,866,269	
2004/01		0.35	1.1103	1.1103		299	92.48	5,713,808	13,009,191	
2004/07		0.35	0.8378	0.8378		299	92.32	5,730,561	13,118,326	
2005/01		0.30	0.8595	0.8595		299	92.32	5,745,340	13,231,049	
2005/07		0.30	0.7364	0.7364		299	92.32	5,758,031	13,328,523	
2006/01		0.25	0.9068	0.9068		299	92.32	5,771,084	13,449,319	
2006/07		0.25	0.8133	0.8133		299	92.32	5,782,817	13,558,753	
2007/01		0.20	1.0133	1.0133		299	92.32	5,794,539	13,695,994	
2007/07		0.20	1.1050	1.1050		299	91.40	5,807,345	13,847,288	
2008/01		0.15	0.8556	0.8556		299	91.40	5,814,796	13,965,692	
2008/07		0.15	0.6104	0.6104		299	91.40	5,820,122	14,050,907	
2009/01		0.10	1.3268	1.3268		299	86.32	5,827,845	14,237,483	
2009/07		0.10	0.6841	0.6841		299	86.32	5,831,831	14,334,957	
2010/01		0.05	0.8643	0.8643		299	88.31	5,834,350	14,458,743	
2010/07		0.05	0.7107	0.7107		299	89.13	5,836,421	14,561,599	
2011/01		0.00	0.9198	0.9198		299	89.13	5,836,421	14,695,551	
2011/07		0.00	0.9028	0.9028		299	89.13	5,836,421	14,828,307	
2012/01	106,815	0.00	0.3865	0.3865		299	89.25	5,943,236	14,885,715	
2012/07		0.00	0.9417	0.9417		299	89.25	5,943,236	15,025,946	
2013/01		0.00	0.4901	0.4901		299	89.04	5,943,236	15,099,500	
2013/07		0.00	0.6196	0.6196		299	89.04	5,943,236	15,193,087	
2014/01		0.00	0.8564	0.8564		299	91.66	5,943,236	15,323,152	
2014/07		0.00	1.2383	1.2383		299	90.62	5,943,236	15,513,017	
2015/01		0.00	0.7571	0.7571		299	90.62	5,943,236	15,630,524	

**Message Code:**

5 Uncorrected Licensure Deficiency





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**West Gables Health Care Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Partnership    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2525 SW 75TH AVENUE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>MIAMI, FL 33155</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,704</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>22,267</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>12,191</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>29.95037%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.93151%</b>	Cost: <b>1.04340134</b>
Open Date: <b>10/06/1988</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/06/1988</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/06/1988</b>	Low Occupancy Adjustment Factor:	<b>118.66935%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2001</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>211095</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	760,962	1,160,171	1,052,187	224,802		3,198,122	
1a	Audit Adjustments							
2	Cost Per Diem	62.4200	95.1662	86.3085	18.4400		262.3347	
3	Cost Per Diem Inflated	65.1291	98.2597	90.0544				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>65.1291</b>	<b>98.2597</b>	<b>90.0544</b>	<b>18.4400</b>		<b>271.8832</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.4117		83.1974				
7	Provider Target Rate	<b>70.9170</b>		<b>86.2442</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>98.2597</b>	<b>65.5807</b>	<b>13.6500</b>		<b>234.2323</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>56.7419</b>	<b>98.2597</b>	<b>65.5807</b>	<b>13.6500</b>		<b>234.2323</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**West Gables Health Care Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/06/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>5,566,419.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1988/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,808,571</b>	<b>13.3306</b>
Indexed Asset Value	<b>6,010,714</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,202,143</b>	<b>0.5718</b>
FRVS Base Asset:	<b>5,339,160</b>	Interest Rate:	<b>9.1700%</b>	Insurance Cost(3):	<b>19,043</b>	<b>0.4678</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>10.0000%</b>	Taxes Cost(3):	<b>74,620</b>	<b>1.8332</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>9.1700%</b>	Home Office(3):	<b>2,595</b>	<b>0.0638</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>23,947</b>	<b>0.0000</b>
		Yearly Payment:	<b>525,493</b>	Total FRVS PD:		<b>16.2672</b>

- (1) 80% Capital (\$4,808,571) amortized at 9.1700 % for 20 years Principal & Interest of \$525,493 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$13.3306
- (2) 20% ROE (\$1,202,143) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5718
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,662
Comparison Date:	<b>01/01/1988</b>	Current RS PBS:	52,276
Comparison Bed	<b>180</b>	Effective PBS Limitation	5,339,160

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>56.7419</b>	<b>56.7419</b>	<b>0.9872</b>	<b>55.7547</b>
Direct Care	<b>98.2597</b>	<b>98.2597</b>	<b>1.7095</b>	<b>96.5502</b>
Indirect Care	<b>65.5807</b>	<b>65.5807</b>	<b>1.1409</b>	<b>64.4398</b>
Property	<b>13.6500</b>	<b>16.2672</b>	<b>0.2830</b>	<b>15.9842</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>9.3025</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>234.2323</b>	<b>236.8495</b>	<b>4.1206</b>	<b>251.9339</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	6,461,137	0.00	0.5899	0.5899		180	82.00	5,339,160	5,339,160	1
1989/01		0.10	0.5899	0.5899		180	82.00	5,342,310	5,367,780	
1989/07	637,429	0.10	0.5899	0.5899		180	82.00	5,982,891	5,404,140	
1990/01	48,242	0.20	0.5899	0.5899		180	82.00	6,038,193	5,431,320	
1990/07	577,174	0.20	0.5899	0.5899		180	82.00	6,622,492	5,463,360	
1991/01		0.30	0.5899	0.5899		180	82.00	6,634,214	5,495,400	
1991/07		0.30	1.4932	1.4932		180	82.00	6,663,935	5,577,480	
1992/01		0.40	2.0117	2.0117		180	82.00	6,717,560	5,689,620	
1992/07	95,274	0.40	1.8152	1.8152		180	64.88	6,861,610	5,792,940	
1993/01		0.50	1.7710	1.7710		180	64.88	6,922,370	5,895,540	
1993/07	88,842	0.50	1.5329	1.5329		180	56.51	7,064,272	5,985,900	
1994/01		0.60	1.6983	1.6983		180	56.51	7,136,257	6,087,600	
1994/07	(2,035,489)	0.60	1.5991	1.5991		120	52.88	5,166,601	4,123,320	
1995/01	64,503	0.70	1.5812	1.5812		120	52.88	5,286,084	4,188,480	
1995/07		0.70	1.5250	1.5250		120	52.88	5,340,338	4,252,320	
1996/01		0.80	1.7228	1.7228		120	52.88	5,411,102	4,325,640	
1996/07		0.80	1.3294	1.3294		120	52.88	5,411,102	4,383,120	3
1997/01		0.90	1.4109	1.4109		120	52.88	5,411,102	4,444,920	3
1997/07		0.90	1.0917	1.0917		120	50.06	5,411,102	4,493,400	3
1998/01		1.00	1.1663	1.1663		120	50.06	5,411,102	4,545,840	3
1998/07		1.00	1.0794	1.0794		120	48.02	5,411,102	4,594,920	3
1999/01		1.00	1.4499	1.4499		120	48.02	5,411,102	4,661,520	3
1999/07		1.00	1.2299	1.2299		120	47.93	5,411,102	4,718,880	3
2000/01		1.00	1.3356	1.3356		120	47.93	5,411,102	4,781,880	3
2000/07		1.00	1.1129	1.1129		120	47.26	5,411,102	4,835,040	3
2001/01		1.00	1.2976	1.2976		120	47.26	5,411,102	4,897,800	3
2001/07		1.00	0.9615	0.9615		120	48.10	5,411,102	4,944,840	3
2002/01		1.00	1.0301	1.0301		120	48.10	5,411,102	4,995,720	3
2002/07		1.00	0.8337	0.8337		120	51.54	5,411,102	5,037,360	3
2003/01		1.00	1.3271	1.3271		120	51.54	5,411,102	5,104,200	3



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		120	54.71	5,411,102	5,163,720	3
2004/01		1.00	1.1103	1.1103		120	54.71	5,411,102	5,221,080	3
2004/07		1.00	0.8378	0.8378		120	51.52	5,411,102	5,264,880	3
2005/01		1.00	0.8595	0.8595		120	51.52	5,411,102	5,310,120	3
2005/07		1.00	0.7364	0.7364		120	47.94	5,411,102	5,349,240	3
2006/01		1.00	0.9068	0.9068		120	47.94	5,411,102	5,397,720	3
2006/07		1.00	0.8133	0.8133		120	47.94	5,441,640	5,441,640	8
2007/01	48,028	1.00	1.0133	1.0133		120	46.36	5,496,720	5,496,720	8
2007/07		1.00	1.1050	1.1050		120	46.36	5,547,917	5,557,440	
2008/01		1.00	0.8556	0.8556		120	42.45	5,584,554	5,604,960	
2008/07		1.00	0.6104	0.6104		120	42.45	5,610,864	5,639,160	
2009/01		0.95	1.3268	1.3268		120	43.84	5,667,238	5,714,040	
2009/07		0.95	0.6841	0.6841		120	37.43	5,692,303	5,753,160	
2010/01		0.90	0.8643	0.8643		120	37.43	5,722,438	5,802,840	
2010/07		0.90	0.7107	0.7107		120	37.19	5,747,187	5,844,120	
2011/01		0.85	0.9198	0.9198		120	37.19	5,777,569	5,897,880	
2011/07		0.85	0.9028	0.9028		120	33.74	5,804,768	5,951,160	
2012/01		0.80	0.3865	0.3865		120	33.74	5,815,778	5,974,200	
2012/07		0.80	0.9417	0.9417		120	33.74	5,842,657	6,030,480	
2013/01	22,287	0.75	0.4901	0.4901		120	33.46	5,878,010	6,060,000	
2013/07	52,611	0.75	0.6196	0.6196		120	31.33	5,946,181	6,097,560	
2014/01		0.70	0.8564	0.8564		120	31.33	5,966,487	6,149,760	
2014/07		0.70	1.2383	1.2383		120	29.95	5,994,650	6,225,960	
2015/01		0.65	0.7571	0.7571		120	29.95	6,010,714	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>3 Index Cost Limitation - January 1996<br>8 Limited to Current RS Per Bed Standard |
|---|





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 282464-00 - 2015/01**

**227.53**

**Ridgecrest Nursing & Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1200 NORTH STONE STREET</b>	<b>1/1/2014-8/31/2014</b>	Number of Beds: <b>130</b>	Superior: <b>0</b>
<b>DELAND, FL 32720</b>	Days in CR <b>243</b>	Maximum: <b>31,770</b>	Standard: <b>243</b>
County: <b>Volusia [64]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>47,450</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>30,306</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,383</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>15,409</b>	FY Index: <b>1.33590225</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>50.84472%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.39188%</b>	Cost: <b>1.02673601</b>
Open Date: <b>05/01/1982</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/01/1982</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22633277</b>
Entered Medicaid <b>05/01/1982</b>	Low Occupancy Adjustment Factor:	<b>121.81113%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/03/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02296460</b>
Previous Med # <b>212075</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	816,436	1,204,831	819,959	254,403	776	3,096,405	
1a	Audit Adjustments							
2	Cost Per Diem	52.9844	78.1901	53.2130	16.5100	0.0504	200.9479	
3	Cost Per Diem Inflated	54.4010	79.9857	54.6357				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>54.4010</b>	<b>79.9857</b>	<b>54.6357</b>	<b>16.5100</b>	<b>0.0504</b>	<b>205.5828</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.6178		82.4431				
7	Provider Target Rate	<b>70.0940</b>		<b>85.4622</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.5678</b>	<b>79.9857</b>	<b>54.6357</b>	<b>13.6500</b>	<b>0.0504</b>	<b>199.8896</b>	
12/13	Medical Adjustment Rate		0.0760	0.0519				
14	Prospective Per Diem 11	<b>51.5678</b>	<b>80.0617</b>	<b>54.6876</b>	<b>13.6500</b>	<b>0.0504</b>	<b>200.0175</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

**Ridgecrest Nursing & Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/03/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,900,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1982/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>5,436,704</b>	<b>12.4663</b>
Indexed Asset Value	<b>6,795,880</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,359,176</b>	<b>0.7409</b>
FRVS Base Asset:	<b>2,815,680</b>	Interest Rate:	<b>7.6700%</b>	Insurance Cost(3):	<b>53,698</b>	<b>1.7719</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.7500%</b>	Taxes Cost(3):	<b>46,174</b>	<b>1.5236</b>
ROE Factor	<b>0.023280</b>	Amortization Rate:	<b>7.6700%</b>	Home Office(3):	<b>25,518</b>	<b>0.8420</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>102,395</b>	<b>0.0000</b>
		Yearly Payment:	<b>532,375</b>	Total FRVS PD:		<b>17.3447</b>

- (1) 80% Capital (\$5,436,704) amortized at 7.6700 % for 20 years Principal & Interest of \$532,375 divided by annual available days (47450) divided by Occup. Adj. (0.90) = \$12.4663  
 (2) 20% ROE (\$1,359,176) times the ROE factor (0.023280) divided by annual available days (47450) divided by Occup. Adj. (0.90) = \$0.7409  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>134</b>	Effective PBS Limitation	3,819,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.5678</b>	<b>51.5678</b>	<b>0.8972</b>	<b>50.6706</b>
Direct Care	<b>80.0617</b>	<b>80.0617</b>	<b>1.3929</b>	<b>78.6688</b>
Indirect Care	<b>54.6876</b>	<b>54.6876</b>	<b>0.9514</b>	<b>53.7362</b>
Property	<b>13.6500</b>	<b>17.3447</b>	<b>0.3018</b>	<b>17.0429</b>
ROE	<b>0.0504</b>	<b>0.0432</b>	<b>0.0008</b>	<b>0.0424</b>
ROE Adjustment	<b>-0.0432</b>	<b>-0.0432</b>	<b>-0.0008</b>	<b>-0.0424</b>
Quality Assess-Medicaid Share				<b>17.5073</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>199.9743</b>	<b>203.6618</b>	<b>3.5433</b>	<b>227.5283</b>

**Medicaid Trend Adjustment**



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**227.53**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	2,620,968	0.00	2.6760	2.6760		134	55.00	2,620,968	3,322,664	
1982/07	35,606	0.10	2.2977	2.2977		134	55.00	2,662,597	3,398,910	
1983/04	9,055	0.10	2.6288	2.6288		134	78.56	2,678,652	3,488,288	
1983/07	9,814	0.20	3.9578	3.0000	0.9578	134	78.56	2,704,538	3,626,308	
1984/01	8,587	0.20	2.2530	2.2530		134	67.21	2,725,312	3,673,342	
1984/07	3,445	0.30	1.9179	1.9179		134	67.21	2,744,438	3,743,826	
1985/01	52,232	0.30	1.1471	1.1471		134	60.18	2,806,114	3,786,706	
1985/10		0.40	0.8522	0.8522		134	60.18	2,815,680	3,819,000	
1986/01		0.40	0.8299	0.8299		134	60.19	2,825,028	3,850,758	
1986/07		0.50	0.2974	0.2974		134	60.19	2,829,229	3,843,388	
1987/01		0.50	1.0091	1.0091		134	61.59	2,843,505	3,912,130	
1987/07		0.60	0.9007	0.9007		134	61.59	2,858,871	3,942,682	
1988/01		0.60	0.9007	0.9007		134	66.14	2,874,320	3,974,708	
1988/07		0.70	0.5899	0.5899		134	66.14	2,886,188	3,972,564	
1989/01		0.70	0.5899	0.5899		134	70.40	2,898,105	3,996,014	
1989/07	13,406	0.80	0.5899	0.5899		134	70.40	2,925,187	4,023,082	
1990/01	17,909	0.80	0.5899	0.5899		134	72.17	2,956,900	4,043,316	
1990/07		0.90	0.5899	0.5899		134	72.17	2,972,598	4,067,168	
1991/01	14,669	0.90	0.5899	0.5899		134	70.31	3,003,049	4,091,020	
1991/07		1.00	1.4932	1.4932		134	70.31	3,047,891	4,152,124	
1992/01		1.00	2.0117	2.0117		134	70.87	3,109,205	4,235,606	
1992/07		1.00	1.8152	1.8152		134	70.87	3,165,643	4,312,522	
1993/01		1.00	1.7710	1.7710		134	66.20	3,221,707	4,388,902	
1993/07		1.00	1.5329	1.5329		134	66.20	3,271,093	4,456,170	
1994/01	1,480,418	1.00	1.6983	1.6983		180	63.67	4,807,064	6,087,600	
1994/07		1.00	1.5991	1.5991		180	63.67	4,883,934	6,184,980	
1995/01		1.00	1.5812	1.5812		180	63.67	4,961,159	6,282,720	
1995/07		1.00	1.5250	1.5250		180	64.69	5,036,817	6,378,480	
1996/01		1.00	1.7228	1.7228		180	64.69	5,123,591	6,488,460	
1996/07		1.00	1.3294	1.3294		180	64.69	5,191,704	6,574,680	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		180	64.69	5,264,954	6,667,380	
1997/07		1.00	1.0917	1.0917		180	64.69	5,264,954	6,740,100	5
1998/01		1.00	1.1663	1.1663		180	64.69	5,384,508	6,818,760	
1998/07		1.00	1.0794	1.0794		180	64.69	5,384,508	6,892,380	5
1999/01		1.00	1.4499	1.4499		180	73.50	5,521,541	6,992,280	
1999/07		1.00	1.2299	1.2299		180	73.50	5,589,450	7,078,320	
2000/01		1.00	1.3356	1.3356		180	71.66	5,664,103	7,172,820	
2000/07		1.00	1.1129	1.1129		180	71.66	5,727,139	7,252,560	
2001/01	33,981	1.00	1.2976	1.2976		180	71.55	5,835,435	7,346,700	
2001/07		1.00	0.9615	0.9615		180	71.55	5,891,543	7,417,260	
2002/01		1.00	1.0301	1.0301		180	73.27	5,952,232	7,493,580	
2002/07		0.95	0.8337	0.8337		180	70.31	5,999,374	7,556,040	11
2003/01		0.95	0.8337	0.8337		180	70.31	5,999,374	7,656,300	11
2003/07		0.95	0.8337	0.8337		180	70.31	5,999,374	7,745,580	11
2004/01		0.95	0.8337	0.8337		180	70.31	5,999,374	7,831,620	11
2004/07	132,276	0.95	0.8378	0.8378		160	45.39	6,131,650	7,019,840	12
2005/01	50,557	0.95	0.8595	0.8595		160	45.39	6,223,524	7,080,160	
2005/07	4,745	0.90	0.7364	0.7364		160	45.39	6,262,311	7,132,320	
2006/01		0.90	0.9068	0.9068		160	45.39	6,304,488	7,196,960	
2006/07		0.85	0.8133	0.8133		160	45.39	6,340,456	7,255,520	
2007/01		0.85	1.0133	1.0133		160	45.39	6,385,524	7,328,960	
2007/07		0.80	1.1050	1.1050		160	45.39	6,432,109	7,409,920	
2008/01	24,900	0.80	0.8556	0.8556		160	53.86	6,500,124	7,473,280	
2008/07		0.75	0.6104	0.6104		160	53.86	6,529,265	7,518,880	
2009/01	48,288	0.75	1.3268	1.3268		160	60.09	6,642,526	7,618,720	
2009/07		0.70	0.6841	0.6841		160	60.09	6,674,337	7,670,880	
2010/01	63,841	0.70	0.8643	0.8643		160	61.42	6,778,558	7,737,120	
2010/07	45,677	0.65	0.7107	0.7107		160	63.81	6,855,552	7,792,160	
2011/01		0.65	0.9198	0.9198		160	63.81	6,896,541	7,863,840	
2011/07		0.60	0.9028	0.9028		160	63.81	6,933,900	7,934,880	



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**0 282464-00 - 2015/01**

**227.53**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01	148,570	0.60	0.3865	0.3865		160	62.84	7,098,550	7,965,600	
2012/07		0.55	0.9417	0.9417		160	60.23	7,135,313	8,040,640	
2013/01		0.55	0.4901	0.4901		160	60.23	7,154,550	8,080,000	
2013/07	41,226	0.50	0.6196	0.6196		145	50.64	7,216,184	7,367,885	
2014/01		0.50	0.8564	0.8564		145	50.64	7,244,634	7,430,960	
2014/07		0.45	1.2383	1.2383		145	50.64	7,281,801	7,523,035	
2015/01	109,528	0.45	0.7571	0.7571		130	50.84	6,795,880	6,795,880	8

**Message Code:**

- |   |
|---|
| 5 Uncorrected Licensure Deficiency<br>8 Limited to Current RS Per Bed Standard<br>11 Not in Medicaid<br>12 Re-Entry to Medicaid |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 282529-00 - 2015/01**

**249.59**

**Coral Reef Nursing and Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>9869 SW 152ND STREET</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>180</b>	Superior: <b>0</b>
<b>MIAMI , FL 33157</b>	Days in CR <b>365</b>	Maximum: <b>65,700</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>63,544</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,583</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>34,571</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>54.40482%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>96.71842%</b>	Cost: <b>1.04340134</b>
Open Date: <b>12/07/1995</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/01/1996</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>03/01/1996</b>	Low Occupancy Adjustment Factor:	<b>123.50506%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/12/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>213021</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,700,322	3,336,104	1,764,754	905,760		7,706,940	
1a	Audit Adjustments							
2	Cost Per Diem	49.1835	96.5001	51.0472	26.2000		222.9308	
3	Cost Per Diem Inflated	51.3181	99.6369	53.2627				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>51.3181</b>	<b>99.6369</b>	<b>53.2627</b>	<b>26.2000</b>		<b>230.4177</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.2865		67.6928				
7	Provider Target Rate	<b>61.4576</b>		<b>70.1718</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.3181</b>	<b>99.6369</b>	<b>53.2627</b>	<b>13.6500</b>		<b>217.8677</b>	
12/13	Medical Adjustment Rate		0.4937	0.2639				
14	Prospective Per Diem 11	<b>51.3181</b>	<b>100.1306</b>	<b>53.5266</b>	<b>13.6500</b>		<b>218.6253</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**0 282529-00 - 2015/01**

**249.59**

Rate Semester 01/01/2015 through 08/31/2015

**Coral Reef Nursing and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>03/01/1996</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>9,441,690.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1996/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>7,290,356</b>	<b>10.3075</b>
Indexed Asset Value	<b>9,112,945</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,822,589</b>	<b>0.5779</b>
FRVS Base Asset:	<b>4,188,480</b>	Interest Rate:	<b>10.1418%</b>	Insurance Cost(3):	<b>117,408</b>	<b>1.8477</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.6551%</b>	Taxes Cost(3):	<b>139,993</b>	<b>2.2031</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>5.6551%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>16,610</b>	<b>0.0000</b>
		Yearly Payment:	<b>609,483</b>	Total FRVS PD:		<b>14.9362</b>

- (1) 80% Capital (\$7,290,356) amortized at 5.6551 % for 20 years Principal & Interest of \$609,483 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$10.3075  
 (2) 20% ROE (\$1,822,589) times the ROE factor (0.018750) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.5779  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/1995</b>	Current RS PBS:	34,904
Comparison Bed	<b>120</b>	Effective PBS Limitation	52,276
			4,188,480

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.3181</b>	<b>51.3181</b>	<b>0.8928</b>	<b>50.4253</b>
Direct Care	<b>100.1306</b>	<b>100.1306</b>	<b>1.7420</b>	<b>98.3886</b>
Indirect Care	<b>53.5266</b>	<b>53.5266</b>	<b>0.9312</b>	<b>52.5954</b>
Property	<b>13.6500</b>	<b>14.9362</b>	<b>0.2599</b>	<b>14.6763</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>23.6064</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>218.6253</b>	<b>219.9115</b>	<b>3.8259</b>	<b>249.5945</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 282529-00 - 2015/01**

**249.59**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01	8,078,230	0.00	1.7228	1.7228		120	52.41	4,188,480	4,188,480	1
1996/07	13,642	0.10	1.3294	1.3294		120	52.41	4,207,426	4,383,120	
1997/01		0.10	1.4109	1.4109		120	52.41	4,213,083	4,444,920	
1997/07		0.20	1.0917	1.0917		120	52.41	4,213,083	4,493,400	5
1998/01		0.20	1.1663	1.1663		120	52.41	4,231,233	4,545,840	
1998/07		0.30	1.0794	1.0794		120	75.04	4,244,934	4,594,920	
1999/01		0.30	1.4499	1.4499		120	75.04	4,263,399	4,661,520	
1999/07	56,487	0.40	1.2299	1.2299		120	72.45	4,340,862	4,718,880	
2000/01		0.40	1.3356	1.3356		120	72.45	4,364,051	4,781,880	
2000/07		0.50	1.1129	1.1129		120	74.58	4,388,337	4,835,040	
2001/01		0.50	1.2976	1.2976		120	74.58	4,388,337	4,897,800	5
2001/07		0.60	0.9615	0.9615		120	71.41	4,442,290	4,944,840	
2002/01		0.60	1.0301	1.0301		120	71.64	4,469,748	4,995,720	
2002/07		0.70	0.8337	0.8337		120	71.64	4,495,833	5,037,360	
2003/01		0.70	1.3271	1.3271		120	67.95	4,537,599	5,104,200	
2003/07		0.80	1.1664	1.1664		120	67.95	4,579,939	5,163,720	
2004/01	21,065	0.80	1.1103	1.1103		120	63.21	4,641,683	5,221,080	
2004/07		0.90	0.8378	0.8378		120	63.21	4,676,681	5,264,880	
2005/01		0.90	0.8595	0.8595		120	63.21	4,712,860	5,310,120	
2005/07		1.00	0.7364	0.7364		120	63.21	4,747,566	5,349,240	
2006/01		1.00	0.9068	0.9068		120	63.21	4,790,617	5,397,720	
2006/07		1.00	0.8133	0.8133		120	63.21	4,829,579	5,441,640	
2007/01	25,062	1.00	1.0133	1.0133		120	67.81	4,903,579	5,496,720	
2007/07		1.00	1.1050	1.1050		120	67.81	4,957,764	5,557,440	
2008/01	34,475	1.00	0.8556	0.8556		120	57.90	5,034,658	5,604,960	
2008/07	112,666	1.00	0.6104	0.6104		120	56.31	5,178,056	5,639,160	
2009/01		1.00	1.3268	1.3268		120	56.31	5,246,758	5,714,040	
2009/07	88,713	1.00	0.6841	0.6841		120	59.44	5,371,364	5,753,160	
2010/01		1.00	0.8643	0.8643		120	59.44	5,417,789	5,802,840	
2010/07	90,704	1.00	0.7107	0.7107		120	59.54	5,546,997	5,844,120	





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 282529-00 - 2015/01**

**249.59**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		1.00	0.9198	0.9198		120	59.54	5,598,018	5,897,880	
2011/07		1.00	0.9028	0.9028		120	59.54	5,648,557	5,951,160	
2012/01	2,971,317	1.00	0.3865	0.3865		180	58.66	8,641,706	8,961,300	
2012/07		1.00	0.9417	0.9417		180	58.66	8,723,085	9,045,720	
2013/01		1.00	0.4901	0.4901		180	58.88	8,765,837	9,090,000	
2013/07		1.00	0.6196	0.6196		180	61.96	8,820,150	9,146,340	
2014/01		1.00	0.8564	0.8564		180	61.96	8,895,686	9,224,640	
2014/07		1.00	1.2383	1.2383		180	61.96	9,005,841	9,338,940	
2015/01	39,665	1.00	0.7571	0.7571		180	54.40	9,112,945	9,409,680	

**Message Code:**

1 Per Bed Standard Limitation 5 Uncorrected Licensure Deficiency
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Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 282537-00 - 2015/01**

**255.40**

**Palm Terrace of St. Petersburg**

Type of Cost Report: Prospective with Interim Component    Type of Cost: Actual with Interim Component    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>521 69TH AVE N</b>	<b>7/1/2012-6/30/2013</b>	Number of Beds: <b>96</b>	Superior: <b>0</b>
<b>SAINT PETERSBURG, FL 33702</b>	Days in CR <b>365</b>	Maximum: <b>35,040</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>35,040</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>28,543</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>1,883</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>23,896</b>	FY Index: <b>1.29878490</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>83.71930%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>81.45833%</b>	Cost: <b>1.05607860</b>
Open Date: <b>04/27/1995</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/27/1995</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20850000</b>
Entered Medicaid <b>06/01/1997</b>	Low Occupancy Adjustment Factor:	<b>104.01862%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/29/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03805959</b>
Previous Med # <b>227862</b>	Interim Component Effective Date:	<b>04/22/2014</b>	PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,212,508	2,016,061	1,295,356	363,936		4,887,861	
1a	Audit Adjustments							
2	Cost Per Diem	50.7410	84.3681	54.2081	15.2300		204.5472	
3	Cost Per Diem Inflated	53.5865	87.5791	57.2480				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>53.5865</b>	<b>87.5791</b>	<b>57.2480</b>	<b>15.2300</b>		<b>213.6436</b>	
5a	Interim Adjustment	18.7500						
5b	Interim Adjusted Per Diem	72.3365						
6	Prior Semester: Provider Target Base	54.4019		66.7965				
7	Provider Target Rate	<b>56.3941</b>		<b>69.2426</b>				
7a	Interim Adjustment	18.7500						
7b	Interim Adjustment Provider Target Rate	75.1441						
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>59.8017</b>	<b>87.5791</b>	<b>57.2480</b>	<b>13.6500</b>		<b>218.2788</b>	
12/13	Medical Adjustment Rate		3.3222	2.1717				
14	Prospective Per Diem 11	<b>59.8017</b>	<b>90.9013</b>	<b>59.4197</b>	<b>13.6500</b>		<b>223.7727</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 282537-00 - 2015/01**

**255.40**

Rate Semester 01/01/2015 through 08/31/2015

**Palm Terrace of St. Petersburg**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/01/1997	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,800,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,693,966	10.6878
RS to Start Calcs:	1995/01	<60% of Base:	False	20% ROE(2):	923,492	0.4211
Indexed Asset Value	4,617,458	Interest Rate:	7.1000%	Insurance Cost(3):	40,531	1.4200
FRVS Base Asset:	0	Chase Rate:	4.7500%	Taxes Cost(3):	40,881	1.4323
Occup Adj Factor	0.9000	Amortization Rate:	6.7500%	Home Office(3):	16,702	0.5852
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	78,892	0.0000
		Yearly Payment:	337,051	Total FRVS PD:		14.5464

- (1) 80% Capital (\$3,693,966) amortized at 6.7500 % for 20 years Principal & Interest of \$337,051 divided by annual available days (35040) divided by Occup. Adj. (0.90) = \$10.6878
- (2) 20% ROE (\$923,492) times the ROE factor (0.014380) divided by annual available days (35040) divided by Occup. Adj. (0.90) = \$0.4211
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	07/01/1994	Current RS PBS:	52,276
Comparison Bed	96	Effective PBS Limitation	3,298,656

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	59.8017	59.8017	1.0404	58.7613
Direct Care	90.9013	90.9013	1.5815	89.3198
Indirect Care	59.4197	59.4197	1.0338	58.3859
Property	13.6500	14.5464	0.2531	14.2933
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.7340
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>223.7727</b>	<b>224.6691</b>	<b>3.9088</b>	<b>255.3968</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

**0 282537-00 - 2015/01**

**255.40**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	4,567,500	0.00	1.4109	1.4109		96	4.80	3,298,656	3,298,656	1
1997/07		0.10	1.0917	1.0917		96	4.80	3,298,656	3,594,720	
1998/01		0.10	1.1663	1.1663		96	22.91	3,298,656	3,636,672	5
1998/07		0.20	1.0794	1.0794		96	22.91	3,298,656	3,675,936	5
1999/01		0.20	1.4499	1.4499		96	22.91	3,298,656	3,729,216	
1999/07		0.30	1.2299	1.2299		96	22.91	3,298,656	3,775,104	
2000/01		0.30	1.3356	1.3356		96	59.42	3,311,874	3,825,504	
2000/07		0.40	1.1129	1.1129		96	59.42	3,326,618	3,868,032	
2001/01	22,617	0.40	1.2976	1.2976		96	63.76	3,366,500	3,918,240	
2001/07	67,570	0.50	0.9615	0.9615		96	63.76	3,450,256	3,955,872	
2002/01	19,018	0.50	1.0301	1.0301		96	63.76	3,487,046	3,996,576	
2002/07	8,148	0.60	0.8337	0.8337		96	63.76	3,512,636	4,029,888	
2003/01		0.60	1.3271	1.3271		96	63.76	3,540,607	4,083,360	
2003/07		0.70	1.1664	1.1664		96	63.76	3,569,516	4,130,976	
2004/01		0.70	1.1103	1.1103		96	62.32	3,597,258	4,176,864	
2004/07		0.80	0.8378	0.8378		96	73.83	3,621,367	4,211,904	
2005/01		0.80	0.8595	0.8595		96	73.83	3,646,268	4,248,096	
2005/07		0.90	0.7364	0.7364		96	73.83	3,670,435	4,279,392	
2006/01		0.90	0.9068	0.9068		96	73.83	3,700,389	4,318,176	
2006/07		1.00	0.8133	0.8133		96	73.83	3,730,484	4,353,312	
2007/01		1.00	1.0133	1.0133		96	73.83	3,768,285	4,397,376	
2007/07		1.00	1.1050	1.1050		96	73.83	3,809,925	4,445,952	
2008/01		1.00	0.8556	0.8556		96	73.83	3,842,523	4,483,968	
2008/07		1.00	0.6104	0.6104		96	73.83	3,865,978	4,511,328	
2009/01		1.00	1.3268	1.3268		96	73.83	3,917,272	4,571,232	
2009/07		1.00	0.6841	0.6841		96	77.67	3,944,070	4,602,528	
2010/01		1.00	0.8643	0.8643		96	77.67	3,978,159	4,642,272	
2010/07		1.00	0.7107	0.7107		96	75.54	4,006,432	4,675,296	
2011/01		1.00	0.9198	0.9198		96	75.54	4,006,432	4,718,304	5
2011/07	152,631	1.00	0.9028	0.9028		96	81.49	4,232,417	4,760,928	



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

**0 282537-00 - 2015/01**

**255.40**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01	148,691	1.00	0.3865	0.3865		96	82.50	4,397,466	4,779,360	
2012/07		1.00	0.9417	0.9417		96	82.50	4,438,877	4,824,384	
2013/01		1.00	0.4901	0.4901		96	82.50	4,460,632	4,848,000	
2013/07		1.00	0.6196	0.6196		96	83.75	4,488,270	4,878,048	
2014/01		1.00	0.8564	0.8564		96	83.75	4,526,708	4,919,808	
2014/07		1.00	1.2383	1.2383		96	83.72	4,582,762	4,980,768	
2015/01		1.00	0.7571	0.7571		96	83.72	4,617,458	5,018,496	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 282618-00 - 2015/01**

**236.91**

**Palm Terrace of Clewiston**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>301 SOUTH GLORIA STREET</b>	<b>7/1/2012-6/30/2013</b>	Number of Beds: <b>155</b>	Superior: <b>0</b>
<b>CLEWISTON, FL 33440</b>	Days in CR <b>365</b>	Maximum: <b>56,575</b>	Standard: <b>243</b>
County: <b>Hendry [26]</b>	First Used : <b>2014/01</b>	Max Annualized: <b>56,575</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,278</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,862</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>31,041</b>	FY Index: <b>1.29878490</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>75.19986%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>72.96156%</b>	Cost: <b>1.05607860</b>
Open Date: <b>12/01/1980</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/01/1980</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20850000</b>
Entered Medicaid <b>02/01/1981</b>	Low Occupancy Adjustment Factor:	<b>93.16862%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/29/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03805959</b>
Previous Med # <b>221601</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,454,311	2,538,805	1,629,408	413,466		6,035,990	
1a	Audit Adjustments							
2	Cost Per Diem	46.8513	81.7888	52.4921	13.3200		194.4522	
3	Cost Per Diem Inflated	49.4787	84.9016	55.4358				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>49.4787</b>	<b>84.9016</b>	<b>55.4358</b>	<b>13.3200</b>		<b>203.1361</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.2518		76.2644				
7	Provider Target Rate	<b>65.5681</b>		<b>79.0573</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>49.4787</b>	<b>84.9016</b>	<b>55.4358</b>	<b>13.3200</b>		<b>203.1361</b>	
12/13	Medical Adjustment Rate		2.4069	1.5716				
14	Prospective Per Diem 11	<b>49.4787</b>	<b>87.3085</b>	<b>57.0074</b>	<b>13.3200</b>		<b>207.1146</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 282618-00 - 2015/01**

**236.91**

Rate Semester 01/01/2015 through 08/31/2015

**Palm Terrace of Clewiston**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	09/01/1990	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,750,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,111,242</b>	<b>10.2129</b>
RS to Start Calcs:	<b>1980/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,027,811</b>	<b>0.2903</b>
Indexed Asset Value	<b>5,139,053</b>	Interest Rate:	<b>11.3200%</b>	Insurance Cost(3):	<b>47,069</b>	<b>1.1403</b>
FRVS Base Asset:	<b>1,564,246</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>30,682</b>	<b>0.7433</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>11.3200%</b>	Home Office(3):	<b>22,127</b>	<b>0.5360</b>
ROE Factor	<b>0.014380</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>72,702</b>	<b>0.0000</b>
		Yearly Payment:	<b>520,017</b>	Total FRVS PD:		<b>12.9228</b>

- (1) 80% Capital (\$4,111,242) amortized at 11.3200 % for 20 years Principal & Interest of \$520,017 divided by annual available days (56575) divided by Occup. Adj. (0.90) = \$10.2129
- (2) 20% ROE (\$1,027,811) times the ROE factor (0.014380) divided by annual available days (56575) divided by Occup. Adj. (0.90) = \$0.2903
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>49.4787</b>	<b>49.4787</b>	<b>0.8608</b>	<b>48.6179</b>
Direct Care	<b>87.3085</b>	<b>87.3085</b>	<b>1.5190</b>	<b>85.7895</b>
Indirect Care	<b>57.0074</b>	<b>57.0074</b>	<b>0.9918</b>	<b>56.0156</b>
Property	<b>13.3200</b>	<b>12.9228</b>	<b>0.2248</b>	<b>12.6980</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>23.8815</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>207.1146</b>	<b>206.7174</b>	<b>3.5964</b>	<b>236.9050</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

**0 282618-00 - 2015/01**

**236.91**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	4,301	0.00	3.8106	3.0000	0.8106	120	91.27	4,301	2,720,760	
1981/01	136,451	0.10	4.6347	3.0000	1.6347	120	84.16	140,765	2,824,800	
1981/07		0.10	4.2235	3.0000	1.2235	120	84.16	141,187	2,897,880	
1982/01		0.20	3.8995	3.0000	0.8995	120	94.72	142,034	2,975,520	
1982/07	1,325,521	0.20	3.1971	3.0000	0.1971	120	100.00	1,468,407	3,043,800	
1983/04		0.30	2.8260	2.8260		120	100.00	1,480,856	3,123,840	
1983/07	5,254	0.30	3.9578	3.0000	0.9578	120	100.00	1,499,438	3,247,440	
1984/01		0.40	2.2530	2.2530		120	100.00	1,512,951	3,289,560	
1984/07	14,302	0.40	1.9179	1.9179		120	92.33	1,538,860	3,352,680	
1985/01	9,922	0.50	1.1471	1.1471		120	92.33	1,557,609	3,391,080	
1985/10		0.50	0.8522	0.8522		120	92.33	1,564,246	3,420,000	
1986/01		0.60	0.8299	0.8299		120	92.46	1,572,034	3,448,440	
1986/07		0.60	0.2974	0.2974		120	92.46	1,574,839	3,441,840	
1987/01	5,142	0.70	1.0091	1.0091		120	95.55	1,591,106	3,503,400	
1987/07		0.70	0.9007	0.9007		120	95.55	1,601,138	3,530,760	
1988/01		0.80	0.9007	0.9007		120	95.60	1,612,676	3,559,440	
1988/07		0.80	0.5899	0.5899		120	95.60	1,620,286	3,557,520	
1989/01		0.90	0.5899	0.5899		120	92.76	1,628,888	3,578,520	
1989/07		0.90	0.5899	0.5899		120	92.76	1,637,536	3,602,760	
1990/01		1.00	0.5899	0.5899		120	92.76	1,647,196	3,620,880	
1990/07		1.00	0.5899	0.5899		120	84.49	1,656,913	3,642,240	
1991/01		1.00	0.5899	0.5899		120	83.65	1,666,687	3,663,600	
1991/07		1.00	1.4932	1.4932		120	83.65	1,691,574	3,718,320	
1992/01		1.00	2.0117	2.0117		120	89.64	1,725,603	3,793,080	
1992/07		1.00	1.8152	1.8152		120	89.64	1,756,926	3,861,960	
1993/01		1.00	1.7710	1.7710		120	86.89	1,788,041	3,930,360	
1993/07		1.00	1.5329	1.5329		120	86.89	1,815,450	3,990,600	
1994/01	37,464	1.00	1.6983	1.6983		120	83.27	1,883,746	4,058,400	
1994/07		1.00	1.5991	1.5991		120	83.27	1,913,869	4,123,320	
1995/01	18,201	1.00	1.5812	1.5812		120	85.85	1,962,332	4,188,480	





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**0 282618-00 - 2015/01**

**236.91**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07		1.00	1.5250	1.5250		120	85.85	1,992,258	4,252,320	
1996/01		1.00	1.7228	1.7228		120	84.24	2,026,581	4,325,640	
1996/07		1.00	1.3294	1.3294		120	84.24	2,053,522	4,383,120	
1997/01		1.00	1.4109	1.4109		120	83.17	2,082,495	4,444,920	
1997/07		1.00	1.0917	1.0917		120	83.17	2,105,230	4,493,400	
1998/01	17,982	1.00	1.1663	1.1663		120	82.00	2,147,765	4,545,840	
1998/07		1.00	1.0794	1.0794		120	82.00	2,147,765	4,594,920	5
1999/01	1,873,413	1.00	1.4499	1.4499		168	83.14	4,075,838	6,526,128	
1999/07		1.00	1.2299	1.2299		168	83.14	4,125,967	6,606,432	
2000/01	67,699	1.00	1.3356	1.3356		168	85.49	4,248,772	6,694,632	
2000/07	32,768	1.00	1.1129	1.1129		168	85.49	4,328,825	6,769,056	
2001/01		0.95	1.2976	1.2976		168	85.49	4,328,825	6,856,920	5
2001/07		0.95	0.9615	0.9615		168	85.49	4,422,213	6,922,776	
2002/01		0.90	1.0301	1.0301		155	81.26	4,463,211	6,452,805	
2002/07		0.90	0.8337	0.8337		155	81.26	4,496,698	6,506,590	
2003/01		0.85	1.3271	1.3271		155	81.26	4,547,421	6,592,925	
2003/07		0.85	1.1664	1.1664		155	81.26	4,592,504	6,669,805	
2004/01		0.80	1.1103	1.1103		155	77.50	4,633,295	6,743,895	
2004/07		0.80	0.8378	0.8378		155	77.35	4,633,295	6,800,470	5
2005/01		0.75	0.8595	0.8595		155	77.35	4,694,413	6,858,905	
2005/07		0.75	0.7364	0.7364		155	77.35	4,720,340	6,909,435	
2006/01		0.70	0.9068	0.9068		155	77.35	4,720,340	6,972,055	5
2006/07		0.70	0.8133	0.8133		155	77.35	4,777,348	7,028,785	
2007/01		0.65	1.0133	1.0133		155	77.35	4,808,812	7,099,930	
2007/07		0.65	1.1050	1.1050		155	77.35	4,808,812	7,178,360	5
2008/01	29,607	0.60	0.8556	0.8556		155	74.90	4,897,827	7,239,740	
2008/07		0.60	0.6104	0.6104		155	74.90	4,915,763	7,283,915	
2009/01		0.55	1.3268	1.3268		155	74.90	4,951,633	7,380,635	
2009/07		0.55	0.6841	0.6841		155	75.98	4,970,266	7,431,165	
2010/01		0.50	0.8643	0.8643		155	75.98	4,991,747	7,495,335	



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**0 282618-00 - 2015/01**

**236.91**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		0.50	0.7107	0.7107		155	77.92	5,009,488	7,548,655	
2011/01		0.45	0.9198	0.9198		155	72.79	5,030,222	7,618,095	
2011/07		0.45	0.9028	0.9028		155	72.79	5,050,660	7,686,915	
2012/01		0.40	0.3865	0.3865		155	72.79	5,058,468	7,716,675	
2012/07		0.40	0.9417	0.9417		155	74.62	5,077,523	7,789,370	
2013/01		0.35	0.4901	0.4901		155	74.62	5,086,231	7,827,500	
2013/07		0.35	0.6196	0.6196		155	76.18	5,086,231	7,876,015	5
2014/01		0.30	0.8564	0.8564		155	75.20	5,110,358	7,943,440	
2014/07		0.30	1.2383	1.2383		155	75.20	5,129,343	8,041,865	
2015/01		0.25	0.7571	0.7571		155	75.20	5,139,053	8,102,780	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 282618063020130701201210282013104910



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 282626-00 - 2015/01**

**233.82**

**Palm Terrace of Lakeland**

Type of Cost Report: Prospective with Interim Component    Type of Cost: Actual with Interim Component    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1919 LAKELAND HILLS BLVD</b>	<b>7/1/2013-6/30/2014</b>	Number of Beds: <b>185</b>	Superior: <b>0</b>
<b>LAKELAND, FL 33805</b>	Days in CR <b>365</b>	Maximum: <b>67,525</b>	Standard: <b>243</b>
County: <b>Polk [53]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>67,525</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>59,617</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>7,298</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>37,874</b>	FY Index: <b>1.32215372</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>63.52886%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.28878%</b>	Cost: <b>1.03741261</b>
Open Date: <b>07/01/1975</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1975</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22300000</b>
Entered Medicaid <b>09/01/1976</b>	Low Occupancy Adjustment Factor:	<b>112.74079%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/29/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02575226</b>
Previous Med # <b>227854</b>	Interim Component Effective Date:	<b>01/01/2014</b>	PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	3,192,434	3,241,624	1,859,710	466,986		8,760,754	
1a	Audit Adjustments							
2	Cost Per Diem	84.2909	85.5897	49.1026	12.3300		231.3132	
3	Cost Per Diem Inflated	87.4444	87.7938	50.9397				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>87.4444</b>	<b>87.7938</b>	<b>50.9397</b>	<b>12.3300</b>		<b>238.5079</b>	
5a	Interim Adjustment	22.1800						
5b	Interim Adjusted Per Diem	109.6244						
6	Prior Semester: Provider Target Base	46.2051		54.4474				
7	Provider Target Rate	<b>47.8972</b>		<b>56.4413</b>				
7a	Interim Adjustment	22.1800						
7b	Interim Adjustment Provider Target Rate	70.0772						
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>54.1549</b>	<b>87.7938</b>	<b>50.9397</b>	<b>12.3300</b>		<b>205.2184</b>	
12/13	Medical Adjustment Rate		1.3362	0.7753				
14	Prospective Per Diem 11	<b>54.1549</b>	<b>89.1300</b>	<b>51.7150</b>	<b>12.3300</b>		<b>207.3299</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



**Florida Agency for Health Care Administration**  
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**0 282626-00 - 2015/01**

**233.82**

Rate Semester 01/01/2015 through 08/31/2015

**Palm Terrace of Lakeland**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	9,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	5,461,498 8.1999
RS to Start Calcs:	1975/07	<60% of Base:	False	20% ROE(2):	1,365,374 0.5102
Indexed Asset Value	6,826,872	Interest Rate:	7.1000%	Insurance Cost(3):	74,018 1.2416
FRVS Base Asset:	2,338,389	Chase Rate:	4.7500%	Taxes Cost(3):	78,204 1.3118
Occup Adj Factor	0.9000	Amortization Rate:	6.7500%	Home Office(3):	22,456 0.3767
ROE Factor	0.022710	Interest Only:	False	Replacement(3&4):	133,569 0.0000
		Yearly Payment:	498,327	Total FRVS PD:	11.6402

- (1) 80% Capital (\$5,461,498) amortized at 6.7500 % for 20 years Principal & Interest of \$498,327 divided by annual available days (67525) divided by Occup. Adj. (0.90) = \$8.1999
- (2) 20% ROE (\$1,365,374) times the ROE factor (0.022710) divided by annual available days (67525) divided by Occup. Adj. (0.90) = \$0.5102
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	89.1300	89.1300	1.5506	87.5794
Indirect Care	51.7150	51.7150	0.8997	50.8153
Property	12.3300	11.6402	0.2025	11.4377
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.8724
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>207.3299</b>	<b>206.6401</b>	<b>3.5950</b>	<b>233.8200</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

**0 282626-00 - 2015/01**

**233.82**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1975/07	732,741	0.00	4.0634	3.0000	1.0634	120	100.00	732,741	1,737,240	
1976/01		0.10	5.1079	3.0000	2.1079	120	100.00	734,939	1,807,440	
1976/07	4,619	0.10	5.5931	3.0000	2.5931	120	100.00	741,763	1,870,440	
1977/01		0.20	6.3437	3.0000	3.3437	120	100.00	746,214	1,940,640	
1977/07	15,005	0.20	8.4013	3.0000	5.4013	120	100.00	765,696	2,038,680	
1978/01	5,347	0.30	10.1410	3.0000	7.1410	120	100.00	777,934	2,135,400	
1978/07	4,376	0.30	12.6805	3.0000	9.6805	120	100.00	789,311	2,253,600	
1979/01	4,904	0.40	14.8077	3.0000	11.8077	120	100.00	803,687	2,369,160	
1979/07		0.40	16.0059	3.0000	13.0059	120	100.00	813,331	2,468,640	
1980/01		0.50	19.1716	3.0000	16.1716	120	20.18	813,331	2,620,920	
1980/07		0.50	19.9823	3.0000	16.9823	120	20.18	813,331	2,720,760	
1981/01		0.60	20.8063	3.0000	17.8063	120	24.73	813,331	2,824,800	
1981/07		0.60	20.3951	3.0000	17.3951	120	24.73	813,331	2,897,880	
1982/01	378	0.70	20.0711	3.0000	17.0711	120	28.34	822,510	2,975,520	
1982/07	25,173	0.70	19.3688	3.0000	16.3688	120	28.34	856,583	3,043,800	
1983/04	1,187,595	0.80	18.9976	3.0000	15.9976	120	31.51	2,055,956	3,123,840	
1983/07	74,995	0.80	19.9554	3.0000	16.9554	120	31.51	2,159,220	3,247,440	
1984/01	7,789	0.90	18.2506	3.0000	15.2506	120	34.41	2,203,483	3,289,560	
1984/07	5,694	0.90	17.1685	3.0000	14.1685	120	34.41	2,246,399	3,352,680	
1985/01	10,300	1.00	15.3156	3.0000	12.3156	120	31.51	2,295,308	3,391,080	
1985/10		1.00	13.1678	3.0000	10.1678	120	34.41	2,338,389	3,420,000	
1986/01		1.00	10.9977	3.0000	7.9977	120	34.41	2,382,278	3,448,440	
1986/07		1.00	8.2951	3.0000	5.2951	120	36.26	2,429,395	3,441,840	
1987/01		1.00	6.3042	3.0000	3.3042	120	36.26	2,477,444	3,503,400	
1987/07		1.00	4.2049	3.0000	1.2049	120	30.90	2,519,200	3,530,760	
1988/01		1.00	2.1056	2.1056		120	30.90	2,549,001	3,559,440	
1988/07		1.00	0.5899	0.5899		120	35.23	2,558,633	3,557,520	
1989/01		1.00	0.5899	0.5899		120	35.23	2,568,301	3,578,520	
1989/07		1.00	0.5899	0.5899		120	35.23	2,578,006	3,602,760	
1990/01		1.00	0.5899	0.5899		120	38.30	2,588,596	3,620,880	



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

**0 282626-00 - 2015/01**

**233.82**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	12,403	1.00	0.5899	0.5899		120	41.26	2,612,454	3,642,240	
1991/01		1.00	0.5899	0.5899		185	41.26	2,624,015	5,648,050	
1991/07	1,961,310	1.00	1.4932	1.4932		185	47.93	4,619,470	5,732,410	
1992/01		1.00	2.0117	2.0117		185	47.93	4,619,470	5,847,665	5
1992/07	33,866	1.00	1.8152	1.8152		185	48.65	4,734,320	5,953,855	5
1993/01		1.00	1.7710	1.7710		185	48.65	4,885,139	6,059,305	
1993/07		1.00	1.5329	1.5329		185	59.79	4,960,023	6,152,175	
1994/01		1.00	1.6983	1.6983		185	59.79	5,044,259	6,256,700	
1994/07	59,558	1.00	1.5991	1.5991		185	66.98	5,184,480	6,356,785	
1995/01		1.00	1.5812	1.5812		185	66.98	5,266,457	6,457,240	
1995/07		1.00	1.5250	1.5250		185	66.98	5,346,770	6,555,660	
1996/01		0.95	1.7228	1.7228		185	66.98	5,434,281	6,668,695	
1996/07		0.95	1.3294	1.3294		185	66.98	5,502,911	6,757,310	
1997/01		0.90	1.4109	1.4109		185	66.98	5,572,787	6,852,585	
1997/07		0.90	1.0917	1.0917		185	66.98	5,627,540	6,927,325	
1998/01		0.85	1.1663	1.1663		185	67.58	5,627,540	7,008,170	5
1998/07		0.85	1.0794	1.0794		185	61.32	5,735,476	7,083,835	
1999/01		0.80	1.4499	1.4499		185	61.32	5,802,002	7,186,510	
1999/07		0.80	1.2299	1.2299		185	61.32	5,859,088	7,274,940	
2000/01	54,369	0.75	1.3356	1.3356		185	59.86	5,972,147	7,372,065	
2000/07		0.75	1.1129	1.1129		185	62.98	6,021,997	7,454,020	
2001/01	22,617	0.70	1.2976	1.2976		185	59.01	6,044,614	7,550,775	5
2001/07	61,564	0.70	0.9615	0.9615		185	59.01	6,201,930	7,623,295	
2002/01	38,119	0.65	1.0301	1.0301		185	59.01	6,281,577	7,701,735	
2002/07		0.65	0.8337	0.8337		185	59.01	6,315,617	7,765,930	
2003/01		0.60	1.3271	1.3271		185	59.01	6,365,908	7,868,975	
2003/07		0.60	1.1664	1.1664		185	59.01	6,365,908	7,960,735	5
2004/01		0.55	1.1103	1.1103		185	59.01	6,449,606	8,049,165	
2004/07		0.55	0.8378	0.8378		185	68.35	6,479,326	8,116,690	
2005/01		0.50	0.8595	0.8595		185	68.35	6,507,174	8,186,435	



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0 282626-00 - 2015/01

233.82

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		0.50	0.7364	0.7364		185	68.35	6,531,133	8,246,745	
2006/01		0.45	0.9068	0.9068		185	68.35	6,557,787	8,321,485	
2006/07		0.45	0.8133	0.8133		185	68.35	6,581,789	8,389,195	
2007/01		0.40	1.0133	1.0133		185	68.35	6,608,465	8,474,110	
2007/07		0.40	1.1050	1.1050		185	68.35	6,637,674	8,567,720	
2008/01	34,935	0.35	0.8556	0.8556		185	68.35	6,692,489	8,640,980	
2008/07		0.35	0.6104	0.6104		185	68.35	6,706,784	8,693,705	
2009/01		0.30	1.3268	1.3268		185	68.35	6,733,477	8,809,145	
2009/07		0.30	0.6841	0.6841		185	61.12	6,747,294	8,869,455	
2010/01		0.25	0.8643	0.8643		185	59.78	6,761,875	8,946,045	
2010/07		0.25	0.7107	0.7107		185	59.78	6,773,891	9,009,685	
2011/01		0.20	0.9198	0.9198		185	59.78	6,786,355	9,092,565	
2011/07		0.20	0.9028	0.9028		185	56.46	6,798,611	9,174,705	
2012/01		0.15	0.3865	0.3865		185	56.46	6,802,554	9,210,225	
2012/07		0.15	0.9417	0.9417		185	59.58	6,812,166	9,296,990	
2013/01		0.10	0.4901	0.4901		185	59.58	6,815,504	9,342,500	
2013/07		0.10	0.6196	0.6196		185	60.75	6,819,730	9,400,405	
2014/01		0.05	0.8564	0.8564		185	65.64	6,822,649	9,480,880	
2014/07		0.05	1.2383	1.2383		185	65.64	6,826,872	9,598,355	
2015/01		0.00	0.7571	0.7571		185	63.53	6,826,872	9,671,060	

**Message Code:**

5 Uncorrected Licensure Deficiency



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 283193-00 - 2015/01**

**235.21**

**Life Care Center of Jacksonville**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4813 LENOIR AVENUE</b>	<b>7/1/2013-6/30/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>JACKSONVILLE, FL 32216</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Duval [16]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,246</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>22,850</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>6,627</b>	FY Index: <b>1.32215372</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>17.32730%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>87.31963%</b>	Cost: <b>1.03741261</b>
Open Date: <b>11/18/2004</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/18/2004</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22300000</b>
Entered Medicaid <b>01/04/2005</b>	Low Occupancy Adjustment Factor:	<b>111.50323%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/04/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02575226</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	318,679	596,642	410,430	207,823		1,533,574	
1a	Audit Adjustments							
2	Cost Per Diem	48.0880	90.0320	61.9330	31.3600		231.4130	
3	Cost Per Diem Inflated	49.8871	92.3505	64.2501				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>49.8871</b>	<b>92.3505</b>	<b>64.2501</b>	<b>31.3600</b>		<b>237.8477</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	81.3176		84.0639				
7	Provider Target Rate	<b>84.2955</b>		<b>87.1424</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>49.8871</b>	<b>92.3505</b>	<b>61.6580</b>	<b>13.6500</b>		<b>217.5456</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>49.8871</b>	<b>92.3505</b>	<b>61.6580</b>	<b>13.6500</b>		<b>217.5456</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 283193-00 - 2015/01**

**235.21**

Rate Semester 01/01/2015 through 08/31/2015

**Life Care Center of Jacksonville**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>01/04/2005</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>10,330,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>2004/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,493,014</b>	<b>8.5060</b>
Indexed Asset Value	<b>5,616,267</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,123,253</b>	<b>0.6471</b>
FRVS Base Asset:	<b>0</b>	Interest Rate:	<b>4.3000%</b>	Insurance Cost(3):	<b>32,976</b>	<b>0.8622</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>105,019</b>	<b>2.7459</b>
ROE Factor	<b>0.022710</b>	Amortization Rate:	<b>4.3000%</b>	Home Office(3):	<b>51,109</b>	<b>1.3363</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>30,183</b>	<b>0.0000</b>
		Yearly Payment:	<b>335,307</b>	Total FRVS PD:		<b>14.0975</b>

- (1) 80% Capital (\$4,493,014) amortized at 4.3000 % for 20 years Principal & Interest of \$335,307 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.5060  
 (2) 20% ROE (\$1,123,253) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6471  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/2004</b>	Current RS PBS:	43,509
Comparison Bed	<b>120</b>	Effective PBS Limitation	52,276
			5,221,080

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>49.8871</b>	<b>49.8871</b>	<b>0.8679</b>	<b>49.0192</b>
Direct Care	<b>92.3505</b>	<b>92.3505</b>	<b>1.6067</b>	<b>90.7438</b>
Indirect Care	<b>61.6580</b>	<b>61.6580</b>	<b>1.0727</b>	<b>60.5853</b>
Property	<b>13.6500</b>	<b>14.0975</b>	<b>0.2453</b>	<b>13.8522</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>11.1088</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>217.5456</b>	<b>217.9931</b>	<b>3.7926</b>	<b>235.2118</b>

**Medicaid Trend Adjustment**



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**0 283193-00 - 2015/01**

**235.21**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01	12,283,337	0.00	0.8595	0.8595		120	12.07	5,221,080	5,221,080	1
2005/07		0.10	0.7364	0.7364		120	12.07	5,221,080	5,349,240	
2006/01		0.10	0.9068	0.9068		120	12.07	5,221,080	5,397,720	
2006/07		0.20	0.8133	0.8133		120	12.07	5,221,080	5,441,640	
2007/01		0.20	1.0133	1.0133		120	12.07	5,221,080	5,496,720	
2007/07		0.30	1.1050	1.1050		120	12.07	5,221,080	5,557,440	5
2008/01		0.30	0.8556	0.8556		120	12.07	5,221,080	5,604,960	
2008/07	226,856	0.40	0.6104	0.6104		120	15.25	5,447,936	5,639,160	
2009/01		0.40	1.3268	1.3268		120	15.25	5,447,936	5,714,040	
2009/07		0.50	0.6841	0.6841		120	16.43	5,447,936	5,753,160	
2010/01		0.50	0.8643	0.8643		120	16.43	5,447,936	5,802,840	
2010/07	47,810	0.60	0.7107	0.7107		120	15.77	5,495,746	5,844,120	
2011/01	44,369	0.60	0.9198	0.9198		120	18.78	5,540,115	5,897,880	
2011/07		0.70	0.9028	0.9028		120	18.78	5,540,115	5,951,160	
2012/01	18,036	0.70	0.3865	0.3865		120	20.98	5,558,151	5,974,200	
2012/07		0.80	0.9417	0.9417		120	20.98	5,558,151	6,030,480	
2013/01		0.80	0.4901	0.4901		120	20.98	5,558,151	6,060,000	
2013/07		0.90	0.6196	0.6196		120	20.85	5,558,151	6,097,560	
2014/01		0.90	0.8564	0.8564		120	20.85	5,558,151	6,149,760	
2014/07	37,067	1.00	1.2383	1.2383		120	15.45	5,595,218	6,225,960	
2015/01	21,049	1.00	0.7571	0.7571		120	17.33	5,616,267	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 284289-00 - 2015/01**

**205.57**

**Life Care Center of Orange Park**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2145 KINGSLEY AVE</b>	<b>8/1/2013-7/31/2014</b>	Number of Beds: <b>180</b>	Superior: <b>0</b>
<b>ORANGE PARK, FL 32073</b>	Days in CR <b>365</b>	Maximum: <b>65,700</b>	Standard: <b>243</b>
County: <b>Clay [10]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>58,281</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>21,014</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>29,738</b>	FY Index: <b>1.32594791</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>51.02521%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.70776%</b>	Cost: <b>1.03444406</b>
Open Date: <b>09/19/1996</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/19/1996</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22383277</b>
Entered Medicaid <b>09/19/1996</b>	Low Occupancy Adjustment Factor:	<b>113.27581%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/19/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02505427</b>
Previous Med # <b>212628</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,259,421	2,235,512	1,349,234	523,984		5,368,151	
1a	Audit Adjustments							
2	Cost Per Diem	42.3506	75.1736	45.3707	17.6200		180.5149	
3	Cost Per Diem Inflated	43.8093	77.0570	46.9335				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>43.8093</b>	<b>77.0570</b>	<b>46.9335</b>	<b>17.6200</b>		<b>185.4198</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.0630		52.2722				
7	Provider Target Rate	<b>52.9330</b>		<b>54.1865</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>43.8093</b>	<b>77.0570</b>	<b>46.9335</b>	<b>13.6500</b>		<b>181.4498</b>	
12/13	Medical Adjustment Rate		0.0889	0.0541				
14	Prospective Per Diem 11	<b>43.8093</b>	<b>77.1459</b>	<b>46.9876</b>	<b>13.6500</b>		<b>181.5928</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 284289-00 - 2015/01**

**205.57**

Rate Semester 01/01/2015 through 08/31/2015

**Life Care Center of Orange Park**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	09/19/1996	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	10,356,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	6,996,579 9.1796
RS to Start Calcs:	1996/07	<60% of Base:	False	20% ROE(2):	1,749,145 0.6748
Indexed Asset Value	8,745,724	Interest Rate:	4.7550%	Insurance Cost(3):	61,567 1.0564
FRVS Base Asset:	6,488,460	Chase Rate:	3.2500%	Taxes Cost(3):	97,450 1.6721
Occup Adj Factor	0.9000	Amortization Rate:	4.7550%	Home Office(3):	59,319 1.0178
ROE Factor	0.022810	Interest Only:	False	Replacement(3&4):	281,143 0.0000
		Yearly Payment:	542,792	Total FRVS PD:	13.6007

- (1) 80% Capital (\$6,996,579) amortized at 4.7550 % for 20 years Principal & Interest of \$542,792 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$9.1796
- (2) 20% ROE (\$1,749,145) times the ROE factor (0.022810) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.6748
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,047
Comparison Date:	01/01/1996	Current RS PBS:	52,276
Comparison Bed	180	Effective PBS Limitation	6,488,460

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.8093	43.8093	0.7622	43.0471
Direct Care	77.1459	77.1459	1.3422	75.8037
Indirect Care	46.9876	46.9876	0.8175	46.1701
Property	13.6500	13.6007	0.2366	13.3641
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.2805
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>181.5928</b>	<b>181.5435</b>	<b>3.1585</b>	<b>205.5680</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2014

**0 284289-00 - 2015/01**

**205.57**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	12,062,409	0.00	1.3294	1.3294		180	49.52	6,488,460	6,488,460	1
1997/01	39,077	0.10	1.4109	1.4109		180	49.52	6,535,780	6,667,380	
1997/07	12,505	0.10	1.0917	1.0917		180	49.52	6,554,711	6,740,100	
1998/01		0.20	1.1663	1.1663		180	49.52	6,554,711	6,818,760	5
1998/07		0.20	1.0794	1.0794		180	49.52	6,581,247	6,892,380	
1999/01		0.30	1.4499	1.4499		180	49.52	6,607,023	6,992,280	
1999/07		0.30	1.2299	1.2299		180	49.52	6,628,974	7,078,320	
2000/01	40,310	0.40	1.3356	1.3356		180	66.32	6,704,696	7,172,820	
2000/07		0.40	1.1129	1.1129		180	66.32	6,734,545	7,252,560	
2001/01	42,257	0.50	1.2976	1.2976		180	68.07	6,820,496	7,346,700	
2001/07		0.50	0.9615	0.9615		180	68.07	6,853,289	7,417,260	
2002/01		0.60	1.0301	1.0301		180	68.59	6,895,649	7,493,580	
2002/07		0.60	0.8337	0.8337		180	68.59	6,930,141	7,556,040	
2003/01		0.70	1.3271	1.3271		180	62.19	6,994,522	7,656,300	
2003/07		0.70	1.1664	1.1664		180	62.19	7,051,632	7,745,580	
2004/01		0.80	1.1103	1.1103		180	56.27	7,114,265	7,831,620	
2004/07		0.80	0.8378	0.8378		180	56.27	7,161,945	7,897,320	
2005/01		0.90	0.8595	0.8595		180	56.27	7,217,350	7,965,180	
2005/07		0.90	0.7364	0.7364		180	47.89	7,259,003	8,023,860	
2006/01		1.00	0.9068	0.9068		180	47.89	7,316,318	8,096,580	
2006/07	51,580	1.00	0.8133	0.8133		180	44.71	7,416,269	8,162,460	
2007/01		1.00	1.0133	1.0133		180	44.71	7,477,358	8,245,080	
2007/07	51,153	1.00	1.1050	1.1050		180	46.29	7,598,051	8,336,160	
2008/01		1.00	0.8556	0.8556		180	46.29	7,652,765	8,407,440	
2008/07	35,263	1.00	0.6104	0.6104		180	45.50	7,726,672	8,458,740	
2009/01		1.00	1.3268	1.3268		180	45.50	7,811,482	8,571,060	
2009/07	136,391	1.00	0.6841	0.6841		180	47.19	7,993,723	8,629,740	
2010/01	78,646	1.00	0.8643	0.8643		180	47.66	8,132,238	8,704,260	
2010/07		1.00	0.7107	0.7107		180	47.66	8,182,321	8,766,180	
2011/01		1.00	0.9198	0.9198		180	48.56	8,248,770	8,846,820	



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**0 284289-00 - 2015/01**

**205.57**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		1.00	0.9028	0.9028		180	48.56	8,314,520	8,926,740	
2012/01	28,455	1.00	0.3865	0.3865		180	47.84	8,370,927	8,961,300	
2012/07		1.00	0.9417	0.9417		180	47.84	8,439,494	9,045,720	
2013/01		1.00	0.4901	0.4901		180	47.84	8,475,471	9,090,000	
2013/07		1.00	0.6196	0.6196		180	45.66	8,519,067	9,146,340	
2014/01	28,519	1.00	0.8564	0.8564		180	42.02	8,603,325	9,224,640	
2014/07		1.00	1.2383	1.2383		180	42.02	8,684,718	9,338,940	
2015/01		1.00	0.7571	0.7571		180	51.03	8,745,724	9,409,680	

**Message Code:**

1 Per Bed Standard Limitation 5 Uncorrected Licensure Deficiency
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VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 284289073120140801201310192014105105



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 284793-00 - 2015/01**

**238.44**

**Brighton Gardens of Tampa**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>16702 NORTH DALE MABRY HWY</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>45</b>	Superior: <b>0</b>
<b>TAMPA, FL 33618-1055</b>	Days in CR <b>365</b>	Maximum: <b>16,425</b>	Standard: <b>243</b>
County: <b>Hillsborough [29]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>16,425</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>13,887</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>7,791</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>2,711</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>19.52185%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>84.54795%</b>	Cost: <b>1.04340134</b>
Open Date: <b>09/01/1999</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/01/1999</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/23/1999</b>	Low Occupancy Adjustment Factor:	<b>107.96392%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2003</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>219819</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	160,040	260,525	195,746	41,261		657,572	
1a	Audit Adjustments							
2	Cost Per Diem	59.0336	96.0993	72.2044	15.2198		242.5571	
3	Cost Per Diem Inflated	61.5957	99.2231	75.3382				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>61.5957</b>	<b>99.2231</b>	<b>75.3382</b>	<b>15.2198</b>		<b>251.3768</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	70.9394		63.3459				
7	Provider Target Rate	<b>73.5373</b>		<b>65.6657</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>59.8017</b>	<b>99.2231</b>	<b>65.6657</b>	<b>13.6500</b>		<b>238.3405</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>59.8017</b>	<b>99.2231</b>	<b>65.6657</b>	<b>13.6500</b>		<b>238.3405</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 284793-00 - 2015/01**

**238.44**

Rate Semester 01/01/2015 through 08/31/2015

**Brighton Gardens of Tampa**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/23/1999	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	700,473.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>1,497,297</b>	<b>3.9901</b>
RS to Start Calcs:	<b>1999/07</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>374,324</b>	<b>0.4748</b>
Indexed Asset Value	<b>1,871,621</b>	Interest Rate:	<b>5.1300%</b>	Insurance Cost(3):	<b>13,619</b>	<b>0.9807</b>
FRVS Base Asset:	<b>1,748,070</b>	Chase Rate:	<b>4.0000%</b>	Taxes Cost(3):	<b>33,992</b>	<b>2.4478</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>4.0000%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>True</b>	Replacement(3&4):	<b>0</b>	<b>0.0000</b>
		Yearly Payment:	<b>58,984</b>	Total FRVS PD:		<b>7.8934</b>

- (1) 80% Capital (\$1,497,297) amortized at 4.0000 % for 20 years Interest of \$58,984 divided by annual available days (16425) divided by Occup. Adj. (0.90) = \$3.9901
- (2) 20% ROE (\$374,324) times the ROE factor (0.018750) divided by annual available days (16425) divided by Occup. Adj. (0.90) = \$0.4748
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	<b>01/01/1999</b>	Current RS PBS:	52,276
Comparison Bed	<b>45</b>	Effective PBS Limitation	1,748,070

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>59.8017</b>	<b>59.8017</b>	<b>1.0404</b>	<b>58.7613</b>
Direct Care	<b>99.2231</b>	<b>99.2231</b>	<b>1.7262</b>	<b>97.4969</b>
Indirect Care	<b>65.6657</b>	<b>65.6657</b>	<b>1.1424</b>	<b>64.5233</b>
Property	<b>13.6500</b>	<b>7.8934</b>	<b>0.1373</b>	<b>7.7561</b>
ROE				
ROE Adjustment				
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>238.3405</b>	<b>232.5839</b>	<b>4.0463</b>	<b>238.4401</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 284793-00 - 2015/01**

**238.44**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	13,263,976	0.00	1.2299	1.2299		45	19.64	1,748,070	1,748,070	1
2000/01		0.10	1.3356	1.3356		45	19.64	1,748,070	1,793,205	
2000/07		0.10	1.1129	1.1129		45	19.64	1,748,070	1,813,140	
2001/01		0.20	1.2976	1.2976		45	19.64	1,748,070	1,836,675	
2001/07		0.20	0.9615	0.9615		45	19.64	1,748,070	1,854,315	
2002/01		0.30	1.0301	1.0301		45	19.64	1,748,070	1,873,395	
2002/07	11,350	0.30	0.8337	0.8337		45	37.50	1,762,401	1,889,010	
2003/01		0.40	1.3271	1.3271		45	37.50	1,768,779	1,914,075	
2003/07		0.40	1.1664	1.1664		45	41.19	1,774,960	1,936,395	
2004/01		0.50	1.1103	1.1103		45	41.19	1,782,340	1,957,905	
2004/07		0.50	0.8378	0.8378		45	41.19	1,787,932	1,974,330	
2005/01		0.60	0.8595	0.8595		45	41.19	1,794,837	1,991,295	
2005/07		0.60	0.7364	0.7364		45	41.19	1,800,776	2,005,965	
2006/01		0.70	0.9068	0.9068		45	41.19	1,809,337	2,024,145	
2006/07		0.70	0.8133	0.8133		45	41.19	1,817,051	2,040,615	
2007/01		0.80	1.0133	1.0133		45	41.62	1,828,197	2,061,270	
2007/07		0.80	1.1050	1.1050		45	41.62	1,840,427	2,084,040	
2008/01		0.90	0.8556	0.8556		45	42.53	1,851,385	2,101,860	
2008/07		0.90	0.6104	0.6104		45	31.97	1,857,297	2,114,685	
2009/01		1.00	1.3268	1.3268		45	31.97	1,871,621	2,142,765	
2009/07		1.00	0.6841	0.6841		45	24.07	1,871,621	2,157,435	
2010/01		1.00	0.8643	0.8643		45	24.07	1,871,621	2,176,065	
2010/07		1.00	0.7107	0.7107		45	24.97	1,871,621	2,191,545	
2011/01		1.00	0.9198	0.9198		45	24.97	1,871,621	2,211,705	
2011/07		1.00	0.9028	0.9028		45	24.97	1,871,621	2,231,685	
2012/01		1.00	0.3865	0.3865		45	21.77	1,871,621	2,240,325	
2012/07		1.00	0.9417	0.9417		45	22.11	1,871,621	2,261,430	
2013/01		1.00	0.4901	0.4901		45	22.11	1,871,621	2,272,500	
2013/07		1.00	0.6196	0.6196		45	19.00	1,871,621	2,286,585	
2014/01		1.00	0.8564	0.8564		45	19.00	1,871,621	2,306,160	



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0 284793-00 - 2015/01

238.44

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		1.00	1.2383	1.2383		45	19.52	1,871,621	2,334,735	
2015/01		1.00	0.7571	0.7571		45	19.52	1,871,621	2,352,420	

**Message Code:**

1 Per Bed Standard Limitation

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**Florida Agency for Health Care Administration**  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 284823-00 - 2015/01**

**294.34**

**Aventura Plaza Rehabilitation and Nursing Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1800 N E 168TH STREET</b>	<b>9/1/2012-8/31/2013</b>	Number of Beds: <b>86</b>	Superior: <b>0</b>
<b>NORTH MIAMI BEACH, FL</b>	Days in CR <b>365</b>	Maximum: <b>31,390</b>	Standard: <b>214</b>
County: <b>Dade [13]</b>	First Used : <b>2014/01</b>	Max Annualized: <b>31,390</b>	Conditional: <b>29</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>28,106</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>4,283</b>	Inflation
Current Class <b>South Small</b>	Initial CR? <b>False</b>	Medicaid: <b>20,207</b>	FY Index: <b>1.30580299</b>
Class at 1/94: <b>South Small</b>	Medical Utilization	<b>71.89568%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.53807%</b>	Cost: <b>1.05040266</b>
Open Date: <b>07/01/1978</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1978</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21049917</b>
Entered Medicaid <b>07/01/1978</b>	Low Occupancy Adjustment Factor:	<b>114.33608%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03634520</b>
Previous Med # <b>205095</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,315,885	2,126,369	1,659,485	380,700		5,482,439	
1a	Audit Adjustments							
2	Cost Per Diem	65.1203	105.2293	82.1243	18.8400		271.3139	
3	Cost Per Diem Inflated	68.4025	109.0539	86.2636				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>68.4025</b>	<b>109.0539</b>	<b>86.2636</b>	<b>18.8400</b>		<b>282.5600</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	83.8307		76.4099				
7	Provider Target Rate	<b>86.9007</b>		<b>79.2081</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>62.1716</b>	<b>107.6155</b>	<b>79.2081</b>	<b>13.6500</b>		<b>262.6452</b>	
12/13	Medical Adjustment Rate		2.3345	1.7183				
14	Prospective Per Diem 11	<b>62.1716</b>	<b>109.9500</b>	<b>80.9264</b>	<b>13.6500</b>		<b>266.6980</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**0 284823-00 - 2015/01**

**294.34**

Rate Semester 01/01/2015 through 08/31/2015

**Aventura Plaza Rehabilitation and Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>0.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1978/07</b>	Type:	<b>None</b>	80% Capital(1):	<b>2,307,948</b>	<b>10.1568</b>
Indexed Asset Value	<b>2,884,935</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>576,987</b>	<b>0.3213</b>
FRVS Base Asset:	<b>590,346</b>	Interest Rate:	<b>12.5000%</b>	Insurance Cost(3):	<b>20,687</b>	<b>0.7360</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>12.5000%</b>	Taxes Cost(3):	<b>0</b>	<b>0.0000</b>
ROE Factor	<b>0.015730</b>	Amortization Rate:	<b>12.5000%</b>	Home Office(3):	<b>19,579</b>	<b>0.6966</b>
		Interest Only:	<b>True</b>	Replacement(3&4):	<b>203,441</b>	<b>0.0000</b>
		Yearly Payment:	<b>286,941</b>	Total FRVS PD:		<b>11.9107</b>

(1) 80% Capital (\$2,307,948) amortized at 12.5000 % for 20 years Interest of \$286,941 divided by annual available days (31390) divided by Occup. Adj. (0.90) = \$10.1568

(2) 20% ROE (\$576,987) times the ROE factor (0.015730) divided by annual available days (31390) divided by Occup. Adj. (0.90) = \$0.3213

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>50</b>	Effective PBS Limitation	1,425,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>62.1716</b>	<b>62.1716</b>	<b>1.0816</b>	<b>61.0900</b>
Direct Care	<b>109.9500</b>	<b>109.9500</b>	<b>1.9129</b>	<b>108.0371</b>
Indirect Care	<b>80.9264</b>	<b>80.9264</b>	<b>1.4079</b>	<b>79.5185</b>
Property	<b>13.6500</b>	<b>11.9107</b>	<b>0.2072</b>	<b>11.7035</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>24.0858</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>266.6980</b>	<b>264.9587</b>	<b>4.6096</b>	<b>294.3374</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/31/2013

**0 284823-00 - 2015/01**

**294.34**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/07	506,929	0.00	5.5395	3.0000	2.5395	50	100.00	506,929	939,000	
1979/01		0.10	7.6667	3.0000	4.6667	50	100.00	508,450	987,150	
1979/07		0.10	8.8649	3.0000	5.8649	50	100.00	509,975	1,028,600	
1980/01		0.20	12.0306	3.0000	9.0306	50	42.75	512,353	1,092,050	
1980/07		0.20	12.8413	3.0000	9.8413	50	42.75	514,742	1,133,650	
1981/01		0.30	13.6653	3.0000	10.6653	50	42.75	518,343	1,177,000	
1981/07		0.30	13.2541	3.0000	10.2541	50	42.75	521,969	1,207,450	
1982/01		0.40	12.9301	3.0000	9.9301	50	42.75	526,838	1,239,800	
1982/07		0.40	12.2278	3.0000	9.2278	50	42.75	531,752	1,268,250	
1983/04		0.50	11.8566	3.0000	8.8566	50	50.37	539,057	1,301,600	
1983/07		0.50	12.8144	3.0000	9.8144	50	50.37	546,462	1,353,100	
1984/01		0.60	11.1096	3.0000	8.1096	50	68.28	556,298	1,370,650	
1984/07		0.60	10.0275	3.0000	7.0275	50	68.28	566,311	1,396,950	
1985/01		0.70	8.1746	3.0000	5.1746	50	68.28	578,204	1,412,950	
1985/10		0.70	6.0268	3.0000	3.0268	50	67.98	590,346	1,425,000	
1986/01		0.80	3.8567	3.0000	0.8567	50	67.98	604,514	1,436,850	
1986/07		0.80	1.1541	1.1541		50	62.57	610,095	1,434,100	
1987/01		0.90	1.0091	1.0091		50	62.57	615,636	1,459,750	
1987/07		0.90	0.9007	0.9007		50	73.19	620,626	1,471,150	
1988/01		1.00	0.9007	0.9007		50	73.19	626,216	1,483,100	
1988/07		1.00	0.5899	0.5899		50	75.34	629,910	1,482,300	
1989/01		1.00	0.5899	0.5899		50	75.34	633,626	1,491,050	
1989/07	753,259	1.00	0.5899	0.5899		75	73.42	1,390,623	2,251,725	
1990/01		1.00	0.5899	0.5899		75	73.42	1,398,826	2,263,050	
1990/07		1.00	0.5899	0.5899		75	78.34	1,407,078	2,276,400	
1991/01		1.00	0.5899	0.5899		75	78.34	1,415,378	2,289,750	
1991/07		1.00	1.4932	1.4932		75	81.39	1,436,512	2,323,950	
1992/01		1.00	2.0117	2.0117		75	81.39	1,436,512	2,370,675	5
1992/07		1.00	1.8152	1.8152		75	83.45	1,465,410	2,413,725	5
1993/01		1.00	1.7710	1.7710		75	83.45	1,492,010	2,456,475	5



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**0 284823-00 - 2015/01**

**294.34**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07		1.00	1.5329	1.5329		75	86.22	1,518,433	2,494,125	5
1994/01		1.00	1.6983	1.6983		75	86.22	1,541,709	2,536,500	5
1994/07		1.00	1.5991	1.5991		75	90.08	1,567,892	2,577,075	5
1995/01		1.00	1.5812	1.5812		75	90.08	1,618,152	2,617,800	
1995/07		1.00	1.5250	1.5250		75	90.08	1,642,829	2,657,700	
1996/01		1.00	1.7228	1.7228		75	88.16	1,671,132	2,703,525	
1996/07		1.00	1.3294	1.3294		75	77.58	1,693,348	2,739,450	
1997/01		1.00	1.4109	1.4109		75	77.58	1,717,239	2,778,075	
1997/07		1.00	1.0917	1.0917		75	78.52	1,735,986	2,808,375	
1998/01		1.00	1.1663	1.1663		75	78.52	1,756,233	2,841,150	
1998/07		1.00	1.0794	1.0794		75	78.39	1,775,190	2,871,825	
1999/01		0.95	1.4499	1.4499		75	78.39	1,799,641	2,913,450	
1999/07		0.95	1.2299	1.2299		75	81.96	1,820,668	2,949,300	
2000/01		0.90	1.3356	1.3356		75	81.96	1,842,552	2,988,675	
2000/07	16,266	0.90	1.1129	1.1129		75	78.41	1,877,273	3,021,900	
2001/01		0.85	1.2976	1.2976		75	78.41	1,897,979	3,061,125	
2001/07		0.85	0.9615	0.9615		75	75.48	1,913,491	3,090,525	
2002/01		0.80	1.0301	1.0301		75	77.21	1,929,260	3,122,325	
2002/07		0.80	0.8337	0.8337		75	77.21	1,942,128	3,148,350	
2003/01		0.75	1.3271	1.3271		75	62.23	1,961,458	3,190,125	
2003/07		0.75	1.1664	1.1664		75	62.23	1,978,617	3,227,325	
2004/01		0.70	1.1103	1.1103		75	62.23	1,993,995	3,263,175	
2004/07		0.70	0.8378	0.8378		75	69.36	2,005,690	3,290,550	
2005/01		0.65	0.8595	0.8595		75	79.35	2,016,896	3,318,825	
2005/07		0.65	0.7364	0.7364		75	79.35	2,026,551	3,343,275	
2006/01		0.60	0.9068	0.9068		75	73.64	2,037,577	3,373,575	
2006/07		0.60	0.8133	0.8133		75	73.64	2,047,520	3,401,025	
2007/01		0.55	1.0133	1.0133		75	73.64	2,058,931	3,435,450	
2007/07		0.55	1.1050	1.1050		75	65.27	2,071,445	3,473,400	
2008/01		0.50	0.8556	0.8556		75	65.27	2,080,307	3,503,100	



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**0 284823-00 - 2015/01**

**294.34**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		0.50	0.6104	0.6104		75	67.45	2,086,656	3,524,475	
2009/01	19,823	0.45	1.3268	1.3268		75	79.93	2,118,938	3,571,275	
2009/07		0.45	0.6841	0.6841		75	79.93	2,125,460	3,595,725	
2010/01	591,512	0.40	0.8643	0.8643		86	68.37	2,724,320	4,158,702	
2010/07		0.40	0.7107	0.7107		86	68.37	2,732,065	4,188,286	
2011/01	25,985	0.35	0.9198	0.9198		86	74.19	2,766,845	4,226,814	
2011/07		0.35	0.9028	0.9028		86	74.19	2,775,588	4,264,998	
2012/01	74,812	0.30	0.3865	0.3865		86	75.03	2,853,620	4,281,510	
2012/07		0.30	0.9417	0.9417		86	75.03	2,861,681	4,321,844	
2013/01		0.25	0.4901	0.4901		86	75.03	2,865,187	4,343,000	
2013/07		0.25	0.6196	0.6196		86	69.13	2,869,625	4,369,918	
2014/01		0.20	0.8564	0.8564		86	71.90	2,874,541	4,407,328	
2014/07		0.20	1.2383	1.2383		86	71.90	2,881,661	4,461,938	
2015/01		0.15	0.7571	0.7571		86	71.90	2,884,935	4,495,736	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 307998-00 - 2015/01**

**223.40**

**Cypress Village**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4600 MIDDLETON PARK CIR E</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>JACKSONVILLE, FL 32224</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Duval [16]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>42,086</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>19,893</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>11,858</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>28.17564%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>96.08676%</b>	Cost: <b>1.04340134</b>
Open Date: <b>08/30/1991</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>08/30/1991</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/14/1991</b>	Low Occupancy Adjustment Factor:	<b>122.69846%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>04/06/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>203939</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	617,493	980,482	800,591	216,527		2,615,093	
1a	Audit Adjustments							
2	Cost Per Diem	52.0740	82.6853	67.5148	18.2600		220.5341	
3	Cost Per Diem Inflated	54.3341	85.3731	70.4450				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>54.3341</b>	<b>85.3731</b>	<b>70.4450</b>	<b>18.2600</b>		<b>228.4122</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.8290		84.4479				
7	Provider Target Rate	<b>56.8369</b>		<b>87.5405</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.5678</b>	<b>85.3731</b>	<b>61.6580</b>	<b>13.6500</b>		<b>212.2489</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>51.5678</b>	<b>85.3731</b>	<b>61.6580</b>	<b>13.6500</b>		<b>212.2489</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**0 307998-00 - 2015/01**

**223.40**

Rate Semester 01/01/2015 through 08/31/2015

**Cypress Village**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/14/1991	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	8,103,119.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,797,852	10.9928
RS to Start Calcs:	1991/07	<60% of Base:	False	20% ROE(2):	1,199,463	0.5705
Indexed Asset Value	5,997,315	Interest Rate:	6.6200%	Insurance Cost(3):	36,562	0.8687
FRVS Base Asset:	1,831,800	Chase Rate:	5.7500%	Taxes Cost(3):	98,281	2.3352
Occup Adj Factor	0.9000	Amortization Rate:	6.6200%	Home Office(3):	164,479	3.9082
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	433,335	Total FRVS PD:		18.6754

- (1) 80% Capital (\$4,797,852) amortized at 6.6200 % for 20 years Principal & Interest of \$433,335 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.9928
- (2) 20% ROE (\$1,199,463) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5705
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,530
Comparison Date:	01/01/1991	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,831,800

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	85.3731	85.3731	1.4853	83.8878
Indirect Care	61.6580	61.6580	1.0727	60.5853
Property	13.6500	18.6754	0.3249	18.3505
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>212.2489</b>	<b>217.2743</b>	<b>3.7801</b>	<b>223.3967</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 307998-00 - 2015/01**

**223.40**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07	3,694,000	0.00	1.4932	1.4932		60	41.39	1,831,800	1,831,800	1
1992/01		0.10	2.0117	2.0117		60	41.39	1,834,574	1,896,540	
1992/07		0.10	1.8152	1.8152		60	41.39	1,837,080	1,930,980	
1993/01		0.20	1.7710	1.7710		60	41.39	1,841,977	1,965,180	
1993/07		0.20	1.5329	1.5329		60	41.39	1,846,227	1,995,300	
1994/01		0.30	1.6983	1.6983		60	41.39	1,853,306	2,029,200	
1994/07		0.30	1.5991	1.5991		60	41.39	1,859,996	2,061,660	
1995/01		0.40	1.5812	1.5812		60	51.82	1,871,080	2,094,240	
1995/07		0.40	1.5250	1.5250		60	60.27	1,882,494	2,126,160	
1996/01		0.50	1.7228	1.7228		60	60.27	1,898,710	2,162,820	
1996/07	44,954	0.50	1.3294	1.3294		60	50.43	1,955,236	2,191,560	
1997/01		0.60	1.4109	1.4109		60	50.43	1,970,412	2,222,460	
1997/07	2,165,065	0.60	1.0917	1.0917		120	39.21	4,144,678	4,493,400	
1998/01		0.70	1.1663	1.1663		120	39.21	4,168,801	4,545,840	
1998/07		0.70	1.0794	1.0794		120	39.21	4,191,257	4,594,920	
1999/01	83,354	0.80	1.4499	1.4499		120	33.86	4,304,540	4,661,520	
1999/07		0.80	1.2299	1.2299		120	34.98	4,331,476	4,718,880	
2000/01		0.90	1.3356	1.3356		120	34.98	4,364,589	4,781,880	
2000/07		0.90	1.1129	1.1129		120	34.98	4,392,392	4,835,040	
2001/01	136,821	1.00	1.2976	1.2976		120	38.38	4,568,986	4,897,800	
2001/07	30,029	1.00	0.9615	0.9615		120	42.24	4,632,754	4,944,840	
2002/01		1.00	1.0301	1.0301		120	42.24	4,669,404	4,995,720	
2002/07	37,206	1.00	0.8337	0.8337		120	54.70	4,745,326	5,037,360	
2003/01		1.00	1.3271	1.3271		120	54.70	4,807,958	5,104,200	
2003/07		1.00	1.1664	1.1664		120	56.69	4,864,038	5,163,720	
2004/01		1.00	1.1103	1.1103		120	56.69	4,918,043	5,221,080	
2004/07	17,575	1.00	0.8378	0.8378		120	61.50	4,976,821	5,264,880	
2005/01		1.00	0.8595	0.8595		120	64.60	5,019,597	5,310,120	
2005/07		1.00	0.7364	0.7364		120	64.60	5,056,561	5,349,240	
2006/01		1.00	0.9068	0.9068		120	64.60	5,102,414	5,397,720	



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 307998-00 - 2015/01**

**223.40**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07		1.00	0.8133	0.8133		120	64.60	5,143,912	5,441,640	
2007/01		1.00	1.0133	1.0133		120	64.60	5,196,035	5,496,720	
2007/07		1.00	1.1050	1.1050		120	64.60	5,253,451	5,557,440	
2008/01	56,848	1.00	0.8556	0.8556		120	48.25	5,349,731	5,604,960	
2008/07		1.00	0.6104	0.6104		120	48.25	5,378,378	5,639,160	
2009/01		1.00	1.3268	1.3268		120	54.91	5,449,622	5,714,040	
2009/07		1.00	0.6841	0.6841		120	54.91	5,486,842	5,753,160	
2010/01		1.00	0.8643	0.8643		120	55.25	5,534,265	5,802,840	
2010/07		1.00	0.7107	0.7107		120	55.25	5,573,597	5,844,120	
2011/01		1.00	0.9198	0.9198		120	58.78	5,624,863	5,897,880	
2011/07		1.00	0.9028	0.9028		120	58.78	5,675,644	5,951,160	
2012/01	120,491	0.95	0.3865	0.3865		120	45.50	5,813,376	5,974,200	
2012/07		0.95	0.9417	0.9417		120	36.03	5,847,445	6,030,480	
2013/01		0.90	0.4901	0.4901		120	36.03	5,864,342	6,060,000	
2013/07		0.90	0.6196	0.6196		120	36.03	5,864,342	6,097,560	5
2014/01	38,193	0.85	0.8564	0.8564		120	28.59	5,946,226	6,149,760	
2014/07		0.85	1.2383	1.2383		120	28.59	5,978,761	6,225,960	
2015/01		0.80	0.7571	0.7571		120	28.18	5,997,315	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 308242-00 - 2015/01**

**225.64**

**Hebrew Home of South Beach**

<b>Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective</b>		<b>CHOW Status based on this Cost Report: No Change</b>	
<b>Type of Ownership: Nonprofit : 501(c)(3) Organization</b>			
Provider Information	Cost Report	Patient Days	Ratings Days
<b>320 COLLINS AVENUE</b> <b>MIAMI BEACH , FL 33139</b> County: <b>Dade [13]</b> Region: <b>South</b> Area: <b>11</b> Control: <b>Nonprofit : 501(c)(3) Organization</b> Current Class <b>South Large</b> Class at 1/94: <b>South Large</b> Operating Ex > <b>18 months</b> Open Date: <b>01/01/1970</b> Acquired Date: <b>01/01/1970</b> Entered Medicaid <b>01/01/1970</b> Med # Active Date: <b>01/01/2002</b> Previous Med # <b>200492</b>	<b>9/1/2011-8/31/2012</b> Days in CR <b>366</b> First Used : <b>2013/07</b> Last Used: <b>2015/01</b> <b>Unaudited</b> Initial CR? <b>False</b> Medical Utilization Occupancy: Statewide Low Occupancy Threshold: Medicaid Low Occupancy Threshold: Low Occupancy Adjustment Factor: Weighted Low Occ Adjustment Factor:	Number of Beds: <b>104</b> Maximum: <b>38,064</b> Max Annualized: <b>37,960</b> Total Patient: <b>34,679</b> Medicare: <b>7,420</b> Medicaid: <b>24,454</b> <b>70.51530%</b> <b>91.10708%</b> <b>78.31130%</b> <b>41.41010%</b> <b>116.33963%</b> <b>100.00000%</b>	Superior: <b>0</b> Standard: <b>243</b> Conditional: <b>0</b> Total: <b>243</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">           Inflation         </div> FY Index: <b>1.27343864</b> Semester Index: <b>1.37161894</b> Cost: <b>1.07709857</b> Target: <b>1.02563464</b> DC FY Index: <b>1.19833101</b> DC Sem Index: <b>1.25449501</b> DC Inflation: <b>1.04686852</b> PS Target: <b>1.03662091</b>

**Rate Calculations**

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,330,582	2,118,591	1,381,748	268,016		5,098,937	
1a	Audit Adjustments							
2	Cost Per Diem	54.4116	86.6358	56.5040	10.9600		208.5114	
3	Cost Per Diem Inflated	58.6067	90.6963	60.8604				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>58.6067</b>	<b>90.6963</b>	<b>60.8604</b>	<b>10.9600</b>		<b>221.1234</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.0396		66.9767				
7	Provider Target Rate	<b>56.0186</b>		<b>69.4294</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.0186</b>	<b>90.6963</b>	<b>60.8604</b>	<b>10.9600</b>		<b>218.5353</b>	
12/13	Medical Adjustment Rate		2.0932	1.4046				
14	Prospective Per Diem 11	<b>56.0186</b>	<b>92.7895</b>	<b>62.2650</b>	<b>10.9600</b>		<b>222.0331</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



**Florida Agency for Health Care Administration**  
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**225.64**

Rate Semester 01/01/2015 through 08/31/2015

**Hebrew Home of South Beach**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	525,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>2,026,598</b>	<b>7.3751</b>
RS to Start Calcs:	<b>1971/07</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>506,650</b>	<b>0.2364</b>
Indexed Asset Value	<b>2,533,248</b>	Interest Rate:	<b>5.2500%</b>	Insurance Cost(3):	<b>12,970</b>	<b>0.3740</b>
FRVS Base Asset:	<b>1,372,286</b>	Chase Rate:	<b>12.5000%</b>	Taxes Cost(3):	<b>0</b>	<b>0.0000</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>12.5000%</b>	Home Office(3):	<b>17,435</b>	<b>0.5028</b>
ROE Factor	<b>0.015940</b>	Interest Only:	<b>True</b>	Replacement(3&4):	<b>316,987</b>	<b>0.0000</b>
		Yearly Payment:	<b>251,962</b>	Total FRVS PD:		<b>8.4883</b>

(1) 80% Capital (\$2,026,598) amortized at 12.5000 % for 20 years Interest of \$251,962 divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$7.3751

(2) 20% ROE (\$506,650) times the ROE factor (0.015940) divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$0.2364

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>104</b>	Effective PBS Limitation	2,964,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>56.0186</b>	<b>56.0186</b>	<b>0.9746</b>	<b>55.0440</b>
Direct Care	<b>92.7895</b>	<b>92.7895</b>	<b>1.6143</b>	<b>91.1752</b>
Indirect Care	<b>62.2650</b>	<b>62.2650</b>	<b>1.0833</b>	<b>61.1817</b>
Property	<b>10.9600</b>	<b>8.4883</b>	<b>0.1477</b>	<b>8.3406</b>
ROE				
ROE Adjustment				
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>222.0331</b>	<b>219.5614</b>	<b>3.8199</b>	<b>225.6440</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 308242-00 - 2015/01**

**225.64**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/01		0.00				104	100.00		1,067,144	
1971/07	804,976	0.00				104	100.00	804,976	1,067,144	
1972/01		0.10	3.9787	3.0000	0.9787	104	100.00	807,391	1,109,576	
1972/07		0.10	5.9113	3.0000	2.9113	104	100.00	809,813	1,164,280	
1973/01		0.20	8.0622	3.0000	5.0622	104	100.00	814,672	1,224,288	
1973/07		0.20	10.7186	3.0000	7.7186	104	100.00	819,560	1,293,552	
1974/01		0.30	12.9457	3.0000	9.9457	104	100.00	826,936	1,361,152	
1974/07		0.30	13.0494	3.0000	10.0494	104	100.00	834,378	1,403,376	
1975/01		0.40	13.1399	3.0000	10.1399	104	100.00	844,391	1,446,744	
1975/07		0.40	14.2033	3.0000	11.2033	104	100.00	854,524	1,505,608	
1976/01		0.50	15.2478	3.0000	12.2478	104	100.00	867,342	1,566,448	
1976/07		0.50	15.7330	3.0000	12.7330	104	100.00	880,352	1,621,048	
1977/01		0.60	16.4836	3.0000	13.4836	104	100.00	896,198	1,681,888	
1977/07		0.60	18.5412	3.0000	15.5412	104	100.00	912,330	1,766,856	
1978/01		0.70	20.2809	3.0000	17.2809	104	100.00	931,489	1,850,680	
1978/07		0.70	22.8203	3.0000	19.8203	104	100.00	951,050	1,953,120	
1979/01		0.80	24.9476	3.0000	21.9476	104	100.00	973,875	2,053,272	
1979/07		0.80	26.1458	3.0000	23.1458	104	100.00	997,248	2,139,488	
1980/01		0.90	29.3115	3.0000	26.3115	104	48.85	1,021,163	2,271,464	
1980/07		0.90	30.1222	3.0000	27.1222	104	48.85	1,045,651	2,357,992	
1981/01		1.00	30.9462	3.0000	27.9462	104	53.21	1,076,000	2,448,160	
1981/07		1.00	30.5350	3.0000	27.5350	104	53.21	1,107,229	2,511,496	
1982/01		1.00	30.2110	3.0000	27.2110	104	48.49	1,136,514	2,578,784	
1982/07		1.00	29.5087	3.0000	26.5087	104	48.49	1,166,574	2,637,960	
1983/04		1.00	29.1375	3.0000	26.1375	104	48.40	1,197,372	2,707,328	
1983/07		1.00	30.0953	3.0000	27.0953	104	48.40	1,228,983	2,814,448	
1984/01		1.00	28.3905	3.0000	25.3905	104	53.66	1,264,954	2,850,952	
1984/07		1.00	27.3084	3.0000	24.3084	100	53.66	1,301,978	2,793,900	
1985/01		1.00	25.4555	3.0000	22.4555	100	48.40	1,336,350	2,825,900	
1985/10		1.00	23.3077	3.0000	20.3077	104	49.30	1,372,286	2,964,000	



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**0 308242-00 - 2015/01**

**225.64**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01		1.00	21.1376	3.0000	18.1376	104	49.30	1,409,188	2,988,648	
1986/07		1.00	18.4350	3.0000	15.4350	104	49.30	1,447,082	2,982,928	
1987/01		1.00	16.4441	3.0000	13.4441	104	49.30	1,485,995	3,036,280	
1987/07		1.00	14.3448	3.0000	11.3448	104	59.93	1,530,575	3,059,992	
1988/01		1.00	12.2455	3.0000	9.2455	104	53.65	1,575,365	3,084,848	
1988/07		1.00	9.8354	3.0000	6.8354	104	64.02	1,622,626	3,083,184	
1989/01	13,549	1.00	7.4253	3.0000	4.4253	104	64.02	1,684,854	3,101,384	
1989/07		1.00	5.0152	3.0000	2.0152	104	67.50	1,735,400	3,122,392	
1990/01		1.00	2.6051	2.6051		104	67.50	1,780,609	3,138,096	
1990/07		1.00	0.5899	0.5899		104	71.37	1,791,113	3,156,608	
1991/01		1.00	0.5899	0.5899		104	72.36	1,801,679	3,175,120	
1991/07		1.00	1.4932	1.4932		104	72.36	1,828,582	3,222,544	
1992/01		0.95	2.0117	2.0117		104	72.36	1,863,528	3,287,336	
1992/07		0.95	1.8152	1.8152		104	75.08	1,895,663	3,347,032	
1993/01		0.90	1.7710	1.7710		104	75.08	1,925,878	3,406,312	
1993/07		0.90	1.5329	1.5329		104	75.18	1,952,447	3,458,520	
1994/01		0.85	1.6983	1.6983		104	75.18	1,980,633	3,517,280	
1994/07		0.85	1.5991	1.5991		104	74.62	2,007,554	3,573,544	
1995/01		0.80	1.5812	1.5812		104	74.62	2,032,950	3,630,016	
1995/07		0.80	1.5250	1.5250		104	74.62	2,057,752	3,685,344	
1996/01		0.75	1.7228	1.7228		104	78.30	2,084,340	3,748,888	
1996/07		0.75	1.3294	1.3294		104	74.66	2,105,123	3,798,704	
1997/01		0.70	1.4109	1.4109		104	74.66	2,125,913	3,852,264	
1997/07		0.70	1.0917	1.0917		104	73.62	2,142,159	3,894,280	
1998/01		0.65	1.1663	1.1663		104	73.62	2,158,399	3,939,728	
1998/07		0.65	1.0794	1.0794		104	77.24	2,173,542	3,982,264	
1999/01		0.60	1.4499	1.4499		104	77.24	2,192,450	4,039,984	
1999/07		0.60	1.2299	1.2299		104	78.44	2,208,628	4,089,696	
2000/01		0.55	1.3356	1.3356		104	78.44	2,224,853	4,144,296	
2000/07	93,976	0.55	1.1129	1.1129		104	83.39	2,332,447	4,190,368	



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0 308242-00 - 2015/01

225.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		0.50	1.2976	1.2976		104	83.39	2,347,580	4,244,760	
2001/07		0.50	0.9615	0.9615		104	84.63	2,358,867	4,285,528	
2002/01		0.45	1.0301	1.0301		104	80.14	2,369,800	4,329,624	
2002/07		0.45	0.8337	0.8337		104	80.14	2,378,691	4,365,712	
2003/01		0.40	1.3271	1.3271		104	84.75	2,391,317	4,423,640	
2003/07		0.40	1.1664	1.1664		104	84.75	2,402,475	4,475,224	
2004/01	42,849	0.35	1.1103	1.1103		104	81.88	2,454,660	4,524,936	
2004/07		0.35	0.8378	0.8378		104	81.88	2,461,857	4,562,896	
2005/01		0.30	0.8595	0.8595		104	76.31	2,468,206	4,602,104	
2005/07		0.30	0.7364	0.7364		104	76.31	2,473,658	4,636,008	
2006/01		0.25	0.9068	0.9068		104	74.47	2,479,266	4,678,024	
2006/07		0.25	0.8133	0.8133		104	74.47	2,484,306	4,716,088	
2007/01		0.20	1.0133	1.0133		104	74.30	2,489,342	4,763,824	
2007/07		0.20	1.1050	1.1050		104	74.30	2,494,843	4,816,448	
2008/01		0.15	0.8556	0.8556		104	78.26	2,498,044	4,857,632	
2008/07		0.15	0.6104	0.6104		104	78.26	2,500,332	4,887,272	
2009/01		0.10	1.3268	1.3268		104	78.26	2,503,650	4,952,168	
2009/07	25,893	0.10	0.6841	0.6841		104	76.09	2,531,255	4,986,072	
2010/01		0.05	0.8643	0.8643		104	76.09	2,532,349	5,029,128	
2010/07		0.05	0.7107	0.7107		104	76.77	2,533,248	5,064,904	
2011/01		0.00	0.9198	0.9198		104	77.72	2,533,248	5,111,496	
2011/07		0.00	0.9028	0.9028		104	77.72	2,533,248	5,157,672	
2012/01		0.00	0.3865	0.3865		104	77.72	2,533,248	5,177,640	
2012/07		0.00	0.9417	0.9417		104	72.73	2,533,248	5,226,416	
2013/01		0.00	0.4901	0.4901		104	72.73	2,533,248	5,252,000	
2013/07		0.00	0.6196	0.6196		104	70.52	2,533,248	5,284,552	
2014/01		0.00	0.8564	0.8564		104	70.52	2,533,248	5,329,792	
2014/07		0.00	1.2383	1.2383		104	70.52	2,533,248	5,395,832	
2015/01		0.00	0.7571	0.7571		104	70.52	2,533,248	5,436,704	

**Message Code:**







Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 308251-00 - 2015/01**

**257.99**

**Ponce Plaza Nursing & Rehab Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>335 SW 12 AVENUE</b>	<b>2/1/2013-1/31/2014</b>	Number of Beds: <b>147</b>	Superior: <b>0</b>
<b>MIAMI , FL 33130</b>	Days in CR <b>365</b>	Maximum: <b>53,655</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>53,655</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>50,368</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>10,151</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>36,397</b>	FY Index: <b>1.31458957</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>72.26215%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.87382%</b>	Cost: <b>1.04338188</b>
Open Date: <b>02/24/2000</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>02/24/2000</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21633187</b>
Entered Medicaid <b>04/21/2000</b>	Low Occupancy Adjustment Factor:	<b>119.87264%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2002</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03137560</b>
Previous Med # <b>221805</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,844,954	3,173,770	2,160,841	1,629,858		8,809,423	
1a	Audit Adjustments							
2	Cost Per Diem	50.6897	87.1987	59.3687	44.7800		242.0371	
3	Cost Per Diem Inflated	52.8887	89.9346	61.9442				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>52.8887</b>	<b>89.9346</b>	<b>61.9442</b>	<b>44.7800</b>		<b>249.5475</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.3329		69.5948				
7	Provider Target Rate	<b>53.2128</b>		<b>72.1434</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>52.8887</b>	<b>89.9346</b>	<b>61.9442</b>	<b>13.6500</b>		<b>218.4175</b>	
12/13	Medical Adjustment Rate		2.2524	1.5514				
14	Prospective Per Diem 11	<b>52.8887</b>	<b>92.1870</b>	<b>63.4956</b>	<b>13.6500</b>		<b>222.2213</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 308251-00 - 2015/01**

**257.99**

Rate Semester 01/01/2015 through 08/31/2015

**Ponce Plaza Nursing & Rehab Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	04/21/2000	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,846,571.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>5,821,133</b>	<b>14.8659</b>
RS to Start Calcs:	<b>2000/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,455,283</b>	<b>0.5901</b>
Indexed Asset Value	<b>7,276,416</b>	Interest Rate:	<b>11.0000%</b>	Insurance Cost(3):	<b>250,606</b>	<b>4.9755</b>
FRVS Base Asset:	<b>4,718,880</b>	Chase Rate:	<b>7.9336%</b>	Taxes Cost(3):	<b>0</b>	<b>0.0000</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>10.9336%</b>	Home Office(3):	<b>32,909</b>	<b>0.6534</b>
ROE Factor	<b>0.019580</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>326,435</b>	<b>0.0000</b>
		Yearly Payment:	<b>717,867</b>	Total FRVS PD:		<b>21.0849</b>

- (1) 80% Capital (\$5,821,133) amortized at 10.9336 % for 20 years Principal & Interest of \$717,867 divided by annual available days (53655) divided by Occup. Adj. (0.90) = \$14.8659
- (2) 20% ROE (\$1,455,283) times the ROE factor (0.019580) divided by annual available days (53655) divided by Occup. Adj. (0.90) = \$0.5901
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	39,324
Comparison Date:	<b>07/01/1999</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	4,718,880

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>52.8887</b>	<b>52.8887</b>	<b>0.9201</b>	<b>51.9686</b>
Direct Care	<b>92.1870</b>	<b>92.1870</b>	<b>1.6038</b>	<b>90.5832</b>
Indirect Care	<b>63.4956</b>	<b>63.4956</b>	<b>1.1047</b>	<b>62.3909</b>
Property	<b>13.6500</b>	<b>21.0849</b>	<b>0.3668</b>	<b>20.7181</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.4224</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>222.2213</b>	<b>229.6562</b>	<b>3.9954</b>	<b>257.9857</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 1/31/2014

**0 308251-00 - 2015/01**

**257.99**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01	4,813,849	0.00	1.3356	1.3356		120	73.43	4,718,880	4,718,880	1
2000/07	12,079	0.10	1.1129	1.1129		120	73.43	4,736,211	4,835,040	
2001/01		0.10	1.2976	1.2976		120	73.43	4,742,359	4,897,800	
2001/07		0.20	0.9615	0.9615		120	73.43	4,751,479	4,944,840	
2002/01		0.20	1.0301	1.0301		120	73.43	4,761,267	4,995,720	
2002/07		0.30	0.8337	0.8337		120	61.69	4,773,175	5,037,360	
2003/01		0.30	1.3271	1.3271		120	61.69	4,792,177	5,104,200	
2003/07	21,806	0.40	1.1664	1.1664		120	67.30	4,836,343	5,163,720	
2004/01		0.40	1.1103	1.1103		120	67.30	4,857,821	5,221,080	
2004/07		0.50	0.8378	0.8378		120	64.72	4,878,170	5,264,880	
2005/01		0.50	0.8595	0.8595		120	64.72	4,899,136	5,310,120	
2005/07		0.60	0.7364	0.7364		120	67.19	4,920,780	5,349,240	
2006/01		0.60	0.9068	0.9068		120	67.19	4,947,554	5,397,720	
2006/07		0.70	0.8133	0.8133		120	67.19	4,975,720	5,441,640	
2007/01	41,635	0.70	1.0133	1.0133		120	66.04	5,052,648	5,496,720	
2007/07	1,214,487	0.80	1.1050	1.1050		147	58.95	6,311,800	6,807,864	
2008/01		0.80	0.8556	0.8556		147	58.95	6,355,004	6,866,076	
2008/07		0.90	0.6104	0.6104		147	58.95	6,389,918	6,907,971	
2009/01		0.90	1.3268	1.3268		147	64.60	6,466,220	6,999,699	
2009/07		1.00	0.6841	0.6841		147	64.60	6,510,455	7,047,621	
2010/01	25,893	1.00	0.8643	0.8643		147	63.63	6,592,618	7,108,479	
2010/07	139,475	1.00	0.7107	0.7107		147	67.61	6,778,947	7,159,047	
2011/01		1.00	0.9198	0.9198		147	67.61	6,841,300	7,224,903	
2011/07		1.00	0.9028	0.9028		147	67.61	6,903,063	7,290,171	
2012/01		1.00	0.3865	0.3865		147	66.02	6,929,743	7,318,395	
2012/07		1.00	0.9417	0.9417		147	66.02	6,995,000	7,387,338	
2013/01		1.00	0.4901	0.4901		147	66.25	7,029,282	7,423,500	
2013/07		1.00	0.6196	0.6196		147	66.25	7,072,835	7,469,511	
2014/01		1.00	0.8564	0.8564		147	67.00	7,133,407	7,533,456	
2014/07		1.00	1.2383	1.2383		147	72.26	7,221,740	7,626,801	



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0 308251-00 - 2015/01

257.99

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		1.00	0.7571	0.7571		147	72.26	7,276,416	7,684,572	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 308251013120140201201304152014155003



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 309800-00 - 2015/01**

**263.87**

**The Allegro at College Harbor**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4600 54TH AVE S</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>52</b>	Superior: <b>0</b>
<b>SAINT PETERSBURG, FL 33711</b>	Days in CR <b>365</b>	Maximum: <b>18,980</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>18,980</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>14,195</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,867</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>4,955</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>34.90666%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>74.78925%</b>	Cost: <b>1.04340134</b>
Open Date: <b>08/01/1986</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/05/1995</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>08/20/1999</b>	Low Occupancy Adjustment Factor:	<b>95.50250%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/29/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>216470</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	287,229	563,251	333,933	95,086		1,279,499	
1a	Audit Adjustments							
2	Cost Per Diem	57.9675	113.6732	67.3931	19.1899		258.2237	
3	Cost Per Diem Inflated	60.4834	117.3683	70.3181				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>60.4834</b>	<b>117.3683</b>	<b>70.3181</b>	<b>19.1899</b>		<b>267.3597</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7451		71.5690				
7	Provider Target Rate	<b>55.7133</b>		<b>74.1899</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>55.7133</b>	<b>102.1848</b>	<b>70.3181</b>	<b>13.6500</b>		<b>241.8662</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>55.7133</b>	<b>102.1848</b>	<b>70.3181</b>	<b>13.6500</b>		<b>241.8662</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**0 309800-00 - 2015/01**

**263.87**

Rate Semester 01/01/2015 through 08/31/2015

**The Allegro at College Harbor**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/20/1999	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	8,816,924.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,332,551	7.1123
RS to Start Calcs:	1995/01	<60% of Base:	False	20% ROE(2):	333,138	0.3657
Indexed Asset Value	1,665,689	Interest Rate:	6.7400%	Insurance Cost(3):	25,161	1.7725
FRVS Base Asset:	0	Chase Rate:	6.2500%	Taxes Cost(3):	23,965	1.6883
Occup Adj Factor	0.9000	Amortization Rate:	6.7400%	Home Office(3):	21,760	1.5329
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	50,757	0.0000
		Yearly Payment:	121,492	Total FRVS PD:		12.4717

(1) 80% Capital (\$1,332,551) amortized at 6.7400 % for 20 years Principal & Interest of \$121,492 divided by annual available days (18980) divided by Occup. Adj. (0.90) = \$7.1123

(2) 20% ROE (\$333,138) times the ROE factor (0.018750) divided by annual available days (18980) divided by Occup. Adj. (0.90) = \$0.3657

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	07/01/1994	Current RS PBS:	52,276
Comparison Bed	42	Effective PBS Limitation	1,443,162

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.7133	55.7133	0.9693	54.7440
Direct Care	102.1848	102.1848	1.7778	100.4070
Indirect Care	70.3181	70.3181	1.2234	69.0947
Property	13.6500	12.4717	0.2170	12.2547
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.4709
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>241.8662</b>	<b>240.6879</b>	<b>4.1875</b>	<b>263.8738</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 309800-00 - 2015/01**

**263.87**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	8,817,320	0.00	1.2299	1.2299		42	12.98	1,443,162	1,443,162	1
2000/01		0.10	1.3356	1.3356		42	12.98	1,443,162	1,673,658	
2000/07		0.10	1.1129	1.1129		42	12.98	1,443,162	1,692,264	
2001/01		0.20	1.2976	1.2976		42	12.98	1,443,162	1,714,230	
2001/07		0.20	0.9615	0.9615		42	12.98	1,443,162	1,730,694	
2002/01		0.30	1.0301	1.0301		42	12.98	1,443,162	1,748,502	5
2002/07		0.30	0.8337	0.8337		42	12.98	1,443,162	1,763,076	
2003/01	24,601	0.40	1.3271	1.3271		42	17.80	1,467,763	1,786,470	
2003/07		0.40	1.1664	1.1664		42	17.80	1,467,763	1,807,302	
2004/01		0.50	1.1103	1.1103		42	31.05	1,472,363	1,827,378	
2004/07		0.50	0.8378	0.8378		42	31.05	1,475,845	1,842,708	
2005/01	33,989	0.60	0.8595	0.8595		52	26.26	1,513,468	2,301,052	
2005/07		0.60	0.7364	0.7364		52	22.98	1,513,468	2,318,004	
2006/01		0.70	0.9068	0.9068		52	22.98	1,513,468	2,339,012	
2006/07		0.70	0.8133	0.8133		52	22.98	1,513,468	2,358,044	
2007/01		0.80	1.0133	1.0133		52	22.98	1,513,468	2,381,912	
2007/07		0.80	1.1050	1.1050		52	22.98	1,513,468	2,408,224	
2008/01		0.90	0.8556	0.8556		52	24.95	1,513,468	2,428,816	
2008/07		0.90	0.6104	0.6104		52	33.12	1,518,475	2,443,636	
2009/01		1.00	1.3268	1.3268		52	33.12	1,530,607	2,476,084	
2009/07		1.00	0.6841	0.6841		52	27.86	1,535,911	2,493,036	
2010/01		1.00	0.8643	0.8643		52	27.86	1,542,635	2,514,564	
2010/07		1.00	0.7107	0.7107		52	27.86	1,548,189	2,532,452	
2011/01		1.00	0.9198	0.9198		52	35.11	1,557,279	2,555,748	
2011/07	22,931	1.00	0.9028	0.9028		52	39.45	1,590,294	2,578,836	
2012/01		1.00	0.3865	0.3865		52	39.45	1,594,703	2,588,820	
2012/07		1.00	0.9417	0.9417		52	39.45	1,605,475	2,613,208	
2013/01		1.00	0.4901	0.4901		52	43.16	1,611,650	2,626,000	
2013/07		1.00	0.6196	0.6196		52	35.88	1,618,164	2,642,276	
2014/01		1.00	0.8564	0.8564		52	35.88	1,627,204	2,664,896	





Florida Agency for Health Care Administration  
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0 309800-00 - 2015/01

263.87

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07	17,729	1.00	1.2383	1.2383		52	34.91	1,657,723	2,697,916	
2015/01		1.00	0.7571	0.7571		52	34.91	1,665,689	2,718,352	

**Message Code:**

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 309800123120130101201304232014103808



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 310581-00 - 2015/01**

**211.37**

**Atlantic Healthcare Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3663 15TH AVENUE</b>	<b>9/1/2012-8/31/2013</b>	Number of Beds: <b>110</b>	Superior: <b>0</b>
<b>VERO BEACH, FL 32960</b>	Days in CR <b>365</b>	Maximum: <b>40,150</b>	Standard: <b>243</b>
County: <b>Indian River [31]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>40,150</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>35,565</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>10,776</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>22,014</b>	FY Index: <b>1.30580299</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>61.89793%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.58032%</b>	Cost: <b>1.05040266</b>
Open Date: <b>10/01/1981</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1981</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21049917</b>
Entered Medicaid <b>10/01/1981</b>	Low Occupancy Adjustment Factor:	<b>113.11308%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>06/30/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03634520</b>
Previous Med # <b>211524</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	997,291	1,498,704	1,160,566	140,229		3,796,790	
1a	Audit Adjustments							
2	Cost Per Diem	45.3026	68.0796	52.7195	6.3700		172.4717	
3	Cost Per Diem Inflated	47.5860	70.5540	55.3767				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>47.5860</b>	<b>70.5540</b>	<b>55.3767</b>	<b>6.3700</b>		<b>179.8867</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		66.6678				
7	Provider Target Rate	<b>49.1189</b>		<b>69.1092</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>47.5860</b>	<b>70.5540</b>	<b>55.3767</b>	<b>6.3700</b>		<b>179.8867</b>	
12/13	Medical Adjustment Rate		0.9444	0.7412				
14	Prospective Per Diem 11	<b>47.5860</b>	<b>71.4984</b>	<b>56.1179</b>	<b>6.3700</b>		<b>181.5723</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**0 310581-00 - 2015/01**

**211.37**

Rate Semester 01/01/2015 through 08/31/2015

**Atlantic Healthcare Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>09/01/2004</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,199,734.00</b>	Total Amount	Per Diem	
RS to Start Calcs:	<b>1981/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>2,669,416</b>	<b>7.4668</b>
Indexed Asset Value	<b>3,336,770</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>667,354</b>	<b>0.2905</b>
FRVS Base Asset:	<b>1,625,361</b>	Interest Rate:	<b>8.0940%</b>	Insurance Cost(3):	<b>43,098</b>	<b>1.2118</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.0000%</b>	Taxes Cost(3):	<b>50,650</b>	<b>1.4242</b>
ROE Factor	<b>0.015730</b>	Amortization Rate:	<b>8.0940%</b>	Home Office(3):	<b>22,295</b>	<b>0.6269</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>0</b>	<b>0.0000</b>
		Yearly Payment:	<b>269,814</b>	Total FRVS PD:	<b>11.0202</b>	

- (1) 80% Capital (\$2,669,416) amortized at 8.0940 % for 20 years Principal & Interest of \$269,814 divided by annual available days (40150) divided by Occup. Adj. (0.90) = \$7.4668
- (2) 20% ROE (\$667,354) times the ROE factor (0.015730) divided by annual available days (40150) divided by Occup. Adj. (0.90) = \$0.2905
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>110</b>	Effective PBS Limitation	52,276
			3,135,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>47.5860</b>	<b>47.5860</b>	<b>0.8279</b>	<b>46.7581</b>
Direct Care	<b>71.4984</b>	<b>71.4984</b>	<b>1.2439</b>	<b>70.2545</b>
Indirect Care	<b>56.1179</b>	<b>56.1179</b>	<b>0.9763</b>	<b>55.1416</b>
Property	<b>6.3700</b>	<b>11.0202</b>	<b>0.1917</b>	<b>10.8285</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>18.4877</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>181.5723</b>	<b>186.2225</b>	<b>3.2398</b>	<b>211.3729</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/31/2013

**0 310581-00 - 2015/01**

**211.37**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	1,540,785	0.00	2.5888	2.5888		110		1,540,785	2,656,390	
1982/01		0.10	2.6760	2.6760		110	44.34	1,544,109	2,727,560	
1982/07	10,381	0.10	2.2977	2.2977		110	44.34	1,557,351	2,790,150	
1983/04		0.20	2.6288	2.6288		110	54.42	1,565,453	2,863,520	
1983/07	7,036	0.20	3.9578	3.0000	0.9578	110	54.42	1,581,783	2,976,820	
1984/01		0.30	2.2530	2.2530		110	54.03	1,592,286	3,015,430	
1984/07	5,866	0.30	1.9179	1.9179		110	54.03	1,607,152	3,073,290	
1985/01		0.40	1.1471	1.1471		110	56.53	1,614,526	3,108,490	
1985/10	5,331	0.40	0.8522	0.8522		110	56.53	1,625,361	3,135,000	
1986/01		0.50	0.8299	0.8299		110	56.53	1,632,106	3,161,070	
1986/07		0.50	0.2974	0.2974		110	68.19	1,634,533	3,155,020	
1987/01		0.60	1.0091	1.0091		110	68.19	1,644,430	3,211,450	
1987/07		0.60	0.9007	0.9007		110	68.19	1,653,316	3,236,530	
1988/01		0.70	0.9007	0.9007		110	68.19	1,663,740	3,262,820	
1988/07		0.70	0.5899	0.5899		110	68.19	1,670,610	3,261,060	
1989/01		0.80	0.5899	0.5899		110	68.19	1,678,494	3,280,310	
1989/07		0.80	0.5899	0.5899		110	66.95	1,686,415	3,302,530	
1990/01		0.90	0.5899	0.5899		110	66.95	1,695,368	3,319,140	
1990/07		0.90	0.5899	0.5899		110	59.39	1,704,369	3,338,720	
1991/01		1.00	0.5899	0.5899		110	59.39	1,714,423	3,358,300	
1991/07		1.00	1.4932	1.4932		110	59.52	1,714,423	3,408,460	5
1992/01		1.00	2.0117	2.0117		110	59.52	1,775,027	3,476,990	
1992/07		1.00	1.8152	1.8152		110	66.23	1,807,247	3,540,130	
1993/01		1.00	1.7710	1.7710		110	65.95	1,807,247	3,602,830	5
1993/07	27,002	1.00	1.5329	1.5329		110	75.44	1,866,255	3,658,050	5
1994/01		1.00	1.6983	1.6983		110	75.44	1,894,449	3,720,200	5
1994/07		1.00	1.5991	1.5991		110	75.44	1,957,431	3,779,710	
1995/01		1.00	1.5812	1.5812		110	75.44	1,957,431	3,839,440	5
1995/07		1.00	1.5250	1.5250		110	75.44	2,018,705	3,897,960	
1996/01		1.00	1.7228	1.7228		110	75.44	2,053,483	3,965,170	



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**211.37**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		110	75.44	2,080,782	4,017,860	
1997/01	17,332	1.00	1.4109	1.4109		110	63.37	2,127,472	4,074,510	
1997/07		1.00	1.0917	1.0917		110	57.88	2,150,698	4,118,950	
1998/01		1.00	1.1663	1.1663		110	57.88	2,175,782	4,167,020	
1998/07	18,117	1.00	1.0794	1.0794		110	65.05	2,217,384	4,212,010	
1999/01		1.00	1.4499	1.4499		110	65.05	2,249,534	4,273,060	
1999/07	13,247	1.00	1.2299	1.2299		110	72.74	2,290,448	4,325,640	
2000/01		1.00	1.3356	1.3356		110	72.74	2,321,039	4,383,390	
2000/07	45,332	1.00	1.1129	1.1129		110	73.43	2,366,371	4,432,120	5
2001/01		1.00	1.2976	1.2976		110	73.43	2,423,243	4,489,650	
2001/07		1.00	0.9615	0.9615		110	77.04	2,446,542	4,532,770	
2002/01		0.95	1.0301	1.0301		110	73.43	2,470,484	4,579,410	
2002/07		0.95	0.8337	0.8337		110	73.43	2,490,050	4,617,580	
2003/01		0.90	1.3271	1.3271		110	74.21	2,519,791	4,678,850	
2003/07		0.90	1.1664	1.1664		110	74.21	2,519,791	4,733,410	5
2004/01		0.85	1.1103	1.1103		110	71.12	2,570,275	4,785,990	
2004/07		0.85	0.8378	0.8378		110	71.12	2,588,578	4,826,140	
2005/01	100,936	0.80	0.8595	0.8595		110	50.25	2,705,776	4,867,610	
2005/07	6,677	0.80	0.7364	0.7364		110	50.25	2,727,016	4,903,470	
2006/01	10,293	0.75	0.9068	0.9068		110	50.25	2,754,254	4,947,910	
2006/07		0.75	0.8133	0.8133		110	50.25	2,769,604	4,988,170	
2007/01		0.70	1.0133	1.0133		110	50.25	2,787,552	5,038,660	
2007/07		0.70	1.1050	1.1050		110	50.25	2,807,252	5,094,320	
2008/01		0.65	0.8556	0.8556		110	50.25	2,821,515	5,137,880	
2008/07	16,971	0.65	0.6104	0.6104		110	57.94	2,849,682	5,169,230	
2009/01		0.60	1.3268	1.3268		110	57.94	2,872,368	5,237,870	
2009/07	50,965	0.60	0.6841	0.6841		110	59.18	2,935,124	5,273,730	
2010/01		0.55	0.8643	0.8643		110	59.18	2,949,078	5,319,270	
2010/07	22,071	0.55	0.7107	0.7107		110	55.93	2,982,677	5,357,110	
2011/01		0.50	0.9198	0.9198		110	55.93	2,996,394	5,406,390	



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**0 310581-00 - 2015/01**

**211.37**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		110	56.67	3,009,920	5,455,230	
2012/01		0.45	0.3865	0.3865		110	56.67	3,015,154	5,476,350	
2012/07	51,971	0.45	0.9417	0.9417		110	54.69	3,079,831	5,527,940	
2013/01		0.40	0.4901	0.4901		110	54.69	3,085,833	5,555,000	
2013/07	85,009	0.40	0.6196	0.6196		110	53.85	3,178,329	5,589,430	
2014/01		0.35	0.8564	0.8564		110	53.85	3,187,655	5,637,280	
2014/07	127,739	0.35	1.2383	1.2383		110	61.90	3,329,209	5,707,130	
2015/01		0.30	0.7571	0.7571		110	61.90	3,336,770	5,750,360	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 310581083120130901201201312014081315



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 310841-00 - 2015/01**

**230.93**

**St. Mark Village, Inc.**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2655 NEBRASKA AVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>80</b>	Superior: <b>0</b>
<b>PALM HARBOR, FL 34684</b>	Days in CR <b>365</b>	Maximum: <b>22,700</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>29,200</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>19,546</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>2,992</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>10,917</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>55.85286%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>86.10573%</b>	Cost: <b>1.04340134</b>
Open Date: <b>07/01/1980</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1980</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>08/15/2005</b>	Low Occupancy Adjustment Factor:	<b>109.95314%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>08/15/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	504,120	1,048,812	866,152	151,637		2,570,721	
1a	Audit Adjustments							
2	Cost Per Diem	46.1775	96.0715	79.3397	13.8900		235.4787	
3	Cost Per Diem Inflated	48.1817	99.1944	82.7831				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>48.1817</b>	<b>99.1944</b>	<b>82.7831</b>	<b>13.8900</b>		<b>244.0492</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7451		65.8277				
7	Provider Target Rate	<b>55.7133</b>		<b>68.2384</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>48.1817</b>	<b>99.1944</b>	<b>68.2384</b>	<b>13.6500</b>		<b>229.2645</b>	
12/13	Medical Adjustment Rate		0.6531	0.4493				
14	Prospective Per Diem 11	<b>48.1817</b>	<b>99.8475</b>	<b>68.6877</b>	<b>13.6500</b>		<b>230.3669</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**0 310841-00 - 2015/01**

**230.93**

Rate Semester 01/01/2015 through 08/31/2015

**St. Mark Village, Inc.**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/15/2005	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,469,752.00	Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable	80% Capital(1):	1,419,803 4.5628
Indexed Asset Value	1,774,754	<60% of Base:	False	20% ROE(2):	354,951 0.2532
FRVS Base Asset:	0	Interest Rate:	5.7800%	Insurance Cost(3):	64,694 3.3098
Occup Adj Factor	0.9000	Chase Rate:	5.2500%	Taxes Cost(3):	1,900 0.0972
ROE Factor	0.018750	Amortization Rate:	5.7800%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	45,857 0.0000
		Yearly Payment:	119,910	Total FRVS PD:	8.2230

- (1) 80% Capital (\$1,419,803) amortized at 5.7800 % for 20 years Principal & Interest of \$119,910 divided by annual available days (29200) divided by Occup. Adj. (0.90) = \$4.5628
- (2) 20% ROE (\$354,951) times the ROE factor (0.018750) divided by annual available days (29200) divided by Occup. Adj. (0.90) = \$0.2532
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	21,841
Comparison Date:	01/01/1980	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,310,460

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.1817	48.1817	0.8382	47.3435
Direct Care	99.8475	99.8475	1.7371	98.1104
Indirect Care	68.6877	68.6877	1.1950	67.4927
Property	13.6500	8.2230	0.1431	8.0799
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>230.3669</b>	<b>224.9399</b>	<b>3.9134</b>	<b>230.9290</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 310841-00 - 2015/01

230.93

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07	3,306,439	0.00	0.7364	0.7364		60	6.46	1,310,460	1,310,460	1
2006/01		0.10	0.9068	0.9068		60	6.46	1,310,460	2,698,860	
2006/07		0.10	0.8133	0.8133		60	6.46	1,310,460	2,720,820	
2007/01		0.20	1.0133	1.0133		60	6.46	1,310,460	2,748,360	
2007/07		0.20	1.1050	1.1050		60	6.46	1,310,460	2,778,720	
2008/01		0.30	0.8556	0.8556		60	6.46	1,310,460	2,802,480	
2008/07		0.30	0.6104	0.6104		60	6.46	1,310,460	2,819,580	
2009/01		0.40	1.3268	1.3268		60	6.46	1,310,460	2,857,020	
2009/07		0.40	0.6841	0.6841		60	6.46	1,310,460	2,876,580	
2010/01		0.50	0.8643	0.8643		60	19.66	1,310,460	2,901,420	
2010/07		0.50	0.7107	0.7107		60	19.66	1,310,460	2,922,060	
2011/01		0.60	0.9198	0.9198		60	33.24	1,314,831	2,948,940	
2011/07		0.60	0.9028	0.9028		60	33.24	1,319,136	2,975,580	
2012/01		0.70	0.3865	0.3865		60	33.88	1,321,335	2,987,100	
2012/07		0.70	0.9417	0.9417		60	41.08	1,327,841	3,015,240	
2013/01		0.80	0.4901	0.4901		60	41.08	1,331,730	3,030,000	
2013/07		0.80	0.6196	0.6196		60	41.08	1,336,661	3,048,780	
2014/01		0.90	0.8564	0.8564		60	50.57	1,346,134	3,074,880	
2014/07	400,281	0.90	1.2383	1.2383		80	55.85	1,761,418	4,150,640	
2015/01		1.00	0.7571	0.7571		80	55.85	1,774,754	4,182,080	

**Message Code:**

1 Per Bed Standard Limitation



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 311308-00 - 2015/01**

**204.48**

**South Pointe Plaza**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>42 COLLINS AVENUE</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>230</b>	Superior: <b>0</b>
<b>MIAMI BEACH , FL 33139</b>	Days in CR <b>365</b>	Maximum: <b>83,950</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>83,950</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>65,698</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>6,680</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>54,987</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>83.69661%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>78.25849%</b>	Cost: <b>1.05323681</b>
Open Date: <b>11/01/1983</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/01/1983</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>11/01/1983</b>	Low Occupancy Adjustment Factor:	<b>99.93256%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/03/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>261602</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,420,886	4,524,854	2,443,424	857,247		10,246,411	
1a	Audit Adjustments							
2	Cost Per Diem	44.0265	82.2895	44.4364	15.5900		186.3424	
3	Cost Per Diem Inflated	46.3703	85.3508	46.8021				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>46.3703</b>	<b>85.3508</b>	<b>46.8021</b>	<b>15.5900</b>		<b>194.1132</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.5001		60.8595				
7	Provider Target Rate	<b>50.2762</b>		<b>63.0882</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>46.3703</b>	<b>85.3508</b>	<b>46.8021</b>	<b>13.6500</b>		<b>192.1732</b>	
12/13	Medical Adjustment Rate		3.2355	1.7742				
14	Prospective Per Diem 11	<b>46.3703</b>	<b>88.5863</b>	<b>48.5763</b>	<b>13.6500</b>		<b>197.1829</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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Rate Semester 01/01/2015 through 08/31/2015

**South Pointe Plaza**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>04/01/1997</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>12,835,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1983/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>6,629,246</b>	<b>7.5068</b>
Indexed Asset Value	<b>8,286,557</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,657,311</b>	<b>0.3290</b>
FRVS Base Asset:	<b>4,581,230</b>	Interest Rate:	<b>5.9400%</b>	Insurance Cost(3):	<b>50,381</b>	<b>0.7669</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>7.0000%</b>	Taxes Cost(3):	<b>167,947</b>	<b>2.5563</b>
ROE Factor	<b>0.015000</b>	Amortization Rate:	<b>5.9400%</b>	Home Office(3):	<b>31,497</b>	<b>0.4794</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>367,292</b>	<b>0.0000</b>
		Yearly Payment:	<b>567,178</b>	Total FRVS PD:		<b>11.6384</b>

- (1) 80% Capital (\$6,629,246) amortized at 5.9400 % for 20 years Principal & Interest of \$567,178 divided by annual available days (83950) divided by Occup. Adj. (0.90) = \$7.5068  
 (2) 20% ROE (\$1,657,311) times the ROE factor (0.015000) divided by annual available days (83950) divided by Occup. Adj. (0.90) = \$0.3290  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>230</b>	Effective PBS Limitation	6,555,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>46.3703</b>	<b>46.3703</b>	<b>0.8067</b>	<b>45.5636</b>
Direct Care	<b>88.5863</b>	<b>88.5863</b>	<b>1.5412</b>	<b>87.0451</b>
Indirect Care	<b>48.5763</b>	<b>48.5763</b>	<b>0.8451</b>	<b>47.7312</b>
Property	<b>13.6500</b>	<b>11.6384</b>	<b>0.2025</b>	<b>11.4359</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>2.8041</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>197.1829</b>	<b>195.1713</b>	<b>3.3955</b>	<b>204.4824</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 311308-00 - 2015/01**

**204.48**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	4,543,997	0.00	3.9578	3.0000	0.9578	230	71.15	4,543,997	6,224,260	
1984/01		0.10	2.2530	2.2530		230	71.15	4,554,235	6,304,990	
1984/07		0.10	1.9179	1.9179		230	71.15	4,562,970	6,425,970	
1985/01		0.20	1.1471	1.1471		230	72.87	4,573,437	6,499,570	
1985/10		0.20	0.8522	0.8522		230	72.87	4,581,230	6,555,000	
1986/01		0.30	0.8299	0.8299		230	72.87	4,592,637	6,609,510	
1986/07		0.30	0.2974	0.2974		230	81.91	4,596,734	6,596,860	
1987/01		0.40	1.0091	1.0091		230	81.91	4,615,286	6,714,850	
1987/07		0.40	0.9007	0.9007		230	81.91	4,631,915	6,767,290	
1988/01		0.50	0.9007	0.9007		230	81.91	4,652,777	6,822,260	
1988/07	127,222	0.50	0.5899	0.5899		230	81.91	4,793,725	6,818,580	
1989/01		0.60	0.5899	0.5899		230	81.91	4,810,690	6,858,830	
1989/07		0.60	0.5899	0.5899		230	80.50	4,827,715	6,905,290	
1990/01		0.70	0.5899	0.5899		230	80.50	4,847,649	6,940,020	
1990/07		0.70	0.5899	0.5899		230	74.14	4,867,665	6,980,960	
1991/01		0.80	0.5899	0.5899		230	74.14	4,890,636	7,021,900	
1991/07	69,051	0.80	1.4932	1.4932		230	79.83	5,018,111	7,126,780	
1992/01		0.90	2.0117	2.0117		230	79.83	5,108,964	7,270,070	
1992/07		0.90	1.8152	1.8152		230	81.91	5,192,429	7,402,090	
1993/01		1.00	1.7710	1.7710		230	81.91	5,284,387	7,533,190	
1993/07		1.00	1.5329	1.5329		230	80.97	5,365,391	7,648,650	
1994/01		1.00	1.6983	1.6983		230	80.97	5,456,511	7,778,600	
1994/07		1.00	1.5991	1.5991		230	77.02	5,543,766	7,903,030	
1995/01		1.00	1.5812	1.5812		230	77.02	5,631,424	8,027,920	
1995/07		1.00	1.5250	1.5250		230	74.77	5,717,303	8,150,280	
1996/01		1.00	1.7228	1.7228		230	74.77	5,815,801	8,290,810	
1996/07		1.00	1.3294	1.3294		230	73.55	5,893,116	8,400,980	
1997/01		1.00	1.4109	1.4109		230	69.78	5,976,262	8,519,430	
1997/07		1.00	1.0917	1.0917		230	69.78	6,041,505	8,612,350	
1998/01		1.00	1.1663	1.1663		230	69.78	6,111,967	8,712,860	



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**0 311308-00 - 2015/01**

**204.48**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		230	69.78	6,177,940	8,806,930	
1999/01		1.00	1.4499	1.4499		230	69.78	6,267,514	8,934,580	
1999/07		1.00	1.2299	1.2299		230	69.78	6,344,598	9,044,520	
2000/01	112,942	1.00	1.3356	1.3356		230	72.29	6,542,278	9,165,270	
2000/07		1.00	1.1129	1.1129		230	72.29	6,615,087	9,267,160	
2001/01		1.00	1.2976	1.2976		230	73.48	6,700,924	9,387,450	
2001/07		1.00	0.9615	0.9615		230	73.48	6,765,353	9,477,610	
2002/01		1.00	1.0301	1.0301		230	78.55	6,835,043	9,575,130	
2002/07		1.00	0.8337	0.8337		230	78.55	6,892,027	9,654,940	
2003/01	130,785	1.00	1.3271	1.3271		230	83.14	7,114,276	9,783,050	
2003/07	38,956	1.00	1.1664	1.1664		230	85.44	7,236,213	9,897,130	
2004/01		0.95	1.1103	1.1103		230	85.44	7,312,541	10,007,070	
2004/07		0.95	0.8378	0.8378		230	85.44	7,370,742	10,091,020	
2005/01		0.90	0.8595	0.8595		230	85.44	7,427,762	10,177,730	
2005/07		0.90	0.7364	0.7364		230	78.95	7,476,993	10,252,710	
2006/01		0.85	0.9068	0.9068		230	78.95	7,534,626	10,345,630	
2006/07		0.85	0.8133	0.8133		230	78.95	7,586,713	10,429,810	
2007/01		0.80	1.0133	1.0133		230	78.95	7,648,211	10,535,380	
2007/07		0.80	1.1050	1.1050		230	78.95	7,715,821	10,651,760	
2008/01		0.75	0.8556	0.8556		230	78.95	7,765,333	10,742,840	
2008/07		0.75	0.6104	0.6104		230	73.72	7,800,883	10,808,390	
2009/01		0.70	1.3268	1.3268		230	79.65	7,873,338	10,951,910	
2009/07		0.70	0.6841	0.6841		230	79.65	7,911,043	11,026,890	
2010/01		0.65	0.8643	0.8643		230	76.05	7,955,487	11,122,110	
2010/07		0.65	0.7107	0.7107		230	76.05	7,992,241	11,201,230	
2011/01		0.60	0.9198	0.9198		230	76.05	8,036,350	11,304,270	
2011/07		0.60	0.9028	0.9028		230	76.57	8,079,883	11,406,390	
2012/01		0.55	0.3865	0.3865		230	80.52	8,097,061	11,450,550	
2012/07		0.55	0.9417	0.9417		230	80.52	8,138,996	11,558,420	
2013/01		0.50	0.4901	0.4901		230	80.52	8,158,945	11,615,000	



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204.48

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		230	79.86	8,184,221	11,686,990	
2014/01		0.45	0.8564	0.8564		230	79.86	8,215,763	11,787,040	
2014/07		0.45	1.2383	1.2383		230	83.70	8,261,541	11,933,090	
2015/01		0.40	0.7571	0.7571		230	83.70	8,286,557	12,023,480	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 311308073120130801201210212013144637



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 311685-00 - 2015/01**

**253.13**

**Life Care Center of Punta Gorda**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>450 SHREVE STREET</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>180</b>	Superior: <b>0</b>
<b>PUNTA GORDA , FL 33950</b>	Days in CR <b>365</b>	Maximum: <b>65,700</b>	Standard: <b>243</b>
County: <b>Charlotte [8]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>47,742</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>14,083</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>28,417</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>59.52201%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>72.66667%</b>	Cost: <b>1.04336242</b>
Open Date: <b>08/02/2005</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/29/2005</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>07/29/2005</b>	Low Occupancy Adjustment Factor:	<b>92.79206%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/29/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,286,692	2,674,045	1,651,195	518,326		6,130,258	
1a	Audit Adjustments							
2	Cost Per Diem	45.2790	94.1002	58.1059	18.2400		215.7251	
3	Cost Per Diem Inflated	47.2424	96.9464	60.6255				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>47.2424</b>	<b>96.9464</b>	<b>60.6255</b>	<b>18.2400</b>		<b>223.0543</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	104.3653		70.8628				
7	Provider Target Rate	<b>108.1873</b>		<b>73.4579</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>47.2424</b>	<b>96.9464</b>	<b>60.6255</b>	<b>13.6500</b>		<b>218.4643</b>	
12/13	Medical Adjustment Rate		1.0385	0.6494				
14	Prospective Per Diem 11	<b>47.2424</b>	<b>97.9849</b>	<b>61.2749</b>	<b>13.6500</b>		<b>220.1522</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 311685-00 - 2015/01**

**253.13**

Rate Semester 01/01/2015 through 08/31/2015

**Life Care Center of Punta Gorda**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>07/29/2005</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>5,150,000.00</b>	Total Amount	Per Diem	
RS to Start Calcs:	<b>2005/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>7,114,530</b>	<b>17.8204</b>
Indexed Asset Value	<b>8,893,163</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,778,633</b>	<b>0.6046</b>
FRVS Base Asset:	<b>7,965,180</b>	Interest Rate:	<b>13.8720%</b>	Insurance Cost(3):	<b>29,304</b>	<b>0.6138</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>13.0000%</b>	Taxes Cost(3):	<b>132,235</b>	<b>2.7698</b>
ROE Factor	<b>0.020100</b>	Amortization Rate:	<b>13.8720%</b>	Home Office(3):	<b>53,153</b>	<b>1.1133</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>139,959</b>	<b>0.0000</b>
		Yearly Payment:	<b>1,053,721</b>	Total FRVS PD:		<b>22.9219</b>

- (1) 80% Capital (\$7,114,530) amortized at 13.8720 % for 20 years Principal & Interest of \$1,053,721 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$17.8204
- (2) 20% ROE (\$1,778,633) times the ROE factor (0.020100) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.6046
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/2005</b>	Current RS PBS:	44,251
Comparison Bed	<b>180</b>	Effective PBS Limitation	52,276
			7,965,180

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>47.2424</b>	<b>47.2424</b>	<b>0.8219</b>	<b>46.4205</b>
Direct Care	<b>97.9849</b>	<b>97.9849</b>	<b>1.7047</b>	<b>96.2802</b>
Indirect Care	<b>61.2749</b>	<b>61.2749</b>	<b>1.0660</b>	<b>60.2089</b>
Property	<b>13.6500</b>	<b>22.9219</b>	<b>0.3988</b>	<b>22.5231</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>17.7991</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>220.1522</b>	<b>229.4241</b>	<b>3.9914</b>	<b>253.1343</b>

**Medicaid Trend Adjustment**





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**0 311685-00 - 2015/01**

**253.13**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07	10,421,050	0.00	0.7364	0.7364		180	55.90	7,965,180	7,965,180	1
2006/01		0.10	0.9068	0.9068		180	55.90	7,972,404	8,096,580	
2006/07		0.10	0.8133	0.8133		180	55.90	7,978,886	8,162,460	
2007/01		0.20	1.0133	1.0133		180	55.90	7,995,059	8,245,080	
2007/07		0.20	1.1050	1.1050		180	55.90	8,012,728	8,336,160	
2008/01	32,449	0.30	0.8556	0.8556		180	52.22	8,064,706	8,407,440	
2008/07	39,590	0.30	0.6104	0.6104		180	57.09	8,119,062	8,458,740	
2009/01		0.40	1.3268	1.3268		180	57.09	8,162,150	8,571,060	
2009/07	94,887	0.40	0.6841	0.6841		180	57.70	8,279,369	8,629,740	
2010/01		0.50	0.8643	0.8643		180	57.70	8,315,152	8,704,260	
2010/07		0.50	0.7107	0.7107		180	57.70	8,344,704	8,766,180	
2011/01		0.60	0.9198	0.9198		180	57.98	8,390,758	8,846,820	
2011/07		0.60	0.9028	0.9028		180	58.13	8,436,211	8,926,740	
2012/01		0.70	0.3865	0.3865		180	58.13	8,459,039	8,961,300	
2012/07		0.70	0.9417	0.9417		180	58.13	8,514,801	9,045,720	
2013/01		0.80	0.4901	0.4901		180	58.68	8,548,188	9,090,000	
2013/07		0.80	0.6196	0.6196		180	58.68	8,590,561	9,146,340	
2014/01	39,265	0.90	0.8564	0.8564		180	62.35	8,696,042	9,224,640	
2014/07	33,380	0.90	1.2383	1.2383		180	59.52	8,826,339	9,338,940	
2015/01		1.00	0.7571	0.7571		180	59.52	8,893,163	9,409,680	

**Message Code:**

1 Per Bed Standard Limitation



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**0 312045-00 - 2015/01**

**207.17**

**SandalWood Nursing Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1001 S BEACH STREET</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>99</b>	Superior: <b>0</b>
<b>DAYTONA BEACH, FL 32114</b>	Days in CR <b>365</b>	Maximum: <b>36,135</b>	Standard: <b>243</b>
County: <b>Volusia [64]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>36,135</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>27,598</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>2,068</b>	Inflation
Current Class <b>North Small</b>	Initial CR? <b>False</b>	Medicaid: <b>16,269</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>58.94992%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>76.37471%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1968</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>08/01/1999</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/01/1979</b>	Low Occupancy Adjustment Factor:	<b>97.52706%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/31/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>219444</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	660,365	1,325,089	666,958	218,655		2,871,067	
1a	Audit Adjustments							
2	Cost Per Diem	40.5904	81.4487	40.9956	13.4400		176.4747	
3	Cost Per Diem Inflated	42.3521	84.0963	42.7749				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>42.3521</b>	<b>84.0963</b>	<b>42.7749</b>	<b>13.4400</b>		<b>182.6633</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.4272		57.5320				
7	Provider Target Rate	<b>50.2006</b>		<b>59.6389</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>57.4318</b>	<b>96.7541</b>	<b>74.4105</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	<b>55.8134</b>		<b>67.8397</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>42.3521</b>	<b>84.0963</b>	<b>42.7749</b>	<b>13.4400</b>		<b>182.6633</b>	
12/13	Medical Adjustment Rate		0.8467	0.4307				
14	Prospective Per Diem 11	<b>42.3521</b>	<b>84.9430</b>	<b>43.2056</b>	<b>13.4400</b>		<b>183.9407</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**SandalWood Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/01/1999	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,500,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,787,726 3.9995
RS to Start Calcs:	1999/07	<60% of Base:	False	20% ROE(2):	446,932 0.2577
Indexed Asset Value	2,234,658	Interest Rate:	4.0063%	Insurance Cost(3):	21,104 0.7647
FRVS Base Asset:	1,876,942	Chase Rate:	3.2500%	Taxes Cost(3):	37,072 1.3433
Occup Adj Factor	0.9000	Amortization Rate:	4.0063%	Home Office(3):	3,218 0.1166
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	130,071	Total FRVS PD:	6.4818

- (1) 80% Capital (\$1,787,726) amortized at 4.0063 % for 20 years Principal & Interest of \$130,071 divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$3.9995
- (2) 20% ROE (\$446,932) times the ROE factor (0.018750) divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$0.2577
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	99	Effective PBS Limitation	2,821,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.3521	42.3521	0.7368	41.6153
Direct Care	84.9430	84.9430	1.4778	83.4652
Indirect Care	43.2056	43.2056	0.7517	42.4539
Property	13.4400	6.4818	0.1128	6.3690
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.3674
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>183.9407</b>	<b>176.9825</b>	<b>3.0791</b>	<b>207.1733</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	891,620	0.00				99	100.00	891,620	1,015,839	
1972/01		0.10	3.9787	3.0000	0.9787	99	100.00	894,295	1,056,231	
1972/07		0.10	5.9113	3.0000	2.9113	99	100.00	896,978	1,108,305	
1973/01		0.20	8.0622	3.0000	5.0622	99	100.00	902,360	1,165,428	
1973/07		0.20	10.7186	3.0000	7.7186	99	100.00	907,774	1,231,362	
1974/01		0.30	12.9457	3.0000	9.9457	99	100.00	915,944	1,295,712	
1974/07		0.30	13.0494	3.0000	10.0494	99	100.00	924,187	1,335,906	
1975/01		0.40	13.1399	3.0000	10.1399	99	100.00	935,277	1,377,189	
1975/07		0.40	14.2033	3.0000	11.2033	99	100.00	946,500	1,433,223	
1976/01		0.50	15.2478	3.0000	12.2478	99	100.00	960,698	1,491,138	
1976/07		0.50	15.7330	3.0000	12.7330	99	100.00	975,108	1,543,113	
1977/01		0.60	16.4836	3.0000	13.4836	99	100.00	992,660	1,601,028	
1977/07		0.60	18.5412	3.0000	15.5412	99	100.00	1,010,528	1,681,911	
1978/01		0.70	20.2809	3.0000	17.2809	99	100.00	1,031,749	1,761,705	
1978/07		0.70	22.8203	3.0000	19.8203	99	100.00	1,053,416	1,859,220	
1979/01		0.80	24.9476	3.0000	21.9476	99	100.00	1,078,698	1,954,557	
1979/07		0.80	26.1458	3.0000	23.1458	99	100.00	1,104,587	2,036,628	
1980/01		0.90	29.3115	3.0000	26.3115	99	8.65	1,104,587	2,162,259	
1980/07		0.90	30.1222	3.0000	27.1222	99	8.65	1,104,587	2,244,627	
1981/01		1.00	30.9462	3.0000	27.9462	99	15.44	1,104,587	2,330,460	
1981/07		1.00	30.5350	3.0000	27.5350	99	15.44	1,104,587	2,390,751	
1982/01		1.00	30.2110	3.0000	27.2110	99	14.23	1,104,587	2,454,804	
1982/07		1.00	29.5087	3.0000	26.5087	99	14.23	1,104,587	2,511,135	
1983/04		1.00	29.1375	3.0000	26.1375	99	12.41	1,104,587	2,577,168	
1983/07		1.00	30.0953	3.0000	27.0953	99	12.41	1,104,587	2,679,138	
1984/01		1.00	28.3905	3.0000	25.3905	99	11.35	1,104,587	2,713,887	
1984/07		1.00	27.3084	3.0000	24.3084	99	12.41	1,104,587	2,765,961	
1985/01	14,560	1.00	25.4555	3.0000	22.4555	99	12.41	1,119,147	2,797,641	
1985/10		1.00	23.3077	3.0000	20.3077	99	11.35	1,119,147	2,821,500	
1986/01		1.00	21.1376	3.0000	18.1376	99	11.35	1,119,147	2,844,963	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	99	17.55	1,119,147	2,839,518	
1987/01		1.00	16.4441	3.0000	13.4441	99	17.55	1,119,147	2,890,305	
1987/07		1.00	14.3448	3.0000	11.3448	99	20.30	1,119,147	2,912,877	
1988/01		1.00	12.2455	3.0000	9.2455	99	20.30	1,119,147	2,936,538	
1988/07	19,080	1.00	9.8354	3.0000	6.8354	99	24.37	1,138,227	2,934,954	
1989/01		1.00	7.4253	3.0000	4.4253	99	24.37	1,138,227	2,952,279	
1989/07		1.00	5.0152	3.0000	2.0152	99	23.52	1,138,227	2,972,277	
1990/01		1.00	2.6051	2.6051		99	23.52	1,138,227	2,987,226	
1990/07		1.00	0.5899	0.5899		99	21.29	1,138,227	3,004,848	
1991/01		1.00	0.5899	0.5899		99	21.29	1,138,227	3,022,470	
1991/07		1.00	1.4932	1.4932		99	19.37	1,138,227	3,067,614	
1992/01		0.95	2.0117	2.0117		99	19.37	1,138,227	3,129,291	
1992/07	36,770	0.95	1.8152	1.8152		99	26.33	1,184,393	3,186,117	
1993/01		0.90	1.7710	1.7710		99	26.33	1,193,430	3,242,547	
1993/07		0.90	1.5329	1.5329		99	34.48	1,203,752	3,292,245	
1994/01		0.85	1.6983	1.6983		99	34.48	1,214,646	3,348,180	
1994/07	26,239	0.85	1.5991	1.5991		99	41.16	1,253,240	3,401,739	
1995/01		0.80	1.5812	1.5812		99	41.16	1,265,104	3,455,496	
1995/07		0.80	1.5250	1.5250		99	40.10	1,276,357	3,508,164	
1996/01		0.75	1.7228	1.7228		99	40.10	1,288,381	3,568,653	
1996/07		0.75	1.3294	1.3294		99	35.34	1,296,635	3,616,074	
1997/01		0.70	1.4109	1.4109		99	35.34	1,304,863	3,667,059	
1997/07	18,402	0.70	1.0917	1.0917		99	39.16	1,330,365	3,707,055	
1998/01		0.65	1.1663	1.1663		99	39.16	1,337,546	3,750,318	
1998/07		0.65	1.0794	1.0794		99	42.10	1,344,729	3,790,809	
1999/01		0.60	1.4499	1.4499		99	42.10	1,353,683	3,845,754	
1999/07	513,270	0.60	1.2299	1.2299		99	69.78	1,876,942	3,893,076	
2000/01		0.55	1.3356	1.3356		99	69.78	1,890,730	3,945,051	
2000/07		0.55	1.1129	1.1129		99	69.78	1,902,303	3,988,908	
2001/01		0.50	1.2976	1.2976		99	69.78	1,914,645	4,040,685	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		99	69.78	1,923,851	4,079,493	
2002/01	16,535	0.45	1.0301	1.0301		99	66.16	1,949,303	4,121,469	
2002/07		0.45	0.8337	0.8337		99	66.16	1,956,617	4,155,822	
2003/01		0.40	1.3271	1.3271		99	62.29	1,967,003	4,210,965	
2003/07		0.40	1.1664	1.1664		99	62.29	1,976,181	4,260,069	
2004/01		0.35	1.1103	1.1103		99	66.72	1,983,860	4,307,391	
2004/07		0.35	0.8378	0.8378		99	66.72	1,989,677	4,343,526	
2005/01		0.30	0.8595	0.8595		99	64.31	1,994,808	4,380,849	
2005/07		0.30	0.7364	0.7364		99	62.77	1,999,215	4,413,123	
2006/01		0.25	0.9068	0.9068		99	62.77	2,003,747	4,453,119	
2006/07		0.25	0.8133	0.8133		99	62.77	2,007,821	4,489,353	
2007/01		0.20	1.0133	1.0133		99	62.77	2,011,891	4,534,794	
2007/07		0.20	1.1050	1.1050		99	62.77	2,016,337	4,584,888	
2008/01		0.15	0.8556	0.8556		99	62.77	2,018,924	4,624,092	
2008/07		0.15	0.6104	0.6104		99	62.77	2,020,773	4,652,307	
2009/01		0.10	1.3268	1.3268		99	60.26	2,023,455	4,714,083	
2009/07		0.10	0.6841	0.6841		99	60.26	2,024,839	4,746,357	
2010/01		0.05	0.8643	0.8643		99	63.70	2,025,714	4,787,343	
2010/07	185,000	0.05	0.7107	0.7107		99	61.69	2,211,433	4,821,399	
2011/01		0.00	0.9198	0.9198		99	61.69	2,211,433	4,865,751	
2011/07	23,225	0.00	0.9028	0.9028		99	65.00	2,234,658	4,909,707	
2012/01		0.00	0.3865	0.3865		99	65.00	2,234,658	4,928,715	
2012/07		0.00	0.9417	0.9417		99	65.00	2,234,658	4,975,146	
2013/01		0.00	0.4901	0.4901		99	57.84	2,234,658	4,999,500	
2013/07		0.00	0.6196	0.6196		99	57.84	2,234,658	5,030,487	
2014/01		0.00	0.8564	0.8564		99	62.66	2,234,658	5,073,552	
2014/07		0.00	1.2383	1.2383		99	58.95	2,234,658	5,136,417	
2015/01		0.00	0.7571	0.7571		99	58.95	2,234,658	5,175,324	

**Message Code:**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 312142-00 - 2015/01**

**210.11**

**Lakewood Nursing Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>100 N LAKE ST</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>92</b>	Superior: <b>0</b>
<b>CRESCENT CITY, FL 32112</b>	Days in CR <b>365</b>	Maximum: <b>33,580</b>	Standard: <b>243</b>
County: <b>Putnam [54]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>33,580</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>29,677</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>5,895</b>	Inflation
Current Class <b>North Small</b>	Initial CR? <b>False</b>	Medicaid: <b>20,169</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>67.96172%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.37701%</b>	Cost: <b>1.04340134</b>
Open Date: <b>06/01/1969</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/01/1969</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>04/01/1983</b>	Low Occupancy Adjustment Factor:	<b>112.85346%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>251585</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	773,530	1,659,618	831,352	207,741		3,472,241	
1a	Audit Adjustments							
2	Cost Per Diem	38.3524	82.2856	41.2193	10.3000		172.1573	
3	Cost Per Diem Inflated	40.0169	84.9604	43.0083				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>40.0169</b>	<b>84.9604</b>	<b>43.0083</b>	<b>10.3000</b>		<b>178.2856</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.4272		57.5320				
7	Provider Target Rate	<b>50.2006</b>		<b>59.6389</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>57.4318</b>	<b>96.7541</b>	<b>74.4105</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	<b>55.8134</b>		<b>67.8397</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>40.0169</b>	<b>84.9604</b>	<b>43.0083</b>	<b>10.3000</b>		<b>178.2856</b>	
12/13	Medical Adjustment Rate		1.7168	0.8691				
14	Prospective Per Diem 11	<b>40.0169</b>	<b>86.6772</b>	<b>43.8774</b>	<b>10.3000</b>		<b>180.8715</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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Rate Semester 01/01/2015 through 08/31/2015

**Lakewood Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/15/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	2,172,370 8.9367
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	543,093 0.3369
Indexed Asset Value	2,715,463	Interest Rate:	12.5000%	Insurance Cost(3):	16,918 0.5701
FRVS Base Asset:	1,412,152	Chase Rate:	12.5000%	Taxes Cost(3):	5,712 0.1925
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	3,257 0.1097
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	0 0.0000
		Yearly Payment:	270,085	Total FRVS PD:	10.1459

(1) 80% Capital (\$2,172,370) amortized at 12.5000 % for 20 years Interest of \$270,085 divided by annual available days (33580) divided by Occup. Adj. (0.90) = \$8.9367

(2) 20% ROE (\$543,093) times the ROE factor (0.018750) divided by annual available days (33580) divided by Occup. Adj. (0.90) = \$0.3369

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	92	Effective PBS Limitation	2,622,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.0169	40.0169	0.6962	39.3207
Direct Care	86.6772	86.6772	1.5080	85.1692
Indirect Care	43.8774	43.8774	0.7634	43.1140
Property	10.3000	10.1459	0.1765	9.9694
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.6292
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>180.8715</b>	<b>180.7174</b>	<b>3.1441</b>	<b>210.1050</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
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**0 312142-00 - 2015/01**

**210.11**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	921,309	0.00				92	100.00	921,309	944,012	
1972/01		0.10	3.9787	3.0000	0.9787	92	100.00	924,073	981,548	
1972/07		0.10	5.9113	3.0000	2.9113	92	100.00	926,845	1,029,940	
1973/01		0.20	8.0622	3.0000	5.0622	92	100.00	932,406	1,083,024	
1973/07		0.20	10.7186	3.0000	7.7186	92	100.00	938,000	1,144,296	
1974/01		0.30	12.9457	3.0000	9.9457	92	100.00	946,442	1,204,096	
1974/07		0.30	13.0494	3.0000	10.0494	92	100.00	954,960	1,241,448	
1975/01		0.40	13.1399	3.0000	10.1399	92	100.00	966,420	1,279,812	
1975/07		0.40	14.2033	3.0000	11.2033	92	100.00	978,017	1,331,884	
1976/01		0.50	15.2478	3.0000	12.2478	92	100.00	992,687	1,385,704	
1976/07		0.50	15.7330	3.0000	12.7330	92	100.00	1,007,577	1,434,004	
1977/01		0.60	16.4836	3.0000	13.4836	92	100.00	1,025,713	1,487,824	
1977/07		0.60	18.5412	3.0000	15.5412	92	100.00	1,044,176	1,562,988	
1978/01		0.70	20.2809	3.0000	17.2809	92	100.00	1,066,104	1,637,140	
1978/07		0.70	22.8203	3.0000	19.8203	92	100.00	1,088,492	1,727,760	
1979/01		0.80	24.9476	3.0000	21.9476	92	100.00	1,114,616	1,816,356	
1979/07		0.80	26.1458	3.0000	23.1458	92	100.00	1,141,367	1,892,624	
1980/01		0.90	29.3115	3.0000	26.3115	92		1,141,367	2,009,372	
1980/07		0.90	30.1222	3.0000	27.1222	92		1,141,367	2,085,916	
1981/01		1.00	30.9462	3.0000	27.9462	92		1,141,367	2,165,680	
1981/07		1.00	30.5350	3.0000	27.5350	92		1,141,367	2,221,708	
1982/01	10,506	1.00	30.2110	3.0000	27.2110	92		1,151,873	2,281,232	
1982/07	5,889	1.00	29.5087	3.0000	26.5087	92		1,157,762	2,333,580	
1983/04	3,335	1.00	29.1375	3.0000	26.1375	92	55.00	1,195,830	2,394,944	
1983/07	6,992	1.00	30.0953	3.0000	27.0953	92	55.00	1,238,697	2,489,704	
1984/01	4,055	1.00	28.3905	3.0000	25.3905	92	90.13	1,279,913	2,521,996	
1984/07	1,013	1.00	27.3084	3.0000	24.3084	92	90.13	1,319,323	2,570,388	
1985/01	12,118	1.00	25.4555	3.0000	22.4555	92	90.95	1,371,021	2,599,828	
1985/10		1.00	23.3077	3.0000	20.3077	92	90.95	1,412,152	2,622,000	
1986/01		1.00	21.1376	3.0000	18.1376	92	90.95	1,454,517	2,643,804	



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**0 312142-00 - 2015/01**

**210.11**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	92	90.95	1,498,153	2,638,744	
1987/01		1.00	16.4441	3.0000	13.4441	92	92.00	1,543,098	2,685,940	
1987/07		1.00	14.3448	3.0000	11.3448	92	92.00	1,589,391	2,706,916	
1988/01		1.00	12.2455	3.0000	9.2455	92	90.03	1,637,073	2,728,904	
1988/07		1.00	9.8354	3.0000	6.8354	92	90.03	1,686,185	2,727,432	
1989/01		1.00	7.4253	3.0000	4.4253	92	87.97	1,736,771	2,743,532	
1989/07		1.00	5.0152	3.0000	2.0152	92	92.09	1,788,874	2,762,116	
1990/01		1.00	2.6051	2.6051		92	92.09	1,835,476	2,776,008	
1990/07		1.00	0.5899	0.5899		92	92.09	1,846,303	2,792,384	
1991/01		1.00	0.5899	0.5899		92	92.09	1,857,194	2,808,760	
1991/07		1.00	1.4932	1.4932		92	92.09	1,884,926	2,850,712	
1992/01		0.95	2.0117	2.0117		92	92.09	1,920,949	2,908,028	
1992/07		0.95	1.8152	1.8152		92	92.09	1,954,074	2,960,836	
1993/01		0.90	1.7710	1.7710		92	92.09	1,985,220	3,013,276	
1993/07		0.90	1.5329	1.5329		92	93.55	2,012,608	3,059,460	
1994/01		0.85	1.6983	1.6983		92	93.55	2,041,662	3,111,440	
1994/07		0.85	1.5991	1.5991		92	90.66	2,069,412	3,161,212	
1995/01		0.80	1.5812	1.5812		92	90.66	2,095,590	3,211,168	
1995/07		0.80	1.5250	1.5250		92	89.02	2,121,156	3,260,112	
1996/01		0.75	1.7228	1.7228		92	89.02	2,148,563	3,316,324	
1996/07		0.75	1.3294	1.3294		92	89.14	2,169,986	3,360,392	
1997/01		0.70	1.4109	1.4109		92	89.14	2,191,417	3,407,772	
1997/07		0.70	1.0917	1.0917		92	92.73	2,208,164	3,444,940	
1998/01		0.65	1.1663	1.1663		92	92.73	2,224,904	3,485,144	
1998/07		0.65	1.0794	1.0794		92	91.26	2,240,514	3,522,772	
1999/01		0.60	1.4499	1.4499		92	91.26	2,260,004	3,573,832	
1999/07		0.60	1.2299	1.2299		92	89.18	2,276,681	3,617,808	
2000/01		0.55	1.3356	1.3356		92	89.18	2,293,405	3,666,108	
2000/07		0.55	1.1129	1.1129		92	89.18	2,307,443	3,706,864	
2001/01		0.50	1.2976	1.2976		92	93.16	2,322,414	3,754,980	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		92	79.58	2,333,580	3,791,044	
2002/01		0.45	1.0301	1.0301		92	79.58	2,344,396	3,830,052	
2002/07		0.45	0.8337	0.8337		92	79.58	2,353,192	3,861,976	
2003/01		0.40	1.3271	1.3271		92	79.58	2,365,683	3,913,220	
2003/07		0.40	1.1664	1.1664		92	79.58	2,376,721	3,958,852	
2004/01		0.35	1.1103	1.1103		92	79.58	2,385,957	4,002,828	
2004/07		0.35	0.8378	0.8378		92	79.83	2,392,953	4,036,408	
2005/01		0.30	0.8595	0.8595		92	79.83	2,399,124	4,071,092	
2005/07		0.30	0.7364	0.7364		92	79.83	2,404,424	4,101,084	
2006/01		0.25	0.9068	0.9068		92	82.39	2,409,875	4,138,252	
2006/07		0.25	0.8133	0.8133		92	82.39	2,414,774	4,171,924	
2007/01		0.20	1.0133	1.0133		92	78.16	2,414,774	4,214,152	5
2007/07		0.20	1.1050	1.1050		92	78.16	2,425,016	4,260,704	
2008/01		0.15	0.8556	0.8556		92	78.16	2,428,127	4,297,136	
2008/07		0.15	0.6104	0.6104		92	78.16	2,430,351	4,323,356	
2009/01	27,061	0.10	1.3268	1.3268		92	78.16	2,460,637	4,380,764	
2009/07		0.10	0.6841	0.6841		92	83.13	2,462,320	4,410,756	
2010/01		0.05	0.8643	0.8643		92	80.63	2,463,384	4,448,844	
2010/07		0.05	0.7107	0.7107		92	80.63	2,464,259	4,480,492	
2011/01		0.00	0.9198	0.9198		92	75.49	2,464,259	4,521,708	
2011/07	220,646	0.00	0.9028	0.9028		92	77.66	2,684,905	4,562,556	
2012/01		0.00	0.3865	0.3865		92	77.66	2,684,905	4,580,220	
2012/07		0.00	0.9417	0.9417		92	77.66	2,684,905	4,623,368	
2013/01		0.00	0.4901	0.4901		92	74.41	2,684,905	4,646,000	
2013/07		0.00	0.6196	0.6196		92	75.33	2,684,905	4,674,796	
2014/01		0.00	0.8564	0.8564		92	75.33	2,684,905	4,714,816	
2014/07		0.00	1.2383	1.2383		92	75.33	2,684,905	4,773,236	
2015/01	30,558	0.00	0.7571	0.7571		92	67.96	2,715,463	4,809,392	

**Message Code:**

5 Uncorrected Licensure Deficiency





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 312151-00 - 2015/01**

**202.50**

**Cross City Rehabilitation and Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Partnership    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>583 NE 351 HWY</b>	<b>10/1/2013-9/30/2014</b>	Number of Beds: <b>60</b>	Superior: <b>0</b>
<b>CROSS CITY, FL 32628</b>	Days in CR <b>365</b>	Maximum: <b>21,900</b>	Standard: <b>243</b>
County: <b>Dixie [15]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>21,900</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>19,164</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>3,718</b>	Inflation
Current Class <b>North Small</b>	Initial CR? <b>False</b>	Medicaid: <b>11,757</b>	FY Index: <b>1.33356899</b>
Class at 1/94: <b>North Small</b>	Medical Utilization		Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy: <b>87.50685%</b>	<b>61.34941%</b>	Cost: <b>1.02853242</b>
Open Date: <b>04/08/1999</b>	Statewide Low Occupancy Threshold: <b>78.31130%</b>	<b>87.50685%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/08/1999</b>	Medicaid Low Occupancy Threshold: <b>41.41010%</b>	<b>78.31130%</b>	DC FY Index: <b>1.22550000</b>
Entered Medicaid <b>07/01/1999</b>	Low Occupancy Adjustment Factor: <b>111.74230%</b>	<b>41.41010%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>08/22/2005</b>	Weighted Low Occ Adjustment Factor: <b>100.00000%</b>	<b>111.74230%</b>	DC Inflation: <b>1.02365974</b>
Previous Med # <b>224901</b>		<b>100.00000%</b>	PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	518,981	752,643	523,806	362,233		2,157,663	
1a	Audit Adjustments							
2	Cost Per Diem	44.1423	64.0166	44.5527	30.8100		183.5216	
3	Cost Per Diem Inflated	45.4018	65.5312	45.8239				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>45.4018</b>	<b>65.5312</b>	<b>45.8239</b>	<b>30.8100</b>		<b>187.5669</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.3058		57.5320				
7	Provider Target Rate	<b>51.1114</b>		<b>59.6389</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>57.4318</b>	<b>96.7541</b>	<b>74.4105</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	<b>55.8134</b>		<b>67.8397</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>45.4018</b>	<b>65.5312</b>	<b>45.8239</b>	<b>13.6500</b>		<b>170.4069</b>	
12/13	Medical Adjustment Rate		0.8367	0.5851				
14	Prospective Per Diem 11	<b>45.4018</b>	<b>66.3679</b>	<b>46.4090</b>	<b>13.6500</b>		<b>171.8287</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
Computation of Nursing Home Medicaid Reimbursement Rate

**0 312151-00 - 2015/01**

**202.50**

Rate Semester 01/01/2015 through 08/31/2015

**Cross City Rehabilitation and Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/01/1999	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,400,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,321,202	11.6716
RS to Start Calcs:	1999/01	<60% of Base:	False	20% ROE(2):	580,300	0.6716
Indexed Asset Value	2,901,502	Interest Rate:	7.8300%	Insurance Cost(3):	10,470	0.5463
FRVS Base Asset:	0	Chase Rate:	8.2500%	Taxes Cost(3):	62,642	3.2687
Occup Adj Factor	0.9000	Amortization Rate:	7.8300%	Home Office(3):	1,199	0.0626
ROE Factor	0.022810	Interest Only:	False	Replacement(3&4):	88,862	0.0000
		Yearly Payment:	230,047	Total FRVS PD:		16.2208

- (1) 80% Capital (\$2,321,202) amortized at 7.8300 % for 20 years Principal & Interest of \$230,047 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$11.6716
- (2) 20% ROE (\$580,300) times the ROE factor (0.022810) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.6716
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	01/01/1999	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	2,330,760

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.4018	45.4018	0.7899	44.6119
Direct Care	66.3679	66.3679	1.1546	65.2133
Indirect Care	46.4090	46.4090	0.8074	45.6016
Property	13.6500	16.2208	0.2822	15.9386
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.2311
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>171.8287</b>	<b>174.3995</b>	<b>3.0341</b>	<b>202.4990</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2014

**0 312151-00 - 2015/01**

**202.50**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	2,800,000	0.00	1.2299	1.2299		60	72.19	2,330,760	2,330,760	1
2000/01	6,456	0.10	1.3356	1.3356		60	80.86	2,340,330	2,390,940	
2000/07	7,747	0.10	1.1129	1.1129		60	80.86	2,350,682	2,417,520	
2001/01		0.20	1.2976	1.2976		60	80.86	2,356,782	2,448,900	
2001/07		0.20	0.9615	0.9615		60	80.86	2,361,314	2,472,420	
2002/01		0.30	1.0301	1.0301		60	80.86	2,368,610	2,497,860	
2002/07	9,867	0.30	0.8337	0.8337		60	82.55	2,384,401	2,518,680	
2003/01		0.40	1.3271	1.3271		60	82.55	2,397,057	2,552,100	
2003/07		0.40	1.1664	1.1664		60	69.83	2,408,242	2,581,860	
2004/01		0.50	1.1103	1.1103		60	69.83	2,421,613	2,610,540	
2004/07		0.50	0.8378	0.8378		60	67.53	2,431,757	2,632,440	
2005/01		0.60	0.8595	0.8595		60	67.53	2,444,298	2,655,060	
2005/07		0.60	0.7364	0.7364		60	65.54	2,455,097	2,674,620	
2006/01	11,999	0.70	0.9068	0.9068		60	65.54	2,482,681	2,698,860	
2006/07		0.70	0.8133	0.8133		60	65.54	2,496,815	2,720,820	
2007/01		0.80	1.0133	1.0133		60	65.54	2,517,054	2,748,360	
2007/07		0.80	1.1050	1.1050		60	65.54	2,539,305	2,778,720	
2008/01		0.90	0.8556	0.8556		60	65.54	2,558,858	2,802,480	
2008/07		0.90	0.6104	0.6104		60	65.54	2,572,916	2,819,580	
2009/01		1.00	1.3268	1.3268		60	64.58	2,607,053	2,857,020	
2009/07		1.00	0.6841	0.6841		60	71.39	2,624,888	2,876,580	
2010/01		1.00	0.8643	0.8643		60	71.39	2,647,575	2,901,420	
2010/07		1.00	0.7107	0.7107		60	71.39	2,666,391	2,922,060	
2011/01		1.00	0.9198	0.9198		60	71.39	2,690,916	2,948,940	
2011/07		1.00	0.9028	0.9028		60	71.39	2,715,210	2,975,580	
2012/01		1.00	0.3865	0.3865		60	72.70	2,725,704	2,987,100	
2012/07		1.00	0.9417	0.9417		60	73.04	2,751,372	3,015,240	
2013/01		1.00	0.4901	0.4901		60	73.04	2,764,856	3,030,000	
2013/07	38,337	1.00	0.6196	0.6196		60	71.81	2,820,324	3,048,780	
2014/01		1.00	0.8564	0.8564		60	71.81	2,844,477	3,074,880	



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202.50

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		1.00	1.2383	1.2383		60	64.43	2,879,700	3,112,980	
2015/01		1.00	0.7571	0.7571		60	61.35	2,901,502	3,136,560	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 312151093020141001201310282014103043





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 Rate Semester 01/01/2015 through 08/31/2015

**0 312274-00 - 2015/01**

**202.79**

**CrestWood Nursing Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>501 S PALM AVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>65</b>	Superior: <b>0</b>
<b>PALATKA, FL 32177</b>	Days in CR <b>365</b>	Maximum: <b>23,725</b>	Standard: <b>243</b>
County: <b>Putnam [54]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>23,725</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>21,057</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>5,992</b>	Inflation
Current Class <b>North Small</b>	Initial CR? <b>False</b>	Medicaid: <b>12,026</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>57.11165%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.75448%</b>	Cost: <b>1.04340134</b>
Open Date: <b>06/01/1977</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/01/1977</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>04/01/1983</b>	Low Occupancy Adjustment Factor:	<b>113.33547%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>251593</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	549,210	913,038	464,716	112,684		2,039,648	
1a	Audit Adjustments							
2	Cost Per Diem	45.6686	75.9220	38.6426	9.3700		169.6032	
3	Cost Per Diem Inflated	47.6507	78.3899	40.3197				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>47.6507</b>	<b>78.3899</b>	<b>40.3197</b>	<b>9.3700</b>		<b>175.7303</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.4272		57.5320				
7	Provider Target Rate	<b>50.2006</b>		<b>59.6389</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>57.4318</b>	<b>96.7541</b>	<b>74.4105</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	<b>55.8134</b>		<b>67.8397</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>47.6507</b>	<b>78.3899</b>	<b>40.3197</b>	<b>9.3700</b>		<b>175.7303</b>	
12/13	Medical Adjustment Rate		0.6272	0.3226				
14	Prospective Per Diem 11	<b>47.6507</b>	<b>79.0171</b>	<b>40.6423</b>	<b>9.3700</b>		<b>176.6801</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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**202.79**

Rate Semester 01/01/2015 through 08/31/2015

**CrestWood Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/15/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,365,870 7.9529
RS to Start Calcs:	1977/01	<60% of Base:	True	20% ROE(2):	341,468 0.2998
Indexed Asset Value	1,707,338	Interest Rate:	12.5000%	Insurance Cost(3):	20,272 0.9627
FRVS Base Asset:	695,693	Chase Rate:	12.5000%	Taxes Cost(3):	6,071 0.2883
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	2,483 0.1179
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	24,080 0.0000
		Yearly Payment:	169,815	Total FRVS PD:	9.6216

(1) 80% Capital (\$1,365,870) amortized at 12.5000 % for 20 years Interest of \$169,815 divided by annual available days (23725) divided by Occup. Adj. (0.90) = \$7.9529

(2) 20% ROE (\$341,468) times the ROE factor (0.018750) divided by annual available days (23725) divided by Occup. Adj. (0.90) = \$0.2998

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	65	Effective PBS Limitation	1,852,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.6507	47.6507	0.8290	46.8217
Direct Care	79.0171	79.0171	1.3747	77.6424
Indirect Care	40.6423	40.6423	0.7071	39.9352
Property	9.3700	9.6216	0.1674	9.4542
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.0298
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>176.6801</b>	<b>176.9317</b>	<b>3.0782</b>	<b>202.7858</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1977/01	524,984	0.00	3.7506	3.0000	0.7506	65	100.00	524,984	1,051,180	
1977/07		0.10	5.8082	3.0000	2.8082	65	100.00	526,559	1,104,285	
1978/01		0.10	7.5479	3.0000	4.5479	65	100.00	528,139	1,156,675	
1978/07		0.20	10.0873	3.0000	7.0873	65	100.00	531,308	1,220,700	
1979/01		0.20	12.2145	3.0000	9.2145	65	100.00	534,496	1,283,295	
1979/07		0.30	13.4128	3.0000	10.4128	65	100.00	539,306	1,337,180	
1980/01		0.30	16.5785	3.0000	13.5785	65		539,306	1,419,665	
1980/07		0.40	17.3891	3.0000	14.3891	65		539,306	1,473,745	
1981/01		0.40	18.2132	3.0000	15.2132	65		539,306	1,530,100	
1981/07		0.50	17.8020	3.0000	14.8020	65		539,306	1,569,685	
1982/01		0.50	17.4780	3.0000	14.4780	65		539,306	1,611,740	
1982/07	14,195	0.60	16.7756	3.0000	13.7756	65		553,501	1,648,725	
1983/04	9,342	0.60	16.4045	3.0000	13.4045	65	89.34	572,806	1,692,080	
1983/07	2,242	0.70	17.3623	3.0000	14.3623	65	89.34	587,077	1,759,030	
1984/01		0.70	15.6575	3.0000	12.6575	65	89.34	599,406	1,781,845	
1984/07	24,902	0.80	14.5754	3.0000	11.5754	65	89.34	638,694	1,816,035	
1985/01	23,380	0.80	12.7225	3.0000	9.7225	65	87.40	677,403	1,836,835	
1985/10		0.90	10.5747	3.0000	7.5747	65	87.40	695,693	1,852,500	
1986/01		0.90	8.4046	3.0000	5.4046	65	87.40	714,477	1,867,905	
1986/07		1.00	5.7020	3.0000	2.7020	65	87.40	735,911	1,864,330	
1987/01		1.00	3.7111	3.0000	0.7111	65	85.00	757,988	1,897,675	
1987/07		1.00	1.6118	1.6118		65	85.00	770,205	1,912,495	
1988/01		1.00	0.9007	0.9007		65	87.15	777,142	1,928,030	
1988/07	44,595	1.00	0.5899	0.5899		65	87.15	826,321	1,926,990	
1989/01		1.00	0.5899	0.5899		65	93.53	831,195	1,938,365	
1989/07		1.00	0.5899	0.5899		65	94.71	836,098	1,951,495	
1990/01	18,110	1.00	0.5899	0.5899		65	94.71	859,140	1,961,310	
1990/07		1.00	0.5899	0.5899		65	94.71	864,208	1,972,880	
1991/01		1.00	0.5899	0.5899		65	94.71	869,306	1,984,450	
1991/07		1.00	1.4932	1.4932		65	94.71	882,286	2,014,090	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/01		1.00	2.0117	2.0117		65	94.71	900,035	2,054,585	
1992/07		1.00	1.8152	1.8152		65	94.71	916,372	2,091,895	
1993/01		1.00	1.7710	1.7710		65	94.71	932,601	2,128,945	
1993/07		1.00	1.5329	1.5329		65	95.07	946,897	2,161,575	
1994/01		1.00	1.6983	1.6983		65	95.07	962,978	2,198,300	
1994/07		1.00	1.5991	1.5991		65	93.86	978,377	2,233,465	
1995/01		1.00	1.5812	1.5812		65	93.86	993,847	2,268,760	
1995/07		1.00	1.5250	1.5250		65	87.94	1,009,003	2,303,340	
1996/01		1.00	1.7228	1.7228		65	87.94	1,026,386	2,343,055	
1996/07		1.00	1.3294	1.3294		65	90.69	1,040,031	2,374,190	
1997/01		1.00	1.4109	1.4109		65	90.69	1,054,705	2,407,665	
1997/07		0.95	1.0917	1.0917		65	93.98	1,065,643	2,433,925	
1998/01		0.95	1.1663	1.1663		65	93.98	1,077,450	2,462,330	
1998/07		0.90	1.0794	1.0794		65	87.15	1,087,917	2,488,915	
1999/01		0.90	1.4499	1.4499		65	87.15	1,102,113	2,524,990	
1999/07		0.85	1.2299	1.2299		65	84.02	1,113,634	2,556,060	
2000/01		0.85	1.3356	1.3356		65	84.02	1,126,277	2,590,185	
2000/07		0.80	1.1129	1.1129		65	84.02	1,136,304	2,618,980	
2001/01		0.80	1.2976	1.2976		65	86.37	1,148,100	2,652,975	
2001/07		0.75	0.9615	0.9615		65	78.34	1,156,379	2,678,455	
2002/01		0.75	1.0301	1.0301		65	78.34	1,165,313	2,706,015	
2002/07		0.70	0.8337	0.8337		65	78.34	1,172,114	2,728,570	
2003/01		0.70	1.3271	1.3271		65	78.34	1,183,003	2,764,775	
2003/07		0.65	1.1664	1.1664		65	78.34	1,191,973	2,797,015	
2004/01		0.65	1.1103	1.1103		65	78.34	1,200,575	2,828,085	
2004/07		0.60	0.8378	0.8378		65	80.86	1,206,610	2,851,810	
2005/01		0.60	0.8595	0.8595		65	80.86	1,212,832	2,876,315	
2005/07		0.55	0.7364	0.7364		65	80.86	1,217,744	2,897,505	
2006/01		0.55	0.9068	0.9068		65	80.86	1,223,817	2,923,765	
2006/07		0.50	0.8133	0.8133		65	80.86	1,228,794	2,947,555	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/01		0.50	1.0133	1.0133		65	73.90	1,235,020	2,977,390	
2007/07		0.45	1.1050	1.1050		65	72.98	1,241,162	3,010,280	
2008/01		0.45	0.8556	0.8556		65	72.98	1,245,940	3,036,020	
2008/07		0.40	0.6104	0.6104		65	72.98	1,248,983	3,054,545	
2009/01	24,258	0.40	1.3268	1.3268		65	72.98	1,279,869	3,095,105	
2009/07		0.35	0.6841	0.6841		65	68.74	1,282,933	3,116,295	
2010/01		0.35	0.8643	0.8643		65	66.54	1,286,814	3,143,205	
2010/07		0.30	0.7107	0.7107		65	66.54	1,289,557	3,165,565	
2011/01		0.30	0.9198	0.9198		65	68.79	1,293,115	3,194,685	
2011/07	397,645	0.25	0.9028	0.9028		65	66.33	1,693,679	3,223,545	
2012/01		0.25	0.3865	0.3865		65	66.33	1,695,315	3,236,025	
2012/07		0.20	0.9417	0.9417		65	66.33	1,695,315	3,266,510	5
2013/01		0.20	0.4901	0.4901		65	61.32	1,700,172	3,282,500	
2013/07		0.15	0.6196	0.6196		65	61.32	1,701,751	3,302,845	
2014/01		0.15	0.8564	0.8564		65	59.25	1,703,938	3,331,120	
2014/07		0.10	1.2383	1.2383		65	57.11	1,706,047	3,372,395	
2015/01		0.10	0.7571	0.7571		65	57.11	1,707,338	3,397,940	

**Message Code:**

5 Uncorrected Licensure Deficiency



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 312312-00 - 2015/01**

**226.66**

**Savannah Cove of The Palm Beaches**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2090 N CONGRESS AVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>30</b>	Superior: <b>0</b>
<b>WEST PALM BEACH , FL</b>	Days in CR <b>365</b>	Maximum: <b>10,950</b>	Standard: <b>243</b>
<b>33401</b>	First Used : <b>2014/07</b>	Max Annualized: <b>10,950</b>	Conditional: <b>0</b>
County: <b>Palm Beach [50]</b>	Last Used: <b>2015/01</b>	Total Patient: <b>9,401</b>	Total: <b>243</b>
Region: <b>South</b> Area: <b>9</b>	<b>Unaudited</b>	Medicare: <b>2,467</b>	Inflation
Control: <b>Proprietary : Corporation</b>	Initial CR? <b>False</b>	Medicaid: <b>4,390</b>	FY Index: <b>1.31456505</b>
Current Class <b>South Small</b>	Medical Utilization		Semester Index: <b>1.37161894</b>
Class at 1/94: <b>South Small</b>	Occupancy: <b>85.85388%</b>	<b>46.69716%</b>	Cost: <b>1.04340134</b>
Operating Ex > <b>18 months</b>	Statewide Low Occupancy Threshold: <b>78.31130%</b>		Target: <b>1.02563464</b>
Open Date: <b>01/16/1995</b>	Medicaid Low Occupancy Threshold: <b>41.41010%</b>		DC FY Index: <b>1.21500000</b>
Acquired Date: <b>01/16/1995</b>	Low Occupancy Adjustment Factor: <b>109.63153%</b>		DC Sem Index: <b>1.25449501</b>
Entered Medicaid <b>01/26/1995</b>	Weighted Low Occ Adjustment Factor: <b>100.00000%</b>		DC Inflation: <b>1.03250618</b>
Med # Active Date: <b>01/01/2006</b>			PS Target: <b>1.03662091</b>
Previous Med # <b>262854</b>			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	266,884	341,724	270,112	116,203		994,923	
1a	Audit Adjustments							
2	Cost Per Diem	60.7936	77.8414	61.5289	26.4699		226.6338	
3	Cost Per Diem Inflated	63.4321	80.3717	64.1993				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>63.4321</b>	<b>80.3717</b>	<b>64.1993</b>	<b>26.4699</b>		<b>234.4730</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	84.4234		81.7274				
7	Provider Target Rate	<b>87.5151</b>		<b>84.7203</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>62.1716</b>	<b>80.3717</b>	<b>64.1993</b>	<b>13.6500</b>		<b>220.3926</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>62.1716</b>	<b>80.3717</b>	<b>64.1993</b>	<b>13.6500</b>		<b>220.3926</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**0 312312-00 - 2015/01**

**226.66**

Rate Semester 01/01/2015 through 08/31/2015

**Savannah Cove of The Palm Beaches**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/26/1995	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	988,019	8.1945
RS to Start Calcs:	1995/01	<60% of Base:	True	20% ROE(2):	247,005	0.4699
Indexed Asset Value	1,235,024	Interest Rate:	8.2500%	Insurance Cost(3):	15,004	1.5960
FRVS Base Asset:	1,030,830	Chase Rate:	8.2500%	Taxes Cost(3):	25,975	2.7630
Occup Adj Factor	0.9000	Amortization Rate:	8.2500%	Home Office(3):	7,751	0.8245
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	37,982	0.0000
		Yearly Payment:	80,757	Total FRVS PD:		13.8479

(1) 80% Capital (\$988,019) amortized at 8.2500 % for 20 years Interest of \$80,757 divided by annual available days (10950) divided by Occup. Adj. (0.90) = \$8.1945

(2) 20% ROE (\$247,005) times the ROE factor (0.018750) divided by annual available days (10950) divided by Occup. Adj. (0.90) = \$0.4699

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	07/01/1994	Current RS PBS:	52,276
Comparison Bed	30	Effective PBS Limitation	1,030,830

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	80.3717	80.3717	1.3983	78.9734
Indirect Care	64.1993	64.1993	1.1169	63.0824
Property	13.6500	13.8479	0.2409	13.6070
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>220.3926</b>	<b>220.5905</b>	<b>3.8377</b>	<b>226.6553</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 312312-00 - 2015/01**

**226.66**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	1,948,261	0.00	1.5812	1.5812		30	3.31	1,030,830	1,030,830	1
1995/07		0.10	1.5250	1.5250		30	3.31	1,030,830	1,063,080	
1996/01		0.10	1.7228	1.7228		30	3.31	1,030,830	1,081,410	
1996/07		0.20	1.3294	1.3294		30	3.31	1,030,830	1,095,780	
1997/01		0.20	1.4109	1.4109		30	3.31	1,030,830	1,111,230	
1997/07		0.30	1.0917	1.0917		30	25.19	1,032,376	1,123,350	
1998/01		0.30	1.1663	1.1663		30	25.19	1,032,376	1,136,460	5
1998/07		0.40	1.0794	1.0794		30	33.57	1,036,755	1,148,730	
1999/01		0.40	1.4499	1.4499		30	33.57	1,040,425	1,165,380	
1999/07	5,712	0.50	1.2299	1.2299		30	29.96	1,049,622	1,179,720	
2000/01		0.50	1.3356	1.3356		30	29.96	1,053,440	1,195,470	
2000/07		0.60	1.1129	1.1129		30	38.81	1,058,403	1,208,760	
2001/01		0.60	1.2976	1.2976		30	38.81	1,064,218	1,224,450	
2001/07		0.70	0.9615	0.9615		30	46.41	1,070,262	1,236,210	
2002/01		0.70	1.0301	1.0301		30	46.41	1,076,774	1,248,930	
2002/07		0.80	0.8337	0.8337		30	63.42	1,083,956	1,259,340	
2003/01		0.80	1.3271	1.3271		30	63.42	1,095,464	1,276,050	
2003/07		0.90	1.1664	1.1664		30	33.15	1,102,395	1,290,930	
2004/01		0.90	1.1103	1.1103		30	33.15	1,102,395	1,305,270	5
2004/07		1.00	0.8378	0.8378		30	33.15	1,114,635	1,316,220	
2005/01		1.00	0.8595	0.8595		30	33.15	1,120,409	1,327,530	
2005/07		1.00	0.7364	0.7364		30	33.15	1,125,382	1,337,310	
2006/01		1.00	0.9068	0.9068		30	29.27	1,130,813	1,349,430	
2006/07		1.00	0.8133	0.8133		30	29.27	1,135,707	1,360,410	
2007/01		1.00	1.0133	1.0133		30	29.27	1,141,831	1,374,180	
2007/07		1.00	1.1050	1.1050		30	29.27	1,148,546	1,389,360	
2008/01		1.00	0.8556	0.8556		30	29.27	1,153,776	1,401,240	
2008/07		1.00	0.6104	0.6104		30	29.27	1,157,524	1,409,790	
2009/01		1.00	1.3268	1.3268		30	30.39	1,166,010	1,428,510	
2009/07		1.00	0.6841	0.6841		30	30.39	1,166,010	1,438,290	5





Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 312312-00 - 2015/01**

**226.66**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		1.00	0.8643	0.8643		30	38.48	1,177,494	1,450,710	
2010/07		1.00	0.7107	0.7107		30	28.06	1,181,763	1,461,030	
2011/01		1.00	0.9198	0.9198		30	28.06	1,187,309	1,474,470	
2011/07		1.00	0.9028	0.9028		30	27.57	1,192,682	1,487,790	
2012/01		1.00	0.3865	0.3865		30	27.57	1,194,993	1,493,550	
2012/07		1.00	0.9417	0.9417		30	27.18	1,200,554	1,507,620	
2013/01		1.00	0.4901	0.4901		30	27.18	1,203,462	1,515,000	
2013/07		1.00	0.6196	0.6196		30	27.18	1,207,147	1,524,390	
2014/01		1.00	0.8564	0.8564		30	38.41	1,214,367	1,537,440	
2014/07		1.00	1.2383	1.2383		30	46.70	1,227,135	1,556,490	
2015/01		1.00	0.7571	0.7571		30	46.70	1,235,024	1,568,280	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 312312123120130101201304232014085959



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 312550-00 - 2015/01**

**252.90**

**Savannah Cove of Maitland**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1301 W MAITLAND BLVD</b>	<b>7/1/2013-6/30/2014</b>	Number of Beds: <b>39</b>	Superior: <b>0</b>
<b>MAITLAND, FL 32751</b>	Days in CR <b>365</b>	Maximum: <b>14,235</b>	Standard: <b>243</b>
County: <b>Orange [48]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>14,235</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>11,423</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,191</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>2,856</b>	FY Index: <b>1.32215372</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>25.00219%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>80.24587%</b>	Cost: <b>1.03741261</b>
Open Date: <b>06/16/1995</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/16/1995</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22300000</b>
Entered Medicaid <b>06/16/1995</b>	Low Occupancy Adjustment Factor:	<b>102.47036%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2006</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02575226</b>
Previous Med # <b>263117</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	195,814	279,045	210,250	74,627		759,736	
1a	Audit Adjustments							
2	Cost Per Diem	68.5623	97.7049	73.6169	26.1299		266.0140	
3	Cost Per Diem Inflated	71.1274	100.2210	76.3711				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>71.1274</b>	<b>100.2210</b>	<b>76.3711</b>	<b>26.1299</b>		<b>273.8494</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	78.9521		84.2646				
7	Provider Target Rate	<b>81.8434</b>		<b>87.3504</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>59.8017</b>	<b>100.2210</b>	<b>74.3444</b>	<b>13.6500</b>		<b>248.0171</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>59.8017</b>	<b>100.2210</b>	<b>74.3444</b>	<b>13.6500</b>		<b>248.0171</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 312550-00 - 2015/01**

**252.90**

Rate Semester 01/01/2015 through 08/31/2015

**Savannah Cove of Maitland**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/16/1995	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,312,855	8.3758
RS to Start Calcs:	1995/01	<60% of Base:	True	20% ROE(2):	328,214	0.5818
Indexed Asset Value	1,641,069	Interest Rate:	8.2500%	Insurance Cost(3):	14,714	1.2881
FRVS Base Asset:	1,340,079	Chase Rate:	8.2500%	Taxes Cost(3):	17,445	1.5272
Occup Adj Factor	0.9000	Amortization Rate:	8.2500%	Home Office(3):	13,253	1.1602
ROE Factor	0.022710	Interest Only:	True	Replacement(3&4):	55,915	0.0000
		Yearly Payment:	107,307	Total FRVS PD:		12.9331

(1) 80% Capital (\$1,312,855) amortized at 8.2500 % for 20 years Interest of \$107,307 divided by annual available days (14235) divided by Occup. Adj. (0.90) = \$8.3758

(2) 20% ROE (\$328,214) times the ROE factor (0.022710) divided by annual available days (14235) divided by Occup. Adj. (0.90) = \$0.5818

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	07/01/1994	Current RS PBS:	52,276
Comparison Bed	39	Effective PBS Limitation	1,340,079

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	59.8017	59.8017	1.0404	58.7613
Direct Care	100.2210	100.2210	1.7436	98.4774
Indirect Care	74.3444	74.3444	1.2934	73.0510
Property	13.6500	12.9331	0.2250	12.7081
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>248.0171</b>	<b>247.3002</b>	<b>4.3024</b>	<b>252.9003</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

**0 312550-00 - 2015/01**

**252.90**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	2,121,503	0.00	1.5812	1.5812		39	4.53	1,340,079	1,340,079	1
1995/07		0.10	1.5250	1.5250		39	4.53	1,340,079	1,382,004	
1996/01		0.10	1.7228	1.7228		39	4.53	1,340,079	1,405,833	
1996/07		0.20	1.3294	1.3294		39	4.53	1,340,079	1,424,514	
1997/01		0.20	1.4109	1.4109		39	4.53	1,340,079	1,444,599	
1997/07		0.30	1.0917	1.0917		39	26.24	1,342,173	1,460,355	
1998/01		0.30	1.1663	1.1663		39	26.24	1,344,414	1,477,398	
1998/07		0.40	1.0794	1.0794		39	38.43	1,344,414	1,493,349	5
1999/01		0.40	1.4499	1.4499		39	38.43	1,348,470	1,514,994	5
1999/07	50,593	0.50	1.2299	1.2299		39	29.09	1,408,932	1,533,636	
2000/01		0.50	1.3356	1.3356		39	29.09	1,413,908	1,554,111	
2000/07		0.60	1.1129	1.1129		39	23.18	1,413,908	1,571,388	
2001/01		0.60	1.2976	1.2976		39	23.18	1,413,908	1,591,785	
2001/07		0.70	0.9615	0.9615		39	27.17	1,418,609	1,607,073	
2002/01		0.70	1.0301	1.0301		39	27.17	1,423,662	1,623,609	
2002/07		0.80	0.8337	0.8337		39	34.32	1,429,587	1,637,142	
2003/01		0.80	1.3271	1.3271		39	34.32	1,439,058	1,658,865	
2003/07		0.90	1.1664	1.1664		39	31.53	1,447,719	1,678,209	
2004/01		0.90	1.1103	1.1103		39	31.53	1,456,013	1,696,851	
2004/07		1.00	0.8378	0.8378		39	31.53	1,463,006	1,711,086	
2005/01		1.00	0.8595	0.8595		39	31.53	1,470,215	1,725,789	
2005/07		1.00	0.7364	0.7364		39	31.53	1,476,422	1,738,503	
2006/01	3,516	1.00	0.9068	0.9068		39	35.54	1,488,589	1,754,259	
2006/07		1.00	0.8133	0.8133		39	35.54	1,496,412	1,768,533	
2007/01		1.00	1.0133	1.0133		39	35.54	1,506,210	1,786,434	
2007/07		1.00	1.1050	1.1050		39	35.54	1,516,965	1,806,168	
2008/01		1.00	0.8556	0.8556		39	35.54	1,525,352	1,821,612	
2008/07		1.00	0.6104	0.6104		39	27.51	1,530,009	1,832,727	
2009/01		1.00	1.3268	1.3268		39	27.51	1,540,163	1,857,063	
2009/07	22,606	1.00	0.6841	0.6841		39	29.90	1,568,497	1,869,777	



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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 312550-00 - 2015/01

252.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		1.00	0.8643	0.8643		39	29.90	1,575,867	1,885,923	
2010/07		1.00	0.7107	0.7107		39	25.26	1,581,011	1,899,339	
2011/01		1.00	0.9198	0.9198		39	25.88	1,587,854	1,916,811	
2011/07		1.00	0.9028	0.9028		39	25.88	1,594,599	1,934,127	
2012/01		1.00	0.3865	0.3865		39	25.88	1,597,499	1,941,615	
2012/07		1.00	0.9417	0.9417		39	25.95	1,604,597	1,959,906	
2013/01		1.00	0.4901	0.4901		39	25.95	1,608,307	1,969,500	
2013/07		1.00	0.6196	0.6196		39	27.31	1,613,255	1,981,707	
2014/01		1.00	0.8564	0.8564		39	35.99	1,613,255	1,998,672	5
2014/07		1.00	1.2383	1.2383		39	35.99	1,635,441	2,023,437	
2015/01		1.00	0.7571	0.7571		39	25.00	1,641,069	2,038,764	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 312789-00 - 2015/01**

**275.74**

**Children's Comprehensive Care Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>200 SE 19TH AVENUE</b>	<b>8/1/2013-7/31/2014</b>	Number of Beds: <b>36</b>	Superior: <b>0</b>
<b>POMPANO BEACH, FL 33060</b>	Days in CR <b>365</b>	Maximum: <b>13,140</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>13,140</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>11,584</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>0</b>	Inflation
Current Class <b>South Small</b>	Initial CR? <b>False</b>	Medicaid: <b>11,222</b>	FY Index: <b>1.32594791</b>
Class at 1/94: <b>South Small</b>	Medical Utilization	<b>96.87500%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.15830%</b>	Cost: <b>1.03444406</b>
Open Date: <b>05/04/1992</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/04/1992</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22383277</b>
Entered Medicaid <b>06/08/1992</b>	Low Occupancy Adjustment Factor:	<b>112.57418%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02505427</b>
Previous Med # <b>204790</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	693,856	1,182,869	786,655	219,727		2,883,107	
1a	Audit Adjustments							
2	Cost Per Diem	61.8300	105.4063	70.0994	19.5800		256.9157	
3	Cost Per Diem Inflated	63.9597	108.0472	72.5139				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>63.9597</b>	<b>108.0472</b>	<b>72.5139</b>	<b>19.5800</b>		<b>264.1008</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	80.9158		69.1600				
7	Provider Target Rate	<b>83.8790</b>		<b>71.6927</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>62.1716</b>	<b>107.6155</b>	<b>71.6927</b>	<b>13.6500</b>		<b>255.1298</b>	
12/13	Medical Adjustment Rate		4.8427	3.2262				
14	Prospective Per Diem 11	<b>62.1716</b>	<b>112.4582</b>	<b>74.9189</b>	<b>13.6500</b>		<b>263.1987</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 312789-00 - 2015/01**

**275.74**

Rate Semester 01/01/2015 through 08/31/2015

**Children's Comprehensive Care Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/08/1992	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>1,220,125.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1992/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>1,505,549 14.2401</b>
Indexed Asset Value	<b>1,881,936</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>376,387 0.7260</b>
FRVS Base Asset:	<b>1,084,510</b>	Interest Rate:	<b>9.5000%</b>	Insurance Cost(3):	<b>41,155 3.5527</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.5000%</b>	Taxes Cost(3):	<b>0 0.0000</b>
ROE Factor	<b>0.022810</b>	Amortization Rate:	<b>9.5000%</b>	Home Office(3):	<b>28,680 2.4758</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>6,462 0.0000</b>
		Yearly Payment:	<b>168,404</b>	Total FRVS PD:	<b>20.9946</b>

- (1) 80% Capital (\$1,505,549) amortized at 9.5000 % for 20 years Principal & Interest of \$168,404 divided by annual available days (13140) divided by Occup. Adj. (0.90) = \$14.2401
- (2) 20% ROE (\$376,387) times the ROE factor (0.022810) divided by annual available days (13140) divided by Occup. Adj. (0.90) = \$0.7260
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,986
Comparison Date:	<b>07/01/1991</b>	Current RS PBS:	52,276
Comparison Bed	<b>35</b>	Effective PBS Limitation	1,084,510

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>62.1716</b>	<b>62.1716</b>	<b>1.0816</b>	<b>61.0900</b>
Direct Care	<b>112.4582</b>	<b>112.4582</b>	<b>1.9565</b>	<b>110.5017</b>
Indirect Care	<b>74.9189</b>	<b>74.9189</b>	<b>1.3034</b>	<b>73.6155</b>
Property	<b>13.6500</b>	<b>20.9946</b>	<b>0.3653</b>	<b>20.6293</b>
ROE				
ROE Adjustment				
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>263.1987</b>	<b>270.5433</b>	<b>4.7068</b>	<b>275.7390</b>

Medicaid Trend Adjustment



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2014

**0 312789-00 - 2015/01**

**275.74**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/01	2,412,492	0.00	2.0117	2.0117		35	77.01	1,084,510	1,084,510	1
1992/07		0.10	1.8152	1.8152		35	77.01	1,086,478	1,126,405	
1993/01		0.10	1.7710	1.7710		35	77.01	1,088,402	1,146,355	
1993/07		0.20	1.5329	1.5329		35	77.01	1,091,739	1,163,925	
1994/01	10,280	0.20	1.6983	1.6983		35	77.01	1,105,728	1,183,700	
1994/07		0.30	1.5991	1.5991		35	77.01	1,111,032	1,202,635	
1995/01		0.30	1.5812	1.5812		35	77.01	1,116,303	1,221,640	
1995/07		0.40	1.5250	1.5250		35	91.05	1,123,112	1,240,260	
1996/01		0.40	1.7228	1.7228		35	91.05	1,130,851	1,261,645	
1996/07		0.50	1.3294	1.3294		35	91.30	1,138,368	1,278,410	
1997/01		0.50	1.4109	1.4109		35	89.94	1,146,399	1,296,435	
1997/07		0.60	1.0917	1.0917		35	89.94	1,153,908	1,310,575	
1998/01		0.60	1.1663	1.1663		35	98.08	1,161,983	1,325,870	
1998/07		0.70	1.0794	1.0794		35	98.08	1,170,763	1,340,185	
1999/01		0.70	1.4499	1.4499		35	98.08	1,182,645	1,359,610	
1999/07		0.80	1.2299	1.2299		35	98.86	1,194,281	1,376,340	
2000/01		0.80	1.3356	1.3356		35	98.86	1,207,042	1,394,715	
2000/07		0.90	1.1129	1.1129		36	98.43	1,219,132	1,450,512	
2001/01	13,789	0.90	1.2976	1.2976		36	97.41	1,247,158	1,469,340	
2001/07		1.00	0.9615	0.9615		36	97.41	1,259,149	1,483,452	
2002/01		1.00	1.0301	1.0301		36	99.54	1,272,119	1,498,716	
2002/07		1.00	0.8337	0.8337		36	99.54	1,282,725	1,511,208	
2003/01		1.00	1.3271	1.3271		36	99.66	1,299,748	1,531,260	
2003/07		1.00	1.1664	1.1664		36	99.66	1,314,908	1,549,116	
2004/01	6,242	1.00	1.1103	1.1103		36	97.00	1,335,749	1,566,324	
2004/07		1.00	0.8378	0.8378		36	97.00	1,346,940	1,579,464	
2005/01		1.00	0.8595	0.8595		36	99.50	1,358,517	1,593,036	
2005/07		1.00	0.7364	0.7364		36	99.50	1,368,521	1,604,772	
2006/01	63,028	1.00	0.9068	0.9068		36	97.47	1,443,959	1,619,316	
2006/07		1.00	0.8133	0.8133		36	97.47	1,455,703	1,632,492	





Florida Agency for Health Care Administration  
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0 312789-00 - 2015/01

275.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/01	43,398	1.00	1.0133	1.0133		36	92.87	1,513,852	1,649,016	
2007/07		1.00	1.1050	1.1050		36	92.87	1,530,580	1,667,232	
2008/01		1.00	0.8556	0.8556		36	93.89	1,543,676	1,681,488	
2008/07		1.00	0.6104	0.6104		36	93.89	1,553,099	1,691,748	
2009/01		1.00	1.3268	1.3268		36	93.89	1,573,706	1,714,212	
2009/07	74,081	1.00	0.6841	0.6841		36	92.38	1,658,553	1,725,948	
2010/01	118,342	1.00	0.8643	0.8643		36	94.24	1,740,852	1,740,852	8
2010/07		1.00	0.7107	0.7107		36	94.24	1,753,224	1,753,236	
2011/01	85,331	1.00	0.9198	0.9198		36	94.38	1,769,364	1,769,364	8
2011/07		1.00	0.9028	0.9028		36	94.38	1,785,338	1,785,348	
2012/01	11,844	1.00	0.3865	0.3865		36	95.51	1,792,260	1,792,260	8
2012/07		0.95	0.9417	0.9417		36	95.51	1,808,294	1,809,144	
2013/01		0.95	0.4901	0.4901		36	95.51	1,816,713	1,818,000	
2013/07	44,404	0.90	0.6196	0.6196		36	97.03	1,829,268	1,829,268	8
2014/01	31,007	0.90	0.8564	0.8564		36	96.82	1,844,928	1,844,928	8
2014/07		0.85	1.2383	1.2383		36	96.82	1,864,348	1,867,788	
2015/01	29,424	0.85	0.7571	0.7571		36	96.88	1,881,936	1,881,936	8

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 313424-00 - 2015/01**

**238.63**

**Hollywood Hills Rehabilitation Center, LLC**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1200 N 35TH AVE</b>	<b>7/1/2012-6/30/2013</b>	Number of Beds: <b>152</b>	Superior: <b>0</b>
<b>HOLLYWOOD, FL 33021</b>	Days in CR <b>365</b>	Maximum: <b>55,480</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>55,480</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>47,305</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>7,237</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>25,943</b>	FY Index: <b>1.29878490</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>54.84198%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.26496%</b>	Cost: <b>1.05607860</b>
Open Date: <b>01/01/1970</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1970</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20850000</b>
Entered Medicaid <b>01/01/1970</b>	Low Occupancy Adjustment Factor:	<b>108.87951%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2006</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03805959</b>
Previous Med # <b>200204</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,609,409	1,992,013	1,412,969	679,447		5,693,838	
1a	Audit Adjustments							
2	Cost Per Diem	62.0363	76.7842	54.4644	26.1900		219.4749	
3	Cost Per Diem Inflated	65.5152	79.7066	57.5187				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>65.5152</b>	<b>79.7066</b>	<b>57.5187</b>	<b>26.1900</b>		<b>228.9305</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.3129		67.4125				
7	Provider Target Rate	<b>66.6681</b>		<b>69.8812</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>79.7066</b>	<b>57.5187</b>	<b>13.6500</b>		<b>207.6172</b>	
12/13	Medical Adjustment Rate		0.4342	0.3133				
14	Prospective Per Diem 11	<b>56.7419</b>	<b>80.1408</b>	<b>57.8320</b>	<b>13.6500</b>		<b>208.3647</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 313424-00 - 2015/01**

**238.63**

Rate Semester 01/01/2015 through 08/31/2015

**Hollywood Hills Rehabilitation Center, LLC**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,323,889.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>5,131,434 12.7769</b>
RS to Start Calcs:	<b>1971/07</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>1,282,859 0.3695</b>
Indexed Asset Value	<b>6,414,293</b>	Interest Rate:	<b>9.5000%</b>	Insurance Cost(3):	<b>85,743 1.8126</b>
FRVS Base Asset:	<b>3,129,551</b>	Chase Rate:	<b>12.5000%</b>	Taxes Cost(3):	<b>111,917 2.3659</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>12.5000%</b>	Home Office(3):	<b>0 0.0000</b>
ROE Factor	<b>0.014380</b>	Interest Only:	<b>True</b>	Replacement(3&4):	<b>103,792 0.0000</b>
		Yearly Payment:	<b>637,978</b>	Total FRVS PD:	<b>17.3249</b>

- (1) 80% Capital (\$5,131,434) amortized at 12.5000 % for 20 years Interest of \$637,978 divided by annual available days (55480) divided by Occup. Adj. (0.90) = \$12.7769
- (2) 20% ROE (\$1,282,859) times the ROE factor (0.014380) divided by annual available days (55480) divided by Occup. Adj. (0.90) = \$0.3695
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>152</b>	Effective PBS Limitation	4,332,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>56.7419</b>	<b>56.7419</b>	<b>0.9872</b>	<b>55.7547</b>
Direct Care	<b>80.1408</b>	<b>80.1408</b>	<b>1.3943</b>	<b>78.7465</b>
Indirect Care	<b>57.8320</b>	<b>57.8320</b>	<b>1.0061</b>	<b>56.8259</b>
Property	<b>13.6500</b>	<b>17.3249</b>	<b>0.3014</b>	<b>17.0235</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>20.3795</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>208.3647</b>	<b>212.0396</b>	<b>3.6890</b>	<b>238.6326</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

0 313424-00 - 2015/01

238.63

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	1,271,634	0.00				152	100.00	1,271,634	1,559,672	
1972/01		0.10	3.9787	3.0000	0.9787	152	100.00	1,275,449	1,621,688	
1972/07		0.10	5.9113	3.0000	2.9113	152	100.00	1,279,275	1,701,640	
1973/01	83,019	0.20	8.0622	3.0000	5.0622	152	100.00	1,369,970	1,789,344	
1973/07	21,289	0.20	10.7186	3.0000	7.7186	152	100.00	1,399,479	1,890,576	
1974/01	559,614	0.30	12.9457	3.0000	9.9457	152	100.00	1,971,688	1,989,376	
1974/07		0.30	13.0494	3.0000	10.0494	152	100.00	1,989,433	2,051,088	
1975/01		0.40	13.1399	3.0000	10.1399	152	100.00	2,013,306	2,114,472	
1975/07		0.40	14.2033	3.0000	11.2033	152	100.00	2,037,466	2,200,504	
1976/01		0.50	15.2478	3.0000	12.2478	152	100.00	2,068,028	2,289,424	
1976/07		0.50	15.7330	3.0000	12.7330	152	100.00	2,099,048	2,369,224	
1977/01		0.60	16.4836	3.0000	13.4836	152	100.00	2,136,831	2,458,144	
1977/07		0.60	18.5412	3.0000	15.5412	152	100.00	2,175,294	2,582,328	
1978/01		0.70	20.2809	3.0000	17.2809	152	100.00	2,220,975	2,704,840	
1978/07		0.70	22.8203	3.0000	19.8203	152	100.00	2,267,615	2,854,560	
1979/01		0.80	24.9476	3.0000	21.9476	152	100.00	2,322,038	3,000,936	
1979/07		0.80	26.1458	3.0000	23.1458	152	100.00	2,377,767	3,126,944	
1980/01		0.90	29.3115	3.0000	26.3115	152	40.46	2,424,995	3,319,832	
1980/07		0.90	30.1222	3.0000	27.1222	152	40.46	2,473,161	3,446,296	
1981/01		1.00	30.9462	3.0000	27.9462	152	46.79	2,536,281	3,578,080	
1981/07		1.00	30.5350	3.0000	27.5350	152	46.79	2,601,012	3,670,648	
1982/01		1.00	30.2110	3.0000	27.2110	152	45.46	2,665,508	3,768,992	
1982/07		1.00	29.5087	3.0000	26.5087	142	45.46	2,731,603	3,601,830	
1983/04		1.00	29.1375	3.0000	26.1375	142	53.60	2,811,465	3,696,544	
1983/07		1.00	30.0953	3.0000	27.0953	152	53.60	2,893,662	4,113,424	
1984/01		1.00	28.3905	3.0000	25.3905	152	33.07	2,945,858	4,166,776	
1984/07		1.00	27.3084	3.0000	24.3084	152	33.07	2,998,996	4,246,728	
1985/01		1.00	25.4555	3.0000	22.4555	152	39.48	3,063,578	4,295,368	
1985/10		1.00	23.3077	3.0000	20.3077	152	39.48	3,129,551	4,332,000	
1986/01		1.00	21.1376	3.0000	18.1376	142	39.92	3,197,696	4,080,654	



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**0 313424-00 - 2015/01**

**238.63**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	142	39.92	3,267,324	4,072,844	
1987/01		1.00	16.4441	3.0000	13.4441	152	45.47	3,348,360	4,437,640	
1987/07		1.00	14.3448	3.0000	11.3448	152	45.47	3,431,405	4,472,296	
1988/01		1.00	12.2455	3.0000	9.2455	152	44.62	3,514,919	4,508,624	
1988/07		1.00	9.8354	3.0000	6.8354	152	44.62	3,600,466	4,506,192	
1989/01		1.00	7.4253	3.0000	4.4253	152	44.50	3,687,859	4,532,792	
1989/07		1.00	5.0152	3.0000	2.0152	152	44.50	3,777,373	4,563,496	
1990/01		1.00	2.6051	2.6051		152	48.36	3,863,897	4,586,448	
1990/07		1.00	0.5899	0.5899		152	48.36	3,883,938	4,613,504	
1991/01	1,434,932	1.00	0.5899	0.5899		152	49.95	4,640,560	4,640,560	5
1991/07		1.00	1.4932	1.4932		152	49.95	5,412,089	4,709,872	
1992/01		0.95	2.0117	2.0117		152	49.91	5,505,947	4,804,568	
1992/07		0.95	1.8152	1.8152		152	49.91	5,592,105	4,891,816	
1993/01		0.90	1.7710	1.7710		152	51.96	5,676,311	4,978,456	
1993/07		0.90	1.5329	1.5329		152	51.96	5,750,293	5,054,760	
1994/01		0.85	1.6983	1.6983		152	54.99	5,833,289	5,140,640	
1994/07		0.85	1.5991	1.5991		152	54.99	5,912,561	5,222,872	
1995/01		0.80	1.5812	1.5812		152	64.63	5,987,355	5,305,408	
1995/07		0.80	1.5250	1.5250		152	64.63	6,060,401	5,386,272	
1996/01		0.75	1.7228	1.7228		152	53.79	6,136,985	5,479,144	
1996/07		0.75	1.3294	1.3294		152	53.79	6,136,985	5,551,952	3
1997/01		0.70	1.4109	1.4109		152	59.86	6,136,985	5,630,232	3
1997/07		0.70	1.0917	1.0917		152	59.86	6,136,985	5,691,640	3
1998/01		0.65	1.1663	1.1663		152	64.11	6,136,985	5,758,064	3
1998/07		0.65	1.0794	1.0794		152	64.11	6,136,985	5,820,232	3
1999/01		0.60	1.4499	1.4499		152	64.11	6,136,985	5,904,592	3
1999/07		0.60	1.2299	1.2299		152	53.84	6,136,985	5,977,248	3
2000/01	31,446	0.55	1.3356	1.3356		152	48.41	6,136,985	6,057,048	3
2000/07		0.55	1.1129	1.1129		152	48.41	6,136,985	6,124,384	3
2001/01		0.50	1.2976	1.2976		152	49.13	6,172,552	6,203,880	



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**0 313424-00 - 2015/01**

**238.63**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		152	49.13	6,199,062	6,263,464	
2002/01		0.45	1.0301	1.0301		152	44.22	6,222,163	6,327,912	
2002/07		0.45	0.8337	0.8337		152	44.22	6,222,163	6,380,656	5
2003/01		0.40	1.3271	1.3271		152	43.68	6,267,242	6,465,320	
2003/07		0.40	1.1664	1.1664		152	43.68	6,290,466	6,540,712	
2004/01		0.35	1.1103	1.1103		152	43.47	6,309,786	6,613,368	
2004/07		0.35	0.8378	0.8378		152	43.47	6,324,408	6,668,848	
2005/01		0.30	0.8595	0.8595		152	43.47	6,337,299	6,726,152	
2005/07		0.30	0.7364	0.7364		152	47.48	6,349,384	6,775,704	
2006/01		0.25	0.9068	0.9068		152	44.37	6,360,996	6,837,112	
2006/07		0.25	0.8133	0.8133		152	44.37	6,371,429	6,892,744	
2007/01		0.20	1.0133	1.0133		152	38.25	6,380,411	6,962,512	
2007/07		0.20	1.1050	1.1050		152	38.25	6,390,217	7,039,424	
2008/01		0.15	0.8556	0.8556		152	38.25	6,395,919	7,099,616	
2008/07		0.15	0.6104	0.6104		152	55.18	6,401,778	7,142,936	
2009/01		0.10	1.3268	1.3268		152	37.65	6,407,593	7,237,784	
2009/07		0.10	0.6841	0.6841		152	37.65	6,410,593	7,287,336	
2010/01		0.05	0.8643	0.8643		152	37.65	6,412,489	7,350,264	
2010/07		0.05	0.7107	0.7107		152	43.58	6,414,293	7,402,552	
2011/01		0.00	0.9198	0.9198		152	43.58	6,414,293	7,470,648	
2011/07		0.00	0.9028	0.9028		152	42.89	6,414,293	7,538,136	
2012/01		0.00	0.3865	0.3865		152	42.89	6,414,293	7,567,320	
2012/07		0.00	0.9417	0.9417		152	44.40	6,414,293	7,638,608	
2013/01		0.00	0.4901	0.4901		152	44.40	6,414,293	7,676,000	
2013/07		0.00	0.6196	0.6196		152	51.33	6,414,293	7,723,576	
2014/01		0.00	0.8564	0.8564		152	51.33	6,414,293	7,789,696	
2014/07		0.00	1.2383	1.2383		152	54.84	6,414,293	7,886,216	
2015/01		0.00	0.7571	0.7571		152	54.84	6,414,293	7,945,952	

**Message Code:**

- |  |
|--|
| 3 Index Cost Limitation - January 1996 |
| 5 Uncorrected Licensure Deficiency     |





Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 313718-00 - 2015/01**

**221.89**

**Lutheran Haven Nursing Home**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : Church

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1525 HAVEN DRIVE</b>	<b>9/1/2012-8/31/2013</b>	Number of Beds: <b>42</b>	Superior: <b>0</b>
<b>OVIEDO, FL 32765</b>	Days in CR <b>365</b>	Maximum: <b>15,330</b>	Standard: <b>243</b>
County: <b>Seminole [59]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>15,330</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>13,275</b>	Total: <b>243</b>
Control: <b>Nonprofit : Church</b>	<b>Unaudited</b>	Medicare: <b>2,572</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>5,939</b>	FY Index: <b>1.30580299</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>44.73823%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>86.59491%</b>	Cost: <b>1.05040266</b>
Open Date: <b>12/17/2005</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/17/2005</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21049917</b>
Entered Medicaid <b>12/16/2005</b>	Low Occupancy Adjustment Factor:	<b>110.57780%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/16/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03634520</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	396,309	485,560	353,376	155,008		1,390,253	
1a	Audit Adjustments							
2	Cost Per Diem	66.7299	81.7579	59.5009	26.1000		234.0887	
3	Cost Per Diem Inflated	70.0933	84.7294	62.4999				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>70.0933</b>	<b>84.7294</b>	<b>62.4999</b>	<b>26.1000</b>		<b>243.4226</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.4922		67.0891				
7	Provider Target Rate	<b>63.7441</b>		<b>69.5460</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>59.8017</b>	<b>84.7294</b>	<b>62.4999</b>	<b>13.6500</b>		<b>220.6810</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>59.8017</b>	<b>84.7294</b>	<b>62.4999</b>	<b>13.6500</b>		<b>220.6810</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





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Computation of Nursing Home Medicaid Reimbursement Rate

**0 313718-00 - 2015/01**

**221.89**

Rate Semester 01/01/2015 through 08/31/2015

**Lutheran Haven Nursing Home**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	12/16/2005	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,663,145.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,663,393 6.0889
RS to Start Calcs:	2005/07	<60% of Base:	False	20% ROE(2):	415,848 0.4741
Indexed Asset Value	2,079,241	Interest Rate:	0.1000%	Insurance Cost(3):	28,432 2.1418
FRVS Base Asset:	1,858,542	Chase Rate:	3.2500%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	0.1000%	Home Office(3):	0 0.0000
ROE Factor	0.015730	Interest Only:	False	Replacement(3&4):	61,670 0.0000
		Yearly Payment:	84,008	Total FRVS PD:	8.7048

- (1) 80% Capital (\$1,663,393) amortized at 0.1000 % for 20 years Principal & Interest of \$84,008 divided by annual available days (15330) divided by Occup. Adj. (0.90) = \$6.0889
- (2) 20% ROE (\$415,848) times the ROE factor (0.015730) divided by annual available days (15330) divided by Occup. Adj. (0.90) = \$0.4741
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	44,251
Comparison Date:	01/01/2005	Current RS PBS:	52,276
Comparison Bed	42	Effective PBS Limitation	1,858,542

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	59.8017	59.8017	1.0404	58.7613
Direct Care	84.7294	84.7294	1.4741	83.2553
Indirect Care	62.4999	62.4999	1.0873	61.4126
Property	13.6500	8.7048	0.1514	8.5534
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>220.6810</b>	<b>215.7358</b>	<b>3.7532</b>	<b>221.8851</b>

**Medicaid Trend Adjustment**



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**0 313718-00 - 2015/01**

**221.89**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07	5,804,654	0.00	0.7364	0.7364		42	33.26	1,858,542	1,858,542	1
2006/01		0.10	0.9068	0.9068		42	33.26	1,859,561	1,889,202	
2006/07		0.10	0.8133	0.8133		42	33.26	1,860,475	1,904,574	
2007/01		0.20	1.0133	1.0133		42	33.26	1,862,756	1,923,852	
2007/07		0.20	1.1050	1.1050		42	33.26	1,865,245	1,945,104	
2008/01		0.30	0.8556	0.8556		42	33.26	1,868,140	1,961,736	
2008/07		0.30	0.6104	0.6104		42	47.85	1,871,116	1,973,706	
2009/01		0.40	1.3268	1.3268		42	47.85	1,879,755	1,999,914	
2009/07		0.40	0.6841	0.6841		42	50.47	1,884,474	2,013,606	
2010/01		0.50	0.8643	0.8643		42	50.47	1,891,948	2,030,994	
2010/07		0.50	0.7107	0.7107		42	48.03	1,897,820	2,045,442	
2011/01		0.60	0.9198	0.9198		42	48.03	1,906,967	2,064,258	
2011/07	84,945	0.60	0.9028	0.9028		42	42.34	1,999,864	2,082,906	
2012/01		0.70	0.3865	0.3865		42	42.34	2,004,030	2,090,970	
2012/07		0.70	0.9417	0.9417		42	54.79	2,017,190	2,110,668	
2013/01		0.80	0.4901	0.4901		42	54.79	2,025,069	2,121,000	
2013/07		0.80	0.6196	0.6196		42	48.93	2,033,999	2,134,146	
2014/01		0.90	0.8564	0.8564		42	48.93	2,047,947	2,152,416	
2014/07		0.90	1.2383	1.2383		42	44.74	2,066,514	2,179,086	
2015/01		1.00	0.7571	0.7571		42	44.74	2,079,241	2,195,592	

**Message Code:**

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 315664-00 - 2015/01**

**227.54**

**Life Care Center of Pensacola**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3291 EAST OLIVE RD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PENSACOLA, FL 32514</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Escambia [17]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>1</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,942</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>24,069</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>12,797</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>32.86169%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.90868%</b>	Cost: <b>1.04340134</b>
Open Date: <b>06/09/2006</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/09/2006</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>06/01/2006</b>	Low Occupancy Adjustment Factor:	<b>113.53238%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>06/01/2006</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	563,286	1,093,897	825,187	512,904		2,995,274	
1a	Audit Adjustments							
2	Cost Per Diem	44.0170	85.4808	64.4828	40.0800		234.0606	
3	Cost Per Diem Inflated	45.9274	88.2595	67.2814				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>45.9274</b>	<b>88.2595</b>	<b>67.2814</b>	<b>40.0800</b>		<b>241.5483</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	70.2649		87.9043				
7	Provider Target Rate	<b>72.8381</b>		<b>91.1234</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>45.9274</b>	<b>88.2595</b>	<b>61.6580</b>	<b>13.6500</b>		<b>209.4949</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>45.9274</b>	<b>88.2595</b>	<b>61.6580</b>	<b>13.6500</b>		<b>209.4949</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 315664-00 - 2015/01**

**227.54**

Rate Semester 01/01/2015 through 08/31/2015

**Life Care Center of Pensacola**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/01/2006	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	11,530,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,759,443 9.7629
RS to Start Calcs:	2006/01	<60% of Base:	False	20% ROE(2):	1,189,861 0.5660
Indexed Asset Value	5,949,304	Interest Rate:	6.0000%	Insurance Cost(3):	29,673 0.7620
FRVS Base Asset:	478,329	Chase Rate:	3.2500%	Taxes Cost(3):	88,167 2.2641
Occup Adj Factor	0.9000	Amortization Rate:	5.2500%	Home Office(3):	50,677 1.3013
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	78,203 0.0000
		Yearly Payment:	384,855	Total FRVS PD:	14.6563

(1) 80% Capital (\$4,759,443) amortized at 5.2500 % for 20 years Principal & Interest of \$384,855 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.7629

(2) 20% ROE (\$1,189,861) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5660

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	44,577
Comparison Date:	07/01/2005	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	5,349,240

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.9274	45.9274	0.7990	45.1284
Direct Care	88.2595	88.2595	1.5355	86.7240
Indirect Care	61.6580	61.6580	1.0727	60.5853
Property	13.6500	14.6563	0.2550	14.4013
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				10.8012
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>209.4949</b>	<b>210.5012</b>	<b>3.6622</b>	<b>227.5427</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 315664-00 - 2015/01

227.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01	478,329	0.00	0.9068	0.9068		120	12.24	478,329	5,397,720	
2006/07	14,372,169	0.10	0.8133	0.8133		120	12.24	5,441,640	5,441,640	8
2007/01	215,299	0.10	1.0133	1.0133		120	12.24	5,496,720	5,496,720	8
2007/07	13,559	0.20	1.1050	1.1050		120	12.24	5,510,279	5,557,440	
2008/01		0.20	0.8556	0.8556		120	12.24	5,510,279	5,604,960	
2008/07		0.30	0.6104	0.6104		120	12.24	5,510,279	5,639,160	
2009/01		0.30	1.3268	1.3268		120	12.24	5,510,279	5,714,040	
2009/07		0.40	0.6841	0.6841		120	12.24	5,510,279	5,753,160	
2010/01	132,700	0.40	0.8643	0.8643		120	24.96	5,642,979	5,802,840	
2010/07		0.50	0.7107	0.7107		120	24.96	5,642,979	5,844,120	
2011/01	26,561	0.50	0.9198	0.9198		120	36.01	5,686,532	5,897,880	
2011/07		0.60	0.9028	0.9028		120	36.01	5,706,700	5,951,160	
2012/01	21,007	0.60	0.3865	0.3865		120	40.69	5,737,498	5,974,200	
2012/07		0.70	0.9417	0.9417		120	40.69	5,765,479	6,030,480	
2013/01		0.70	0.4901	0.4901		120	36.11	5,778,466	6,060,000	
2013/07		0.80	0.6196	0.6196		120	36.11	5,797,272	6,097,560	
2014/01	36,137	0.80	0.8564	0.8564		120	32.62	5,856,965	6,149,760	
2014/07	29,218	0.90	1.2383	1.2383		120	32.86	5,925,182	6,225,960	
2015/01		0.90	0.7571	0.7571		120	32.86	5,949,304	6,273,120	

**Message Code:**

8 Limited to Current RS Per Bed Standard



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 316075-00 - 2015/01**

**233.44**

**Westwood Health Care Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1001 MAR-WALT DRIVE</b>	<b>1/1/2012-12/31/2012</b>	Number of Beds: <b>60</b>	Superior: <b>0</b>
<b>FORT WALTON BEACH , FL 32548</b>	Days in CR <b>366</b>	Maximum: <b>21,960</b>	Standard: <b>243</b>
County: <b>Okaloosa [46]</b>	First Used : <b>2013/07</b>	Max Annualized: <b>21,900</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>1</b>	Last Used: <b>2015/01</b>	Total Patient: <b>19,048</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>7,820</b>	Inflation
Current Class <b>North Small</b>	Initial CR? <b>False</b>	Medicaid: <b>5,724</b>	FY Index: <b>1.28335532</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>30.05040%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>86.73953%</b>	Cost: <b>1.06877567</b>
Open Date: <b>07/01/1985</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1985</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20250000</b>
Entered Medicaid <b>07/01/1985</b>	Low Occupancy Adjustment Factor:	<b>110.76247%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>03/31/2006</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.04323909</b>
Previous Med # <b>225061</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	276,695	437,555	362,853	67,658	18,911	1,163,672	
1a	Audit Adjustments							
2	Cost Per Diem	48.3394	76.4422	63.3915	11.8201	3.3038	203.2970	
3	Cost Per Diem Inflated	51.6640	79.7475	67.7513				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>51.6640</b>	<b>79.7475</b>	<b>67.7513</b>	<b>11.8201</b>	<b>3.3038</b>	<b>214.2867</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.2022		68.1247				
7	Provider Target Rate	<b>58.2604</b>		<b>70.6195</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>57.4318</b>	<b>96.7541</b>	<b>74.4105</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	<b>55.8134</b>		<b>67.8397</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.6640</b>	<b>79.7475</b>	<b>67.7513</b>	<b>11.8201</b>	<b>3.3038</b>	<b>214.2867</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>51.6640</b>	<b>79.7475</b>	<b>67.7513</b>	<b>11.8201</b>	<b>3.3038</b>	<b>214.2867</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 316075-00 - 2015/01**

**233.44**

Rate Semester 01/01/2015 through 08/31/2015

**Westwood Health Care Center**

**FRVS**

FRVS Status as of this Semester

**On Payback FRV**

Began FRVS:		Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>3,807,470.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1985/10</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>1,072,774 5.1235</b>
Indexed Asset Value	<b>1,340,968</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>268,194 0.1984</b>
FRVS Base Asset:	<b>892,330</b>	Interest Rate:	<b>7.1519%</b>	Insurance Cost(3):	<b>15,388 0.8079</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>7.7500%</b>	Taxes Cost(3):	<b>13,024 0.6837</b>
ROE Factor	<b>0.014580</b>	Amortization Rate:	<b>7.1519%</b>	Home Office(3):	<b>49,498 2.5986</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>0 0.0000</b>
		Yearly Payment:	<b>100,984</b>	Total FRVS PD:	<b>9.4121</b>

- (1) 80% Capital (\$1,072,774) amortized at 7.1519 % for 20 years Principal & Interest of \$100,984 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$5.1235
- (2) 20% ROE (\$268,194) times the ROE factor (0.014580) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.1984
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>60</b>	Effective PBS Limitation	52,276
			1,710,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.6640</b>	<b>51.6640</b>	<b>0.8988</b>	<b>50.7652</b>
Direct Care	<b>79.7475</b>	<b>79.7475</b>	<b>1.3874</b>	<b>78.3601</b>
Indirect Care	<b>67.7513</b>	<b>67.7513</b>	<b>1.1787</b>	<b>66.5726</b>
Property	<b>11.8201</b>	<b>9.4121</b>	<b>0.2056</b>	<b>11.6145</b>
ROE	<b>3.3038</b>	<b>2.8440</b>	<b>0.0575</b>	<b>3.2463</b>
ROE Adjustment	<b>-2.8440</b>	<b>-2.8440</b>	<b>-0.0495</b>	<b>-2.7945</b>
Quality Assess-Medicaid Share				<b>15.7721</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>211.4427</b>	<b>208.5749</b>	<b>3.6785</b>	<b>233.4388</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2012

**0 316075-00 - 2015/01**

**233.44**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	892,330	0.00	0.8522	0.8522		60	28.81	892,330	1,710,000	
1986/01		0.10	0.8299	0.8299		60	28.81	892,718	1,724,220	
1986/07		0.10	0.2974	0.2974		60	28.81	892,857	1,720,920	
1987/01		0.20	1.0091	1.0091		60	28.81	893,801	1,751,700	
1987/07		0.20	0.9007	0.9007		60	28.81	894,644	1,765,380	
1988/01		0.30	0.9007	0.9007		60	24.19	894,644	1,779,720	
1988/07		0.30	0.5899	0.5899		60	24.19	894,644	1,778,760	
1989/01		0.40	0.5899	0.5899		60	28.66	895,744	1,789,260	
1989/07		0.40	0.5899	0.5899		60	28.66	896,846	1,801,380	
1990/01		0.50	0.5899	0.5899		60	26.86	898,138	1,810,440	
1990/07		0.50	0.5899	0.5899		60	26.86	899,432	1,821,120	
1991/01		0.60	0.5899	0.5899		60	25.20	900,890	1,831,800	
1991/07		0.60	1.4932	1.4932		60	25.20	904,588	1,859,160	
1992/01	14,234	0.70	2.0117	2.0117		60	23.27	918,822	1,896,540	
1992/07		0.70	1.8152	1.8152		60	23.27	918,822	1,930,980	
1993/01		0.80	1.7710	1.7710		60	26.83	925,172	1,965,180	
1993/07		0.80	1.5329	1.5329		60	26.83	930,706	1,995,300	
1994/01	16,162	0.90	1.6983	1.6983		60	25.36	953,427	2,029,200	
1994/07		0.90	1.5991	1.5991		60	25.36	959,754	2,061,660	
1995/01		1.00	1.5812	1.5812		60	23.73	959,754	2,094,240	
1995/07		1.00	1.5250	1.5250		60	23.73	959,754	2,126,160	
1996/01		1.00	1.7228	1.7228		60	21.17	959,754	2,162,820	
1996/07		1.00	1.3294	1.3294		60	21.17	959,754	2,191,560	
1997/01		1.00	1.4109	1.4109		60	25.92	966,136	2,222,460	
1997/07		1.00	1.0917	1.0917		60	25.92	971,107	2,246,700	
1998/01		1.00	1.1663	1.1663		60	25.92	976,445	2,272,920	
1998/07		1.00	1.0794	1.0794		60	34.40	983,037	2,297,460	
1999/01	856	1.00	1.4499	1.4499		60	34.04	992,714	2,330,760	
1999/07		1.00	1.2299	1.2299		60	34.04	1,000,271	2,359,440	
2000/01	87,811	1.00	1.3356	1.3356		60	39.30	1,097,628	2,390,940	





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2012

**0 316075-00 - 2015/01**

**233.44**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		60	39.30	1,106,357	2,417,520	
2001/01		1.00	1.2976	1.2976		60	39.30	1,116,615	2,448,900	
2001/07		1.00	0.9615	0.9615		60	39.30	1,124,287	2,472,420	
2002/01		1.00	1.0301	1.0301		60	39.30	1,124,287	2,497,860	5
2002/07	27,259	1.00	0.8337	0.8337		60	42.36	1,167,093	2,518,680	
2003/01		1.00	1.3271	1.3271		60	42.36	1,179,022	2,552,100	
2003/07		1.00	1.1664	1.1664		60	41.89	1,189,496	2,581,860	
2004/01		1.00	1.1103	1.1103		60	41.89	1,199,555	2,610,540	
2004/07		1.00	0.8378	0.8378		60	39.32	1,206,740	2,632,440	
2005/01		1.00	0.8595	0.8595		60	39.32	1,214,155	2,655,060	
2005/07		1.00	0.7364	0.7364		60	39.32	1,220,547	2,674,620	
2006/01		0.95	0.9068	0.9068		60	43.89	1,228,938	2,698,860	
2006/07		0.95	0.8133	0.8133		60	43.89	1,236,515	2,720,820	
2007/01		0.90	1.0133	1.0133		60	43.89	1,245,514	2,748,360	
2007/07		0.90	1.1050	1.1050		60	43.89	1,255,399	2,778,720	
2008/01		0.85	0.8556	0.8556		60	43.89	1,262,685	2,802,480	
2008/07		0.85	0.6104	0.6104		60	43.89	1,267,913	2,819,580	
2009/01	14,959	0.80	1.3268	1.3268		60	43.89	1,293,611	2,857,020	
2009/07		0.80	0.6841	0.6841		60	43.89	1,299,261	2,876,580	
2010/01		0.75	0.8643	0.8643		60	33.22	1,304,348	2,901,420	
2010/07		0.75	0.7107	0.7107		60	33.22	1,308,547	2,922,060	
2011/01		0.70	0.9198	0.9198		60	33.11	1,313,619	2,948,940	
2011/07		0.70	0.9028	0.9028		60	33.11	1,318,617	2,975,580	
2012/01		0.65	0.3865	0.3865		60	40.42	1,321,051	2,987,100	
2012/07		0.65	0.9417	0.9417		60	27.86	1,325,147	3,015,240	
2013/01		0.60	0.4901	0.4901		60	27.86	1,327,121	3,030,000	
2013/07		0.60	0.6196	0.6196		60	30.05	1,329,817	3,048,780	
2014/01		0.55	0.8564	0.8564		60	30.05	1,329,817	3,074,880	5
2014/07		0.55	1.2383	1.2383		60	30.05	1,338,200	3,112,980	
2015/01		0.50	0.7571	0.7571		60	30.05	1,340,968	3,136,560	





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 316628-00 - 2015/01**

**187.73**

**LaurellWood Nursing Center, Inc.**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3127 57TH AVE N</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>60</b>	Superior: <b>0</b>
<b>SAINT PETERSBURG, FL 33714</b>	Days in CR <b>365</b>	Maximum: <b>21,900</b>	Standard: <b>242</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>21,900</b>	Conditional: <b>1</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>18,489</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>1,374</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>16,825</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>91.00005%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>84.42466%</b>	Cost: <b>1.03938564</b>
Open Date: <b>03/01/1980</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/01/1980</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>03/01/1980</b>	Low Occupancy Adjustment Factor:	<b>107.80649%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>257206</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	624,675	1,138,502	591,431	310,590		2,665,198	
1a	Audit Adjustments							
2	Cost Per Diem	37.1278	67.6673	35.1519	18.4600		158.4070	
3	Cost Per Diem Inflated	38.5901	69.4857	36.5364				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>38.5901</b>	<b>69.4857</b>	<b>36.5364</b>	<b>18.4600</b>		<b>163.0722</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7451		63.3459				
7	Provider Target Rate	<b>55.7133</b>		<b>65.6657</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>38.5901</b>	<b>69.4857</b>	<b>36.5364</b>	<b>13.6500</b>		<b>158.2622</b>	
12/13	Medical Adjustment Rate		3.1140	1.6374				
14	Prospective Per Diem 11	<b>38.5901</b>	<b>72.5997</b>	<b>38.1738</b>	<b>13.6500</b>		<b>163.0136</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 316628-00 - 2015/01**

**187.73**

Rate Semester 01/01/2015 through 08/31/2015

**LaurellWood Nursing Center, Inc.**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/01/1996	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>1,500,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1980/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>1,187,434 5.8240</b>
Indexed Asset Value	<b>1,484,292</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>296,858 0.3357</b>
FRVS Base Asset:	<b>764,013</b>	Interest Rate:	<b>7.5000%</b>	Insurance Cost(3):	<b>3,340 0.1806</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>7.2500%</b>	Taxes Cost(3):	<b>5,931 0.3208</b>
ROE Factor	<b>0.022290</b>	Amortization Rate:	<b>7.5000%</b>	Home Office(3):	<b>13,866 0.7500</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>11,156 0.0000</b>
		Yearly Payment:	<b>114,791</b>	Total FRVS PD:	<b>7.4111</b>

- (1) 80% Capital (\$1,187,434) amortized at 7.5000 % for 20 years Principal & Interest of \$114,791 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$5.8240
- (2) 20% ROE (\$296,858) times the ROE factor (0.022290) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.3357
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>60</b>	Effective PBS Limitation	1,710,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>38.5901</b>	<b>38.5901</b>	<b>0.6714</b>	<b>37.9187</b>
Direct Care	<b>72.5997</b>	<b>72.5997</b>	<b>1.2631</b>	<b>71.3366</b>
Indirect Care	<b>38.1738</b>	<b>38.1738</b>	<b>0.6641</b>	<b>37.5097</b>
Property	<b>13.6500</b>	<b>7.4111</b>	<b>0.1289</b>	<b>7.2822</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>23.7771</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>163.0136</b>	<b>156.7747</b>	<b>2.7275</b>	<b>187.7268</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 316628-00 - 2015/01**

**187.73**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/01	676,021	0.00	6.1657	3.0000	3.1657	60	55.00	676,021	1,310,460	
1980/07		0.10	6.9764	3.0000	3.9764	60	55.00	678,049	1,360,380	
1981/01		0.10	7.8004	3.0000	4.8004	60	61.93	680,083	1,412,400	
1981/07	2,450	0.20	7.3892	3.0000	4.3892	60	61.93	686,613	1,448,940	
1982/01		0.20	7.0652	3.0000	4.0652	60	55.61	690,733	1,487,760	
1982/07	8,167	0.30	6.3629	3.0000	3.3629	60	55.61	705,117	1,521,900	
1983/04	5,151	0.30	5.9917	3.0000	2.9917	60	63.60	716,614	1,561,920	
1983/07		0.40	6.9495	3.0000	3.9495	60	63.60	725,213	1,623,720	
1984/01	4,887	0.40	5.2447	3.0000	2.2447	60	68.09	738,803	1,644,780	
1984/07	1,563	0.50	4.1626	3.0000	1.1626	60	68.09	751,448	1,676,340	
1985/01		0.50	2.3097	2.3097		60	68.09	760,126	1,695,540	
1985/10		0.60	0.8522	0.8522		60	68.09	764,013	1,710,000	
1986/01		0.60	0.8299	0.8299		60	68.09	767,817	1,724,220	
1986/07		0.70	0.2974	0.2974		60	69.40	769,416	1,720,920	
1987/01		0.70	1.0091	1.0091		60	74.89	774,851	1,751,700	
1987/07		0.80	0.9007	0.9007		60	74.89	780,435	1,765,380	
1988/01		0.80	0.9007	0.9007		60	75.50	786,059	1,779,720	
1988/07	19,531	0.90	0.5899	0.5899		60	75.50	809,763	1,778,760	
1989/01		0.90	0.5899	0.5899		60	77.32	814,062	1,789,260	
1989/07		1.00	0.5899	0.5899		60	77.32	818,864	1,801,380	
1990/01	86,756	1.00	0.5899	0.5899		60	73.24	910,450	1,810,440	
1990/07		1.00	0.5899	0.5899		60	73.24	915,821	1,821,120	
1991/01	12,672	1.00	0.5899	0.5899		60	83.96	933,895	1,831,800	
1991/07		1.00	1.4932	1.4932		60	83.96	947,840	1,859,160	
1992/01		1.00	2.0117	2.0117		60	83.96	966,908	1,896,540	
1992/07		1.00	1.8152	1.8152		60	83.92	984,459	1,930,980	
1993/01		1.00	1.7710	1.7710		60	85.40	1,001,894	1,965,180	
1993/07		1.00	1.5329	1.5329		60	85.40	1,017,252	1,995,300	
1994/01		1.00	1.6983	1.6983		60	85.40	1,034,528	2,029,200	
1994/07		1.00	1.5991	1.5991		60	81.77	1,051,071	2,061,660	



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**0 316628-00 - 2015/01**

**187.73**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01		1.00	1.5812	1.5812		60	81.35	1,067,691	2,094,240	
1995/07		1.00	1.5250	1.5250		60	81.35	1,083,973	2,126,160	
1996/01		1.00	1.7228	1.7228		60	81.99	1,102,648	2,162,820	
1996/07		1.00	1.3294	1.3294		60	74.37	1,117,307	2,191,560	
1997/01		1.00	1.4109	1.4109		60	74.37	1,133,071	2,222,460	
1997/07		1.00	1.0917	1.0917		60	74.37	1,145,441	2,246,700	
1998/01		1.00	1.1663	1.1663		60	74.37	1,158,800	2,272,920	
1998/07		1.00	1.0794	1.0794		60	74.37	1,171,308	2,297,460	
1999/01	14,384	1.00	1.4499	1.4499		60	71.34	1,202,675	2,330,760	
1999/07	18,303	1.00	1.2299	1.2299		60	73.50	1,235,770	2,359,440	
2000/01		1.00	1.3356	1.3356		60	73.50	1,252,275	2,390,940	
2000/07		0.95	1.1129	1.1129		60	76.81	1,265,515	2,417,520	
2001/01		0.95	1.2976	1.2976		60	76.81	1,281,115	2,448,900	
2001/07		0.90	0.9615	0.9615		60	76.81	1,292,202	2,472,420	
2002/01		0.90	1.0301	1.0301		60	72.47	1,304,182	2,497,860	
2002/07		0.85	0.8337	0.8337		60	75.56	1,313,423	2,518,680	
2003/01		0.85	1.3271	1.3271		60	75.56	1,328,238	2,552,100	
2003/07		0.80	1.1664	1.1664		60	75.56	1,340,632	2,581,860	
2004/01		0.80	1.1103	1.1103		60	75.56	1,352,539	2,610,540	
2004/07		0.75	0.8378	0.8378		60	75.56	1,361,038	2,632,440	
2005/01		0.75	0.8595	0.8595		60	79.48	1,369,811	2,655,060	
2005/07		0.70	0.7364	0.7364		60	74.43	1,376,872	2,674,620	
2006/01		0.70	0.9068	0.9068		60	74.43	1,385,612	2,698,860	
2006/07		0.65	0.8133	0.8133		60	74.43	1,392,936	2,720,820	
2007/01		0.65	1.0133	1.0133		60	74.43	1,402,110	2,748,360	
2007/07		0.60	1.1050	1.1050		60	74.43	1,411,406	2,778,720	
2008/01		0.60	0.8556	0.8556		60	74.43	1,418,652	2,802,480	
2008/07		0.55	0.6104	0.6104		60	74.43	1,423,414	2,819,580	
2009/01		0.55	1.3268	1.3268		60	74.43	1,433,801	2,857,020	
2009/07		0.50	0.6841	0.6841		60	78.53	1,438,706	2,876,580	



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**0 316628-00 - 2015/01**

**187.73**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		0.50	0.8643	0.8643		60	79.58	1,444,924	2,901,420	
2010/07		0.45	0.7107	0.7107		60	79.58	1,449,545	2,922,060	
2011/01		0.45	0.9198	0.9198		60	83.46	1,455,545	2,948,940	
2011/07		0.40	0.9028	0.9028		60	83.46	1,460,801	2,975,580	
2012/01		0.40	0.3865	0.3865		60	81.33	1,463,059	2,987,100	
2012/07		0.35	0.9417	0.9417		60	81.33	1,467,881	3,015,240	
2013/01		0.35	0.4901	0.4901		60	82.64	1,470,398	3,030,000	
2013/07		0.30	0.6196	0.6196		60	82.64	1,473,131	3,048,780	
2014/01		0.30	0.8564	0.8564		60	85.26	1,476,915	3,074,880	
2014/07		0.25	1.2383	1.2383		60	85.26	1,481,488	3,112,980	
2015/01		0.25	0.7571	0.7571		60	91.00	1,484,292	3,136,560	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 316628053120140601201308132014111313



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 316636-00 - 2015/01**

**217.16**

**HarbourWood Nursing Center, Inc.**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Nonprofit : 501(c)(3) Organization    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>549 SKY HARBOR DR</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>CLEARWATER, FL 33759</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,481</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>2,365</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>31,817</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>80.58813%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>90.13927%</b>	Cost: <b>1.03938564</b>
Open Date: <b>07/03/1996</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/03/1996</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>07/03/1996</b>	Low Occupancy Adjustment Factor:	<b>115.10378%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>251577</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,314,438	2,530,012	1,263,967	731,155		5,839,572	
1a	Audit Adjustments							
2	Cost Per Diem	41.3124	79.5176	39.7262	22.9800		183.5362	
3	Cost Per Diem Inflated	42.9395	81.6545	41.2908				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>42.9395</b>	<b>81.6545</b>	<b>41.2908</b>	<b>22.9800</b>		<b>188.8648</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0405		54.4474				
7	Provider Target Rate	<b>46.6899</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>42.9395</b>	<b>81.6545</b>	<b>41.2908</b>	<b>13.6500</b>		<b>179.5348</b>	
12/13	Medical Adjustment Rate		2.8099	1.4209				
14	Prospective Per Diem 11	<b>42.9395</b>	<b>84.4644</b>	<b>42.7117</b>	<b>13.6500</b>		<b>183.7656</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





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**0 316636-00 - 2015/01**

**217.16**

Rate Semester 01/01/2015 through 08/31/2015

**HarbourWood Nursing Center, Inc.**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/03/1996	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,560,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,441,846	10.2813
RS to Start Calcs:	1996/07	<60% of Base:	False	20% ROE(2):	1,110,461	0.6279
Indexed Asset Value	5,552,307	Interest Rate:	6.7500%	Insurance Cost(3):	18,499	0.4686
FRVS Base Asset:	4,325,640	Chase Rate:	7.0000%	Taxes Cost(3):	98,231	2.4881
Occup Adj Factor	0.9000	Amortization Rate:	6.7500%	Home Office(3):	31,004	0.7853
ROE Factor	0.022290	Interest Only:	False	Replacement(3&4):	64,293	0.0000
		Yearly Payment:	405,290	Total FRVS PD:		14.6512

- (1) 80% Capital (\$4,441,846) amortized at 6.7500 % for 20 years Principal & Interest of \$405,290 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.2813  
 (2) 20% ROE (\$1,110,461) times the ROE factor (0.022290) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6279  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,047
Comparison Date:	01/01/1996	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,325,640

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.9395	42.9395	0.7470	42.1925
Direct Care	84.4644	84.4644	1.4695	82.9949
Indirect Care	42.7117	42.7117	0.7431	41.9686
Property	13.6500	14.6512	0.2549	14.3963
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.7087
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>183.7656</b>	<b>184.7668</b>	<b>3.2145</b>	<b>217.1635</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 316636-00 - 2015/01**

**217.16**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	5,791,629	0.00	1.3294	1.3294		120	38.78	4,325,640	4,325,640	1
1997/01		0.10	1.4109	1.4109		120	38.78	4,329,944	4,444,920	
1997/07		0.10	1.0917	1.0917		120	38.78	4,333,278	4,493,400	
1998/01		0.20	1.1663	1.1663		120	38.78	4,333,278	4,545,840	5
1998/07		0.20	1.0794	1.0794		120	38.78	4,347,013	4,594,920	
1999/01		0.30	1.4499	1.4499		120	38.78	4,360,346	4,661,520	
1999/07		0.30	1.2299	1.2299		120	51.10	4,375,295	4,718,880	
2000/01		0.40	1.3356	1.3356		120	51.10	4,397,010	4,781,880	
2000/07		0.40	1.1129	1.1129		120	54.55	4,416,425	4,835,040	
2001/01		0.50	1.2976	1.2976		120	54.55	4,444,844	4,897,800	
2001/07		0.50	0.9615	0.9615		120	65.42	4,466,215	4,944,840	
2002/01		0.60	1.0301	1.0301		120	65.42	4,493,821	4,995,720	
2002/07		0.60	0.8337	0.8337		120	65.42	4,516,299	5,037,360	
2003/01		0.70	1.3271	1.3271		120	65.42	4,558,255	5,104,200	
2003/07		0.70	1.1664	1.1664		120	65.42	4,595,473	5,163,720	
2004/01		0.80	1.1103	1.1103		120	65.42	4,636,290	5,221,080	
2004/07		0.80	0.8378	0.8378		120	58.53	4,667,362	5,264,880	
2005/01		0.90	0.8595	0.8595		120	58.53	4,667,362	5,310,120	5
2005/07		0.90	0.7364	0.7364		120	63.85	4,734,644	5,349,240	
2006/01		1.00	0.9068	0.9068		120	63.85	4,777,578	5,397,720	
2006/07		1.00	0.8133	0.8133		120	63.85	4,816,434	5,441,640	
2007/01		1.00	1.0133	1.0133		120	63.85	4,865,239	5,496,720	
2007/07		1.00	1.1050	1.1050		120	63.85	4,919,000	5,557,440	
2008/01		1.00	0.8556	0.8556		120	63.85	4,961,087	5,604,960	
2008/07		1.00	0.6104	0.6104		120	63.85	4,991,369	5,639,160	
2009/01		1.00	1.3268	1.3268		120	63.85	5,057,594	5,714,040	
2009/07		1.00	0.6841	0.6841		120	59.23	5,092,193	5,753,160	
2010/01		1.00	0.8643	0.8643		120	57.65	5,136,205	5,802,840	
2010/07		1.00	0.7107	0.7107		120	57.65	5,172,708	5,844,120	
2011/01		1.00	0.9198	0.9198		120	61.27	5,220,287	5,897,880	



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 316636-00 - 2015/01**

**217.16**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		1.00	0.9028	0.9028		120	61.27	5,267,416	5,951,160	
2012/01		1.00	0.3865	0.3865		120	72.20	5,287,775	5,974,200	
2012/07		1.00	0.9417	0.9417		120	72.20	5,337,570	6,030,480	
2013/01		1.00	0.4901	0.4901		120	67.02	5,363,729	6,060,000	
2013/07		1.00	0.6196	0.6196		120	67.02	5,396,963	6,097,560	
2014/01		1.00	0.8564	0.8564		120	72.24	5,443,183	6,149,760	
2014/07		1.00	1.2383	1.2383		120	72.24	5,510,586	6,225,960	
2015/01		1.00	0.7571	0.7571		120	80.59	5,552,307	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation 5 Uncorrected Licensure Deficiency
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VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 316636053120140601201308152014123222



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 316644-00 - 2015/01**

**190.03**

**GraceWood Nursing Center, Inc.**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>8600 US HWY 19 N</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PINELLAS PARK, FL 33782</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>212</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>31</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,922</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>4,452</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>34,102</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>85.42157%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.14612%</b>	Cost: <b>1.03938564</b>
Open Date: <b>12/21/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/21/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>12/21/1984</b>	Low Occupancy Adjustment Factor:	<b>116.38949%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>228583</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,254,807	2,347,635	1,051,793	733,875		5,388,110	
1a	Audit Adjustments							
2	Cost Per Diem	36.7957	68.8416	30.8426	21.5200		157.9999	
3	Cost Per Diem Inflated	38.2449	70.6916	32.0574				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>38.2449</b>	<b>70.6916</b>	<b>32.0574</b>	<b>21.5200</b>		<b>162.5139</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0405		54.4474				
7	Provider Target Rate	<b>46.6899</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>38.2449</b>	<b>70.6916</b>	<b>32.0574</b>	<b>13.6500</b>		<b>154.6439</b>	
12/13	Medical Adjustment Rate		2.4576	1.1145				
14	Prospective Per Diem 11	<b>38.2449</b>	<b>73.1492</b>	<b>33.1719</b>	<b>13.6500</b>		<b>158.2160</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 316644-00 - 2015/01**

**190.03**

Rate Semester 01/01/2015 through 08/31/2015

**GraceWood Nursing Center, Inc.**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/01/1998	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,500,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,284,690	10.3090
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	1,071,173	0.6057
Indexed Asset Value	5,355,863	Interest Rate:	7.2500%	Insurance Cost(3):	10,138	0.2539
FRVS Base Asset:	3,239,533	Chase Rate:	7.2500%	Taxes Cost(3):	72,374	1.8129
Occup Adj Factor	0.9000	Amortization Rate:	7.2500%	Home Office(3):	29,617	0.7419
ROE Factor	0.022290	Interest Only:	False	Replacement(3&4):	17,241	0.0000
		Yearly Payment:	406,382	Total FRVS PD:		13.7234

- (1) 80% Capital (\$4,284,690) amortized at 7.2500 % for 20 years Principal & Interest of \$406,382 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.3090
- (2) 20% ROE (\$1,071,173) times the ROE factor (0.022290) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6057
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.2449	38.2449	0.6654	37.5795
Direct Care	73.1492	73.1492	1.2726	71.8766
Indirect Care	33.1719	33.1719	0.5771	32.5948
Property	13.6500	13.7234	0.2388	13.4846
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.5902
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>158.2160</b>	<b>158.2894</b>	<b>2.7539</b>	<b>190.0282</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 316644-00 - 2015/01**

**190.03**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	3,218,368	0.00	1.9179	1.9179		120	44.70	3,218,368	3,352,680	
1985/01	13,998	0.10	1.1471	1.1471		120	44.70	3,235,366	3,391,080	
1985/10	1,927	0.10	0.8522	0.8522		120	44.70	3,239,533	3,420,000	
1986/01		0.20	0.8299	0.8299		120	44.70	3,243,904	3,448,440	
1986/07		0.20	0.2974	0.2974		120	44.70	3,245,473	3,441,840	
1987/01		0.30	1.0091	1.0091		120	44.70	3,253,457	3,503,400	
1987/07		0.30	0.9007	0.9007		120	44.70	3,260,602	3,530,760	
1988/01		0.40	0.9007	0.9007		120	61.71	3,272,350	3,559,440	
1988/07		0.40	0.5899	0.5899		120	60.15	3,280,073	3,557,520	
1989/01		0.50	0.5899	0.5899		120	60.15	3,289,749	3,578,520	
1989/07		0.50	0.5899	0.5899		120	55.39	3,299,454	3,602,760	
1990/01		0.60	0.5899	0.5899		120	55.39	3,311,131	3,620,880	
1990/07		0.60	0.5899	0.5899		120	54.60	3,322,764	3,642,240	
1991/01		0.70	0.5899	0.5899		120	54.60	3,336,384	3,663,600	
1991/07		0.70	1.4932	1.4932		120	62.18	3,336,384	3,718,320	5
1992/01		0.80	2.0117	2.0117		120	62.18	3,371,256	3,793,080	5
1992/07		0.80	1.8152	1.8152		120	66.15	3,475,258	3,861,960	
1993/01		0.90	1.7710	1.7710		120	66.15	3,530,650	3,930,360	
1993/07		0.90	1.5329	1.5329		120	72.16	3,530,650	3,990,600	5
1994/01		1.00	1.6983	1.6983		120	72.16	3,640,147	4,058,400	
1994/07		1.00	1.5991	1.5991		120	71.18	3,698,357	4,123,320	
1995/01		1.00	1.5812	1.5812		120	71.18	3,756,835	4,188,480	
1995/07		1.00	1.5250	1.5250		120	71.46	3,814,127	4,252,320	
1996/01		1.00	1.7228	1.7228		120	71.46	3,879,837	4,325,640	
1996/07		1.00	1.3294	1.3294		120	74.01	3,931,416	4,383,120	
1997/01		1.00	1.4109	1.4109		120	74.01	3,986,884	4,444,920	
1997/07		1.00	1.0917	1.0917		120	75.15	4,030,409	4,493,400	
1998/01		1.00	1.1663	1.1663		120	75.15	4,077,416	4,545,840	
1998/07		1.00	1.0794	1.0794		120	74.68	4,121,428	4,594,920	
1999/01		1.00	1.4499	1.4499		120	74.68	4,181,185	4,661,520	



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 316644-00 - 2015/01**

**190.03**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	75.74	4,232,609	4,718,880	
2000/01		1.00	1.3356	1.3356		120	75.74	4,289,140	4,781,880	
2000/07		1.00	1.1129	1.1129		120	73.21	4,336,874	4,835,040	
2001/01		1.00	1.2976	1.2976		120	69.16	4,393,149	4,897,800	
2001/07		1.00	0.9615	0.9615		120	69.16	4,435,389	4,944,840	
2002/01		1.00	1.0301	1.0301		120	69.16	4,481,078	4,995,720	
2002/07		1.00	0.8337	0.8337		120	69.16	4,518,437	5,037,360	
2003/01		1.00	1.3271	1.3271		120	69.16	4,578,401	5,104,200	
2003/07		1.00	1.1664	1.1664		120	69.16	4,631,803	5,163,720	
2004/01		1.00	1.1103	1.1103		120	69.16	4,683,230	5,221,080	
2004/07		1.00	0.8378	0.8378		120	68.47	4,722,466	5,264,880	
2005/01		0.95	0.8595	0.8595		120	68.47	4,761,025	5,310,120	
2005/07		0.95	0.7364	0.7364		120	77.10	4,794,333	5,349,240	
2006/01		0.90	0.9068	0.9068		120	77.10	4,833,460	5,397,720	
2006/07		0.90	0.8133	0.8133		120	77.10	4,868,841	5,441,640	
2007/01		0.85	1.0133	1.0133		120	77.10	4,910,776	5,496,720	
2007/07		0.85	1.1050	1.1050		120	77.10	4,956,903	5,557,440	
2008/01		0.80	0.8556	0.8556		120	77.10	4,990,833	5,604,960	
2008/07		0.80	0.6104	0.6104		120	77.10	5,015,203	5,639,160	
2009/01		0.75	1.3268	1.3268		120	80.46	5,065,109	5,714,040	
2009/07		0.75	0.6841	0.6841		120	80.46	5,091,098	5,753,160	
2010/01		0.70	0.8643	0.8643		120	84.32	5,121,899	5,802,840	
2010/07		0.70	0.7107	0.7107		120	84.32	5,147,380	5,844,120	
2011/01		0.65	0.9198	0.9198		120	83.53	5,178,156	5,897,880	
2011/07		0.65	0.9028	0.9028		120	83.53	5,208,541	5,951,160	
2012/01		0.60	0.3865	0.3865		120	81.49	5,220,620	5,974,200	
2012/07		0.60	0.9417	0.9417		120	81.49	5,250,117	6,030,480	
2013/01		0.55	0.4901	0.4901		120	86.01	5,264,271	6,060,000	
2013/07		0.55	0.6196	0.6196		120	86.01	5,282,212	6,097,560	
2014/01		0.50	0.8564	0.8564		120	86.02	5,304,830	6,149,760	



Florida Agency for Health Care Administration  
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0 316644-00 - 2015/01

190.03

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	86.02	5,337,678	6,225,960	
2015/01		0.45	0.7571	0.7571		120	85.42	5,355,863	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 316644053120140601201309252014155907





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 316652-00 - 2015/01**

**198.95**

**BayWood Nursing Center, Inc**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2000 17TH AVE S</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>59</b>	Superior: <b>0</b>
<b>SAINT PETERSBURG, FL 33712</b>	Days in CR <b>365</b>	Maximum: <b>21,535</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>21,535</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>19,258</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>1,446</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>17,605</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>91.41655%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.42651%</b>	Cost: <b>1.03938564</b>
Open Date: <b>10/01/1981</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1981</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>10/01/1981</b>	Low Occupancy Adjustment Factor:	<b>114.19362%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>228206</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	704,941	1,351,519	628,155	129,573		2,814,188
1a	Audit Adjustments						
2	Cost Per Diem	40.0421	76.7690	35.6805	7.3600		159.8516
3	Cost Per Diem Inflated	41.6192	78.8320	37.0858			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>41.6192</b>	<b>78.8320</b>	<b>37.0858</b>	<b>7.3600</b>		<b>164.8970</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.7451		63.3459			
7	Provider Target Rate	<b>55.7133</b>		<b>65.6657</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862			
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	<b>41.6192</b>	<b>78.8320</b>	<b>37.0858</b>	<b>7.3600</b>		<b>164.8970</b>
12/13	Medical Adjustment Rate		3.5474	1.6689			
14	Prospective Per Diem 11	<b>41.6192</b>	<b>82.3794</b>	<b>38.7547</b>	<b>7.3600</b>		<b>170.1133</b>
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 316652-00 - 2015/01**

**198.95**

Rate Semester 01/01/2015 through 08/31/2015

**BayWood Nursing Center, Inc**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	12/01/2005	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	550,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>454,079 2.2493</b>
RS to Start Calcs:	<b>1981/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>113,520 0.1306</b>
Indexed Asset Value	<b>567,599</b>	Interest Rate:	<b>7.4091%</b>	Insurance Cost(3):	<b>4,834 0.2510</b>
FRVS Base Asset:	<b>341,074</b>	Chase Rate:	<b>6.5000%</b>	Taxes Cost(3):	<b>8,880 0.4611</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>7.4091%</b>	Home Office(3):	<b>13,305 0.6909</b>
ROE Factor	<b>0.022290</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>1,600 0.0000</b>
		Yearly Payment:	<b>43,594</b>	Total FRVS PD:	<b>3.7829</b>

- (1) 80% Capital (\$454,079) amortized at 7.4091 % for 20 years Principal & Interest of \$43,594 divided by annual available days (21535) divided by Occup. Adj. (0.90) = \$2.2493
- (2) 20% ROE (\$113,520) times the ROE factor (0.022290) divided by annual available days (21535) divided by Occup. Adj. (0.90) = \$0.1306
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>59</b>	Effective PBS Limitation	1,681,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>41.6192</b>	<b>41.6192</b>	<b>0.7241</b>	<b>40.8951</b>
Direct Care	<b>82.3794</b>	<b>82.3794</b>	<b>1.4332</b>	<b>80.9462</b>
Indirect Care	<b>38.7547</b>	<b>38.7547</b>	<b>0.6742</b>	<b>38.0805</b>
Property	<b>7.3600</b>	<b>3.7829</b>	<b>0.0658</b>	<b>3.7171</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>25.4050</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>170.1133</b>	<b>166.5362</b>	<b>2.8973</b>	<b>198.9464</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 316652-00 - 2015/01**

**198.95**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	318,228	0.00	2.5888	2.5888		59	94.74	318,228	1,424,791	
1982/01		0.10	2.6760	2.6760		59	94.74	319,080	1,462,964	
1982/07		0.10	2.2977	2.2977		59	94.74	319,813	1,496,535	
1983/04	8,963	0.20	2.6288	2.6288		59	95.62	330,458	1,535,888	
1983/07		0.20	3.9578	3.0000	0.9578	59	95.62	332,441	1,596,658	
1984/01	551	0.30	2.2530	2.2530		59	96.53	335,239	1,617,367	
1984/07		0.30	1.9179	1.9179		59	96.53	337,168	1,648,401	
1985/01	1,200	0.40	1.1471	1.1471		59	92.06	339,915	1,667,281	
1985/10		0.40	0.8522	0.8522		59	92.06	341,074	1,681,500	
1986/01		0.50	0.8299	0.8299		59	92.06	342,489	1,695,483	
1986/07		0.50	0.2974	0.2974		59	92.06	342,998	1,692,238	
1987/01		0.60	1.0091	1.0091		59	92.06	345,075	1,722,505	
1987/07		0.60	0.9007	0.9007		59	83.89	346,940	1,735,957	
1988/01		0.70	0.9007	0.9007		59	83.89	349,127	1,750,058	
1988/07		0.70	0.5899	0.5899		59	83.51	350,569	1,749,114	
1989/01		0.80	0.5899	0.5899		59	83.51	352,223	1,759,439	
1989/07		0.80	0.5899	0.5899		59	83.51	353,885	1,771,357	
1990/01		0.90	0.5899	0.5899		59	83.51	355,764	1,780,266	
1990/07		0.90	0.5899	0.5899		59	83.51	357,653	1,790,768	
1991/01		1.00	0.5899	0.5899		59	83.51	359,763	1,801,270	
1991/07		1.00	1.4932	1.4932		59	91.84	365,135	1,828,174	
1992/01		1.00	2.0117	2.0117		59	91.84	372,480	1,864,931	
1992/07		1.00	1.8152	1.8152		59	91.83	379,241	1,898,797	
1993/01		1.00	1.7710	1.7710		59	92.26	385,957	1,932,427	
1993/07		1.00	1.5329	1.5329		59	92.26	391,873	1,962,045	
1994/01		1.00	1.6983	1.6983		59	94.10	398,528	1,995,380	
1994/07		1.00	1.5991	1.5991		59	94.10	404,901	2,027,299	
1995/01		1.00	1.5812	1.5812		59	94.10	411,303	2,059,336	
1995/07		1.00	1.5250	1.5250		58	91.53	417,575	2,055,288	
1996/01		1.00	1.7228	1.7228		58	91.99	424,769	2,090,726	



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**198.95**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		58	91.99	430,416	2,118,508	
1997/01		1.00	1.4109	1.4109		58	91.99	436,489	2,148,378	
1997/07		1.00	1.0917	1.0917		59	92.11	441,254	2,209,255	
1998/01		1.00	1.1663	1.1663		59	92.11	446,400	2,235,038	
1998/07		1.00	1.0794	1.0794		59	92.31	451,218	2,259,169	
1999/01		1.00	1.4499	1.4499		59	92.31	451,218	2,291,914	5
1999/07		1.00	1.2299	1.2299		59	90.34	463,390	2,320,116	
2000/01		1.00	1.3356	1.3356		59	96.11	469,579	2,351,091	
2000/07		1.00	1.1129	1.1129		59	96.11	474,805	2,377,228	
2001/01		1.00	1.2976	1.2976		59	96.11	480,966	2,408,085	
2001/07		1.00	0.9615	0.9615		59	96.11	485,590	2,431,213	
2002/01		0.95	1.0301	1.0301		59	96.11	485,590	2,456,229	5
2002/07		0.95	0.8337	0.8337		59	96.11	490,342	2,476,702	5
2003/01		0.90	1.3271	1.3271		59	98.48	500,129	2,509,565	
2003/07		0.90	1.1664	1.1664		59	98.48	505,379	2,538,829	
2004/01		0.85	1.1103	1.1103		59	98.48	505,379	2,567,031	5
2004/07		0.85	0.8378	0.8378		59	93.55	513,782	2,588,566	
2005/01		0.80	0.8595	0.8595		59	93.55	517,315	2,610,809	
2005/07		0.80	0.7364	0.7364		59	94.14	520,363	2,630,043	
2006/01		0.75	0.9068	0.9068		59	94.14	523,902	2,653,879	
2006/07		0.75	0.8133	0.8133		59	94.14	527,098	2,675,473	
2007/01		0.70	1.0133	1.0133		59	94.14	530,837	2,702,554	
2007/07		0.70	1.1050	1.1050		59	94.14	534,943	2,732,408	
2008/01		0.65	0.8556	0.8556		59	94.14	537,918	2,755,772	
2008/07		0.65	0.6104	0.6104		59	94.14	540,052	2,772,587	
2009/01		0.60	1.3268	1.3268		59	96.01	544,351	2,809,403	
2009/07		0.60	0.6841	0.6841		59	96.01	546,586	2,828,637	
2010/01		0.55	0.8643	0.8643		59	92.49	549,184	2,853,063	
2010/07		0.55	0.7107	0.7107		59	92.49	551,331	2,873,359	
2011/01		0.50	0.9198	0.9198		59	90.69	553,867	2,899,791	



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**0 316652-00 - 2015/01**

**198.95**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		59	90.69	556,367	2,925,987	
2012/01		0.45	0.3865	0.3865		59	89.99	557,335	2,937,315	
2012/07		0.45	0.9417	0.9417		59	89.99	559,697	2,964,986	
2013/01		0.40	0.4901	0.4901		59	83.85	560,794	2,979,500	
2013/07		0.40	0.6196	0.6196		59	83.85	562,184	2,997,967	
2014/01		0.35	0.8564	0.8564		59	91.24	563,869	3,023,632	
2014/07		0.35	1.2383	1.2383		59	91.24	566,313	3,061,097	
2015/01		0.30	0.7571	0.7571		59	91.42	567,599	3,084,284	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 316652053120140601201308132014110806



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 317195-00 - 2015/01**

**211.28**

**The Nursing Center at Freedom Village**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>6410 21ST AVE W</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>BRADENTON, FL 34209</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Manatee [41]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,575</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>15,052</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>10,500</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>27.21970%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.07078%</b>	Cost: <b>1.04340134</b>
Open Date: <b>06/23/1989</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/23/1989</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>06/23/1989</b>	Low Occupancy Adjustment Factor:	<b>112.46242%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>06/12/2006</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>263036</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	460,104	861,983	611,531	244,965		2,178,583	
1a	Audit Adjustments							
2	Cost Per Diem	43.8194	82.0936	58.2410	23.3300		207.4840	
3	Cost Per Diem Inflated	45.7212	84.7621	60.7687				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>45.7212</b>	<b>84.7621</b>	<b>60.7687</b>	<b>23.3300</b>		<b>214.5820</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.8454		67.3877				
7	Provider Target Rate	<b>62.0370</b>		<b>69.8555</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>45.7212</b>	<b>84.7621</b>	<b>60.7687</b>	<b>13.6500</b>		<b>204.9020</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>45.7212</b>	<b>84.7621</b>	<b>60.7687</b>	<b>13.6500</b>		<b>204.9020</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**211.28**

Rate Semester 01/01/2015 through 08/31/2015

**The Nursing Center at Freedom Village**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>06/23/1989</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>10,000,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1989/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>2,901,632</b>	<b>7.2514</b>
Indexed Asset Value	<b>3,627,040</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>725,408</b>	<b>0.3450</b>
FRVS Base Asset:	<b>1,655,981</b>	Interest Rate:	<b>7.7500%</b>	Insurance Cost(3):	<b>44,584</b>	<b>1.1558</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.0000%</b>	Taxes Cost(3):	<b>54,267</b>	<b>1.4068</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>7.7500%</b>	Home Office(3):	<b>136,369</b>	<b>3.5352</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>0</b>	<b>0.0000</b>
		Yearly Payment:	<b>285,851</b>	Total FRVS PD:		<b>13.6942</b>

- (1) 80% Capital (\$2,901,632) amortized at 7.7500 % for 20 years Principal & Interest of \$285,851 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.2514  
 (2) 20% ROE (\$725,408) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3450  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/1989</b>	Current RS PBS:	29,821
Comparison Bed	<b>60</b>	Effective PBS Limitation	52,276
			1,789,260

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>45.7212</b>	<b>45.7212</b>	<b>0.7954</b>	<b>44.9258</b>
Direct Care	<b>84.7621</b>	<b>84.7621</b>	<b>1.4747</b>	<b>83.2874</b>
Indirect Care	<b>60.7687</b>	<b>60.7687</b>	<b>1.0572</b>	<b>59.7115</b>
Property	<b>13.6500</b>	<b>13.6942</b>	<b>0.2382</b>	<b>13.4560</b>
ROE				
ROE Adjustment				
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>204.9020</b>	<b>204.9462</b>	<b>3.5655</b>	<b>211.2832</b>

**Medicaid Trend Adjustment**



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**211.28**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	1,655,981	0.00	0.5899	0.5899		60	3.43	1,655,981	1,789,260	
1989/07		0.10	0.5899	0.5899		60	3.43	1,655,981	1,801,380	
1990/01		0.10	0.5899	0.5899		60	3.43	1,655,981	1,810,440	
1990/07		0.20	0.5899	0.5899		60	3.43	1,655,981	1,821,120	
1991/01		0.20	0.5899	0.5899		60	3.43	1,655,981	1,831,800	
1991/07	1,241,443	0.30	1.4932	1.4932		120	14.51	2,897,424	3,718,320	
1992/01		0.30	2.0117	2.0117		120	14.51	2,897,424	3,793,080	
1992/07	18,109	0.40	1.8152	1.8152		120	22.14	2,915,533	3,861,960	
1993/01		0.40	1.7710	1.7710		120	22.14	2,915,533	3,930,360	
1993/07		0.50	1.5329	1.5329		120	27.18	2,926,577	3,990,600	
1994/01		0.50	1.6983	1.6983		120	27.18	2,938,859	4,058,400	
1994/07	18,813	0.60	1.5991	1.5991		120	30.00	2,973,053	4,123,320	
1995/01		0.60	1.5812	1.5812		120	30.00	2,988,438	4,188,480	
1995/07	71,521	0.70	1.5250	1.5250		120	31.66	3,078,323	4,252,320	
1996/01		0.70	1.7228	1.7228		120	31.66	3,099,693	4,325,640	
1996/07		0.80	1.3294	1.3294		120	30.43	3,117,932	4,383,120	
1997/01		0.80	1.4109	1.4109		120	30.43	3,137,403	4,444,920	
1997/07	33,051	0.90	1.0917	1.0917		120	29.37	3,186,915	4,493,400	
1998/01		0.90	1.1663	1.1663		120	29.37	3,204,779	4,545,840	
1998/07		1.00	1.0794	1.0794		120	27.94	3,222,352	4,594,920	
1999/01		1.00	1.4499	1.4499		120	27.94	3,246,086	4,661,520	
1999/07	31,689	1.00	1.2299	1.2299		120	27.81	3,297,962	4,718,880	
2000/01		1.00	1.3356	1.3356		120	27.81	3,320,234	4,781,880	
2000/07		1.00	1.1129	1.1129		120	27.81	3,338,918	4,835,040	
2001/01		1.00	1.2976	1.2976		120	27.81	3,360,825	4,897,800	
2001/07		1.00	0.9615	0.9615		120	27.81	3,377,164	4,944,840	
2002/01		1.00	1.0301	1.0301		120	27.81	3,394,754	4,995,720	
2002/07	24,298	1.00	0.8337	0.8337		120	27.54	3,433,224	5,037,360	
2003/01	3,753	1.00	1.3271	1.3271		120	24.36	3,436,977	5,104,200	
2003/07	56,072	1.00	1.1664	1.1664		120	24.36	3,493,049	5,163,720	





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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		120	24.36	3,493,049	5,221,080	
2004/07		1.00	0.8378	0.8378		120	24.36	3,493,049	5,264,880	
2005/01		1.00	0.8595	0.8595		120	24.36	3,493,049	5,310,120	
2005/07		1.00	0.7364	0.7364		120	24.36	3,493,049	5,349,240	
2006/01		1.00	0.9068	0.9068		120	23.96	3,493,049	5,397,720	
2006/07		1.00	0.8133	0.8133		120	23.96	3,493,049	5,441,640	
2007/01	21,858	1.00	1.0133	1.0133		120	23.96	3,514,907	5,496,720	
2007/07	20,608	1.00	1.1050	1.1050		120	23.96	3,535,515	5,557,440	
2008/01		1.00	0.8556	0.8556		120	23.96	3,535,515	5,604,960	
2008/07		1.00	0.6104	0.6104		120	23.96	3,535,515	5,639,160	
2009/01		1.00	1.3268	1.3268		120	23.96	3,535,515	5,714,040	
2009/07		0.95	0.6841	0.6841		120	21.99	3,535,515	5,753,160	
2010/01		0.95	0.8643	0.8643		120	21.99	3,535,515	5,802,840	
2010/07		0.90	0.7107	0.7107		120	21.99	3,535,515	5,844,120	
2011/01		0.90	0.9198	0.9198		120	24.15	3,535,515	5,897,880	
2011/07		0.85	0.9028	0.9028		120	25.02	3,547,857	5,951,160	
2012/01		0.85	0.3865	0.3865		120	25.02	3,553,159	5,974,200	
2012/07		0.80	0.9417	0.9417		120	25.02	3,565,337	6,030,480	
2013/01		0.80	0.4901	0.4901		120	31.31	3,573,295	6,060,000	
2013/07		0.75	0.6196	0.6196		120	31.31	3,582,748	6,097,560	
2014/01		0.75	0.8564	0.8564		120	35.32	3,597,526	6,149,760	
2014/07		0.70	1.2383	1.2383		120	35.32	3,617,551	6,225,960	
2015/01		0.70	0.7571	0.7571		120	27.22	3,627,040	6,273,120	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 317195123120130101201310272014065925



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

<b>0 317349-00 - 2015/01</b>
<b>238.95</b>

<b>Darcy Hall of Life Care</b>
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Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2170 PALM BEACH LAKES BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>220</b>	Superior: <b>0</b>
<b>WEST PALM BEACH, FL 33409</b>	Days in CR <b>365</b>	Maximum: <b>80,300</b>	Standard: <b>215</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>80,300</b>	Conditional: <b>28</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>53,736</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>7,203</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>39,148</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>72.85246%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>66.91905%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1970</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1970</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>01/01/1970</b>	Low Occupancy Adjustment Factor:	<b>85.45261%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/14/2006</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>203483</b>			PS Target: <b>1.03662091</b>

Rate Calculations
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,662,735	3,598,274	2,239,670	512,447		8,013,126	
1a	Audit Adjustments							
2	Cost Per Diem	42.4731	91.9146	57.2103	13.0900		204.6880	
3	Cost Per Diem Inflated	44.3165	94.9024	59.6933				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.3165</b>	<b>94.9024</b>	<b>59.6933</b>	<b>13.0900</b>		<b>212.0022</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.8044		56.6225				
7	Provider Target Rate	<b>50.5917</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.3165</b>	<b>94.9024</b>	<b>58.6961</b>	<b>13.0900</b>		<b>211.0050</b>	
12/13	Medical Adjustment Rate		2.1587	1.3351				
14	Prospective Per Diem 11	<b>44.3165</b>	<b>97.0611</b>	<b>60.0312</b>	<b>13.0900</b>		<b>214.4988</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**Darcy Hall of Life Care**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>07/01/1990</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>5,500,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1971/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>3,726,245</b>	<b>3.6082</b>
Indexed Asset Value	<b>4,657,806</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>931,561</b>	<b>0.2417</b>
FRVS Base Asset:	<b>2,203,076</b>	Interest Rate:	<b>3.5625%</b>	Insurance Cost(3):	<b>22,764</b>	<b>0.4236</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>137,980</b>	<b>2.5677</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>3.5625%</b>	Home Office(3):	<b>52,045</b>	<b>0.9685</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>130,233</b>	<b>0.0000</b>
		Yearly Payment:	<b>260,767</b>	Total FRVS PD:		<b>7.8097</b>

- (1) 80% Capital (\$3,726,245) amortized at 3.5625 % for 20 years Principal & Interest of \$260,767 divided by annual available days (80300) divided by Occup. Adj. (0.90) = \$3.6082  
 (2) 20% ROE (\$931,561) times the ROE factor (0.018750) divided by annual available days (80300) divided by Occup. Adj. (0.90) = \$0.2417  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>220</b>	Effective PBS Limitation	52,276
			6,270,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.3165</b>	<b>44.3165</b>	<b>0.7710</b>	<b>43.5455</b>
Direct Care	<b>97.0611</b>	<b>97.0611</b>	<b>1.6886</b>	<b>95.3725</b>
Indirect Care	<b>60.0312</b>	<b>60.0312</b>	<b>1.0444</b>	<b>58.9868</b>
Property	<b>13.0900</b>	<b>7.8097</b>	<b>0.1359</b>	<b>7.6738</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>23.4725</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>214.4988</b>	<b>209.2185</b>	<b>3.6399</b>	<b>238.9536</b>

**Medicaid Trend Adjustment**



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**238.95**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/01		0.00				220			2,257,420	
1971/07	1,514,709	0.00				220	100.00	1,514,709	2,257,420	
1972/01		0.10	3.9787	3.0000	0.9787	220	100.00	1,519,253	2,347,180	
1972/07		0.10	5.9113	3.0000	2.9113	220	100.00	1,523,811	2,462,900	
1973/01		0.20	8.0622	3.0000	5.0622	220	100.00	1,532,954	2,589,840	
1973/07		0.20	10.7186	3.0000	7.7186	220	100.00	1,542,152	2,736,360	
1974/01		0.30	12.9457	3.0000	9.9457	220	100.00	1,556,031	2,879,360	
1974/07		0.30	13.0494	3.0000	10.0494	220	100.00	1,570,035	2,968,680	
1975/01		0.40	13.1399	3.0000	10.1399	220	100.00	1,588,875	3,060,420	
1975/07		0.40	14.2033	3.0000	11.2033	220	100.00	1,607,942	3,184,940	
1976/01		0.50	15.2478	3.0000	12.2478	220	100.00	1,632,061	3,313,640	
1976/07		0.50	15.7330	3.0000	12.7330	220	100.00	1,656,542	3,429,140	
1977/01		0.60	16.4836	3.0000	13.4836	220	100.00	1,686,360	3,557,840	
1977/07		0.60	18.5412	3.0000	15.5412	220	100.00	1,716,714	3,737,580	
1978/01		0.70	20.2809	3.0000	17.2809	220	100.00	1,752,765	3,914,900	
1978/07		0.70	22.8203	3.0000	19.8203	220	100.00	1,789,573	4,131,600	
1979/01		0.80	24.9476	3.0000	21.9476	220	100.00	1,832,523	4,343,460	
1979/07		0.80	26.1458	3.0000	23.1458	220	100.00	1,876,504	4,525,840	
1980/01		0.90	29.3115	3.0000	26.3115	220	24.36	1,876,504	4,805,020	
1980/07		0.90	30.1222	3.0000	27.1222	220	24.36	1,876,504	4,988,060	
1981/01		1.00	30.9462	3.0000	27.9462	220	33.36	1,910,650	5,178,800	
1981/07		1.00	30.5350	3.0000	27.5350	220	33.36	1,945,417	5,312,780	
1982/01		1.00	30.2110	3.0000	27.2110	220	30.93	1,978,238	5,455,120	
1982/07		1.00	29.5087	3.0000	26.5087	220	30.93	2,011,613	5,580,300	
1983/04		1.00	29.1375	3.0000	26.1375	220	31.21	2,045,858	5,727,040	
1983/07		1.00	30.0953	3.0000	27.0953	220	31.21	2,080,686	5,953,640	
1984/01		1.00	28.3905	3.0000	25.3905	220	26.97	2,111,295	6,030,860	
1984/07		1.00	27.3084	3.0000	24.3084	220	26.87	2,142,239	6,146,580	
1985/01		1.00	25.4555	3.0000	22.4555	220	25.85	2,172,445	6,216,980	
1985/10		1.00	23.3077	3.0000	20.3077	220	25.85	2,203,076	6,270,000	



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**0 317349-00 - 2015/01**

**238.95**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01		1.00	21.1376	3.0000	18.1376	220	25.85	2,234,139	6,322,140	
1986/07		1.00	18.4350	3.0000	15.4350	220	25.85	2,265,640	6,310,040	
1987/01		1.00	16.4441	3.0000	13.4441	220	25.85	2,297,586	6,422,900	
1987/07		1.00	14.3448	3.0000	11.3448	220	29.09	2,334,042	6,473,060	
1988/01		1.00	12.2455	3.0000	9.2455	220	29.09	2,371,077	6,525,640	
1988/07		1.00	9.8354	3.0000	6.8354	220	36.22	2,417,921	6,522,120	
1989/01		1.00	7.4253	3.0000	4.4253	220	36.22	2,465,690	6,560,620	
1989/07		1.00	5.0152	3.0000	2.0152	220	58.37	2,539,661	6,605,060	
1990/01		1.00	2.6051	2.6051		220	58.37	2,605,822	6,638,280	
1990/07		1.00	0.5899	0.5899		220	58.37	2,621,194	6,677,440	
1991/01		1.00	0.5899	0.5899		220	58.37	2,636,656	6,716,600	
1991/07		1.00	1.4932	1.4932		220	58.37	2,676,027	6,816,920	
1992/01		0.95	2.0117	2.0117		220	58.37	2,727,169	6,953,980	
1992/07	39,436	0.95	1.8152	1.8152		220	63.07	2,813,632	7,080,260	
1993/01		0.90	1.7710	1.7710		220	63.07	2,858,478	7,205,660	
1993/07		0.90	1.5329	1.5329		220	71.20	2,897,914	7,316,100	
1994/01		0.85	1.6983	1.6983		220	71.20	2,939,748	7,440,400	
1994/07		0.85	1.5991	1.5991		220	67.79	2,979,705	7,559,420	
1995/01		0.80	1.5812	1.5812		220	67.79	3,017,398	7,678,880	
1995/07		0.80	1.5250	1.5250		220	70.54	3,054,210	7,795,920	
1996/01		0.75	1.7228	1.7228		220	70.54	3,093,673	7,930,340	
1996/07	40,620	0.75	1.3294	1.3294		220	69.96	3,165,140	8,035,720	
1997/01		0.70	1.4109	1.4109		220	69.96	3,196,399	8,149,020	
1997/07	48,215	0.70	1.0917	1.0917		220	68.89	3,269,041	8,237,900	
1998/01		0.65	1.1663	1.1663		220	68.89	3,293,824	8,334,040	
1998/07		0.65	1.0794	1.0794		220	69.77	3,293,824	8,424,020	5
1999/01		0.60	1.4499	1.4499		220	69.77	3,345,787	8,546,120	
1999/07		0.60	1.2299	1.2299		220	75.91	3,370,476	8,651,280	
2000/01		0.55	1.3356	1.3356		220	75.91	3,370,476	8,766,780	5
2000/07	57,757	0.55	1.1129	1.1129		220	76.31	3,452,993	8,864,240	5



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**0 317349-00 - 2015/01**

**238.95**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		0.50	1.2976	1.2976		220	76.31	3,496,313	8,979,300	
2001/07	38,203	0.50	0.9615	0.9615		220	76.38	3,551,326	9,065,540	
2002/01		0.45	1.0301	1.0301		220	76.38	3,567,786	9,158,820	
2002/07		0.45	0.8337	0.8337		220	72.44	3,581,172	9,235,160	
2003/01		0.40	1.3271	1.3271		220	72.44	3,600,181	9,357,700	
2003/07		0.40	1.1664	1.1664		220	72.54	3,616,979	9,466,820	
2004/01		0.35	1.1103	1.1103		220	72.54	3,631,035	9,571,980	
2004/07		0.35	0.8378	0.8378		220	72.85	3,641,681	9,652,280	
2005/01		0.30	0.8595	0.8595		220	72.85	3,651,073	9,735,220	
2005/07	101,467	0.30	0.7364	0.7364		220	72.86	3,760,605	9,806,940	
2006/01		0.25	0.9068	0.9068		220	72.86	3,769,130	9,895,820	
2006/07	2,941	0.25	0.8133	0.8133		220	63.92	3,779,734	9,976,340	
2007/01	193,198	0.20	1.0133	1.0133		220	63.92	3,980,594	10,077,320	
2007/07		0.20	1.1050	1.1050		220	63.92	3,989,391	10,188,640	
2008/01		0.15	0.8556	0.8556		220	63.92	3,994,509	10,275,760	
2008/07		0.15	0.6104	0.6104		220	63.92	3,998,168	10,338,460	
2009/01	300,443	0.10	1.3268	1.3268		220	65.70	4,303,917	10,475,740	
2009/07		0.10	0.6841	0.6841		220	65.70	4,306,861	10,547,460	
2010/01	38,640	0.05	0.8643	0.8643		220	67.01	4,347,362	10,638,540	
2010/07	119,258	0.05	0.7107	0.7107		220	69.14	4,468,163	10,714,220	
2011/01		0.00	0.9198	0.9198		220	69.14	4,468,163	10,812,780	
2011/07	66,667	0.00	0.9028	0.9028		220	67.43	4,534,830	10,910,460	
2012/01		0.00	0.3865	0.3865		220	67.43	4,534,830	10,952,700	
2012/07		0.00	0.9417	0.9417		220	67.43	4,534,830	11,055,880	
2013/01		0.00	0.4901	0.4901		220	67.42	4,534,830	11,110,000	
2013/07		0.00	0.6196	0.6196		220	67.42	4,534,830	11,178,860	
2014/01	32,234	0.00	0.8564	0.8564		220	69.55	4,567,064	11,274,560	
2014/07	90,742	0.00	1.2383	1.2383		220	72.85	4,657,806	11,414,260	
2015/01		0.00	0.7571	0.7571		220	72.85	4,657,806	11,500,720	

**Message Code:**

5 Uncorrected Licensure Deficiency





Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 317578-00 - 2015/01**

**244.11**

**Parklands Rehabilitation and Nursing Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1000 SW 16TH AVE</b>	<b>4/1/2013-3/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>GAINESVILLE, FL 32601</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Alachua [1]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,501</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,287</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>31,438</b>	FY Index: <b>1.31463861</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>75.75239%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>94.75114%</b>	Cost: <b>1.04334296</b>
Open Date: <b>07/01/1980</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1980</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21900000</b>
Entered Medicaid <b>07/01/1980</b>	Low Occupancy Adjustment Factor:	<b>120.99293%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2006</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02911814</b>
Previous Med # <b>267821</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,332,903	2,850,509	1,879,174	1,291,787		7,354,373
1a	Audit Adjustments						
2	Cost Per Diem	42.3978	90.6708	59.7740	41.0900		233.9326
3	Cost Per Diem Inflated	44.2354	93.3110	62.3648			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>44.2354</b>	<b>93.3110</b>	<b>62.3648</b>	<b>41.0900</b>		<b>241.0012</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.8067		70.6289			
7	Provider Target Rate	<b>60.9603</b>		<b>73.2154</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169			
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	<b>44.2354</b>	<b>93.3110</b>	<b>61.6580</b>	<b>13.6500</b>		<b>212.8544</b>
12/13	Medical Adjustment Rate		2.7034	1.7863			
14	Prospective Per Diem 11	<b>44.2354</b>	<b>96.0144</b>	<b>63.4443</b>	<b>13.6500</b>		<b>217.3441</b>
15	Inflated Usual & Customary Charge						0.00





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 317578-00 - 2015/01**

**244.11**

Rate Semester 01/01/2015 through 08/31/2015

**Parklands Rehabilitation and Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	09/01/1987	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,850,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,658,355 7.1513
RS to Start Calcs:	1980/07	<60% of Base:	False	20% ROE(2):	664,589 0.3495
Indexed Asset Value	3,322,944	Interest Rate:	8.7500%	Insurance Cost(3):	153,606 3.7013
FRVS Base Asset:	1,756,442	Chase Rate:	8.2500%	Taxes Cost(3):	59,059 1.4231
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	12,046 0.2903
ROE Factor	0.020730	Interest Only:	False	Replacement(3&4):	31,699 0.0000
		Yearly Payment:	281,906	Total FRVS PD:	12.9155

- (1) 80% Capital (\$2,658,355) amortized at 8.7500 % for 20 years Principal & Interest of \$281,906 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.1513
- (2) 20% ROE (\$664,589) times the ROE factor (0.020730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3495
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.2354	44.2354	0.7696	43.4658
Direct Care	96.0144	96.0144	1.6704	94.3440
Indirect Care	63.4443	63.4443	1.1038	62.3405
Property	13.6500	12.9155	0.2247	12.6908
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.3683
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>217.3441</b>	<b>216.6096</b>	<b>3.7685</b>	<b>244.1119</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 3/31/2014

**0 317578-00 - 2015/01**

**244.11**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	1,571,872	0.00	3.8106	3.0000	0.8106	120	75.96	1,571,872	2,720,760	
1981/01	7,681	0.10	4.6347	3.0000	1.6347	120	71.49	1,584,269	2,824,800	
1981/07		0.10	4.2235	3.0000	1.2235	120	71.49	1,589,022	2,897,880	
1982/01		0.20	3.8995	3.0000	0.8995	120	74.90	1,598,556	2,975,520	
1982/07	14,818	0.20	3.1971	3.0000	0.1971	120	74.90	1,622,965	3,043,800	
1983/04	630	0.30	2.8260	2.8260		120	80.40	1,637,354	3,123,840	
1983/07	6,483	0.30	3.9578	3.0000	0.9578	120	80.40	1,658,573	3,247,440	
1984/01	42,947	0.40	2.2530	2.2530		120	77.04	1,716,467	3,289,560	
1984/07	1,182	0.40	1.9179	1.9179		120	77.04	1,730,818	3,352,680	
1985/01	8,244	0.50	1.1471	1.1471		120	78.42	1,748,990	3,391,080	
1985/10		0.50	0.8522	0.8522		120	78.42	1,756,442	3,420,000	
1986/01		0.60	0.8299	0.8299		120	78.42	1,765,187	3,448,440	
1986/07		0.60	0.2974	0.2974		120	78.42	1,768,336	3,441,840	
1987/01		0.70	1.0091	1.0091		120	84.00	1,780,828	3,503,400	
1987/07		0.70	0.9007	0.9007		120	90.74	1,792,056	3,530,760	
1988/01		0.80	0.9007	0.9007		120	90.74	1,804,970	3,559,440	
1988/07		0.80	0.5899	0.5899		120	90.74	1,813,488	3,557,520	
1989/01		0.90	0.5899	0.5899		120	76.52	1,823,116	3,578,520	
1989/07		0.90	0.5899	0.5899		120	84.06	1,832,795	3,602,760	
1990/01		1.00	0.5899	0.5899		120	84.06	1,843,607	3,620,880	
1990/07		1.00	0.5899	0.5899		120	84.06	1,854,482	3,642,240	
1991/01		1.00	0.5899	0.5899		120	84.06	1,865,422	3,663,600	
1991/07	52,869	1.00	1.4932	1.4932		120	84.06	1,946,145	3,718,320	
1992/01		1.00	2.0117	2.0117		120	84.06	1,985,296	3,793,080	
1992/07		1.00	1.8152	1.8152		120	84.06	2,021,333	3,861,960	
1993/01		1.00	1.7710	1.7710		120	91.28	2,057,131	3,930,360	
1993/07		1.00	1.5329	1.5329		120	91.28	2,088,665	3,990,600	
1994/01	7,043	1.00	1.6983	1.6983		120	90.80	2,131,180	4,058,400	
1994/07		1.00	1.5991	1.5991		120	90.80	2,165,260	4,123,320	
1995/01	41,528	1.00	1.5812	1.5812		120	89.86	2,241,025	4,188,480	



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**0 317578-00 - 2015/01**

**244.11**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07		1.00	1.5250	1.5250		120	89.86	2,275,201	4,252,320	
1996/01	19,179	1.00	1.7228	1.7228		120	84.72	2,333,577	4,325,640	
1996/07		1.00	1.3294	1.3294		120	84.72	2,333,577	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	85.83	2,364,600	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	85.83	2,397,962	4,493,400	5
1998/01		1.00	1.1663	1.1663		120	85.34	2,452,414	4,545,840	
1998/07		1.00	1.0794	1.0794		120	85.34	2,478,885	4,594,920	
1999/01		1.00	1.4499	1.4499		120	85.34	2,514,826	4,661,520	
1999/07		1.00	1.2299	1.2299		120	80.83	2,545,756	4,718,880	
2000/01		1.00	1.3356	1.3356		120	85.70	2,579,757	4,781,880	
2000/07		1.00	1.1129	1.1129		120	85.70	2,608,467	4,835,040	
2001/01		0.95	1.2976	1.2976		120	87.80	2,640,622	4,897,800	
2001/07		0.95	0.9615	0.9615		120	83.46	2,664,741	4,944,840	
2002/01		0.90	1.0301	1.0301		120	83.46	2,689,446	4,995,720	
2002/07		0.90	0.8337	0.8337		120	82.93	2,709,625	5,037,360	
2003/01		0.85	1.3271	1.3271		120	82.93	2,740,190	5,104,200	
2003/07		0.85	1.1664	1.1664		120	92.43	2,767,356	5,163,720	
2004/01		0.80	1.1103	1.1103		120	86.63	2,791,936	5,221,080	
2004/07		0.80	0.8378	0.8378		120	86.63	2,810,648	5,264,880	
2005/01		0.75	0.8595	0.8595		120	86.63	2,828,765	5,310,120	
2005/07		0.75	0.7364	0.7364		120	86.63	2,844,388	5,349,240	
2006/01		0.70	0.9068	0.9068		120	86.63	2,862,444	5,397,720	
2006/07		0.70	0.8133	0.8133		120	84.26	2,878,740	5,441,640	
2007/01		0.65	1.0133	1.0133		120	84.26	2,897,699	5,496,720	
2007/07		0.65	1.1050	1.1050		120	84.26	2,918,513	5,557,440	
2008/01		0.60	0.8556	0.8556		120	84.26	2,933,497	5,604,960	
2008/07		0.60	0.6104	0.6104		120	84.26	2,944,239	5,639,160	
2009/01		0.55	1.3268	1.3268		120	76.13	2,965,723	5,714,040	
2009/07		0.55	0.6841	0.6841		120	76.13	2,976,883	5,753,160	
2010/01	99,650	0.50	0.8643	0.8643		120	72.75	3,089,399	5,802,840	



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0 317578-00 - 2015/01

244.11

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		0.50	0.7107	0.7107		120	72.75	3,100,379	5,844,120	
2011/01		0.45	0.9198	0.9198		120	71.69	3,113,211	5,897,880	
2011/07	139,929	0.45	0.9028	0.9028		120	72.43	3,265,789	5,951,160	
2012/01		0.40	0.3865	0.3865		120	72.43	3,270,838	5,974,200	
2012/07		0.40	0.9417	0.9417		120	72.43	3,283,159	6,030,480	
2013/01		0.35	0.4901	0.4901		120	74.41	3,288,790	6,060,000	
2013/07		0.35	0.6196	0.6196		120	74.41	3,295,923	6,097,560	
2014/01		0.30	0.8564	0.8564		120	70.86	3,304,390	6,149,760	
2014/07		0.30	1.2383	1.2383		120	70.86	3,316,666	6,225,960	
2015/01		0.25	0.7571	0.7571		120	75.75	3,322,944	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 317578033120140401201304252014093837



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 317586-00 - 2015/01**

**239.90**

**Williston Rehabilitation and Nursing Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>300 NW 1ST AVE</b>	<b>4/1/2013-3/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>WILLISTON, FL 32696</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Levy [38]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,341</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>5,844</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>30,693</b>	FY Index: <b>1.31463861</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>74.24349%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>94.38584%</b>	Cost: <b>1.04334296</b>
Open Date: <b>01/01/1981</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1981</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21900000</b>
Entered Medicaid <b>07/01/1982</b>	Low Occupancy Adjustment Factor:	<b>120.52646%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/01/2006</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02911814</b>
Previous Med # <b>267830</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,387,905	2,787,406	1,520,797	1,028,829		6,724,937
1a	Audit Adjustments						
2	Cost Per Diem	45.2189	90.8157	49.5487	33.5200		219.1033
3	Cost Per Diem Inflated	47.1788	93.4601	51.6963			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>47.1788</b>	<b>93.4601</b>	<b>51.6963</b>	<b>33.5200</b>		<b>225.8552</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.6171		70.1651			
7	Provider Target Rate	<b>58.6905</b>		<b>72.7346</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169			
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	<b>47.1788</b>	<b>93.4601</b>	<b>51.6963</b>	<b>13.6500</b>		<b>205.9852</b>
12/13	Medical Adjustment Rate		2.5490	1.4100			
14	Prospective Per Diem 11	<b>47.1788</b>	<b>96.0091</b>	<b>53.1063</b>	<b>13.6500</b>		<b>209.9442</b>
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 317586-00 - 2015/01**

**239.90**

Rate Semester 01/01/2015 through 08/31/2015

**Williston Rehabilitation and Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/2006	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>5,600,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1981/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>3,402,390</b>	<b>9.1529</b>
Indexed Asset Value	<b>4,252,987</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>850,597</b>	<b>0.4473</b>
FRVS Base Asset:	<b>2,398,789</b>	Interest Rate:	<b>8.7500%</b>	Insurance Cost(3):	<b>115,837</b>	<b>2.8020</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>80,842</b>	<b>1.9555</b>
ROE Factor	<b>0.020730</b>	Amortization Rate:	<b>8.7500%</b>	Home Office(3):	<b>12,000</b>	<b>0.2903</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>15,119</b>	<b>0.0000</b>
		Yearly Payment:	<b>360,807</b>	Total FRVS PD:		<b>14.6480</b>

- (1) 80% Capital (\$3,402,390) amortized at 8.7500 % for 20 years Principal & Interest of \$360,807 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.1529
- (2) 20% ROE (\$850,597) times the ROE factor (0.020730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4473
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	22,673
Comparison Date:	<b>07/01/1980</b>	Current RS PBS:	52,276
Comparison Bed	<b>180</b>	Effective PBS Limitation	4,081,140

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>47.1788</b>	<b>47.1788</b>	<b>0.8208</b>	<b>46.3580</b>
Direct Care	<b>96.0091</b>	<b>96.0091</b>	<b>1.6703</b>	<b>94.3388</b>
Indirect Care	<b>53.1063</b>	<b>53.1063</b>	<b>0.9239</b>	<b>52.1824</b>
Property	<b>13.6500</b>	<b>14.6480</b>	<b>0.2548</b>	<b>14.3932</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.7218</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>209.9442</b>	<b>210.9422</b>	<b>3.6698</b>	<b>239.8967</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 3/31/2014

**0 317586-00 - 2015/01**

**239.90**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/01	1,619,233	0.00	3.8241	3.0000	0.8241	180		1,619,233	4,237,200	
1981/07	646,163	0.10	3.4129	3.0000	0.4129	180		2,265,396	4,346,820	
1982/01		0.10	3.0888	3.0000	0.0888	180		2,265,396	4,463,280	
1982/07		0.20	2.3865	2.3865		180	81.24	2,276,209	4,565,700	
1983/04	1,396	0.20	2.6288	2.6288		180	84.76	2,289,573	4,685,760	
1983/07	13,233	0.30	3.9578	3.0000	0.9578	180	84.76	2,323,412	4,871,160	
1984/01	9,334	0.30	2.2530	2.2530		180	87.27	2,348,450	4,934,340	
1984/07	1,500	0.40	1.9179	1.9179		180	87.27	2,367,967	5,029,020	
1985/01	3,497	0.40	1.1471	1.1471		180	83.19	2,382,328	5,086,620	
1985/10	6,310	0.50	0.8522	0.8522		180	83.19	2,398,789	5,130,000	
1986/01		0.50	0.8299	0.8299		180	83.19	2,408,744	5,172,660	
1986/07		0.60	0.2974	0.2974		180	83.19	2,413,041	5,162,760	
1987/01		0.60	1.0091	1.0091		180	83.19	2,427,652	5,255,100	
1987/07		0.70	0.9007	0.9007		180	84.80	2,442,958	5,296,140	
1988/01		0.70	0.9007	0.9007		180	84.80	2,458,361	5,339,160	
1988/07		0.80	0.5899	0.5899		180	86.40	2,469,962	5,336,280	
1989/01		0.80	0.5899	0.5899		180	80.00	2,481,618	5,367,780	
1989/07		0.90	0.5899	0.5899		180	85.36	2,494,793	5,404,140	
1990/01		0.90	0.5899	0.5899		180	85.36	2,508,038	5,431,320	
1990/07		1.00	0.5899	0.5899		180	85.36	2,522,833	5,463,360	
1991/01		1.00	0.5899	0.5899		180	85.36	2,537,715	5,495,400	
1991/07		1.00	1.4932	1.4932		180	85.36	2,537,715	5,577,480	5
1992/01	100,819	1.00	2.0117	2.0117		180	85.36	2,676,427	5,689,620	5
1992/07		1.00	1.8152	1.8152		180	85.36	2,777,764	5,792,940	
1993/01		1.00	1.7710	1.7710		180	86.21	2,826,958	5,895,540	
1993/07		1.00	1.5329	1.5329		180	86.21	2,870,292	5,985,900	
1994/01	60,221	1.00	1.6983	1.6983		180	82.84	2,979,259	6,087,600	
1994/07		1.00	1.5991	1.5991		180	82.84	3,026,900	6,184,980	
1995/01		1.00	1.5812	1.5812		180	76.84	3,074,761	6,282,720	
1995/07		1.00	1.5250	1.5250		180	76.84	3,121,651	6,378,480	



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**0 317586-00 - 2015/01**

**239.90**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01		1.00	1.7228	1.7228		180	76.07	3,175,431	6,488,460	
1996/07		1.00	1.3294	1.3294		180	76.07	3,217,645	6,574,680	
1997/01		1.00	1.4109	1.4109		180	80.45	3,263,043	6,667,380	
1997/07		1.00	1.0917	1.0917		180	80.45	3,298,666	6,740,100	
1998/01		1.00	1.1663	1.1663		180	81.25	3,337,138	6,818,760	
1998/07		1.00	1.0794	1.0794		180	81.25	3,373,159	6,892,380	
1999/01		1.00	1.4499	1.4499		180	84.54	3,422,066	6,992,280	
1999/07		1.00	1.2299	1.2299		180	84.54	3,464,154	7,078,320	
2000/01		1.00	1.3356	1.3356		180	82.72	3,510,421	7,172,820	
2000/07		1.00	1.1129	1.1129		180	82.72	3,549,488	7,252,560	
2001/01		1.00	1.2976	1.2976		180	85.71	3,595,546	7,346,700	
2001/07		0.95	0.9615	0.9615		180	83.40	3,628,388	7,417,260	
2002/01		0.95	1.0301	1.0301		180	83.40	3,628,388	7,493,580	5
2002/07		0.90	0.8337	0.8337		180	79.27	3,691,385	7,556,040	
2003/01		0.90	1.3271	1.3271		180	79.27	3,735,475	7,656,300	
2003/07		0.85	1.1664	1.1664		180	83.86	3,735,475	7,745,580	5
2004/01		0.85	1.1103	1.1103		180	80.01	3,808,113	7,831,620	
2004/07		0.80	0.8378	0.8378		180	80.01	3,833,635	7,897,320	
2005/01		0.80	0.8595	0.8595		180	80.01	3,859,995	7,965,180	
2005/07		0.75	0.7364	0.7364		180	80.01	3,881,314	8,023,860	
2006/01		0.75	0.9068	0.9068		180	80.01	3,907,711	8,096,580	
2006/07		0.70	0.8133	0.8133		180	76.77	3,929,958	8,162,460	
2007/01		0.70	1.0133	1.0133		180	76.77	3,957,833	8,245,080	
2007/07		0.65	1.1050	1.1050		180	76.77	3,986,262	8,336,160	
2008/01		0.65	0.8556	0.8556		180	76.77	4,008,430	8,407,440	
2008/07		0.60	0.6104	0.6104		180	76.77	4,023,109	8,458,740	
2009/01		0.60	1.3268	1.3268		180	79.66	4,055,137	8,571,060	
2009/07		0.55	0.6841	0.6841		180	79.66	4,070,396	8,629,740	
2010/01	34,318	0.55	0.8643	0.8643		180	76.66	4,124,065	8,704,260	
2010/07		0.50	0.7107	0.7107		180	76.66	4,138,722	8,766,180	





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**239.90**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		0.50	0.9198	0.9198		180	76.96	4,157,756	8,846,820	
2011/07		0.45	0.9028	0.9028		180	72.96	4,174,649	8,926,740	
2012/01		0.45	0.3865	0.3865		180	72.96	4,181,909	8,961,300	
2012/07		0.40	0.9417	0.9417		180	73.51	4,197,662	9,045,720	
2013/01		0.40	0.4901	0.4901		180	73.51	4,205,889	9,090,000	
2013/07		0.35	0.6196	0.6196		180	73.51	4,215,012	9,146,340	
2014/01		0.35	0.8564	0.8564		120	71.19	4,227,644	6,149,760	
2014/07		0.30	1.2383	1.2383		120	74.24	4,243,350	6,225,960	
2015/01		0.30	0.7571	0.7571		120	74.24	4,252,987	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 317586033120140401201304242014060118



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**0 318787-00 - 2015/01**

**205.75**

**Citrus Gardens of Fort Myers**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>7173 CYPRESS DRIVE SW</b>	<b>7/1/2012-6/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>FORT MYERS, FL 33907-2994</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Lee [36]</b>	First Used : <b>2014/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,656</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,683</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>31,754</b>	FY Index: <b>1.29878490</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>78.10409%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.82192%</b>	Cost: <b>1.05607860</b>
Open Date: <b>01/01/1983</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1983</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20850000</b>
Entered Medicaid <b>01/01/1983</b>	Low Occupancy Adjustment Factor:	<b>118.52941%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/15/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03805959</b>
Previous Med # <b>252131</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,012,252	2,290,749	1,479,871	590,307		5,373,179	
1a	Audit Adjustments							
2	Cost Per Diem	31.8779	72.1405	46.6042	18.5900		169.2126	
3	Cost Per Diem Inflated	33.6656	74.8861	49.2177				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>33.6656</b>	<b>74.8861</b>	<b>49.2177</b>	<b>18.5900</b>		<b>176.3594</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		64.0830				
7	Provider Target Rate	<b>49.1189</b>		<b>66.4298</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>33.6656</b>	<b>74.8861</b>	<b>49.2177</b>	<b>13.6500</b>		<b>171.4194</b>	
12/13	Medical Adjustment Rate		2.3677	1.5561				
14	Prospective Per Diem 11	<b>33.6656</b>	<b>77.2538</b>	<b>50.7738</b>	<b>13.6500</b>		<b>175.3432</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**205.75**

Rate Semester 01/01/2015 through 08/31/2015

**Citrus Gardens of Fort Myers**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>01/01/1987</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>2,960,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1982/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,015,836</b>	<b>10.0359</b>
Indexed Asset Value	<b>5,019,795</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,003,959</b>	<b>0.3662</b>
FRVS Base Asset:	<b>2,886,169</b>	Interest Rate:	<b>7.7500%</b>	Insurance Cost(3):	<b>54,301</b>	<b>1.3356</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.7500%</b>	Taxes Cost(3):	<b>57,192</b>	<b>1.4067</b>
ROE Factor	<b>0.014380</b>	Amortization Rate:	<b>7.7500%</b>	Home Office(3):	<b>17,566</b>	<b>0.4321</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>245,961</b>	<b>0.0000</b>
		Yearly Payment:	<b>395,615</b>	Total FRVS PD:		<b>13.5765</b>

- (1) 80% Capital (\$4,015,836) amortized at 7.7500 % for 20 years Principal & Interest of \$395,615 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.0359  
 (2) 20% ROE (\$1,003,959) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3662  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>120</b>	Effective PBS Limitation	52,276
			3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>33.6656</b>	<b>33.6656</b>	<b>0.5857</b>	<b>33.0799</b>
Direct Care	<b>77.2538</b>	<b>77.2538</b>	<b>1.3440</b>	<b>75.9098</b>
Indirect Care	<b>50.7738</b>	<b>50.7738</b>	<b>0.8833</b>	<b>49.8905</b>
Property	<b>13.6500</b>	<b>13.5765</b>	<b>0.2362</b>	<b>13.3403</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>23.6262</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>175.3432</b>	<b>175.2697</b>	<b>3.0492</b>	<b>205.7492</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	2,828,141	0.00	2.6288	2.6288		120	77.89	2,828,141	3,123,840	
1983/07	12,434	0.10	3.9578	3.0000	0.9578	120	77.89	2,849,059	3,247,440	
1984/01	1,453	0.10	2.2530	2.2530		120	78.83	2,856,931	3,289,560	
1984/07	1,609	0.20	1.9179	1.9179		120	78.83	2,869,499	3,352,680	
1985/01	2,726	0.20	1.1471	1.1471		120	82.15	2,878,808	3,391,080	
1985/10		0.30	0.8522	0.8522		120	82.15	2,886,169	3,420,000	
1986/01		0.30	0.8299	0.8299		120	57.50	2,893,356	3,448,440	
1986/07		0.40	0.2974	0.2974		120	57.50	2,896,799	3,441,840	
1987/01		0.40	1.0091	1.0091		120	57.50	2,908,490	3,503,400	
1987/07		0.50	0.9007	0.9007		120	57.50	2,921,590	3,530,760	
1988/01		0.50	0.9007	0.9007		120	57.50	2,934,749	3,559,440	
1988/07		0.60	0.5899	0.5899		120	57.50	2,945,135	3,557,520	
1989/01		0.60	0.5899	0.5899		120	59.19	2,955,558	3,578,520	
1989/07		0.70	0.5899	0.5899		120	59.19	2,967,761	3,602,760	
1990/01		0.70	0.5899	0.5899		120	54.26	2,979,850	3,620,880	
1990/07		0.80	0.5899	0.5899		120	54.26	2,993,723	3,642,240	
1991/01		0.80	0.5899	0.5899		120	53.44	3,007,450	3,663,600	
1991/07		0.90	1.4932	1.4932		120	53.44	3,046,721	3,718,320	
1992/01		0.90	2.0117	2.0117		120	52.98	3,099,856	3,793,080	
1992/07		1.00	1.8152	1.8152		120	52.98	3,154,058	3,861,960	
1993/01		1.00	1.7710	1.7710		120	56.79	3,209,916	3,930,360	
1993/07		1.00	1.5329	1.5329		120	56.79	3,259,121	3,990,600	
1994/01		1.00	1.6983	1.6983		120	56.79	3,314,471	4,058,400	
1994/07	23,797	1.00	1.5991	1.5991		120	56.79	3,391,270	4,123,320	
1995/01		1.00	1.5812	1.5812		120	56.79	3,444,893	4,188,480	
1995/07		1.00	1.5250	1.5250		120	56.79	3,497,428	4,252,320	
1996/01	36,148	1.00	1.7228	1.7228		120	57.30	3,593,830	4,325,640	
1996/07		1.00	1.3294	1.3294		120	57.30	3,593,830	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	57.49	3,692,985	4,444,920	
1997/07		1.00	1.0917	1.0917		120	57.49	3,692,985	4,493,400	5



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**205.75**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	56.20	3,776,842	4,545,840	
1998/07		1.00	1.0794	1.0794		120	56.20	3,817,609	4,594,920	
1999/01	19,994	1.00	1.4499	1.4499		120	58.83	3,892,955	4,661,520	
1999/07		1.00	1.2299	1.2299		120	58.83	3,892,955	4,718,880	5
2000/01	37,363	1.00	1.3356	1.3356		120	67.17	4,030,831	4,781,880	
2000/07		1.00	1.1129	1.1129		120	67.17	4,075,690	4,835,040	
2001/01	25,215	1.00	1.2976	1.2976		120	73.78	4,153,791	4,897,800	
2001/07		1.00	0.9615	0.9615		120	79.48	4,193,730	4,944,840	
2002/01		1.00	1.0301	1.0301		120	79.48	4,193,730	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	79.48	4,272,253	5,037,360	
2003/01		1.00	1.3271	1.3271		120	79.48	4,272,253	5,104,200	5
2003/07		0.95	1.1664	1.1664		120	79.48	4,328,950	5,163,720	5
2004/01		0.95	1.1103	1.1103		120	79.48	4,423,087	5,221,080	
2004/07		0.90	0.8378	0.8378		120	78.29	4,456,437	5,264,880	
2005/01		0.90	0.8595	0.8595		120	78.29	4,490,912	5,310,120	
2005/07		0.85	0.7364	0.7364		120	79.48	4,519,021	5,349,240	
2006/01		0.85	0.9068	0.9068		120	79.48	4,553,854	5,397,720	
2006/07		0.80	0.8133	0.8133		120	77.12	4,583,481	5,441,640	
2007/01	15,608	0.80	1.0133	1.0133		120	75.55	4,636,243	5,496,720	
2007/07	2,900	0.75	1.1050	1.1050		120	75.55	4,677,568	5,557,440	
2008/01	9,848	0.75	0.8556	0.8556		120	75.55	4,717,432	5,604,960	
2008/07		0.70	0.6104	0.6104		120	75.55	4,737,590	5,639,160	
2009/01		0.70	1.3268	1.3268		120	75.55	4,781,593	5,714,040	
2009/07		0.65	0.6841	0.6841		120	75.55	4,802,857	5,753,160	
2010/01		0.65	0.8643	0.8643		120	75.55	4,829,839	5,802,840	
2010/07		0.60	0.7107	0.7107		120	69.88	4,850,433	5,844,120	
2011/01		0.60	0.9198	0.9198		120	72.58	4,877,203	5,897,880	
2011/07		0.55	0.9028	0.9028		120	72.58	4,901,418	5,951,160	
2012/01		0.55	0.3865	0.3865		120	72.58	4,911,838	5,974,200	
2012/07		0.50	0.9417	0.9417		120	70.56	4,934,968	6,030,480	



Florida Agency for Health Care Administration  
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0 318787-00 - 2015/01

205.75

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	70.56	4,947,064	6,060,000	
2013/07		0.45	0.6196	0.6196		120	73.08	4,960,856	6,097,560	
2014/01		0.45	0.8564	0.8564		120	78.10	4,979,975	6,149,760	
2014/07		0.40	1.2383	1.2383		120	78.10	5,004,641	6,225,960	
2015/01		0.40	0.7571	0.7571		120	78.10	5,019,795	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 318787063020130701201210282013105638



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 318795-00 - 2015/01**

**256.66**

**The Court at Palm-Aire**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2701 N COURSE DR</b>	<b>7/1/2012-6/30/2013</b>	Number of Beds: <b>60</b>	Superior: <b>0</b>
<b>POMPANO BEACH, FL 33069-3058</b>	Days in CR <b>365</b>	Maximum: <b>21,900</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>21,900</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>18,635</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>8,535</b>	Inflation
Current Class <b>South Small</b>	Initial CR? <b>False</b>	Medicaid: <b>8,452</b>	FY Index: <b>1.29878490</b>
Class at 1/94: <b>South Small</b>	Medical Utilization	<b>45.35551%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.09132%</b>	Cost: <b>1.05607860</b>
Open Date: <b>04/01/1988</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/28/1994</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20850000</b>
Entered Medicaid <b>04/28/1994</b>	Low Occupancy Adjustment Factor:	<b>108.65778%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2006</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03805959</b>
Previous Med # <b>211761</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	370,189	752,964	821,840	304,526		2,249,519	
1a	Audit Adjustments							
2	Cost Per Diem	43.7990	89.0871	97.2362	36.0301		266.1524	
3	Cost Per Diem Inflated	46.2552	92.4777	102.6891				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>46.2552</b>	<b>92.4777</b>	<b>102.6891</b>	<b>36.0301</b>		<b>277.4521</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.0623		101.3732				
7	Provider Target Rate	<b>61.2252</b>		<b>105.0856</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>46.2552</b>	<b>92.4777</b>	<b>82.3953</b>	<b>13.6500</b>		<b>234.7782</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>46.2552</b>	<b>92.4777</b>	<b>82.3953</b>	<b>13.6500</b>		<b>234.7782</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 318795-00 - 2015/01**

**256.66**

Rate Semester 01/01/2015 through 08/31/2015

**The Court at Palm-Aire**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	04/28/1994	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,761,229 7.3037
RS to Start Calcs:	1994/01	<60% of Base:	True	20% ROE(2):	440,307 0.3212
Indexed Asset Value	2,201,536	Interest Rate:	8.2500%	Insurance Cost(3):	34,856 1.8705
FRVS Base Asset:	1,765,380	Chase Rate:	8.2500%	Taxes Cost(3):	62,807 3.3704
Occup Adj Factor	0.9000	Amortization Rate:	8.2500%	Home Office(3):	4,151 0.2228
ROE Factor	0.014380	Interest Only:	True	Replacement(3&4):	583,998 0.0000
		Yearly Payment:	143,956	Total FRVS PD:	13.0886

(1) 80% Capital (\$1,761,229) amortized at 8.2500 % for 20 years Interest of \$143,956 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$7.3037

(2) 20% ROE (\$440,307) times the ROE factor (0.014380) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.3212

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	29,423
Comparison Date: <b>07/01/1987</b>	Current RS PBS:	52,276
Comparison Bed <b>60</b>	Effective PBS Limitation	1,765,380

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.2552	46.2552	0.8047	45.4505
Direct Care	92.4777	92.4777	1.6089	90.8688
Indirect Care	82.3953	82.3953	1.4335	80.9618
Property	13.6500	13.0886	0.2277	12.8609
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.6183
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>234.7782</b>	<b>234.2168</b>	<b>4.0748</b>	<b>256.6628</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

**0 318795-00 - 2015/01**

**256.66**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01	2,487,096	0.00	1.6983	1.6983		60	9.90	1,765,380	1,765,380	1
1994/07		0.10	1.5991	1.5991		60	9.90	1,765,380	2,061,660	
1995/01		0.10	1.5812	1.5812		60	9.90	1,765,380	2,094,240	
1995/07		0.20	1.5250	1.5250		60	9.90	1,765,380	2,126,160	
1996/01		0.20	1.7228	1.7228		60	9.90	1,765,380	2,162,820	
1996/07		0.30	1.3294	1.3294		60	9.90	1,765,380	2,191,560	
1997/01		0.30	1.4109	1.4109		60	9.90	1,765,380	2,222,460	
1997/07		0.40	1.0917	1.0917		60	17.10	1,765,380	2,246,700	
1998/01		0.40	1.1663	1.1663		60	17.10	1,765,380	2,272,920	
1998/07	45,093	0.50	1.0794	1.0794		60	17.05	1,810,473	2,297,460	
1999/01		0.50	1.4499	1.4499		60	17.05	1,810,473	2,330,760	
1999/07	8,802	0.60	1.2299	1.2299		60	19.63	1,819,275	2,359,440	
2000/01		0.60	1.3356	1.3356		60	19.63	1,819,275	2,390,940	
2000/07		0.70	1.1129	1.1129		60	26.00	1,825,975	2,417,520	
2001/01		0.70	1.2976	1.2976		60	26.00	1,833,815	2,448,900	
2001/07		0.80	0.9615	0.9615		60	25.50	1,840,355	2,472,420	
2002/01		0.80	1.0301	1.0301		60	25.50	1,847,387	2,497,860	
2002/07		0.90	0.8337	0.8337		60	27.67	1,854,360	2,518,680	
2003/01		0.90	1.3271	1.3271		60	27.67	1,865,503	2,552,100	
2003/07		1.00	1.1664	1.1664		60	27.13	1,876,236	2,581,860	
2004/01		1.00	1.1103	1.1103		60	27.13	1,886,512	2,610,540	
2004/07		1.00	0.8378	0.8378		60	40.45	1,898,136	2,632,440	
2005/01		1.00	0.8595	0.8595		60	40.45	1,910,135	2,655,060	
2005/07		1.00	0.7364	0.7364		60	40.45	1,920,480	2,674,620	
2006/01	21,083	1.00	0.9068	0.9068		60	31.43	1,951,515	2,698,860	
2006/07		1.00	0.8133	0.8133		60	41.02	1,963,352	2,720,820	
2007/01		1.00	1.0133	1.0133		60	41.02	1,978,190	2,748,360	
2007/07		1.00	1.1050	1.1050		60	41.02	1,994,493	2,778,720	
2008/01		1.00	0.8556	0.8556		60	41.02	2,007,220	2,802,480	
2008/07		1.00	0.6104	0.6104		60	41.02	2,016,358	2,819,580	



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**0 318795-00 - 2015/01**

**256.66**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		1.00	1.3268	1.3268		60	41.02	2,036,311	2,857,020	
2009/07		1.00	0.6841	0.6841		60	46.21	2,048,015	2,876,580	
2010/01		1.00	0.8643	0.8643		60	46.21	2,062,887	2,901,420	
2010/07		1.00	0.7107	0.7107		60	48.44	2,075,799	2,922,060	
2011/01		1.00	0.9198	0.9198		60	40.36	2,089,810	2,948,940	
2011/07		1.00	0.9028	0.9028		60	40.36	2,103,655	2,975,580	
2012/01		1.00	0.3865	0.3865		60	40.36	2,109,621	2,987,100	
2012/07		1.00	0.9417	0.9417		60	50.95	2,128,024	3,015,240	
2013/01		1.00	0.4901	0.4901		60	50.95	2,137,685	3,030,000	
2013/07		1.00	0.6196	0.6196		60	51.84	2,150,169	3,048,780	
2014/01		1.00	0.8564	0.8564		60	51.84	2,167,525	3,074,880	
2014/07		0.95	1.2383	1.2383		60	45.36	2,188,555	3,112,980	
2015/01		0.95	0.7571	0.7571		60	45.36	2,201,536	3,136,560	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 318795063020130701201212102013140147



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 319244-00 - 2015/01**

**269.61**

**Palmer Ranch Healthcare and Rehabilitation**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>5111 PALMER RANCH PARKWAY</b>	<b>7/1/2012-6/30/2013</b>	Number of Beds: <b>60</b>	Superior: <b>0</b>
<b>SARASOTA, FL 34238</b>	Days in CR <b>365</b>	Maximum: <b>21,900</b>	Standard: <b>243</b>
County: <b>Sarasota [58]</b>	First Used : <b>2014/01</b>	Max Annualized: <b>21,900</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>20,436</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,341</b>	Inflation
Current Class <b>South Small</b>	Initial CR? <b>False</b>	Medicaid: <b>7,511</b>	FY Index: <b>1.29878490</b>
Class at 1/94: <b>South Small</b>	Medical Utilization		Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy: <b>93.31507%</b>	<b>36.75377%</b>	Cost: <b>1.05607860</b>
Open Date: <b>07/01/1999</b>	Statewide Low Occupancy Threshold: <b>78.31130%</b>	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/28/1999</b>	Medicaid Low Occupancy Threshold: <b>41.41010%</b>	<b>41.41010%</b>	DC FY Index: <b>1.20850000</b>
Entered Medicaid <b>06/01/2000</b>	Low Occupancy Adjustment Factor: <b>119.15914%</b>	<b>119.15914%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2006</b>	Weighted Low Occ Adjustment Factor: <b>100.00000%</b>	<b>100.00000%</b>	DC Inflation: <b>1.03805959</b>
Previous Med # <b>269328</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	400,738	809,337	505,391	234,569		1,950,035	
1a	Audit Adjustments							
2	Cost Per Diem	53.3535	107.7536	67.2868	31.2301		259.6240	
3	Cost Per Diem Inflated	56.3455	111.8547	71.0601				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>56.3455</b>	<b>111.8547</b>	<b>71.0601</b>	<b>31.2301</b>		<b>270.4904</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.0623		81.0573				
7	Provider Target Rate	<b>61.2252</b>		<b>84.0257</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.3455</b>	<b>107.6155</b>	<b>71.0601</b>	<b>13.6500</b>		<b>248.6711</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>56.3455</b>	<b>107.6155</b>	<b>71.0601</b>	<b>13.6500</b>		<b>248.6711</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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Computation of Nursing Home Medicaid Reimbursement Rate

**0 319244-00 - 2015/01**

**269.61**

Rate Semester 01/01/2015 through 08/31/2015

**Palmer Ranch Healthcare and Rehabilitation**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>06/01/2000</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,596,680.00</b>	Total Amount	Per Diem	
RS to Start Calcs:	<b>1999/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>2,120,830</b>	<b>10.5366</b>
Indexed Asset Value	<b>2,651,037</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>530,207</b>	<b>0.3868</b>
FRVS Base Asset:	<b>0</b>	Interest Rate:	<b>7.6700%</b>	Insurance Cost(3):	<b>6,453</b>	<b>0.3158</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>29,866</b>	<b>1.4614</b>
ROE Factor	<b>0.014380</b>	Amortization Rate:	<b>7.6700%</b>	Home Office(3):	<b>16,334</b>	<b>0.7993</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>24,350</b>	<b>0.0000</b>
		Yearly Payment:	<b>207,677</b>	Total FRVS PD:		<b>13.4999</b>

- (1) 80% Capital (\$2,120,830) amortized at 7.6700 % for 20 years Principal & Interest of \$207,677 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$10.5366  
 (2) 20% ROE (\$530,207) times the ROE factor (0.014380) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.3868  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/1999</b>	Current RS PBS:	38,846
Comparison Bed	<b>60</b>	Effective PBS Limitation	52,276
			2,330,760

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>56.3455</b>	<b>56.3455</b>	<b>0.9803</b>	<b>55.3652</b>
Direct Care	<b>107.6155</b>	<b>107.6155</b>	<b>1.8723</b>	<b>105.7432</b>
Indirect Care	<b>71.0601</b>	<b>71.0601</b>	<b>1.2363</b>	<b>69.8238</b>
Property	<b>13.6500</b>	<b>13.4999</b>	<b>0.2349</b>	<b>13.2650</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>15.5150</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>248.6711</b>	<b>248.5210</b>	<b>4.3238</b>	<b>269.6147</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

**0 319244-00 - 2015/01**

**269.61**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01	4,833,075	0.00	1.3356	1.3356		60	14.93	2,330,760	2,330,760	1
2000/07		0.10	1.1129	1.1129		60	14.93	2,330,760	2,417,520	
2001/01		0.10	1.2976	1.2976		60	14.93	2,330,760	2,448,900	
2001/07		0.20	0.9615	0.9615		60	14.93	2,330,760	2,472,420	
2002/01		0.20	1.0301	1.0301		60	14.93	2,330,760	2,497,860	
2002/07		0.30	0.8337	0.8337		60	25.91	2,333,506	2,518,680	
2003/01		0.30	1.3271	1.3271		60	25.91	2,337,882	2,552,100	
2003/07		0.40	1.1664	1.1664		60	34.28	2,344,681	2,581,860	
2004/01		0.40	1.1103	1.1103		60	41.14	2,352,470	2,610,540	
2004/07		0.50	0.8378	0.8378		60	41.14	2,359,841	2,632,440	
2005/01		0.50	0.8595	0.8595		60	41.14	2,367,428	2,655,060	
2005/07		0.60	0.7364	0.7364		60	41.14	2,375,252	2,674,620	
2006/01		0.60	0.9068	0.9068		60	41.14	2,384,919	2,698,860	
2006/07		0.70	0.8133	0.8133		60	46.25	2,396,336	2,720,820	
2007/01		0.70	1.0133	1.0133		60	46.25	2,410,629	2,748,360	
2007/07		0.80	1.1050	1.1050		60	46.25	2,428,549	2,778,720	
2008/01		0.80	0.8556	0.8556		60	46.25	2,442,528	2,802,480	
2008/07		0.90	0.6104	0.6104		60	46.25	2,453,812	2,819,580	
2009/01		0.90	1.3268	1.3268		60	46.25	2,478,451	2,857,020	
2009/07		1.00	0.6841	0.6841		60	45.92	2,492,607	2,876,580	
2010/01	16,162	1.00	0.8643	0.8643		60	36.39	2,523,023	2,901,420	
2010/07		1.00	0.7107	0.7107		60	36.39	2,534,887	2,922,060	
2011/01		1.00	0.9198	0.9198		60	33.84	2,549,233	2,948,940	
2011/07		1.00	0.9028	0.9028		60	33.84	2,563,393	2,975,580	
2012/01		1.00	0.3865	0.3865		60	33.84	2,569,489	2,987,100	
2012/07		1.00	0.9417	0.9417		60	33.96	2,584,429	3,015,240	
2013/01		1.00	0.4901	0.4901		60	32.04	2,591,808	3,030,000	
2013/07		1.00	0.6196	0.6196		60	32.04	2,601,163	3,048,780	
2014/01		1.00	0.8564	0.8564		60	36.75	2,616,048	3,074,880	
2014/07		1.00	1.2383	1.2383		60	36.75	2,637,693	3,112,980	



Florida Agency for Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

0 319244-00 - 2015/01

269.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		1.00	0.7571	0.7571		60	36.75	2,651,037	3,136,560	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 319244063020130701201210252013155718



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 319325-00 - 2015/01**

**247.18**

**Port Charlotte Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>25325 RAMPART BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PORT CHARLOTTE, FL 33983</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Charlotte [8]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,598</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>14,451</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>20,861</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>51.38430%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.68950%</b>	Cost: <b>1.04340134</b>
Open Date: <b>02/01/1985</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>02/01/1985</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>03/01/1985</b>	Low Occupancy Adjustment Factor:	<b>118.36031%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>10/08/2004</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>264555</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,056,998	1,817,512	1,330,582	326,057		4,531,149	
1a	Audit Adjustments							
2	Cost Per Diem	50.6686	87.1249	63.7832	15.6300		217.2067	
3	Cost Per Diem Inflated	52.8677	89.9570	66.5515				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>52.8677</b>	<b>89.9570</b>	<b>66.5515</b>	<b>15.6300</b>		<b>225.0062</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.6515		58.0497				
7	Provider Target Rate	<b>56.6529</b>		<b>60.1755</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>52.8677</b>	<b>89.9570</b>	<b>60.1755</b>	<b>13.6500</b>		<b>216.6502</b>	
12/13	Medical Adjustment Rate		0.1401	0.0937				
14	Prospective Per Diem 11	<b>52.8677</b>	<b>90.0971</b>	<b>60.2692</b>	<b>13.6500</b>		<b>216.8840</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 319325-00 - 2015/01**

**247.18**

Rate Semester 01/01/2015 through 08/31/2015

**Port Charlotte Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	05/15/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>5,300,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1985/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,998,384</b>	<b>15.4475</b>
Indexed Asset Value	<b>6,247,980</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,249,596</b>	<b>0.5944</b>
FRVS Base Asset:	<b>3,157,214</b>	Interest Rate:	<b>10.7500%</b>	Insurance Cost(3):	<b>83,374</b>	<b>2.0536</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>10.0000%</b>	Taxes Cost(3):	<b>51,478</b>	<b>1.2680</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>10.7500%</b>	Home Office(3):	<b>18,979</b>	<b>0.4675</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>101,014</b>	<b>0.0000</b>
		Yearly Payment:	<b>608,941</b>	Total FRVS PD:		<b>19.8310</b>

- (1) 80% Capital (\$4,998,384) amortized at 10.7500 % for 20 years Principal & Interest of \$608,941 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$15.4475
- (2) 20% ROE (\$1,249,596) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5944
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>52.8677</b>	<b>52.8677</b>	<b>0.9198</b>	<b>51.9479</b>
Direct Care	<b>90.0971</b>	<b>90.0971</b>	<b>1.5675</b>	<b>88.5296</b>
Indirect Care	<b>60.2692</b>	<b>60.2692</b>	<b>1.0485</b>	<b>59.2207</b>
Property	<b>13.6500</b>	<b>19.8310</b>	<b>0.3450</b>	<b>19.4860</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>18.0931</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>216.8840</b>	<b>223.0650</b>	<b>3.8808</b>	<b>247.1798</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 319325-00 - 2015/01**

**247.18**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	3,154,526	0.00	1.1471	1.1471		120	65.03	3,154,526	3,391,080	
1985/10		0.10	0.8522	0.8522		120	65.03	3,157,214	3,420,000	
1986/01		0.10	0.8299	0.8299		120	65.03	3,159,834	3,448,440	
1986/07		0.20	0.2974	0.2974		120	65.03	3,161,714	3,441,840	
1987/01		0.20	1.0091	1.0091		120	65.03	3,168,094	3,503,400	
1987/07	54,913	0.30	0.9007	0.9007		120	76.93	3,231,567	3,530,760	
1988/01		0.30	0.9007	0.9007		120	76.93	3,240,299	3,559,440	
1988/07		0.40	0.5899	0.5899		120	76.93	3,247,946	3,557,520	
1989/01		0.40	0.5899	0.5899		120	76.93	3,255,611	3,578,520	
1989/07		0.50	0.5899	0.5899		120	76.93	3,265,215	3,602,760	
1990/01		0.50	0.5899	0.5899		120	64.70	3,274,847	3,620,880	
1990/07		0.60	0.5899	0.5899		120	64.70	3,286,437	3,642,240	
1991/01	18,411	0.60	0.5899	0.5899		120	69.63	3,316,479	3,663,600	
1991/07		0.70	1.4932	1.4932		120	69.63	3,351,143	3,718,320	
1992/01		0.70	2.0117	2.0117		120	70.80	3,398,334	3,793,080	
1992/07		0.80	1.8152	1.8152		120	75.57	3,447,685	3,861,960	
1993/01		0.80	1.7710	1.7710		120	75.57	3,496,532	3,930,360	
1993/07	58,945	0.90	1.5329	1.5329		120	72.71	3,603,715	3,990,600	
1994/01		0.90	1.6983	1.6983		120	72.71	3,658,798	4,058,400	
1994/07	24,100	1.00	1.5991	1.5991		120	66.30	3,741,406	4,123,320	
1995/01		1.00	1.5812	1.5812		120	66.30	3,800,565	4,188,480	
1995/07		1.00	1.5250	1.5250		120	61.19	3,858,524	4,252,320	
1996/01		1.00	1.7228	1.7228		120	54.42	3,924,298	4,325,640	
1996/07	496,250	1.00	1.3294	1.3294		120	65.28	4,383,120	4,383,120	8
1997/01		1.00	1.4109	1.4109		120	65.28	4,444,920	4,444,920	8
1997/07		1.00	1.0917	1.0917		120	65.28	4,493,400	4,493,400	8
1998/01		1.00	1.1663	1.1663		120	65.28	4,545,807	4,545,840	
1998/07		1.00	1.0794	1.0794		120	65.28	4,545,807	4,594,920	5
1999/01		1.00	1.4499	1.4499		120	70.35	4,661,495	4,661,520	
1999/07		1.00	1.2299	1.2299		120	70.35	4,718,827	4,718,880	



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 319325-00 - 2015/01**

**247.18**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	73.62	4,781,852	4,781,880	
2000/07		1.00	1.1129	1.1129		120	73.62	4,835,040	4,835,040	8
2001/01	27,444	1.00	1.2976	1.2976		120	70.55	4,897,800	4,897,800	8
2001/07		1.00	0.9615	0.9615		120	70.55	4,944,840	4,944,840	8
2002/01		1.00	1.0301	1.0301		120	69.27	4,944,840	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	69.97	5,037,360	5,037,360	8
2003/01		1.00	1.3271	1.3271		120	69.97	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	60.01	5,104,200	5,163,720	5
2004/01		1.00	1.1103	1.1103		120	60.01	5,221,053	5,221,080	
2004/07		1.00	0.8378	0.8378		120	50.96	5,261,582	5,264,880	
2005/01		1.00	0.8595	0.8595		120	50.96	5,303,483	5,310,120	
2005/07		0.95	0.7364	0.7364		120	50.96	5,337,861	5,349,240	
2006/01		0.95	0.9068	0.9068		120	50.96	5,380,469	5,397,720	
2006/07		0.90	0.8133	0.8133		120	50.96	5,380,469	5,441,640	5
2007/01		0.90	1.0133	1.0133		120	55.07	5,466,364	5,496,720	
2007/07		0.85	1.1050	1.1050		120	55.07	5,517,710	5,557,440	
2008/01		0.85	0.8556	0.8556		120	55.07	5,557,840	5,604,960	
2008/07		0.80	0.6104	0.6104		120	63.50	5,584,979	5,639,160	
2009/01		0.80	1.3268	1.3268		120	63.50	5,644,258	5,714,040	
2009/07		0.75	0.6841	0.6841		120	63.50	5,673,219	5,753,160	
2010/01		0.75	0.8643	0.8643		120	60.33	5,709,993	5,802,840	
2010/07		0.70	0.7107	0.7107		120	57.97	5,738,400	5,844,120	
2011/01		0.70	0.9198	0.9198		120	57.97	5,775,350	5,897,880	
2011/07	100,885	0.65	0.9028	0.9028		120	51.48	5,907,956	5,951,160	
2012/01		0.65	0.3865	0.3865		120	51.48	5,921,847	5,974,200	
2012/07		0.60	0.9417	0.9417		120	51.48	5,953,164	6,030,480	
2013/01	130,461	0.60	0.4901	0.4901		120	58.94	6,060,000	6,060,000	8
2013/07		0.55	0.6196	0.6196		120	58.94	6,080,652	6,097,560	
2014/01	21,771	0.55	0.8564	0.8564		120	55.53	6,131,063	6,149,760	
2014/07	61,386	0.50	1.2383	1.2383		120	51.38	6,225,960	6,225,960	8



Florida Agency for Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 319325-00 - 2015/01

247.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		120	51.38	6,247,980	6,273,120	

**Message Code:**

- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 319325123120130101201304152014162629



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 319333-00 - 2015/01**

**221.38**

**Harbour Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>23013 WESTCHESTER BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PORT CHARLOTTE, FL 33980</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Charlotte [8]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>36,372</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>11,466</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>14,105</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>38.77983%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>83.04110%</b>	Cost: <b>1.04340134</b>
Open Date: <b>06/01/1986</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/01/1986</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>06/01/1986</b>	Low Occupancy Adjustment Factor:	<b>106.03974%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2005</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>228974</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	672,877	1,117,044	941,189	215,807		2,946,917	
1a	Audit Adjustments							
2	Cost Per Diem	47.7049	79.1949	66.7273	15.3000		208.9271	
3	Cost Per Diem Inflated	49.7754	81.7692	69.6234				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>49.7754</b>	<b>81.7692</b>	<b>69.6234</b>	<b>15.3000</b>		<b>216.4680</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.4465		85.9522				
7	Provider Target Rate	<b>54.3671</b>		<b>89.0998</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>49.7754</b>	<b>81.7692</b>	<b>65.5807</b>	<b>13.6500</b>		<b>210.7753</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>49.7754</b>	<b>81.7692</b>	<b>65.5807</b>	<b>13.6500</b>		<b>210.7753</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 319333-00 - 2015/01**

**221.38**

Rate Semester 01/01/2015 through 08/31/2015

**Harbour Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/01/2000	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,150,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,053,178 14.0182</b>
RS to Start Calcs:	<b>1986/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,013,294 0.4820</b>
Indexed Asset Value	<b>5,066,472</b>	Interest Rate:	<b>15.0000%</b>	Insurance Cost(3):	<b>49,575 1.3630</b>
FRVS Base Asset:	<b>3,420,000</b>	Chase Rate:	<b>9.5000%</b>	Taxes Cost(3):	<b>81,066 2.2288</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>12.5000%</b>	Home Office(3):	<b>0 0.0000</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>56,989 0.0000</b>
		Yearly Payment:	<b>552,598</b>	Total FRVS PD:	<b>18.0920</b>

- (1) 80% Capital (\$4,053,178) amortized at 12.5000 % for 20 years Principal & Interest of \$552,598 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.0182
- (2) 20% ROE (\$1,013,294) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4820
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>49.7754</b>	<b>49.7754</b>	<b>0.8660</b>	<b>48.9094</b>
Direct Care	<b>81.7692</b>	<b>81.7692</b>	<b>1.4226</b>	<b>80.3466</b>
Indirect Care	<b>65.5807</b>	<b>65.5807</b>	<b>1.1409</b>	<b>64.4398</b>
Property	<b>13.6500</b>	<b>18.0920</b>	<b>0.3148</b>	<b>17.7772</b>
ROE				
ROE Adjustment				
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>210.7753</b>	<b>215.2173</b>	<b>3.7443</b>	<b>221.3755</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 319333-00 - 2015/01**

**221.38**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	3,650,000	0.00	0.8299	0.8299		120	18.76	3,420,000	3,420,000	1
1986/07		0.10	0.2974	0.2974		120	18.76	3,420,000	3,441,840	
1987/01		0.10	1.0091	1.0091		120	18.76	3,420,000	3,503,400	
1987/07		0.20	0.9007	0.9007		120	18.76	3,420,000	3,530,760	
1988/01		0.20	0.9007	0.9007		120	18.76	3,420,000	3,559,440	
1988/07		0.30	0.5899	0.5899		120	18.76	3,420,000	3,557,520	
1989/01	42,544	0.30	0.5899	0.5899		120	18.76	3,462,544	3,578,520	
1989/07		0.40	0.5899	0.5899		120	27.59	3,466,643	3,602,760	
1990/01		0.40	0.5899	0.5899		120	27.59	3,470,747	3,620,880	
1990/07		0.50	0.5899	0.5899		120	27.59	3,475,883	3,642,240	
1991/01		0.50	0.5899	0.5899		120	33.76	3,482,177	3,663,600	
1991/07		0.60	1.4932	1.4932		120	33.76	3,501,326	3,718,320	
1992/01		0.60	2.0117	2.0117		120	32.22	3,526,083	3,793,080	
1992/07		0.70	1.8152	1.8152		120	35.95	3,555,367	3,861,960	
1993/01		0.70	1.7710	1.7710		120	35.95	3,584,177	3,930,360	
1993/07		0.80	1.5329	1.5329		120	39.03	3,615,367	3,990,600	
1994/01		0.80	1.6983	1.6983		120	39.03	3,650,223	4,058,400	
1994/07		0.90	1.5991	1.5991		120	42.58	3,690,894	4,123,320	
1995/01		0.90	1.5812	1.5812		120	42.58	3,731,558	4,188,480	
1995/07	27,572	1.00	1.5250	1.5250		120	45.93	3,806,652	4,252,320	
1996/01		1.00	1.7228	1.7228		120	45.93	3,861,418	4,325,640	
1996/07	18,306	1.00	1.3294	1.3294		120	46.52	3,923,143	4,383,120	
1997/01		1.00	1.4109	1.4109		120	46.52	3,969,960	4,444,920	
1997/07		1.00	1.0917	1.0917		120	44.02	4,004,648	4,493,400	
1998/01		1.00	1.1663	1.1663		120	44.02	4,042,030	4,545,840	
1998/07		1.00	1.0794	1.0794		120	40.77	4,074,371	4,594,920	
1999/01		1.00	1.4499	1.4499		120	40.77	4,118,161	4,661,520	
1999/07		1.00	1.2299	1.2299		120	40.77	4,155,706	4,718,880	
2000/01		1.00	1.3356	1.3356		120	40.94	4,197,021	4,781,880	
2000/07		1.00	1.1129	1.1129		120	40.26	4,231,212	4,835,040	



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0 319333-00 - 2015/01

221.38

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		120	40.26	4,271,402	4,897,800	
2001/07		1.00	0.9615	0.9615		120	41.93	4,302,712	4,944,840	
2002/01		1.00	1.0301	1.0301		120	41.93	4,336,502	4,995,720	
2002/07		1.00	0.8337	0.8337		120	38.65	4,361,908	5,037,360	
2003/01		1.00	1.3271	1.3271		120	38.65	4,402,587	5,104,200	
2003/07	163,829	1.00	1.1664	1.1664		120	36.77	4,600,747	5,163,720	
2004/01		1.00	1.1103	1.1103		120	36.77	4,634,898	5,221,080	
2004/07		1.00	0.8378	0.8378		120	34.79	4,659,460	5,264,880	
2005/01		1.00	0.8595	0.8595		120	34.79	4,659,460	5,310,120	5
2005/07		1.00	0.7364	0.7364		120	22.29	4,684,792	5,349,240	
2006/01		1.00	0.9068	0.9068		120	22.29	4,684,792	5,397,720	
2006/07		0.95	0.8133	0.8133		120	22.29	4,684,792	5,441,640	
2007/01		0.95	1.0133	1.0133		120	22.29	4,684,792	5,496,720	
2007/07		0.90	1.1050	1.1050		120	22.29	4,684,792	5,557,440	
2008/01		0.90	0.8556	0.8556		120	22.29	4,684,792	5,604,960	
2008/07		0.85	0.6104	0.6104		120	22.29	4,684,792	5,639,160	
2009/01	85,165	0.85	1.3268	1.3268		120	30.51	4,799,266	5,714,040	
2009/07	50,164	0.80	0.6841	0.6841		120	33.64	4,865,495	5,753,160	
2010/01		0.80	0.8643	0.8643		120	33.64	4,886,070	5,802,840	
2010/07		0.75	0.7107	0.7107		120	33.64	4,901,999	5,844,120	
2011/01		0.75	0.9198	0.9198		120	35.51	4,923,834	5,897,880	
2011/07		0.70	0.9028	0.9028		120	31.77	4,941,809	5,951,160	
2012/01		0.70	0.3865	0.3865		120	31.77	4,949,533	5,974,200	
2012/07		0.65	0.9417	0.9417		120	36.83	4,969,820	6,030,480	
2013/01		0.65	0.4901	0.4901		120	36.83	4,980,423	6,060,000	
2013/07		0.60	0.6196	0.6196		120	36.83	4,992,823	6,097,560	
2014/01	18,073	0.60	0.8564	0.8564		120	37.41	5,028,345	6,149,760	
2014/07		0.55	1.2383	1.2383		120	37.41	5,051,640	6,225,960	
2015/01		0.55	0.7571	0.7571		120	38.78	5,066,472	6,273,120	

**Message Code:**

- |   |                                  |
|---|----------------------------------|
| 1 | Per Bed Standard Limitation      |
| 5 | Uncorrected Licensure Deficiency |







**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 319376-00 - 2015/01**

**216.00**

**Atrium Healthcare Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>9960 ATRIUM WAY</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>84</b>	Superior: <b>0</b>
<b>JACKSONVILLE , FL 32225</b>	Days in CR <b>365</b>	Maximum: <b>30,660</b>	Standard: <b>243</b>
County: <b>Duval [16]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>30,660</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>27,842</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>12,841</b>	Inflation
Current Class <b>North Small</b>	Initial CR? <b>False</b>	Medicaid: <b>9,167</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>32.92508%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>90.80887%</b>	Cost: <b>1.04340134</b>
Open Date: <b>09/13/1996</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/13/1996</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>09/13/1996</b>	Low Occupancy Adjustment Factor:	<b>115.95883%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>02/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>225550</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	379,720	705,829	480,800	121,921		1,688,270	
1a	Audit Adjustments							
2	Cost Per Diem	41.4225	76.9967	52.4490	13.3000		184.1682	
3	Cost Per Diem Inflated	43.2203	79.4996	54.7254				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>43.2203</b>	<b>79.4996</b>	<b>54.7254</b>	<b>13.3000</b>		<b>190.7453</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.8978		57.5320				
7	Provider Target Rate	<b>52.7617</b>		<b>59.6389</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>57.4318</b>	<b>96.7541</b>	<b>74.4105</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	<b>55.8134</b>		<b>67.8397</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>43.2203</b>	<b>79.4996</b>	<b>54.7254</b>	<b>13.3000</b>		<b>190.7453</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>43.2203</b>	<b>79.4996</b>	<b>54.7254</b>	<b>13.3000</b>		<b>190.7453</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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**216.00**

Rate Semester 01/01/2015 through 08/31/2015

**Atrium Healthcare Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	09/13/1996	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,789,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>3,045,855</b> <b>9.5662</b>
RS to Start Calcs:	<b>1996/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>761,464</b> <b>0.5174</b>
Indexed Asset Value	<b>3,807,319</b>	Interest Rate:	<b>6.1000%</b>	Insurance Cost(3):	<b>22,891</b> <b>0.8222</b>
FRVS Base Asset:	<b>3,027,948</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>42,259</b> <b>1.5178</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>6.1000%</b>	Home Office(3):	<b>77,860</b> <b>2.7965</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>0</b> <b>0.0000</b>
		Yearly Payment:	<b>263,970</b>	Total FRVS PD:	<b>15.2201</b>

- (1) 80% Capital (\$3,045,855) amortized at 6.1000 % for 20 years Principal & Interest of \$263,970 divided by annual available days (30660) divided by Occup. Adj. (0.90) = \$9.5662
- (2) 20% ROE (\$761,464) times the ROE factor (0.018750) divided by annual available days (30660) divided by Occup. Adj. (0.90) = \$0.5174
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,047
Comparison Date:	<b>01/01/1996</b>	Current RS PBS:	52,276
Comparison Bed	<b>84</b>	Effective PBS Limitation	3,027,948

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>43.2203</b>	<b>43.2203</b>	<b>0.7519</b>	<b>42.4684</b>
Direct Care	<b>79.4996</b>	<b>79.4996</b>	<b>1.3831</b>	<b>78.1165</b>
Indirect Care	<b>54.7254</b>	<b>54.7254</b>	<b>0.9521</b>	<b>53.7733</b>
Property	<b>13.3000</b>	<b>15.2201</b>	<b>0.2648</b>	<b>14.9553</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>16.7887</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>190.7453</b>	<b>192.6654</b>	<b>3.3519</b>	<b>216.0047</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 319376-00 - 2015/01**

**216.00**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	5,575,062	0.00	1.3294	1.3294		84	15.86	3,027,948	3,027,948	1
1997/01		0.10	1.4109	1.4109		84	15.86	3,027,948	3,111,444	
1997/07		0.10	1.0917	1.0917		84	15.86	3,027,948	3,145,380	
1998/01		0.20	1.1663	1.1663		84	15.86	3,027,948	3,182,088	
1998/07		0.20	1.0794	1.0794		84	15.86	3,027,948	3,216,444	
1999/01		0.30	1.4499	1.4499		84	15.86	3,027,948	3,263,064	
1999/07		0.30	1.2299	1.2299		84	15.86	3,027,948	3,303,216	
2000/01		0.40	1.3356	1.3356		84	30.82	3,037,012	3,347,316	
2000/07	66,763	0.40	1.1129	1.1129		84	47.49	3,115,450	3,384,528	
2001/01		0.50	1.2976	1.2976		84	47.49	3,132,903	3,428,460	
2001/07		0.50	0.9615	0.9615		84	47.49	3,145,909	3,461,388	
2002/01		0.60	1.0301	1.0301		84	47.49	3,162,699	3,497,004	
2002/07		0.60	0.8337	0.8337		84	51.81	3,177,601	3,526,152	
2003/01		0.70	1.3271	1.3271		84	51.81	3,205,409	3,572,940	
2003/07		0.70	1.1664	1.1664		84	46.77	3,227,665	3,614,604	
2004/01		0.80	1.1103	1.1103		84	46.77	3,252,043	3,654,756	
2004/07		0.80	0.8378	0.8378		84	42.39	3,268,841	3,685,416	
2005/01		0.90	0.8595	0.8595		84	42.39	3,288,331	3,717,084	
2005/07		0.90	0.7364	0.7364		84	39.50	3,303,984	3,744,468	
2006/01		1.00	0.9068	0.9068		84	39.50	3,325,501	3,778,404	
2006/07		1.00	0.8133	0.8133		84	39.50	3,344,925	3,809,148	
2007/01		1.00	1.0133	1.0133		84	39.61	3,369,335	3,847,704	
2007/07		1.00	1.1050	1.1050		84	39.61	3,396,148	3,890,208	
2008/01		1.00	0.8556	0.8556		84	39.61	3,417,075	3,923,472	
2008/07		1.00	0.6104	0.6104		84	39.61	3,432,096	3,947,412	
2009/01		1.00	1.3268	1.3268		84	39.61	3,464,891	3,999,828	
2009/07		1.00	0.6841	0.6841		84	39.61	3,481,962	4,027,212	
2010/01	125,751	1.00	0.8643	0.8643		84	37.06	3,627,991	4,061,988	
2010/07		1.00	0.7107	0.7107		84	37.06	3,645,365	4,090,884	
2011/01		1.00	0.9198	0.9198		84	37.06	3,667,958	4,128,516	



Florida Agency for Health Care Administration  
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**0 319376-00 - 2015/01**

**216.00**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		1.00	0.9028	0.9028		84	35.84	3,689,536	4,165,812	
2012/01		1.00	0.3865	0.3865		84	35.14	3,698,647	4,181,940	
2012/07		1.00	0.9417	0.9417		84	35.14	3,720,900	4,221,336	
2013/01		1.00	0.4901	0.4901		84	33.47	3,731,998	4,242,000	
2013/07		1.00	0.6196	0.6196		84	33.47	3,746,070	4,268,292	
2014/01		1.00	0.8564	0.8564		84	30.80	3,764,036	4,304,832	
2014/07		1.00	1.2383	1.2383		84	30.80	3,790,138	4,358,172	
2015/01		1.00	0.7571	0.7571		84	32.93	3,807,319	4,391,184	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 319376123120130101201310272014095447



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 320391-00 - 2015/01**

**207.58**

**Zephyr Haven Health & Rehab Center, Inc.**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>38250 A AVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>ZEPHYRHILLS, FL 33542</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Pasco [51]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>42,326</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>5,945</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>29,430</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>69.53173%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>96.63470%</b>	Cost: <b>1.04340134</b>
Open Date: <b>07/01/1971</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/28/1989</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>06/28/1989</b>	Low Occupancy Adjustment Factor:	<b>123.39816%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>212741</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,164,013	2,225,621	1,281,708	266,930		4,938,272	
1a	Audit Adjustments							
2	Cost Per Diem	39.5519	75.6242	43.5511	9.0700		167.7972	
3	Cost Per Diem Inflated	41.2685	78.0825	45.4413				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>41.2685</b>	<b>78.0825</b>	<b>45.4413</b>	<b>9.0700</b>		<b>173.8623</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.8275		54.4474				
7	Provider Target Rate	<b>60.9818</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>41.2685</b>	<b>78.0825</b>	<b>45.4413</b>	<b>9.0700</b>		<b>173.8623</b>	
12/13	Medical Adjustment Rate		1.7157	0.9985				
14	Prospective Per Diem 11	<b>41.2685</b>	<b>79.7982</b>	<b>46.4398</b>	<b>9.0700</b>		<b>176.5765</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 320391-00 - 2015/01**

**207.58**

Rate Semester 01/01/2015 through 08/31/2015

**Zephyr Haven Health & Rehab Center, Inc.**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/28/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>5,178,600.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1989/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>3,870,402</b>	<b>8.2049</b>
Indexed Asset Value	<b>4,838,003</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>967,601</b>	<b>0.4602</b>
FRVS Base Asset:	<b>615,660</b>	Interest Rate:	<b>5.6500%</b>	Insurance Cost(3):	<b>7,460</b>	<b>0.1763</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>0</b>	<b>0.0000</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>5.6500%</b>	Home Office(3):	<b>72,709</b>	<b>1.7178</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>210,471</b>	<b>0.0000</b>
		Yearly Payment:	<b>323,436</b>	Total FRVS PD:		<b>10.5592</b>

(1) 80% Capital (\$3,870,402) amortized at 5.6500 % for 20 years Principal & Interest of \$323,436 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.2049

(2) 20% ROE (\$967,601) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4602

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	10,261
Comparison Date:	<b>01/01/1971</b>	Current RS PBS:	52,276
Comparison Bed	<b>60</b>	Effective PBS Limitation	615,660

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>41.2685</b>	<b>41.2685</b>	<b>0.7180</b>	<b>40.5505</b>
Direct Care	<b>79.7982</b>	<b>79.7982</b>	<b>1.3883</b>	<b>78.4099</b>
Indirect Care	<b>46.4398</b>	<b>46.4398</b>	<b>0.8079</b>	<b>45.6319</b>
Property	<b>9.0700</b>	<b>10.5592</b>	<b>0.1837</b>	<b>10.3755</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.7064</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>176.5765</b>	<b>178.0657</b>	<b>3.0979</b>	<b>207.5767</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	742,396	0.00					100.00	742,396		
1972/01		0.00	3.9787	3.0000	0.9787		100.00	742,396		
1972/07		0.00	5.9113	3.0000	2.9113		100.00	742,396		
1973/01		0.00	8.0622	3.0000	5.0622		100.00	742,396		
1973/07		0.00	10.7186	3.0000	7.7186		100.00	742,396		
1974/01		0.00	12.9457	3.0000	9.9457		100.00	742,396		
1974/07		0.00	13.0494	3.0000	10.0494		100.00	742,396		
1975/01		0.00	13.1399	3.0000	10.1399		100.00	742,396		
1975/07		0.00	14.2033	3.0000	11.2033		100.00	742,396		
1976/01		0.00	15.2478	3.0000	12.2478		100.00	742,396		
1976/07		0.00	15.7330	3.0000	12.7330		100.00	742,396		
1977/01		0.00	16.4836	3.0000	13.4836		100.00	742,396		
1977/07		0.00	18.5412	3.0000	15.5412		100.00	742,396		
1978/01		0.00	20.2809	3.0000	17.2809		100.00	742,396		
1978/07		0.00	22.8203	3.0000	19.8203		100.00	742,396		
1979/01		0.00	24.9476	3.0000	21.9476		100.00	742,396		
1979/07		0.00	26.1458	3.0000	23.1458		100.00	742,396		
1980/01		0.00	29.3115	3.0000	26.3115			742,396		
1980/07		0.00	30.1222	3.0000	27.1222			742,396		
1981/01		0.00	30.9462	3.0000	27.9462			742,396		
1981/07		0.00	30.5350	3.0000	27.5350			742,396		
1982/01		0.00	30.2110	3.0000	27.2110			742,396		
1982/07		0.00	29.5087	3.0000	26.5087			742,396		
1983/04		0.00	29.1375	3.0000	26.1375			742,396		
1983/07		0.00	30.0953	3.0000	27.0953			742,396		
1984/01		0.00	28.3905	3.0000	25.3905			742,396		
1984/07		0.00	27.3084	3.0000	24.3084			742,396		
1985/01		0.00	25.4555	3.0000	22.4555			742,396		
1985/10		0.00	23.3077	3.0000	20.3077			742,396		
1986/01		0.00	21.1376	3.0000	18.1376			742,396		



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**207.58**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		0.00	18.4350	3.0000	15.4350			742,396		
1987/01		0.00	16.4441	3.0000	13.4441			742,396		
1987/07		0.00	14.3448	3.0000	11.3448			742,396		
1988/01		0.00	12.2455	3.0000	9.2455			742,396		
1988/07		0.00	9.8354	3.0000	6.8354	60		742,396	1,778,760	
1989/01	742,396	0.00	7.4253	3.0000	4.4253	60	30.74	615,660	615,660	1
1989/07		0.10	5.0152	3.0000	2.0152	60	30.74	616,692	1,801,380	
1990/01	1,801,380	0.10	2.6051	2.6051		120	30.74	2,418,970	3,620,880	
1990/07		0.20	0.5899	0.5899		120	30.74	2,420,565	3,642,240	
1991/01		0.20	0.5899	0.5899		120	30.74	2,422,161	3,663,600	
1991/07		0.30	1.4932	1.4932		120	30.74	2,428,226	3,718,320	
1992/01	23,177	0.30	2.0117	2.0117		120	30.74	2,459,593	3,793,080	
1992/07		0.40	1.8152	1.8152		120	45.18	2,474,263	3,861,960	
1993/01		0.40	1.7710	1.7710		120	45.18	2,488,661	3,930,360	
1993/07		0.50	1.5329	1.5329		120	48.42	2,505,454	3,990,600	
1994/01		0.50	1.6983	1.6983		120	48.42	2,524,185	4,058,400	
1994/07	201,699	0.60	1.5991	1.5991		120	53.16	2,749,293	4,123,320	
1995/01		0.60	1.5812	1.5812		120	53.16	2,774,503	4,188,480	
1995/07		0.70	1.5250	1.5250		120	57.37	2,804,121	4,252,320	
1996/01		0.70	1.7228	1.7228		120	57.37	2,837,939	4,325,640	
1996/07	40,409	0.80	1.3294	1.3294		120	60.12	2,908,529	4,383,120	
1997/01		0.80	1.4109	1.4109		120	60.12	2,941,358	4,444,920	
1997/07		0.90	1.0917	1.0917		120	60.12	2,970,257	4,493,400	
1998/01		0.90	1.1663	1.1663		120	60.12	3,001,436	4,545,840	
1998/07		1.00	1.0794	1.0794		120	56.31	3,033,834	4,594,920	
1999/01		1.00	1.4499	1.4499		120	56.31	3,077,822	4,661,520	
1999/07		1.00	1.2299	1.2299		120	56.31	3,115,676	4,718,880	
2000/01		1.00	1.3356	1.3356		120	62.27	3,157,289	4,781,880	
2000/07		1.00	1.1129	1.1129		120	62.27	3,192,426	4,835,040	
2001/01	32,749	1.00	1.2976	1.2976		120	64.29	3,266,600	4,897,800	





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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		1.00	0.9615	0.9615		120	64.29	3,298,008	4,944,840	
2002/01		1.00	1.0301	1.0301		120	71.21	3,331,981	4,995,720	
2002/07		1.00	0.8337	0.8337		120	71.21	3,359,760	5,037,360	
2003/01	21,192	1.00	1.3271	1.3271		120	67.27	3,425,539	5,104,200	
2003/07		1.00	1.1664	1.1664		120	67.27	3,465,494	5,163,720	
2004/01	46,590	1.00	1.1103	1.1103		120	63.77	3,550,561	5,221,080	
2004/07		1.00	0.8378	0.8378		120	63.77	3,580,308	5,264,880	
2005/01	46,888	1.00	0.8595	0.8595		120	68.56	3,657,969	5,310,120	
2005/07		1.00	0.7364	0.7364		120	68.56	3,684,906	5,349,240	
2006/01	129,184	1.00	0.9068	0.9068		120	66.71	3,847,505	5,397,720	
2006/07		1.00	0.8133	0.8133		120	66.71	3,878,797	5,441,640	
2007/01	102,785	1.00	1.0133	1.0133		120	65.88	4,020,886	5,496,720	
2007/07	64,269	1.00	1.1050	1.1050		120	60.62	4,129,586	5,557,440	
2008/01		1.00	0.8556	0.8556		120	60.62	4,164,919	5,604,960	
2008/07		1.00	0.6104	0.6104		120	60.62	4,190,342	5,639,160	
2009/01		1.00	1.3268	1.3268		120	72.75	4,245,939	5,714,040	
2009/07		0.95	0.6841	0.6841		120	72.75	4,273,533	5,753,160	
2010/01	53,181	0.95	0.8643	0.8643		120	66.21	4,361,804	5,802,840	
2010/07	17,357	0.90	0.7107	0.7107		120	65.45	4,407,059	5,844,120	
2011/01		0.90	0.9198	0.9198		120	65.45	4,443,541	5,897,880	
2011/07		0.85	0.9028	0.9028		120	65.45	4,477,641	5,951,160	
2012/01	81,460	0.85	0.3865	0.3865		120	68.08	4,573,810	5,974,200	
2012/07		0.80	0.9417	0.9417		120	68.08	4,608,269	6,030,480	
2013/01		0.80	0.4901	0.4901		120	72.48	4,626,338	6,060,000	
2013/07		0.75	0.6196	0.6196		120	72.48	4,647,837	6,097,560	
2014/01	93,451	0.75	0.8564	0.8564		120	69.74	4,771,141	6,149,760	
2014/07		0.70	1.2383	1.2383		120	69.74	4,812,497	6,225,960	
2015/01		0.70	0.7571	0.7571		120	69.53	4,838,003	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation





**Florida Agency for Health Care Administration**  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 320404-00 - 2015/01**

**213.70**

**Zephyrhills Health & Rehab Center, Inc.**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>7350 DAIRY RD</b>	<b>8/1/2013-7/31/2014</b>	Number of Beds: <b>103</b>	Superior: <b>243</b>
<b>ZEPHYRHILLS, FL 33540</b>	Days in CR <b>365</b>	Maximum: <b>37,595</b>	Standard: <b>0</b>
County: <b>Pasco [51]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>37,595</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>36,134</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>8,968</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>19,232</b>	FY Index: <b>1.32594791</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>53.22411%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>96.11384%</b>	Cost: <b>1.03444406</b>
Open Date: <b>05/01/1998</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/01/1998</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22383277</b>
Entered Medicaid <b>06/23/1998</b>	Low Occupancy Adjustment Factor:	<b>122.73304%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02505427</b>
Previous Med # <b>213802</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	853,418	1,527,001	950,038	168,665		3,499,122	
1a	Audit Adjustments							
2	Cost Per Diem	44.3749	79.3990	49.3988	8.7700		181.9427	
3	Cost Per Diem Inflated	45.9034	81.3883	51.1003				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>45.9034</b>	<b>81.3883</b>	<b>51.1003</b>	<b>8.7700</b>		<b>187.1620</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.1008		63.2882				
7	Provider Target Rate	<b>55.0454</b>		<b>65.6059</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>45.9034</b>	<b>81.3883</b>	<b>51.1003</b>	<b>8.7700</b>		<b>187.1620</b>	
12/13	Medical Adjustment Rate		0.2952	0.1853				
14	Prospective Per Diem 11	<b>45.9034</b>	<b>81.6835</b>	<b>51.2856</b>	<b>8.7700</b>		<b>187.6425</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**0 320404-00 - 2015/01**

**213.70**

Rate Semester 01/01/2015 through 08/31/2015

**Zephyrhills Health & Rehab Center, Inc.**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/23/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	3,972,572 9.8901
RS to Start Calcs:	1998/01	<60% of Base:	True	20% ROE(2):	993,143 0.6695
Indexed Asset Value	4,965,715	Interest Rate:	8.5000%	Insurance Cost(3):	7,596 0.2102
FRVS Base Asset:	2,171,810	Chase Rate:	8.5000%	Taxes Cost(3):	392 0.0108
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	73,789 2.0421
ROE Factor	0.022810	Interest Only:	True	Replacement(3&4):	58,760 0.0000
		Yearly Payment:	334,636	Total FRVS PD:	12.8227

(1) 80% Capital (\$3,972,572) amortized at 8.5000 % for 20 years Interest of \$334,636 divided by annual available days (37595) divided by Occup. Adj. (0.90) = \$9.8901

(2) 20% ROE (\$993,143) times the ROE factor (0.022810) divided by annual available days (37595) divided by Occup. Adj. (0.90) = \$0.6695

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	37,445
Comparison Date: <b>07/01/1997</b>	Current RS PBS:	52,276
Comparison Bed <b>58</b>	Effective PBS Limitation	2,171,810

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.9034	45.9034	0.7986	45.1048
Direct Care	81.6835	81.6835	1.4211	80.2624
Indirect Care	51.2856	51.2856	0.8922	50.3934
Property	8.7700	12.8227	0.2231	12.5996
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.4365
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>187.6425</b>	<b>191.6952</b>	<b>3.3350</b>	<b>213.6992</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2014

**0 320404-00 - 2015/01**

**213.70**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	3,540,301	0.00	1.1663	1.1663		100	31.80	2,171,810	2,171,810	1
1998/07	1,591,044	0.10	1.0794	1.0794		100	31.80	3,764,209	3,829,100	
1999/01		0.10	1.4499	1.4499		100	31.80	3,767,365	3,884,600	
1999/07		0.20	1.2299	1.2299		100	31.80	3,772,723	3,932,400	
2000/01		0.20	1.3356	1.3356		100	31.80	3,778,549	3,984,900	
2000/07		0.30	1.1129	1.1129		100	31.80	3,785,844	4,029,200	
2001/01		0.30	1.2976	1.2976		100	31.80	3,794,365	4,081,500	
2001/07	23,154	0.40	0.9615	0.9615		103	40.18	3,828,180	4,244,321	
2002/01		0.40	1.0301	1.0301		103	40.18	3,839,702	4,287,993	
2002/07		0.50	0.8337	0.8337		103	51.04	3,854,557	4,323,734	
2003/01	26,456	0.50	1.3271	1.3271		103	48.10	3,903,383	4,381,105	
2003/07		0.60	1.1664	1.1664		103	48.10	3,927,272	4,432,193	
2004/01		0.60	1.1103	1.1103		103	50.39	3,951,243	4,481,427	
2004/07		0.70	0.8378	0.8378		103	50.39	3,972,475	4,519,022	
2005/01		0.70	0.8595	0.8595		103	46.17	3,992,540	4,557,853	
2005/07		0.80	0.7364	0.7364		103	46.17	4,012,284	4,591,431	
2006/01		0.80	0.9068	0.9068		103	46.17	4,036,716	4,633,043	
2006/07		0.90	0.8133	0.8133		103	51.01	4,064,121	4,670,741	
2007/01		0.90	1.0133	1.0133		103	52.38	4,099,420	4,718,018	
2007/07		1.00	1.1050	1.1050		103	52.38	4,142,561	4,770,136	
2008/01	28,734	1.00	0.8556	0.8556		103	59.86	4,206,739	4,810,924	
2008/07		1.00	0.6104	0.6104		103	59.86	4,232,417	4,840,279	
2009/01		1.00	1.3268	1.3268		103	59.86	4,288,573	4,904,551	
2009/07	70,922	1.00	0.6841	0.6841		103	47.77	4,384,976	4,938,129	
2010/01		1.00	0.8643	0.8643		103	47.77	4,417,893	4,980,771	
2010/07	19,061	1.00	0.7107	0.7107		103	46.06	4,463,248	5,016,203	
2011/01		1.00	0.9198	0.9198		103	46.06	4,497,628	5,062,347	
2011/07		1.00	0.9028	0.9028		103	45.73	4,531,389	5,108,079	
2012/01		1.00	0.3865	0.3865		103	45.73	4,545,951	5,127,855	
2012/07	50,824	1.00	0.9417	0.9417		103	49.61	4,635,389	5,176,162	



Florida Agency for Health Care Administration  
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0 320404-00 - 2015/01

213.70

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		103	49.61	4,655,881	5,201,500	
2013/07	63,384	1.00	0.6196	0.6196		103	52.69	4,746,901	5,233,739	
2014/01		1.00	0.8564	0.8564		103	52.69	4,785,846	5,278,544	
2014/07	25,454	1.00	1.2383	1.2383		103	50.73	4,865,962	5,343,949	
2015/01	64,105	1.00	0.7571	0.7571		103	53.22	4,965,715	5,384,428	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 320404073120140801201310272014171449



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 320412-00 - 2015/01**

**217.58**

**Sunbelt Health & Rehab Center - Apopka, Inc.**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>305 EAST OAK STREET</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>APOPKA, FL 32703</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Orange [48]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>42,398</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>11,298</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>21,777</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>51.36327%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>96.79909%</b>	Cost: <b>1.05323681</b>
Open Date: <b>02/09/1993</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>02/09/1993</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>02/09/1993</b>	Low Occupancy Adjustment Factor:	<b>123.60807%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>210412</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	957,710	1,747,291	1,037,095	186,629		3,928,725	
1a	Audit Adjustments							
2	Cost Per Diem	43.9781	80.2356	47.6234	8.5700		180.4071	
3	Cost Per Diem Inflated	46.3194	83.2205	50.1587				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>46.3194</b>	<b>83.2205</b>	<b>50.1587</b>	<b>8.5700</b>		<b>188.2686</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.9160		54.4474				
7	Provider Target Rate	<b>50.7073</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>46.3194</b>	<b>83.2205</b>	<b>50.1587</b>	<b>8.5700</b>		<b>188.2686</b>	
12/13	Medical Adjustment Rate		0.1276	0.0769				
14	Prospective Per Diem 11	<b>46.3194</b>	<b>83.3481</b>	<b>50.2356</b>	<b>8.5700</b>		<b>188.4731</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 320412-00 - 2015/01**

**217.58**

Rate Semester 01/01/2015 through 08/31/2015

**Sunbelt Health & Rehab Center - Apopka, Inc.**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/09/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>6,745,700.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1993/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,995,999</b>	<b>10.5910</b>
Indexed Asset Value	<b>6,244,999</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,249,000</b>	<b>0.4753</b>
FRVS Base Asset:	<b>3,861,960</b>	Interest Rate:	<b>5.6500%</b>	Insurance Cost(3):	<b>8,777</b>	<b>0.2070</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>0</b>	<b>0.0000</b>
ROE Factor	<b>0.015000</b>	Amortization Rate:	<b>5.6500%</b>	Home Office(3):	<b>80,260</b>	<b>1.8930</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>164,226</b>	<b>0.0000</b>
		Yearly Payment:	<b>417,498</b>	Total FRVS PD:		<b>13.1663</b>

- (1) 80% Capital (\$4,995,999) amortized at 5.6500 % for 20 years Principal & Interest of \$417,498 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.5910
- (2) 20% ROE (\$1,249,000) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4753
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,183
Comparison Date:	<b>08/01/1992</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,861,960

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>46.3194</b>	<b>46.3194</b>	<b>0.8058</b>	<b>45.5136</b>
Direct Care	<b>83.3481</b>	<b>83.3481</b>	<b>1.4501</b>	<b>81.8980</b>
Indirect Care	<b>50.2356</b>	<b>50.2356</b>	<b>0.8740</b>	<b>49.3616</b>
Property	<b>8.5700</b>	<b>13.1663</b>	<b>0.2291</b>	<b>12.9372</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>17.9649</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>188.4731</b>	<b>193.0694</b>	<b>3.3590</b>	<b>217.5778</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2013

**0 320412-00 - 2015/01**

**217.58**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	5,521,693	0.00	1.7710	1.7710		120	67.50	3,861,960	3,861,960	1
1993/07		0.10	1.5329	1.5329		120	67.50	3,867,880	3,990,600	
1994/01		0.10	1.6983	1.6983		120	67.50	3,874,448	4,058,400	
1994/07		0.20	1.5991	1.5991		120	67.50	3,886,838	4,123,320	
1995/01		0.20	1.5812	1.5812		120	67.50	3,899,128	4,188,480	
1995/07	62,125	0.30	1.5250	1.5250		120	66.96	3,979,092	4,252,320	
1996/01		0.30	1.7228	1.7228		120	66.96	3,999,656	4,325,640	
1996/07	29,456	0.40	1.3294	1.3294		120	66.77	4,050,382	4,383,120	
1997/01		0.40	1.4109	1.4109		120	66.77	4,073,242	4,444,920	
1997/07		0.50	1.0917	1.0917		120	63.59	4,095,478	4,493,400	
1998/01		0.50	1.1663	1.1663		120	63.59	4,119,363	4,545,840	
1998/07		0.60	1.0794	1.0794		120	66.95	4,146,040	4,594,920	
1999/01		0.60	1.4499	1.4499		120	66.95	4,182,106	4,661,520	
1999/07		0.70	1.2299	1.2299		120	64.67	4,218,110	4,718,880	
2000/01		0.70	1.3356	1.3356		120	64.67	4,257,545	4,781,880	
2000/07		0.80	1.1129	1.1129		120	68.87	4,295,450	4,835,040	
2001/01		0.80	1.2976	1.2976		120	68.87	4,340,041	4,897,800	
2001/07		0.90	0.9615	0.9615		120	64.09	4,377,600	4,944,840	
2002/01		0.90	1.0301	1.0301		120	60.60	4,418,185	4,995,720	
2002/07		1.00	0.8337	0.8337		120	60.60	4,418,185	5,037,360	5
2003/01	21,930	1.00	1.3271	1.3271		120	62.88	4,536,072	5,104,200	
2003/07		1.00	1.1664	1.1664		120	62.88	4,588,981	5,163,720	
2004/01		1.00	1.1103	1.1103		120	58.59	4,639,932	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.59	4,678,805	5,264,880	
2005/01		1.00	0.8595	0.8595		120	58.59	4,719,019	5,310,120	
2005/07		1.00	0.7364	0.7364		120	57.00	4,753,770	5,349,240	
2006/01		1.00	0.9068	0.9068		120	57.00	4,796,877	5,397,720	
2006/07	23,072	1.00	0.8133	0.8133		120	62.51	4,858,962	5,441,640	
2007/01		1.00	1.0133	1.0133		120	62.51	4,908,198	5,496,720	
2007/07	20,662	1.00	1.1050	1.1050		120	65.27	4,983,096	5,557,440	



Florida Agency for Health Care Administration  
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0 320412-00 - 2015/01

217.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		120	66.28	5,025,731	5,604,960	
2008/07		1.00	0.6104	0.6104		120	66.28	5,056,408	5,639,160	
2009/01	28,924	1.00	1.3268	1.3268		120	55.14	5,152,420	5,714,040	
2009/07		1.00	0.6841	0.6841		120	55.14	5,187,668	5,753,160	
2010/01		1.00	0.8643	0.8643		120	55.14	5,232,505	5,802,840	
2010/07	926,388	1.00	0.7107	0.7107		120	50.69	5,844,120	5,844,120	8
2011/01		1.00	0.9198	0.9198		120	49.72	5,892,714	5,897,880	
2011/07		1.00	0.9028	0.9028		120	49.72	5,940,806	5,951,160	
2012/01		1.00	0.3865	0.3865		120	49.72	5,961,563	5,974,200	
2012/07	88,490	1.00	0.9417	0.9417		120	50.40	6,030,480	6,030,480	8
2013/01		1.00	0.4901	0.4901		120	50.40	6,057,563	6,060,000	
2013/07	41,402	0.95	0.6196	0.6196		120	48.82	6,097,560	6,097,560	8
2014/01		0.95	0.8564	0.8564		120	48.82	6,141,595	6,149,760	
2014/07		0.90	1.2383	1.2383		120	51.36	6,205,513	6,225,960	
2015/01		0.90	0.7571	0.7571		120	51.36	6,244,999	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency<br>8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 320421-00 - 2015/01**

**247.14**

**East Orlando Health & Rehab Center, Inc.**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>250 SOUTH CHICKASAW TRAIL</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>243</b>
<b>ORLANDO, FL 32825-3308</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>0</b>
County: <b>Orange [48]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,951</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>9,323</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>23,573</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>56.19175%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.77854%</b>	Cost: <b>1.05323681</b>
Open Date: <b>01/06/1993</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/06/1993</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>02/08/1993</b>	Low Occupancy Adjustment Factor:	<b>122.30488%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>206261</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,151,103	2,101,657	1,474,787	212,864		4,940,411	
1a	Audit Adjustments							
2	Cost Per Diem	48.8314	89.1553	62.5626	9.0300		209.5793	
3	Cost Per Diem Inflated	51.4310	92.4721	65.8932				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>51.4310</b>	<b>92.4721</b>	<b>65.8932</b>	<b>9.0300</b>		<b>218.8263</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.2020		77.0856				
7	Provider Target Rate	<b>63.4433</b>		<b>79.9085</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.4310</b>	<b>92.4721</b>	<b>63.5578</b>	<b>9.0300</b>		<b>216.4909</b>	
12/13	Medical Adjustment Rate		0.6441	0.4427				
14	Prospective Per Diem 11	<b>51.4310</b>	<b>93.1162</b>	<b>64.0005</b>	<b>9.0300</b>		<b>217.5777</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 320421-00 - 2015/01**

**247.14**

Rate Semester 01/01/2015 through 08/31/2015

**East Orlando Health & Rehab Center, Inc.**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/08/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	7,740,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>5,014,707</b>	<b>10.6307</b>
RS to Start Calcs:	<b>1993/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,253,677</b>	<b>0.4770</b>
Indexed Asset Value	<b>6,268,384</b>	Interest Rate:	<b>5.6500%</b>	Insurance Cost(3):	<b>8,178</b>	<b>0.1949</b>
FRVS Base Asset:	<b>2,574,640</b>	Chase Rate:	<b>3.2500%</b>	Taxes Cost(3):	<b>0</b>	<b>0.0000</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>5.6500%</b>	Home Office(3):	<b>89,197</b>	<b>2.1262</b>
ROE Factor	<b>0.015000</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>59,190</b>	<b>0.0000</b>
		Yearly Payment:	<b>419,061</b>	Total FRVS PD:		<b>13.4288</b>

- (1) 80% Capital (\$5,014,707) amortized at 5.6500 % for 20 years Principal & Interest of \$419,061 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.6307
- (2) 20% ROE (\$1,253,677) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4770
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,183
Comparison Date:	<b>08/01/1992</b>	Current RS PBS:	52,276
Comparison Bed	<b>80</b>	Effective PBS Limitation	2,574,640

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.4310</b>	<b>51.4310</b>	<b>0.8948</b>	<b>50.5362</b>
Direct Care	<b>93.1162</b>	<b>93.1162</b>	<b>1.6200</b>	<b>91.4962</b>
Indirect Care	<b>64.0005</b>	<b>64.0005</b>	<b>1.1135</b>	<b>62.8870</b>
Property	<b>9.0300</b>	<b>13.4288</b>	<b>0.2336</b>	<b>13.1952</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.1267</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>217.5777</b>	<b>221.9765</b>	<b>3.8619</b>	<b>247.1438</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2013

**0 320421-00 - 2015/01**

**247.14**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	5,589,374	0.00	1.7710	1.7710		80	29.68	2,574,640	2,574,640	1
1993/07		0.10	1.5329	1.5329		80	29.68	2,576,770	2,660,400	
1994/01		0.10	1.6983	1.6983		80	29.68	2,579,131	2,705,600	
1994/07		0.20	1.5991	1.5991		80	29.68	2,583,582	2,748,880	
1995/01		0.20	1.5812	1.5812		80	29.68	2,587,990	2,792,320	
1995/07	44,841	0.30	1.5250	1.5250		80	43.84	2,642,269	2,834,880	
1996/01		0.30	1.7228	1.7228		80	43.84	2,653,153	2,883,760	
1996/07	54,882	0.40	1.3294	1.3294		80	53.11	2,721,660	2,922,080	
1997/01		0.40	1.4109	1.4109		80	53.11	2,736,493	2,963,280	
1997/07	13,468	0.50	1.0917	1.0917		80	48.99	2,763,267	2,995,600	
1998/01		0.50	1.1663	1.1663		80	48.99	2,777,621	3,030,560	
1998/07	1,481,640	0.60	1.0794	1.0794		120	47.09	4,259,261	4,594,920	5
1999/01		0.60	1.4499	1.4499		120	47.09	4,306,499	4,661,520	
1999/07		0.70	1.2299	1.2299		120	46.30	4,337,709	4,718,880	
2000/01		0.70	1.3356	1.3356		120	46.30	4,371,847	4,781,880	
2000/07		0.80	1.1129	1.1129		120	57.89	4,410,770	4,835,040	
2001/01		0.80	1.2976	1.2976		120	57.89	4,456,558	4,897,800	
2001/07		0.90	0.9615	0.9615		120	58.80	4,495,125	4,944,840	
2002/01		0.90	1.0301	1.0301		120	53.96	4,536,011	4,995,720	
2002/07		1.00	0.8337	0.8337		120	53.96	4,573,113	5,037,360	
2003/01	139,616	1.00	1.3271	1.3271		120	57.90	4,773,419	5,104,200	
2003/07		1.00	1.1664	1.1664		120	57.90	4,829,096	5,163,720	
2004/01	18,537	1.00	1.1103	1.1103		120	58.29	4,901,250	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.29	4,942,313	5,264,880	
2005/01		1.00	0.8595	0.8595		120	57.23	4,984,792	5,310,120	
2005/07		1.00	0.7364	0.7364		120	57.23	5,021,500	5,349,240	
2006/01		1.00	0.9068	0.9068		120	57.23	5,067,035	5,397,720	
2006/07		1.00	0.8133	0.8133		120	63.75	5,108,245	5,441,640	
2007/01	38,955	1.00	1.0133	1.0133		120	61.02	5,198,962	5,496,720	
2007/07		1.00	1.1050	1.1050		120	61.02	5,256,411	5,557,440	



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
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0 320421-00 - 2015/01

247.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		120	61.53	5,301,385	5,604,960	
2008/07		1.00	0.6104	0.6104		120	61.53	5,333,745	5,639,160	
2009/01		1.00	1.3268	1.3268		120	48.96	5,396,742	5,714,040	
2009/07		1.00	0.6841	0.6841		120	48.96	5,429,607	5,753,160	
2010/01		1.00	0.8643	0.8643		120	48.96	5,471,382	5,802,840	
2010/07	56,800	1.00	0.7107	0.7107		120	52.98	5,565,639	5,844,120	
2011/01	125,982	1.00	0.9198	0.9198		120	45.82	5,734,269	5,897,880	
2011/07		1.00	0.9028	0.9028		120	45.82	5,777,397	5,951,160	
2012/01		1.00	0.3865	0.3865		120	45.82	5,796,000	5,974,200	
2012/07	56,983	1.00	0.9417	0.9417		120	59.70	5,907,564	6,030,480	
2013/01		1.00	0.4901	0.4901		120	59.70	5,936,517	6,060,000	
2013/07	150,281	0.95	0.6196	0.6196		120	63.02	6,097,560	6,097,560	8
2014/01		0.95	0.8564	0.8564		120	63.02	6,147,170	6,149,760	
2014/07	396,182	0.90	1.2383	1.2383		120	56.19	6,225,960	6,225,960	8
2015/01		0.90	0.7571	0.7571		120	56.19	6,268,384	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency<br>8 Limited to Current RS Per Bed Standard |
|---|



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 320439-00 - 2015/01**

**228.71**

**Adventist Care Centers - Courtland, Inc.**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>730 COURTLAND STREET</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>ORLANDO, FL 32804</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Orange [48]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>42,083</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>9,103</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>26,363</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>62.64525%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>96.07991%</b>	Cost: <b>1.04340134</b>
Open Date: <b>06/28/2000</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/28/2000</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>07/27/2000</b>	Low Occupancy Adjustment Factor:	<b>122.68971%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>224642</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,115,049	2,217,443	1,525,928	299,484		5,157,904	
1a	Audit Adjustments							
2	Cost Per Diem	42.2960	84.1119	57.8814	11.3600		195.6493	
3	Cost Per Diem Inflated	44.1317	86.8461	60.3935				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.1317</b>	<b>86.8461</b>	<b>60.3935</b>	<b>11.3600</b>		<b>202.7313</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.3560		67.4857				
7	Provider Target Rate	<b>57.3832</b>		<b>69.9571</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.1317</b>	<b>86.8461</b>	<b>60.3935</b>	<b>11.3600</b>		<b>202.7313</b>	
12/13	Medical Adjustment Rate		1.2355	0.8592				
14	Prospective Per Diem 11	<b>44.1317</b>	<b>88.0816</b>	<b>61.2527</b>	<b>11.3600</b>		<b>204.8260</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 320439-00 - 2015/01**

**228.71**

Rate Semester 01/01/2015 through 08/31/2015

**Adventist Care Centers - Courtland, Inc.**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/27/2000	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	3,581,726	8.5633
RS to Start Calcs:	2000/01	<60% of Base:	True	20% ROE(2):	895,431	0.4259
Indexed Asset Value	4,477,157	Interest Rate:	9.5000%	Insurance Cost(3):	7,320	0.1739
FRVS Base Asset:	0	Chase Rate:	9.5000%	Taxes Cost(3):	0	0.0000
Occup Adj Factor	0.9000	Amortization Rate:	9.5000%	Home Office(3):	83,714	1.9893
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	33,919	0.0000
		Yearly Payment:	337,565	Total FRVS PD:		11.1524

(1) 80% Capital (\$3,581,726) amortized at 9.5000 % for 20 years Interest of \$337,565 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.5633

(2) 20% ROE (\$895,431) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4259

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	39,324
Comparison Date:	07/01/1999	Current RS PBS:	52,276
Comparison Bed	87	Effective PBS Limitation	3,421,188

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.1317	44.1317	0.7678	43.3639
Direct Care	88.0816	88.0816	1.5324	86.5492
Indirect Care	61.2527	61.2527	1.0656	60.1871
Property	11.3600	11.1524	0.1940	10.9584
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.7461
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>204.8260</b>	<b>204.6184</b>	<b>3.5598</b>	<b>228.7072</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 320439-00 - 2015/01**

**228.71**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07	7,599,378	0.00	1.1129	1.1129		87	35.83	3,421,188	3,421,188	1
2001/01	33,259	0.10	1.2976	1.2976		87	35.83	3,457,340	3,550,905	
2001/07	9,027	0.10	0.9615	0.9615		87	35.83	3,468,534	3,585,009	
2002/01		0.20	1.0301	1.0301		87	35.83	3,473,189	3,621,897	
2002/07		0.20	0.8337	0.8337		87	35.83	3,476,961	3,652,086	
2003/01		0.30	1.3271	1.3271		87	35.83	3,485,978	3,700,545	
2003/07	109,266	0.30	1.1664	1.1664		120	43.63	3,604,920	5,163,720	
2004/01		0.40	1.1103	1.1103		120	43.63	3,617,620	5,221,080	
2004/07	29,051	0.40	0.8378	0.8378		120	50.70	3,657,846	5,264,880	
2005/01		0.50	0.8595	0.8595		120	50.70	3,672,338	5,310,120	
2005/07	56,105	0.50	0.7364	0.7364		120	55.95	3,741,965	5,349,240	
2006/01		0.60	0.9068	0.9068		120	55.95	3,762,325	5,397,720	
2006/07		0.60	0.8133	0.8133		120	55.95	3,780,685	5,441,640	
2007/01		0.70	1.0133	1.0133		120	45.76	3,802,996	5,496,720	
2007/07		0.70	1.1050	1.1050		120	46.08	3,827,641	5,557,440	
2008/01		0.80	0.8556	0.8556		120	46.08	3,849,592	5,604,960	
2008/07	67,724	0.80	0.6104	0.6104		120	50.84	3,934,692	5,639,160	
2009/01		0.90	1.3268	1.3268		120	50.84	3,978,122	5,714,040	
2009/07		0.90	0.6841	0.6841		120	50.84	4,000,763	5,753,160	
2010/01		1.00	0.8643	0.8643		120	49.34	4,031,783	5,802,840	
2010/07		1.00	0.7107	0.7107		120	51.37	4,058,546	5,844,120	
2011/01		1.00	0.9198	0.9198		120	51.37	4,093,413	5,897,880	
2011/07		1.00	0.9028	0.9028		120	51.37	4,127,929	5,951,160	
2012/01	67,487	1.00	0.3865	0.3865		120	53.00	4,210,790	5,974,200	
2012/07		1.00	0.9417	0.9417		120	53.00	4,249,001	6,030,480	
2013/01	20,684	1.00	0.4901	0.4901		120	60.46	4,290,509	6,060,000	
2013/07		1.00	0.6196	0.6196		120	60.46	4,317,093	6,097,560	
2014/01	35,099	1.00	0.8564	0.8564		120	57.31	4,389,164	6,149,760	
2014/07		1.00	1.2383	1.2383		120	62.65	4,443,515	6,225,960	
2015/01		1.00	0.7571	0.7571		120	62.65	4,477,157	6,273,120	





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 320463-00 - 2015/01**

**239.56**

**Florida Living Nursing Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Nonprofit : 501(c)(3) Organization    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3355 E SEMORAN BLVD</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>202</b>	Superior: <b>0</b>
<b>APOPKA, FL 32703</b>	Days in CR <b>365</b>	Maximum: <b>73,730</b>	Standard: <b>243</b>
County: <b>Seminole [59]</b>	First Used : <b>2014/01</b>	Max Annualized: <b>73,730</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>71,035</b>	Total: <b>243</b>
Control: <b>Nonprofit : 501(c)(3) Organization</b>	<b>Unaudited</b>	Medicare: <b>9,125</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>48,720</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>68.58591%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>96.34477%</b>	Cost: <b>1.05323681</b>
Open Date: <b>12/01/1971</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/01/1971</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>07/01/1984</b>	Low Occupancy Adjustment Factor:	<b>123.02793%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>01/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>208167</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,939,121	4,404,859	2,597,445	1,196,076		10,137,501	
1a	Audit Adjustments							
2	Cost Per Diem	39.8013	90.4117	53.3137	24.5500		208.0767	
3	Cost Per Diem Inflated	41.9202	93.7752	56.1520				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>41.9202</b>	<b>93.7752</b>	<b>56.1520</b>	<b>24.5500</b>		<b>216.3974</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.4824		66.4343				
7	Provider Target Rate	<b>52.3311</b>		<b>68.8672</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>41.9202</b>	<b>93.7752</b>	<b>56.1520</b>	<b>13.6500</b>		<b>205.4974</b>	
12/13	Medical Adjustment Rate		1.9608	1.1741				
14	Prospective Per Diem 11	<b>41.9202</b>	<b>95.7360</b>	<b>57.3261</b>	<b>13.6500</b>		<b>208.6323</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 320463-00 - 2015/01**

**239.56**

Rate Semester 01/01/2015 through 08/31/2015

**Florida Living Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/24/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	7,306,971 13.6904
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	1,826,743 0.4129
Indexed Asset Value	9,133,714	Interest Rate:	12.5000%	Insurance Cost(3):	13,043 0.1836
FRVS Base Asset:	1,690,206	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	118,054 1.6619
ROE Factor	0.015000	Interest Only:	True	Replacement(3&4):	75,034 0.0000
		Yearly Payment:	908,457	Total FRVS PD:	15.9488

- (1) 80% Capital (\$7,306,971) amortized at 12.5000 % for 20 years Interest of \$908,457 divided by annual available days (73730) divided by Occup. Adj. (0.90) = \$13.6904
- (2) 20% ROE (\$1,826,743) times the ROE factor (0.015000) divided by annual available days (73730) divided by Occup. Adj. (0.90) = \$0.4129
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	104	Effective PBS Limitation	2,964,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.9202	41.9202	0.7293	41.1909
Direct Care	95.7360	95.7360	1.6656	94.0704
Indirect Care	57.3261	57.3261	0.9973	56.3288
Property	13.6500	15.9488	0.2775	15.6713
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3984
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>208.6323</b>	<b>210.9311</b>	<b>3.6697</b>	<b>239.5623</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2013

**0 320463-00 - 2015/01**

**239.56**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	1,271,206	0.00				104	100.00	1,271,206	1,067,144	
1972/01		0.10	3.9787	3.0000	0.9787	104	100.00	1,275,020	1,109,576	
1972/07		0.10	5.9113	3.0000	2.9113	104	100.00	1,278,845	1,164,280	
1973/01	100	0.20	8.0622	3.0000	5.0622	104	100.00	1,286,618	1,224,288	
1973/07		0.20	10.7186	3.0000	7.7186	104	100.00	1,294,338	1,293,552	
1974/01		0.30	12.9457	3.0000	9.9457	104	100.00	1,305,987	1,361,152	
1974/07		0.30	13.0494	3.0000	10.0494	104	100.00	1,317,741	1,403,376	
1975/01	2,626	0.40	13.1399	3.0000	10.1399	104	100.00	1,336,180	1,446,744	
1975/07		0.40	14.2033	3.0000	11.2033	104	100.00	1,352,214	1,505,608	
1976/01		0.50	15.2478	3.0000	12.2478	104	100.00	1,372,497	1,566,448	
1976/07		0.50	15.7330	3.0000	12.7330	104	100.00	1,393,084	1,621,048	
1977/01		0.60	16.4836	3.0000	13.4836	104	100.00	1,418,160	1,681,888	
1977/07		0.60	18.5412	3.0000	15.5412	104	100.00	1,443,687	1,766,856	
1978/01		0.70	20.2809	3.0000	17.2809	104	100.00	1,474,004	1,850,680	
1978/07		0.70	22.8203	3.0000	19.8203	104	100.00	1,504,958	1,953,120	
1979/01	4,258	0.80	24.9476	3.0000	21.9476	104	100.00	1,545,335	2,053,272	
1979/07		0.80	26.1458	3.0000	23.1458	104	100.00	1,582,423	2,139,488	
1980/01		0.90	29.3115	3.0000	26.3115	104		1,582,423	2,271,464	
1980/07		0.90	30.1222	3.0000	27.1222	104		1,582,423	2,357,992	
1981/01		1.00	30.9462	3.0000	27.9462	104		1,582,423	2,448,160	
1981/07		1.00	30.5350	3.0000	27.5350	104		1,582,423	2,511,496	
1982/01		1.00	30.2110	3.0000	27.2110	104		1,582,423	2,578,784	
1982/07		1.00	29.5087	3.0000	26.5087	104		1,582,423	2,637,960	
1983/04		1.00	29.1375	3.0000	26.1375	104		1,582,423	2,707,328	
1983/07		1.00	30.0953	3.0000	27.0953	104		1,582,423	2,814,448	
1984/01		1.00	28.3905	3.0000	25.3905	104		1,582,423	2,850,952	
1984/07		1.00	27.3084	3.0000	24.3084	104	40.87	1,617,700	2,905,656	
1985/01		1.00	25.4555	3.0000	22.4555	104	40.87	1,653,763	2,938,936	
1985/10		1.00	23.3077	3.0000	20.3077	104	40.40	1,690,206	2,964,000	
1986/01		1.00	21.1376	3.0000	18.1376	104	40.40	1,727,452	2,988,648	



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**0 320463-00 - 2015/01**

**239.56**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	104	40.40	1,765,519	2,982,928	
1987/01		1.00	16.4441	3.0000	13.4441	104	43.31	1,807,227	3,036,280	
1987/07		1.00	14.3448	3.0000	11.3448	104	38.92	1,845,593	3,059,992	
1988/01		1.00	12.2455	3.0000	9.2455	104	38.92	1,884,773	3,084,848	
1988/07		1.00	9.8354	3.0000	6.8354	104	38.92	1,924,785	3,083,184	
1989/01		1.00	7.4253	3.0000	4.4253	104	43.51	1,970,465	3,101,384	
1989/07	1,789,260	1.00	5.0152	3.0000	2.0152	164	43.03	3,805,974	4,923,772	
1990/01		1.00	2.6051	2.6051		164	43.03	3,883,545	4,948,536	
1990/07		1.00	0.5899	0.5899		164	44.69	3,902,160	4,977,728	
1991/01		1.00	0.5899	0.5899		164	44.69	3,920,864	5,006,920	
1991/07	27,451	1.00	1.4932	1.4932		164	54.85	4,006,702	5,081,704	
1992/01		0.95	2.0117	2.0117		164	54.85	4,083,065	5,183,876	
1992/07	607,040	0.95	1.8152	1.8152		164	60.51	4,760,513	5,278,012	
1993/01		0.90	1.7710	1.7710		164	60.51	4,836,391	5,371,492	
1993/07	42,979	0.90	1.5329	1.5329		184	59.24	4,946,093	6,118,920	
1994/01		0.85	1.6983	1.6983		184	59.24	5,017,495	6,222,880	
1994/07		0.85	1.5991	1.5991		184	64.98	5,085,693	6,322,424	
1995/01		0.80	1.5812	1.5812		184	64.98	5,150,027	6,422,336	
1995/07		0.80	1.5250	1.5250		184	65.85	5,212,857	6,520,224	
1996/01		0.75	1.7228	1.7228		184	65.85	5,280,212	6,632,648	
1996/07		0.75	1.3294	1.3294		184	65.58	5,332,861	6,720,784	
1997/01		0.70	1.4109	1.4109		184	65.58	5,385,528	6,815,544	
1997/07	142,466	0.70	1.0917	1.0917		184	66.47	5,569,150	6,889,880	
1998/01		0.65	1.1663	1.1663		184	66.47	5,611,370	6,970,288	
1998/07		0.65	1.0794	1.0794		184	66.29	5,650,739	7,045,544	
1999/01		0.60	1.4499	1.4499		184	66.29	5,699,895	7,147,664	
1999/07		0.60	1.2299	1.2299		184	66.29	5,741,955	7,235,616	
2000/01	44,923	0.55	1.3356	1.3356		184	67.46	5,829,058	7,332,216	
2000/07	44,795	0.55	1.1129	1.1129		184	67.40	5,909,533	7,413,728	
2001/01		0.50	1.2976	1.2976		184	67.40	5,947,874	7,509,960	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		184	60.74	5,976,471	7,582,088	
2002/01		0.45	1.0301	1.0301		184	62.63	6,004,172	7,660,104	
2002/07		0.45	0.8337	0.8337		184	62.63	6,026,700	7,723,952	
2003/01	153,846	0.40	1.3271	1.3271		184	61.30	6,212,536	7,826,440	
2003/07		0.40	1.1664	1.1664		184	61.30	6,241,524	7,917,704	
2004/01	269,062	0.35	1.1103	1.1103		202	61.97	6,534,841	8,788,818	
2004/07		0.35	0.8378	0.8378		202	61.97	6,554,001	8,862,548	
2005/01		0.30	0.8595	0.8595		202	61.97	6,570,904	8,938,702	
2005/07		0.30	0.7364	0.7364		202	65.54	6,585,419	9,004,554	
2006/01		0.25	0.9068	0.9068		202	65.54	6,600,348	9,086,162	
2006/07	43,470	0.25	0.8133	0.8133		202	69.61	6,657,237	9,160,094	
2007/01		0.20	1.0133	1.0133		202	69.61	6,670,731	9,252,812	
2007/07	35,946	0.20	1.1050	1.1050		202	72.33	6,721,419	9,355,024	
2008/01	49,185	0.15	0.8556	0.8556		202	71.63	6,779,228	9,435,016	
2008/07		0.15	0.6104	0.6104		202	71.63	6,785,438	9,492,586	
2009/01		0.10	1.3268	1.3268		202	71.63	6,794,442	9,618,634	
2009/07	215,389	0.10	0.6841	0.6841		202	64.55	7,014,478	9,684,486	
2010/01		0.05	0.8643	0.8643		202	67.52	7,017,508	9,768,114	
2010/07		0.05	0.7107	0.7107		202	67.52	7,019,999	9,837,602	
2011/01		0.00	0.9198	0.9198		202	67.24	7,019,999	9,928,098	
2011/07		0.00	0.9028	0.9028		202	67.24	7,019,999	10,017,786	
2012/01		0.00	0.3865	0.3865		202	67.24	7,019,999	10,056,570	
2012/07	1,499,171	0.00	0.9417	0.9417		202	71.58	8,519,170	10,151,308	
2013/01		0.00	0.4901	0.4901		202	71.58	8,519,170	10,201,000	
2013/07	79,149	0.00	0.6196	0.6196		202	70.23	8,598,319	10,264,226	
2014/01	535,395	0.00	0.8564	0.8564		202	68.59	9,133,714	10,352,096	
2014/07		0.00	1.2383	1.2383		202	68.59	9,133,714	10,480,366	
2015/01		0.00	0.7571	0.7571		202	68.59	9,133,714	10,559,752	

**Message Code:**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 320978-00 - 2015/01**

**261.28**

**Lehigh Acres Health & Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1550 LEE BLVD</b>	<b>1/1/2014-8/31/2014</b>	Number of Beds: <b>110</b>	Superior: <b>0</b>
<b>LEHIGH ACRES, FL 33936</b>	Days in CR <b>243</b>	Maximum: <b>26,730</b>	Standard: <b>243</b>
County: <b>Lee [36]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>40,150</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>24,962</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>8,585</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>12,510</b>	FY Index: <b>1.33590225</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>50.11618%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.38571%</b>	Cost: <b>1.02673601</b>
Open Date: <b>01/01/1986</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1986</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22633277</b>
Entered Medicaid <b>01/01/1986</b>	Low Occupancy Adjustment Factor:	<b>119.24934%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02296460</b>
Previous Med # <b>225169</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	753,602	1,247,781	752,370	279,724	8,237	3,041,714	
1a	Audit Adjustments							
2	Cost Per Diem	60.2400	99.7427	60.1415	22.3600	0.6584	243.1426	
3	Cost Per Diem Inflated	61.8506	102.0333	61.7494				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>61.8506</b>	<b>102.0333</b>	<b>61.7494</b>	<b>22.3600</b>	<b>0.6584</b>	<b>248.6517</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	69.4909		64.6733				
7	Provider Target Rate	<b>72.0357</b>		<b>67.0417</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation	<b>57.7112</b>		<b>69.1274</b>				
10b	Base for line 10a	55.6724		66.6853				
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>99.8648</b>	<b>61.7494</b>	<b>13.6500</b>	<b>0.6584</b>	<b>232.6645</b>	
12/13	Medical Adjustment Rate		0.0131	0.0081				
14	Prospective Per Diem 11	<b>56.7419</b>	<b>99.8779</b>	<b>61.7575</b>	<b>13.6500</b>	<b>0.6584</b>	<b>232.6857</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**0 320978-00 - 2015/01**

**261.28**

Rate Semester 01/01/2015 through 08/31/2015

**Lehigh Acres Health & Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	05/01/1995	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>5,960,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1986/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,600,288 16.0295</b>
Indexed Asset Value	<b>5,750,360</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,150,072 0.7409</b>
FRVS Base Asset:	<b>3,135,000</b>	Interest Rate:	<b>11.2500%</b>	Insurance Cost(3):	<b>49,750 1.9930</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>39,686 1.5899</b>
ROE Factor	<b>0.023280</b>	Amortization Rate:	<b>11.2500%</b>	Home Office(3):	<b>21,867 0.8760</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>94,066 0.0000</b>
		Yearly Payment:	<b>579,226</b>	Total FRVS PD:	<b>21.2293</b>

- (1) 80% Capital (\$4,600,288) amortized at 11.2500 % for 20 years Principal & Interest of \$579,226 divided by annual available days (40150) divided by Occup. Adj. (0.90) = \$16.0295
- (2) 20% ROE (\$1,150,072) times the ROE factor (0.023280) divided by annual available days (40150) divided by Occup. Adj. (0.90) = \$0.7409
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>110</b>	Effective PBS Limitation	3,135,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>56.7419</b>	<b>56.7419</b>	<b>0.9872</b>	<b>55.7547</b>
Direct Care	<b>99.8779</b>	<b>99.8779</b>	<b>1.7376</b>	<b>98.1403</b>
Indirect Care	<b>61.7575</b>	<b>61.7575</b>	<b>1.0744</b>	<b>60.6831</b>
Property	<b>13.6500</b>	<b>21.2293</b>	<b>0.3693</b>	<b>20.8600</b>
ROE	<b>0.6584</b>	<b>0.8114</b>	<b>0.0141</b>	<b>0.7973</b>
ROE Adjustment	<b>-0.6584</b>	<b>-0.8114</b>	<b>-0.0141</b>	<b>-0.7973</b>
Quality Assess-Medicaid Share				<b>15.9391</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>232.0273</b>	<b>239.6066</b>	<b>4.1685</b>	<b>261.2797</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/31/2014

**0 320978-00 - 2015/01**

**261.28**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	3,234,470	0.00	0.8299	0.8299		110	58.64	3,135,000	3,135,000	1
1986/07		0.10	0.2974	0.2974		110	63.10	3,135,931	3,155,020	
1987/01		0.10	1.0091	1.0091		110	58.64	3,139,095	3,211,450	
1987/07		0.20	0.9007	0.9007		110	63.10	3,144,749	3,236,530	
1988/01		0.20	0.9007	0.9007		110	63.10	3,150,413	3,262,820	
1988/07		0.30	0.5899	0.5899		110	61.92	3,155,989	3,261,060	
1989/01		0.30	0.5899	0.5899		110	63.05	3,161,575	3,280,310	
1989/07		0.40	0.5899	0.5899		110	63.05	3,169,036	3,302,530	
1990/01		0.40	0.5899	0.5899		110	63.05	3,176,515	3,319,140	
1990/07		0.50	0.5899	0.5899		110	63.05	3,185,886	3,338,720	
1991/01		0.50	0.5899	0.5899		110	65.89	3,195,284	3,358,300	
1991/07		0.60	1.4932	1.4932		110	68.52	3,223,911	3,408,460	
1992/01		0.60	2.0117	2.0117		110	68.52	3,262,824	3,476,990	
1992/07		0.70	1.8152	1.8152		110	64.90	3,304,281	3,540,130	
1993/01		0.70	1.7710	1.7710		110	64.90	3,345,244	3,602,830	
1993/07	27,829	0.80	1.5329	1.5329		110	68.91	3,414,096	3,658,050	
1994/01		0.80	1.6983	1.6983		110	68.91	3,460,480	3,720,200	
1994/07	30,267	0.90	1.5991	1.5991		110	71.46	3,540,550	3,779,710	
1995/01		0.90	1.5812	1.5812		110	68.86	3,590,936	3,839,440	
1995/07		1.00	1.5250	1.5250		110	68.86	3,645,698	3,897,960	
1996/01		1.00	1.7228	1.7228		110	68.86	3,708,506	3,965,170	
1996/07		1.00	1.3294	1.3294		110	68.86	3,757,807	4,017,860	
1997/01		1.00	1.4109	1.4109		110	68.86	3,810,826	4,074,510	
1997/07		1.00	1.0917	1.0917		110	68.86	3,852,429	4,118,950	
1998/01		1.00	1.1663	1.1663		110	71.75	3,897,360	4,167,020	
1998/07		1.00	1.0794	1.0794		110	71.75	3,939,428	4,212,010	
1999/01		1.00	1.4499	1.4499		110	71.23	3,996,546	4,273,060	
1999/07		1.00	1.2299	1.2299		110	71.23	4,045,700	4,325,640	
2000/01		1.00	1.3356	1.3356		110	72.85	4,099,734	4,383,390	
2000/07	18,249	1.00	1.1129	1.1129		110	80.18	4,163,609	4,432,120	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		110	80.18	4,217,636	4,489,650	
2001/07		1.00	0.9615	0.9615		110	80.18	4,258,189	4,532,770	
2002/01		1.00	1.0301	1.0301		110	80.18	4,302,053	4,579,410	
2002/07		1.00	0.8337	0.8337		110	80.18	4,337,919	4,617,580	
2003/01		1.00	1.3271	1.3271		110	72.61	4,395,488	4,678,850	
2003/07		1.00	1.1664	1.1664		110	72.61	4,446,757	4,733,410	
2004/01		1.00	1.1103	1.1103		110	71.61	4,496,129	4,785,990	
2004/07		1.00	0.8378	0.8378		110	71.61	4,533,798	4,826,140	
2005/01	23,312	1.00	0.8595	0.8595		110	66.96	4,596,078	4,867,610	
2005/07		1.00	0.7364	0.7364		110	63.22	4,629,924	4,903,470	
2006/01		1.00	0.9068	0.9068		110	63.22	4,671,908	4,947,910	
2006/07	57,163	0.95	0.8133	0.8133		110	68.69	4,765,166	4,988,170	
2007/01		0.95	1.0133	1.0133		110	68.69	4,811,035	5,038,660	
2007/07	55,614	0.90	1.1050	1.1050		110	65.08	4,914,495	5,094,320	
2008/01		0.90	0.8556	0.8556		110	65.08	4,952,337	5,137,880	
2008/07		0.85	0.6104	0.6104		110	65.08	4,978,030	5,169,230	
2009/01		0.85	1.3268	1.3268		110	65.08	5,034,172	5,237,870	
2009/07		0.80	0.6841	0.6841		110	65.08	5,061,724	5,273,730	
2010/01	115,464	0.80	0.8643	0.8643		110	61.53	5,212,185	5,319,270	
2010/07	130,434	0.75	0.7107	0.7107		110	49.74	5,357,110	5,357,110	8
2011/01		0.75	0.9198	0.9198		110	49.74	5,390,534	5,406,390	
2011/07		0.70	0.9028	0.9028		110	49.74	5,421,344	5,455,230	
2012/01	89,255	0.70	0.3865	0.3865		110	46.63	5,476,350	5,476,350	8
2012/07	47,848	0.65	0.9417	0.9417		110	43.62	5,527,940	5,527,940	8
2013/01		0.65	0.4901	0.4901		110	43.62	5,541,908	5,555,000	
2013/07		0.60	0.6196	0.6196		110	43.62	5,558,249	5,589,430	
2014/01	53,548	0.60	0.8564	0.8564		110	44.66	5,634,986	5,637,280	
2014/07		0.55	1.2383	1.2383		110	44.66	5,666,150	5,707,130	
2015/01	178,347	0.55	0.7571	0.7571		110	50.12	5,750,360	5,750,360	8

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>8 Limited to Current RS Per Bed Standard |
|---|





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 321303-00 - 2015/01**

**239.31**

**Ft. Lauderdale Health & Rehab Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2000 EAST COMMERCIAL BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>169</b>	Superior: <b>0</b>
<b>FORT LAUDERDALE, FL 33308</b>	Days in CR <b>365</b>	Maximum: <b>61,685</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>61,685</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>50,986</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>9,054</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>26,683</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>52.33397%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>82.65543%</b>	Cost: <b>1.04340134</b>
Open Date: <b>10/03/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/03/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/03/1984</b>	Low Occupancy Adjustment Factor:	<b>105.54726%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>228109</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,312,257	2,251,209	1,529,413	447,741		5,540,620	
1a	Audit Adjustments							
2	Cost Per Diem	49.1795	84.3687	57.3179	16.7800		207.6461	
3	Cost Per Diem Inflated	51.3140	87.1112	59.8056				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>51.3140</b>	<b>87.1112</b>	<b>59.8056</b>	<b>16.7800</b>		<b>215.0108</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.8705		70.9041				
7	Provider Target Rate	<b>58.9531</b>		<b>73.5007</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation	<b>58.7985</b>		<b>68.8797</b>				
10b	Base for line 10a	56.7213		66.4464				
11	Lesser of 5,7,8,10, 10a	<b>51.3140</b>	<b>87.1112</b>	<b>59.8056</b>	<b>13.6500</b>		<b>211.8808</b>	
12/13	Medical Adjustment Rate		0.2287	0.1570				
14	Prospective Per Diem 11	<b>51.3140</b>	<b>87.3399</b>	<b>59.9626</b>	<b>13.6500</b>		<b>212.2665</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**239.31**

Rate Semester 01/01/2015 through 08/31/2015

**Ft. Lauderdale Health & Rehab Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/01/2007	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	6,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,744,550 9.3375</b>
RS to Start Calcs:	<b>1984/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,186,137 0.4006</b>
Indexed Asset Value	<b>5,930,687</b>	Interest Rate:	<b>9.1670%</b>	Insurance Cost(3):	<b>85,095 1.6690</b>
FRVS Base Asset:	<b>1,978,789</b>	Chase Rate:	<b>9.5000%</b>	Taxes Cost(3):	<b>132,898 2.6066</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>9.1670%</b>	Home Office(3):	<b>0 0.0000</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>0 0.0000</b>
		Yearly Payment:	<b>518,386</b>	Total FRVS PD:	<b>14.0137</b>

- (1) 80% Capital (\$4,744,550) amortized at 9.1670 % for 20 years Principal & Interest of \$518,386 divided by annual available days (61685) divided by Occup. Adj. (0.90) = \$9.3375
- (2) 20% ROE (\$1,186,137) times the ROE factor (0.018750) divided by annual available days (61685) divided by Occup. Adj. (0.90) = \$0.4006
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>253</b>	Effective PBS Limitation	7,210,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.3140</b>	<b>51.3140</b>	<b>0.8927</b>	<b>50.4213</b>
Direct Care	<b>87.3399</b>	<b>87.3399</b>	<b>1.5195</b>	<b>85.8204</b>
Indirect Care	<b>59.9626</b>	<b>59.9626</b>	<b>1.0432</b>	<b>58.9194</b>
Property	<b>13.6500</b>	<b>14.0137</b>	<b>0.2438</b>	<b>13.7699</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>20.4765</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>212.2665</b>	<b>212.6302</b>	<b>3.6992</b>	<b>239.3100</b>

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1984/07	1,974,840	0.00	1.9179	1.9179		253	71.10	1,974,840	7,068,567	
1985/01		0.10	1.1471	1.1471		253	71.10	1,977,105	7,149,527	
1985/10		0.10	0.8522	0.8522		253	71.10	1,978,789	7,210,500	
1986/01		0.20	0.8299	0.8299		253	71.10	1,982,074	7,270,461	
1986/07		0.20	0.2974	0.2974		253	71.10	1,983,253	7,256,546	
1987/01		0.30	1.0091	1.0091		253	71.10	1,989,256	7,386,335	
1987/07		0.30	0.9007	0.9007		253	75.26	1,994,631	7,444,019	
1988/01		0.40	0.9007	0.9007		253	75.26	2,001,818	7,504,486	
1988/07		0.40	0.5899	0.5899		253	75.26	2,006,542	7,500,438	
1989/01	70,466	0.50	0.5899	0.5899		253	72.02	2,082,927	7,544,713	
1989/07		0.50	0.5899	0.5899		253	75.69	2,089,072	7,595,819	
1990/01		0.60	0.5899	0.5899		253	75.69	2,096,465	7,634,022	
1990/07		0.60	0.5899	0.5899		253	72.49	2,103,884	7,679,056	
1991/01		0.70	0.5899	0.5899		253	72.49	2,112,571	7,724,090	
1991/07		0.70	1.4932	1.4932		253	80.45	2,134,652	7,839,458	
1992/01		0.80	2.0117	2.0117		253	80.45	2,169,007	7,997,077	
1992/07		0.80	1.8152	1.8152		253	79.10	2,200,505	8,142,299	
1993/01		0.90	1.7710	1.7710		253	79.10	2,235,579	8,286,509	
1993/07		0.90	1.5329	1.5329		253	80.01	2,266,421	8,413,515	
1994/01		1.00	1.6983	1.6983		253	80.01	2,304,912	8,556,460	
1994/07	78,625	1.00	1.5991	1.5991		253	79.13	2,420,395	8,693,333	
1995/01		1.00	1.5812	1.5812		253	79.13	2,458,666	8,830,712	
1995/07	1,656,174	1.00	1.5250	1.5250		253	82.73	4,152,335	8,965,308	
1996/01		1.00	1.7228	1.7228		253	82.73	4,223,871	9,119,891	
1996/07		1.00	1.3294	1.3294		253	86.78	4,280,023	9,241,078	
1997/01		1.00	1.4109	1.4109		253	86.78	4,340,410	9,371,373	
1997/07		1.00	1.0917	1.0917		253	84.09	4,387,794	9,473,585	
1998/01		1.00	1.1663	1.1663		253	84.09	4,438,969	9,584,146	
1998/07		1.00	1.0794	1.0794		253	84.09	4,486,883	9,687,623	
1999/01	14,453	1.00	1.4499	1.4499		169	85.24	4,566,391	6,564,974	



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1999/07		1.00	1.2299	1.2299		169	85.24	4,622,553	6,645,756	
2000/01		1.00	1.3356	1.3356		169	85.24	4,684,292	6,734,481	
2000/07		1.00	1.1129	1.1129		169	76.00	4,736,423	6,809,348	
2001/01		1.00	1.2976	1.2976		169	76.00	4,797,883	6,897,735	
2001/07		1.00	0.9615	0.9615		169	76.00	4,844,015	6,963,983	
2002/01		1.00	1.0301	1.0301		169	76.00	4,893,913	7,035,639	
2002/07		1.00	0.8337	0.8337		169	76.00	4,934,714	7,094,282	
2003/01		1.00	1.3271	1.3271		169	71.99	5,000,203	7,188,415	
2003/07		1.00	1.1664	1.1664		169	71.99	5,058,525	7,272,239	
2004/01		1.00	1.1103	1.1103		169	75.21	5,114,690	7,353,021	
2004/07		1.00	0.8378	0.8378		169	75.21	5,157,541	7,414,706	
2005/01		0.95	0.8595	0.8595		169	71.19	5,199,652	7,478,419	
2005/07		0.95	0.7364	0.7364		169	71.19	5,236,029	7,533,513	
2006/01		0.90	0.9068	0.9068		169	67.59	5,278,760	7,601,789	
2006/07		0.90	0.8133	0.8133		169	67.59	5,317,401	7,663,643	
2007/01		0.85	1.0133	1.0133		169	67.59	5,363,200	7,741,214	
2007/07	64,444	0.85	1.1050	1.1050		169	52.06	5,475,328	7,826,728	
2008/01		0.80	0.8556	0.8556		169	52.06	5,510,803	7,893,652	
2008/07		0.80	0.6104	0.6104		169	52.06	5,536,274	7,941,817	
2009/01		0.75	1.3268	1.3268		169	52.06	5,588,421	8,047,273	
2009/07		0.75	0.6841	0.6841		169	52.06	5,615,562	8,102,367	
2010/01		0.70	0.8643	0.8643		169	53.67	5,648,715	8,172,333	
2010/07		0.70	0.7107	0.7107		169	51.90	5,675,233	8,230,469	
2011/01		0.65	0.9198	0.9198		169	51.90	5,707,253	8,306,181	
2011/07		0.65	0.9028	0.9028		169	53.21	5,739,653	8,381,217	
2012/01		0.60	0.3865	0.3865		169	53.21	5,752,530	8,413,665	
2012/07		0.60	0.9417	0.9417		169	53.21	5,783,974	8,492,926	
2013/01	32,419	0.55	0.4901	0.4901		169	54.97	5,831,978	8,534,500	
2013/07		0.55	0.6196	0.6196		169	54.97	5,851,843	8,587,397	
2014/01		0.50	0.8564	0.8564		169	58.14	5,876,901	8,660,912	





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239.31

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		169	52.33	5,911,524	8,768,227	
2015/01		0.45	0.7571	0.7571		169	52.33	5,930,687	8,834,644	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 321303123120130101201304252014104844



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 321532-00 - 2015/01**

**247.73**

**The Palms Rehabilitation and Nursing Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3370 NW 47TH TERRACE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>LAUDERDALE LAKES, FL</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
<b>33319</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
County: <b>Broward [6]</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,277</b>	Total: <b>243</b>
Region: <b>South</b> Area: <b>10</b>	<b>Unaudited</b>	Medicare: <b>9,414</b>	<b>Inflation</b>
Control: <b>Proprietary : Corporation</b>	Initial CR? <b>False</b>	Medicaid: <b>29,788</b>	FY Index: <b>1.31456505</b>
Current Class <b>South Large</b>	Medical Utilization		Semester Index: <b>1.37161894</b>
Class at 1/94: <b>South Large</b>	Occupancy:	<b>72.16610%</b>	Cost: <b>1.04340134</b>
Operating Ex > <b>18 months</b>	Statewide Low Occupancy Threshold:	<b>94.23973%</b>	Target: <b>1.02563464</b>
Open Date: <b>10/01/1982</b>	Medicaid Low Occupancy Threshold:	<b>78.31130%</b>	DC FY Index: <b>1.21500000</b>
Acquired Date: <b>10/01/1982</b>	Low Occupancy Adjustment Factor:	<b>41.41010%</b>	DC Sem Index: <b>1.25449501</b>
Entered Medicaid <b>10/01/1982</b>	Weighted Low Occ Adjustment Factor:	<b>120.33989%</b>	DC Inflation: <b>1.03250618</b>
Med # Active Date: <b>01/01/2007</b>		<b>100.00000%</b>	PS Target: <b>1.03662091</b>
Previous Med # <b>308005</b>			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,273,673	2,715,016	1,962,072	943,088		6,893,849	
1a	Audit Adjustments							
2	Cost Per Diem	42.7579	91.1446	65.8679	31.6600		231.4304	
3	Cost Per Diem Inflated	44.6137	94.1074	68.7267				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.6137</b>	<b>94.1074</b>	<b>68.7267</b>	<b>31.6600</b>		<b>239.1078</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.5952		81.0715				
7	Provider Target Rate	<b>60.7410</b>		<b>84.0404</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.6137</b>	<b>94.1074</b>	<b>65.5807</b>	<b>13.6500</b>		<b>217.9518</b>	
12/13	Medical Adjustment Rate		2.3467	1.6354				
14	Prospective Per Diem 11	<b>44.6137</b>	<b>96.4541</b>	<b>67.2161</b>	<b>13.6500</b>		<b>221.9339</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 321532-00 - 2015/01**

**247.73**

Rate Semester 01/01/2015 through 08/31/2015

**The Palms Rehabilitation and Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/01/1994	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>1,400,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1982/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>1,783,634 4.2096</b>
Indexed Asset Value	<b>2,229,543</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>445,909 0.2121</b>
FRVS Base Asset:	<b>1,323,819</b>	Interest Rate:	<b>10.0000%</b>	Insurance Cost(3):	<b>162,879 3.9460</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>4.0000%</b>	Taxes Cost(3):	<b>147,451 3.5722</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>7.0000%</b>	Home Office(3):	<b>11,981 0.2903</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>7,997 0.0000</b>
		Yearly Payment:	<b>165,942</b>	Total FRVS PD:	<b>12.2302</b>

- (1) 80% Capital (\$1,783,634) amortized at 7.0000 % for 20 years Principal & Interest of \$165,942 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$4.2096
- (2) 20% ROE (\$445,909) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2121
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.6137</b>	<b>44.6137</b>	<b>0.7762</b>	<b>43.8375</b>
Direct Care	<b>96.4541</b>	<b>96.4541</b>	<b>1.6781</b>	<b>94.7760</b>
Indirect Care	<b>67.2161</b>	<b>67.2161</b>	<b>1.1694</b>	<b>66.0467</b>
Property	<b>13.6500</b>	<b>12.2302</b>	<b>0.2128</b>	<b>12.0174</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>21.1538</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>221.9339</b>	<b>220.5141</b>	<b>3.8365</b>	<b>247.7339</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 321532-00 - 2015/01**

**247.73**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	1,323,819	0.00	2.2977	2.2977		120	2.75	1,323,819	3,043,800	
1983/04		0.10	2.6288	2.6288		120	2.75	1,323,819	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	2.75	1,323,819	3,247,440	
1984/01		0.20	2.2530	2.2530		120	2.75	1,323,819	3,289,560	
1984/07		0.20	1.9179	1.9179		120	2.75	1,323,819	3,352,680	
1985/01		0.30	1.1471	1.1471		120	2.75	1,323,819	3,391,080	
1985/10		0.30	0.8522	0.8522		120	9.59	1,323,819	3,420,000	
1986/01		0.40	0.8299	0.8299		120	9.59	1,323,819	3,448,440	
1986/07		0.40	0.2974	0.2974		120	11.68	1,323,819	3,441,840	
1987/01		0.50	1.0091	1.0091		120	11.68	1,323,819	3,503,400	
1987/07		0.50	0.9007	0.9007		120	14.03	1,323,819	3,530,760	
1988/01	24,531	0.60	0.9007	0.9007		120	14.03	1,348,350	3,559,440	
1988/07		0.60	0.5899	0.5899		120	15.88	1,348,350	3,557,520	
1989/01		0.70	0.5899	0.5899		120	15.88	1,348,350	3,578,520	
1989/07	43,045	0.70	0.5899	0.5899		120	18.85	1,391,395	3,602,760	
1990/01		0.80	0.5899	0.5899		120	18.85	1,391,395	3,620,880	
1990/07		0.80	0.5899	0.5899		120	15.84	1,391,395	3,642,240	
1991/01		0.90	0.5899	0.5899		120	15.84	1,391,395	3,663,600	
1991/07		0.90	1.4932	1.4932		120	30.39	1,401,727	3,718,320	
1992/01		1.00	2.0117	2.0117		120	46.22	1,425,424	3,793,080	
1992/07		1.00	1.8152	1.8152		120	46.22	1,447,168	3,861,960	
1993/01		1.00	1.7710	1.7710		120	46.22	1,468,706	3,930,360	
1993/07		1.00	1.5329	1.5329		120	52.68	1,490,270	3,990,600	
1994/01		1.00	1.6983	1.6983		120	52.68	1,514,512	4,058,400	
1994/07		1.00	1.5991	1.5991		120	55.75	1,538,731	4,123,320	
1995/01		1.00	1.5812	1.5812		120	55.75	1,563,061	4,188,480	
1995/07		1.00	1.5250	1.5250		120	55.75	1,586,898	4,252,320	
1996/01		1.00	1.7228	1.7228		120	55.75	1,614,237	4,325,640	
1996/07		1.00	1.3294	1.3294		120	41.15	1,630,293	4,383,120	
1997/01		1.00	1.4109	1.4109		120	41.15	1,647,503	4,444,920	



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**0 321532-00 - 2015/01**

**247.73**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		120	44.46	1,662,042	4,493,400	
1998/01		1.00	1.1663	1.1663		120	44.46	1,677,712	4,545,840	
1998/07		1.00	1.0794	1.0794		120	49.37	1,693,967	4,594,920	
1999/01		1.00	1.4499	1.4499		120	49.37	1,716,014	4,661,520	
1999/07		1.00	1.2299	1.2299		120	60.87	1,737,119	4,718,880	
2000/01		1.00	1.3356	1.3356		120	60.87	1,760,320	4,781,880	
2000/07		1.00	1.1129	1.1129		120	58.26	1,779,911	4,835,040	
2001/01		1.00	1.2976	1.2976		120	58.26	1,803,007	4,897,800	
2001/07		1.00	0.9615	0.9615		120	57.15	1,820,343	4,944,840	
2002/01		1.00	1.0301	1.0301		120	57.15	1,820,343	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	70.80	1,854,427	5,037,360	
2003/01		0.95	1.3271	1.3271		120	70.80	1,877,806	5,104,200	
2003/07		0.95	1.1664	1.1664		120	70.80	1,877,806	5,163,720	5
2004/01		0.90	1.1103	1.1103		120	70.80	1,898,614	5,221,080	5
2004/07		0.90	0.8378	0.8378		120	70.80	1,932,046	5,264,880	
2005/01		0.85	0.8595	0.8595		120	77.63	1,946,162	5,310,120	
2005/07		0.85	0.7364	0.7364		120	77.63	1,958,343	5,349,240	
2006/01		0.80	0.9068	0.9068		120	77.63	1,958,343	5,397,720	5
2006/07		0.80	0.8133	0.8133		120	77.63	1,985,382	5,441,640	
2007/01		0.75	1.0133	1.0133		120	83.88	2,000,471	5,496,720	
2007/07		0.75	1.1050	1.1050		120	83.88	2,017,051	5,557,440	
2008/01		0.70	0.8556	0.8556		120	83.88	2,029,131	5,604,960	
2008/07		0.70	0.6104	0.6104		120	83.88	2,037,801	5,639,160	
2009/01		0.65	1.3268	1.3268		120	83.88	2,055,375	5,714,040	
2009/07		0.65	0.6841	0.6841		120	83.88	2,064,515	5,753,160	
2010/01	39,587	0.60	0.8643	0.8643		120	78.39	2,114,809	5,802,840	
2010/07		0.60	0.7107	0.7107		120	81.21	2,123,827	5,844,120	
2011/01		0.55	0.9198	0.9198		120	81.21	2,134,571	5,897,880	
2011/07		0.55	0.9028	0.9028		120	76.60	2,145,169	5,951,160	
2012/01		0.50	0.3865	0.3865		120	76.60	2,149,316	5,974,200	



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0 321532-00 - 2015/01

247.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		120	76.60	2,159,437	6,030,480	
2013/01	34,806	0.45	0.4901	0.4901		120	74.85	2,199,005	6,060,000	
2013/07		0.45	0.6196	0.6196		120	74.85	2,205,136	6,097,560	
2014/01		0.40	0.8564	0.8564		120	73.82	2,212,691	6,149,760	
2014/07		0.40	1.2383	1.2383		120	73.82	2,223,650	6,225,960	
2015/01		0.35	0.7571	0.7571		120	72.17	2,229,543	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 321532123120130101201307242014090726



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 323772-00 - 2015/01**

**231.55**

**Coral Gables Nursing and Rehabilitation**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>7060 SW 8TH STREET</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>87</b>	Superior: <b>0</b>
<b>MIAMI, FL 33144</b>	Days in CR <b>365</b>	Maximum: <b>31,755</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>31,755</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>28,077</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,599</b>	Inflation
Current Class <b>South Small</b>	Initial CR? <b>False</b>	Medicaid: <b>19,640</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Small</b>	Medical Utilization	<b>69.95049%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>88.41757%</b>	Cost: <b>1.04340134</b>
Open Date: <b>11/01/1988</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/01/1988</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>11/01/1988</b>	Low Occupancy Adjustment Factor:	<b>112.90525%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>218251</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	995,122	1,295,101	1,116,606	398,496		3,805,325
1a	Audit Adjustments						
2	Cost Per Diem	50.6681	65.9420	56.8537	20.2900		193.7538
3	Cost Per Diem Inflated	52.8672	68.0855	59.3212			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>52.8672</b>	<b>68.0855</b>	<b>59.3212</b>	<b>20.2900</b>		<b>200.5639</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.0623		69.1600			
7	Provider Target Rate	<b>61.2252</b>		<b>71.6927</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359			
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>			
10a	New Provider Target Limitation	<b>64.8609</b>		<b>73.6179</b>			
10b	Base for line 10a	62.5695		71.0172			
11	Lesser of 5,7,8,10, 10a	<b>52.8672</b>	<b>68.0855</b>	<b>59.3212</b>	<b>13.6500</b>		<b>193.9239</b>
12/13	Medical Adjustment Rate		1.5281	1.3314			
14	Prospective Per Diem 11	<b>52.8672</b>	<b>69.6136</b>	<b>60.6526</b>	<b>13.6500</b>		<b>196.7834</b>
15	Inflated Usual & Customary Charge						0.00



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 323772-00 - 2015/01**

**231.55**

Rate Semester 01/01/2015 through 08/31/2015

**Coral Gables Nursing and Rehabilitation**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>11/01/1988</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>2,400,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1988/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>3,374,838</b>	<b>14.1474</b>
Indexed Asset Value	<b>4,218,548</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>843,710</b>	<b>0.5535</b>
FRVS Base Asset:	<b>2,479,500</b>	Interest Rate:	<b>10.5000%</b>	Insurance Cost(3):	<b>76,308</b>	<b>2.7178</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>7.5000%</b>	Taxes Cost(3):	<b>46,755</b>	<b>1.6652</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>10.5000%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>37,804</b>	<b>0.0000</b>
		Yearly Payment:	<b>404,325</b>	Total FRVS PD:		<b>19.0839</b>

(1) 80% Capital (\$3,374,838) amortized at 10.5000 % for 20 years Principal & Interest of \$404,325 divided by annual available days (31755) divided by Occup. Adj. (0.90) = \$14.1474

(2) 20% ROE (\$843,710) times the ROE factor (0.018750) divided by annual available days (31755) divided by Occup. Adj. (0.90) = \$0.5535

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/1988</b>	Current RS PBS:	29,662
Comparison Bed	<b>87</b>	Effective PBS Limitation	52,276
			2,580,594

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>52.8672</b>	<b>52.8672</b>	<b>0.9198</b>	<b>51.9474</b>
Direct Care	<b>69.6136</b>	<b>69.6136</b>	<b>1.2111</b>	<b>68.4025</b>
Indirect Care	<b>60.6526</b>	<b>60.6526</b>	<b>1.0552</b>	<b>59.5974</b>
Property	<b>13.6500</b>	<b>19.0839</b>	<b>0.3320</b>	<b>18.7519</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.9501</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>196.7834</b>	<b>202.2173</b>	<b>3.5181</b>	<b>231.5518</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 323772-00 - 2015/01**

**231.55**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	2,479,500	0.00	0.5899	0.5899		87	27.67	2,479,500	2,579,202	
1989/01	32,153	0.10	0.5899	0.5899		87	27.67	2,512,389	2,594,427	
1989/07		0.10	0.5899	0.5899		87	27.67	2,513,135	2,612,001	
1990/01		0.20	0.5899	0.5899		87	27.67	2,514,627	2,625,138	
1990/07		0.20	0.5899	0.5899		87	27.67	2,516,120	2,640,624	
1991/01		0.30	0.5899	0.5899		87	60.96	2,520,574	2,656,110	
1991/07	27,912	0.30	1.4932	1.4932		87	73.64	2,559,778	2,695,782	
1992/01		0.40	2.0117	2.0117		87	73.64	2,580,377	2,749,983	
1992/07		0.40	1.8152	1.8152		87	78.44	2,599,113	2,799,921	
1993/01		0.50	1.7710	1.7710		87	78.44	2,622,128	2,849,511	
1993/07		0.50	1.5329	1.5329		87	78.46	2,642,227	2,893,185	
1994/01		0.60	1.6983	1.6983		87	78.46	2,669,151	2,942,340	
1994/07		0.60	1.5991	1.5991		87	79.97	2,694,762	2,989,407	
1995/01		0.70	1.5812	1.5812		87	79.97	2,724,588	3,036,648	
1995/07		0.70	1.5250	1.5250		87	82.19	2,753,673	3,082,932	
1996/01		0.80	1.7228	1.7228		87	82.19	2,791,624	3,136,089	
1996/07		0.80	1.3294	1.3294		87	80.54	2,821,313	3,177,762	
1997/01		0.90	1.4109	1.4109		87	80.54	2,857,138	3,222,567	
1997/07		0.90	1.0917	1.0917		87	88.30	2,885,209	3,257,715	
1998/01		1.00	1.1663	1.1663		87	88.30	2,918,859	3,295,734	
1998/07		1.00	1.0794	1.0794		87	88.30	2,950,365	3,331,317	
1999/01		1.00	1.4499	1.4499		87	81.71	2,993,142	3,379,602	
1999/07		1.00	1.2299	1.2299		87	87.23	3,029,955	3,421,188	
2000/01		1.00	1.3356	1.3356		87	87.23	3,070,423	3,466,863	
2000/07		1.00	1.1129	1.1129		87	87.23	3,104,594	3,505,404	
2001/01		1.00	1.2976	1.2976		87	87.23	3,144,879	3,550,905	
2001/07		1.00	0.9615	0.9615		87	87.23	3,175,117	3,585,009	
2002/01		1.00	1.0301	1.0301		87	87.58	3,207,824	3,621,897	
2002/07		1.00	0.8337	0.8337		87	87.58	3,234,568	3,652,086	
2003/01		1.00	1.3271	1.3271		87	87.10	3,277,494	3,700,545	



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231.55

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		87	87.10	3,315,723	3,743,697	
2004/01		1.00	1.1103	1.1103		87	85.52	3,352,537	3,785,283	
2004/07		1.00	0.8378	0.8378		87	85.52	3,380,625	3,817,038	
2005/01		1.00	0.8595	0.8595		87	85.52	3,409,681	3,849,837	
2005/07		1.00	0.7364	0.7364		87	83.50	3,434,790	3,878,199	
2006/01		1.00	0.9068	0.9068		87	83.50	3,465,937	3,913,347	
2006/07		1.00	0.8133	0.8133		87	84.33	3,494,125	3,945,189	
2007/01		1.00	1.0133	1.0133		87	84.33	3,529,531	3,985,122	
2007/07	25,344	1.00	1.1050	1.1050		87	79.67	3,593,876	4,029,144	
2008/01		1.00	0.8556	0.8556		87	79.67	3,624,625	4,063,596	
2008/07	157,265	1.00	0.6104	0.6104		87	79.67	3,804,015	4,088,391	
2009/01		0.95	1.3268	1.3268		87	79.67	3,851,965	4,142,679	
2009/07		0.95	0.6841	0.6841		87	79.67	3,876,999	4,171,041	
2010/01	24,412	0.90	0.8643	0.8643		87	74.35	3,931,570	4,207,059	
2010/07		0.90	0.7107	0.7107		87	74.35	3,956,716	4,236,987	
2011/01	20,579	0.85	0.9198	0.9198		87	70.97	4,008,229	4,275,963	
2011/07		0.85	0.9028	0.9028		87	70.97	4,038,988	4,314,591	
2012/01		0.80	0.3865	0.3865		87	73.10	4,051,477	4,331,295	
2012/07		0.80	0.9417	0.9417		87	73.10	4,082,001	4,372,098	
2013/01		0.75	0.4901	0.4901		87	74.22	4,097,006	4,393,500	
2013/07	20,969	0.75	0.6196	0.6196		87	65.85	4,137,014	4,420,731	
2014/01		0.70	0.8564	0.8564		87	65.85	4,161,815	4,458,576	
2014/07		0.70	1.2383	1.2383		87	65.85	4,197,890	4,513,821	
2015/01		0.65	0.7571	0.7571		87	69.95	4,218,548	4,548,012	

**Message Code:**



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 323781-00 - 2015/01**

**259.10**

**Tarpon Point Nursing and Rehabilitation Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>5157 PARK CLUB DRIVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>SARASOTA , FL 34235</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Sarasota [58]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>36,256</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>4,721</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>26,055</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>71.86397%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>82.77626%</b>	Cost: <b>1.04340134</b>
Open Date: <b>07/23/1990</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/23/1990</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>07/27/1990</b>	Low Occupancy Adjustment Factor:	<b>105.70155%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>252654</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,558,628	2,350,729	1,446,233	781,129		6,136,719	
1a	Audit Adjustments							
2	Cost Per Diem	59.8207	90.2218	55.5069	29.9800		235.5294	
3	Cost Per Diem Inflated	62.4170	93.1546	57.9160				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>62.4170</b>	<b>93.1546</b>	<b>57.9160</b>	<b>29.9800</b>		<b>243.4676</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	108.0121		71.5093				
7	Provider Target Rate	<b>111.9676</b>		<b>74.1280</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation	<b>56.6548</b>		<b>62.5883</b>				
10b	Base for line 10a	54.6533		60.3772				
11	Lesser of 5,7,8,10, 10a	<b>56.6548</b>	<b>93.1546</b>	<b>57.9160</b>	<b>13.6500</b>		<b>221.3754</b>	
12/13	Medical Adjustment Rate		2.2913	1.4246				
14	Prospective Per Diem 11	<b>56.6548</b>	<b>95.4459</b>	<b>59.3406</b>	<b>13.6500</b>		<b>225.0913</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**0 323781-00 - 2015/01**

**259.10**

Rate Semester 01/01/2015 through 08/31/2015

**Tarpon Point Nursing and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/27/1990	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,500,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,998,270	14.9361
RS to Start Calcs:	1990/07	<60% of Base:	False	20% ROE(2):	1,249,567	0.5944
Indexed Asset Value	6,247,837	Interest Rate:	10.2500%	Insurance Cost(3):	14,653	0.4042
FRVS Base Asset:	1,810,440	Chase Rate:	8.2500%	Taxes Cost(3):	56,435	1.5566
Occup Adj Factor	0.9000	Amortization Rate:	10.2500%	Home Office(3):	1,872	0.0516
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	15,729	0.0000
		Yearly Payment:	588,782	Total FRVS PD:		17.5429

- (1) 80% Capital (\$4,998,270) amortized at 10.2500 % for 20 years Principal & Interest of \$588,782 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.9361
- (2) 20% ROE (\$1,249,567) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5944
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	01/01/1990	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,810,440

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.6548	56.6548	0.9857	55.6691
Direct Care	95.4459	95.4459	1.6605	93.7854
Indirect Care	59.3406	59.3406	1.0324	58.3082
Property	13.6500	17.5429	0.3052	17.2377
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.1998
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>225.0913</b>	<b>228.9842</b>	<b>3.9838</b>	<b>259.1027</b>

**Medicaid Trend Adjustment**



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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

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**259.10**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	2,990,687	0.00	0.5899	0.5899		60	48.33	1,810,440	1,810,440	1
1991/01	1,821,120	0.10	0.5899	0.5899		120	67.41	3,632,628	3,663,600	
1991/07		0.10	1.4932	1.4932		120	67.41	3,638,052	3,718,320	
1992/01		0.20	2.0117	2.0117		120	67.41	3,652,688	3,793,080	
1992/07		0.20	1.8152	1.8152		120	67.41	3,665,947	3,861,960	
1993/01		0.30	1.7710	1.7710		120	67.41	3,685,424	3,930,360	
1993/07		0.30	1.5329	1.5329		120	71.55	3,702,373	3,990,600	
1994/01		0.40	1.6983	1.6983		120	71.55	3,727,523	4,058,400	
1994/07	32,578	0.40	1.5991	1.5991		120	70.39	3,783,942	4,123,320	
1995/01		0.50	1.5812	1.5812		120	70.39	3,813,858	4,188,480	
1995/07	121,925	0.50	1.5250	1.5250		120	64.14	3,964,864	4,252,320	
1996/01		0.60	1.7228	1.7228		120	64.14	4,005,849	4,325,640	
1996/07	736,572	0.60	1.3294	1.3294		120	64.14	4,383,120	4,383,120	8
1997/01	101,638	0.70	1.4109	1.4109		120	59.10	4,444,920	4,444,920	8
1997/07		0.70	1.0917	1.0917		120	61.97	4,478,888	4,493,400	
1998/01		0.80	1.1663	1.1663		120	61.97	4,520,676	4,545,840	
1998/07		0.80	1.0794	1.0794		120	56.45	4,559,712	4,594,920	
1999/01		0.90	1.4499	1.4499		120	56.45	4,619,212	4,661,520	
1999/07		0.90	1.2299	1.2299		120	55.26	4,670,342	4,718,880	
2000/01		1.00	1.3356	1.3356		120	68.05	4,732,719	4,781,880	
2000/07		1.00	1.1129	1.1129		120	68.05	4,785,389	4,835,040	
2001/01		1.00	1.2976	1.2976		120	68.05	4,847,484	4,897,800	
2001/07	24,433	1.00	0.9615	0.9615		120	67.97	4,918,526	4,944,840	
2002/01	13,468	1.00	1.0301	1.0301		120	67.97	4,982,660	4,995,720	
2002/07		1.00	0.8337	0.8337		120	67.97	5,024,200	5,037,360	
2003/01		1.00	1.3271	1.3271		120	67.97	5,090,876	5,104,200	
2003/07		1.00	1.1664	1.1664		120	67.97	5,150,256	5,163,720	
2004/01		1.00	1.1103	1.1103		120	61.53	5,207,439	5,221,080	
2004/07		1.00	0.8378	0.8378		120	61.53	5,251,067	5,264,880	
2005/01		1.00	0.8595	0.8595		120	65.16	5,296,200	5,310,120	



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**0 323781-00 - 2015/01**

**259.10**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		120	65.16	5,335,201	5,349,240	
2006/01		1.00	0.9068	0.9068		120	67.51	5,383,581	5,397,720	
2006/07		1.00	0.8133	0.8133		120	66.79	5,427,366	5,441,640	
2007/01		1.00	1.0133	1.0133		120	66.79	5,482,361	5,496,720	
2007/07	11,145	1.00	1.1050	1.1050		120	63.40	5,554,086	5,557,440	
2008/01	9,175	1.00	0.8556	0.8556		120	63.40	5,604,960	5,604,960	8
2008/07	58,798	1.00	0.6104	0.6104		120	63.40	5,639,160	5,639,160	8
2009/01		1.00	1.3268	1.3268		120	63.40	5,639,160	5,714,040	5
2009/07		1.00	0.6841	0.6841		120	63.40	5,753,069	5,753,160	
2010/01		1.00	0.8643	0.8643		120	63.40	5,802,793	5,802,840	
2010/07		1.00	0.7107	0.7107		120	63.40	5,844,033	5,844,120	
2011/01		0.95	0.9198	0.9198		120	56.95	5,895,098	5,897,880	
2011/07	33,913	0.95	0.9028	0.9028		120	63.81	5,951,160	5,951,160	8
2012/01		0.90	0.3865	0.3865		120	63.81	5,971,864	5,974,200	
2012/07	70,392	0.90	0.9417	0.9417		120	68.90	6,030,480	6,030,480	8
2013/01		0.85	0.4901	0.4901		120	68.90	6,055,603	6,060,000	
2013/07		0.85	0.6196	0.6196		120	72.89	6,087,498	6,097,560	
2014/01		0.80	0.8564	0.8564		120	72.89	6,129,203	6,149,760	
2014/07	22,643	0.80	1.2383	1.2383		120	71.86	6,212,562	6,225,960	
2015/01		0.75	0.7571	0.7571		120	71.86	6,247,837	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency<br>8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 323799-00 - 2015/01**

**230.87**

**St. Andrew's Bay Skilled Nursing and Rehabilitation**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2100 JENKS AVE</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PANAMA CITY, FL 32405</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>227</b>
County: <b>Bay [3]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>16</b>
Region: <b>North</b> Area: <b>2</b>	Last Used: <b>2015/01</b>	Total Patient: <b>37,417</b>	Total: <b>243</b>
Control: <b>Proprietary : Partnership</b>	<b>Unaudited</b>	Medicare: <b>10,866</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>21,137</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>56.49037%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.42694%</b>	Cost: <b>1.04340134</b>
Open Date: <b>01/01/1986</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1986</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>05/01/1986</b>	Low Occupancy Adjustment Factor:	<b>109.08635%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>312011</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	957,395	1,803,282	1,005,132	715,699		4,481,508	
1a	Audit Adjustments							
2	Cost Per Diem	45.2947	85.3140	47.5532	33.8600		212.0219	
3	Cost Per Diem Inflated	47.2606	88.0872	49.6171				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>47.2606</b>	<b>88.0872</b>	<b>49.6171</b>	<b>33.8600</b>		<b>218.8249</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.5491		52.0182				
7	Provider Target Rate	<b>47.2171</b>		<b>53.9232</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation	<b>48.7634</b>		<b>58.2773</b>				
10b	Base for line 10a	47.0407		56.2185				
11	Lesser of 5,7,8,10, 10a	<b>47.2171</b>	<b>88.0872</b>	<b>49.6171</b>	<b>13.6500</b>		<b>198.5714</b>	
12/13	Medical Adjustment Rate		0.6008	0.3384				
14	Prospective Per Diem 11	<b>47.2171</b>	<b>88.6880</b>	<b>49.9555</b>	<b>13.6500</b>		<b>199.5106</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 323799-00 - 2015/01**

**230.87**

Rate Semester 01/01/2015 through 08/31/2015

**St. Andrew's Bay Skilled Nursing and Rehabilitation**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/01/2000	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,650,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,938,775 17.0811</b>
RS to Start Calcs:	<b>1986/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,234,694 0.5873</b>
Indexed Asset Value	<b>6,173,469</b>	Interest Rate:	<b>12.5000%</b>	Insurance Cost(3):	<b>14,710 0.3931</b>
FRVS Base Asset:	<b>3,420,000</b>	Chase Rate:	<b>13.0000%</b>	Taxes Cost(3):	<b>38,307 1.0238</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>12.5000%</b>	Home Office(3):	<b>1,878 0.0502</b>
ROE Factor	<b>0.018750</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>119,280 0.0000</b>
		Yearly Payment:	<b>673,337</b>	Total FRVS PD:	<b>19.1355</b>

- (1) 80% Capital (\$4,938,775) amortized at 12.5000 % for 20 years Principal & Interest of \$673,337 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$17.0811
- (2) 20% ROE (\$1,234,694) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5873
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>47.2171</b>	<b>47.2171</b>	<b>0.8215</b>	<b>46.3956</b>
Direct Care	<b>88.6880</b>	<b>88.6880</b>	<b>1.5430</b>	<b>87.1450</b>
Indirect Care	<b>49.9555</b>	<b>49.9555</b>	<b>0.8691</b>	<b>49.0864</b>
Property	<b>13.6500</b>	<b>19.1355</b>	<b>0.3329</b>	<b>18.8026</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.5365</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>199.5106</b>	<b>204.9961</b>	<b>3.5665</b>	<b>230.8686</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 323799-00 - 2015/01**

**230.87**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	4,542,657	0.00	0.8299	0.8299		120	69.88	3,420,000	3,420,000	1
1986/07		0.10	0.2974	0.2974		120	69.88	3,421,016	3,441,840	
1987/01		0.10	1.0091	1.0091		120	69.88	3,424,468	3,503,400	
1987/07		0.20	0.9007	0.9007		120	69.88	3,430,635	3,530,760	
1988/01		0.20	0.9007	0.9007		120	69.88	3,436,814	3,559,440	
1988/07		0.30	0.5899	0.5899		120	69.88	3,442,897	3,557,520	
1989/01		0.30	0.5899	0.5899		120	69.88	3,448,991	3,578,520	
1989/07		0.40	0.5899	0.5899		120	79.64	3,457,131	3,602,760	
1990/01		0.40	0.5899	0.5899		120	79.64	3,465,290	3,620,880	
1990/07		0.50	0.5899	0.5899		120	79.64	3,475,513	3,642,240	
1991/01	16,722	0.50	0.5899	0.5899		120	73.47	3,502,488	3,663,600	
1991/07		0.60	1.4932	1.4932		120	77.89	3,533,867	3,718,320	
1992/01		0.60	2.0117	2.0117		120	77.89	3,576,521	3,793,080	
1992/07		0.70	1.8152	1.8152		120	83.81	3,621,964	3,861,960	
1993/01		0.70	1.7710	1.7710		120	83.81	3,666,865	3,930,360	
1993/07		0.80	1.5329	1.5329		120	78.96	3,711,832	3,990,600	
1994/01	18,558	0.80	1.6983	1.6983		120	78.67	3,780,819	4,058,400	
1994/07		0.90	1.5991	1.5991		120	78.67	3,835,233	4,123,320	
1995/01		0.90	1.5812	1.5812		120	78.67	3,889,812	4,188,480	
1995/07	789,054	1.00	1.5250	1.5250		120	75.88	4,738,186	4,252,320	
1996/01		1.00	1.7228	1.7228		120	75.88	4,819,815	4,325,640	
1996/07	81,671	1.00	1.3294	1.3294		120	74.48	4,819,815	4,383,120	3
1997/01		1.00	1.4109	1.4109		120	74.48	4,819,815	4,444,920	3
1997/07	31,848	1.00	1.0917	1.0917		120	71.27	4,819,815	4,493,400	3
1998/01		1.00	1.1663	1.1663		120	71.27	4,819,815	4,545,840	3
1998/07	32,064	1.00	1.0794	1.0794		120	63.66	4,819,815	4,594,920	3
1999/01		1.00	1.4499	1.4499		120	63.66	4,819,815	4,661,520	3
1999/07		1.00	1.2299	1.2299		120	63.66	4,819,815	4,718,880	3
2000/01	20,761	1.00	1.3356	1.3356		120	67.56	4,819,815	4,781,880	3
2000/07		1.00	1.1129	1.1129		120	64.45	4,835,040	4,835,040	8



Florida Agency for Health Care Administration  
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0 323799-00 - 2015/01

230.87

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		120	64.45	4,897,779	4,897,800	
2001/07		1.00	0.9615	0.9615		120	64.45	4,944,840	4,944,840	8
2002/01		1.00	1.0301	1.0301		120	64.45	4,995,720	4,995,720	8
2002/07		1.00	0.8337	0.8337		120	64.45	5,037,360	5,037,360	8
2003/01		1.00	1.3271	1.3271		120	64.45	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	62.28	5,163,720	5,163,720	8
2004/01		1.00	1.1103	1.1103		120	60.05	5,221,053	5,221,080	
2004/07		1.00	0.8378	0.8378		120	60.05	5,264,795	5,264,880	
2005/01	18,349	1.00	0.8595	0.8595		120	52.75	5,310,120	5,310,120	8
2005/07		1.00	0.7364	0.7364		120	52.75	5,347,624	5,349,240	
2006/01	11,727	1.00	0.9068	0.9068		120	53.99	5,397,720	5,397,720	8
2006/07	10,938	0.95	0.8133	0.8133		120	53.99	5,441,640	5,441,640	8
2007/01		0.95	1.0133	1.0133		120	53.99	5,493,059	5,496,720	
2007/07	39,625	0.90	1.1050	1.1050		120	52.82	5,557,440	5,557,440	8
2008/01	8,050	0.90	0.8556	0.8556		120	52.82	5,565,490	5,604,960	5
2008/07	7,666	0.85	0.6104	0.6104		120	52.82	5,612,626	5,639,160	5
2009/01	5,255	0.85	1.3268	1.3268		120	52.82	5,705,493	5,714,040	
2009/07		0.80	0.6841	0.6841		120	52.82	5,735,481	5,753,160	
2010/01		0.80	0.8643	0.8643		120	52.82	5,773,564	5,802,840	
2010/07		0.75	0.7107	0.7107		120	52.82	5,803,117	5,844,120	
2011/01	98,601	0.75	0.9198	0.9198		120	52.77	5,897,880	5,897,880	8
2011/07		0.70	0.9028	0.9028		120	52.77	5,933,643	5,951,160	
2012/01		0.70	0.3865	0.3865		120	53.40	5,949,232	5,974,200	
2012/07	23,669	0.65	0.9417	0.9417		120	55.50	6,009,316	6,030,480	
2013/01		0.65	0.4901	0.4901		120	55.50	6,028,462	6,060,000	
2013/07	26,580	0.60	0.6196	0.6196		120	53.61	6,076,889	6,097,560	
2014/01		0.60	0.8564	0.8564		120	53.61	6,107,323	6,149,760	
2014/07		0.55	1.2383	1.2383		120	53.61	6,147,869	6,225,960	
2015/01		0.55	0.7571	0.7571		120	56.49	6,173,469	6,273,120	

**Message Code:**

- |  |
|--|
| 1 Per Bed Standard Limitation          |
| 3 Index Cost Limitation - January 1996 |

5 Uncorrected Licensure Deficiency

8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 323799123120130101201307232014132810



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324027-00 - 2015/01**

**247.46**

**Hampton Court Nursing Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>16100 NW 2ND AVENUE</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>NORTH MIAMI BEACH, FL</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
<b>33169</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
County: <b>Dade [13]</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,006</b>	Total: <b>243</b>
Region: <b>South</b> Area: <b>11</b>	<b>Unaudited</b>	Medicare: <b>4,507</b>	Inflation
Control: <b>Proprietary : Corporation</b>	Initial CR? <b>False</b>	Medicaid: <b>23,859</b>	FY Index: <b>1.30932625</b>
Current Class <b>South Large</b>	Medical Utilization		Semester Index: <b>1.37161894</b>
Class at 1/94: <b>South Large</b>	Occupancy:	<b>59.63855%</b>	Cost: <b>1.04757614</b>
Operating Ex > <b>18 months</b>	Statewide Low Occupancy Threshold:	<b>91.33790%</b>	Target: <b>1.02563464</b>
Open Date: <b>01/03/1991</b>	Medicaid Low Occupancy Threshold:	<b>78.31130%</b>	DC FY Index: <b>1.21150000</b>
Acquired Date: <b>01/03/1991</b>	Low Occupancy Adjustment Factor:	<b>41.41010%</b>	DC Sem Index: <b>1.25449501</b>
Entered Medicaid <b>01/03/1991</b>	Weighted Low Occ Adjustment Factor:	<b>116.63438%</b>	DC Inflation: <b>1.03548907</b>
Med # Active Date: <b>11/01/2007</b>		<b>100.00000%</b>	PS Target: <b>1.03662091</b>
Previous Med # <b>203131</b>			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,136,167	2,177,691	1,321,727	472,885		5,108,470	
1a	Audit Adjustments							
2	Cost Per Diem	47.6201	91.2734	55.3974	19.8200		214.1109	
3	Cost Per Diem Inflated	49.8857	94.5126	58.0330				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>49.8857</b>	<b>94.5126</b>	<b>58.0330</b>	<b>19.8200</b>		<b>222.2513</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.3591		69.3112				
7	Provider Target Rate	<b>53.2399</b>		<b>71.8494</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>49.8857</b>	<b>94.5126</b>	<b>58.0330</b>	<b>13.6500</b>		<b>216.0813</b>	
12/13	Medical Adjustment Rate		1.0248	0.6293				
14	Prospective Per Diem 11	<b>49.8857</b>	<b>95.5374</b>	<b>58.6623</b>	<b>13.6500</b>		<b>217.7354</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 324027-00 - 2015/01**

**247.46**

Rate Semester 01/01/2015 through 08/31/2015

**Hampton Court Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/03/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,420,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1991/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,259,049</b>	<b>13.8264</b>
Indexed Asset Value	<b>5,323,811</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,064,762</b>	<b>0.4503</b>
FRVS Base Asset:	<b>3,642,240</b>	Interest Rate:	<b>11.5000%</b>	Insurance Cost(3):	<b>92,502</b>	<b>2.3122</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>10.0000%</b>	Taxes Cost(3):	<b>62,608</b>	<b>1.5650</b>
ROE Factor	<b>0.016670</b>	Amortization Rate:	<b>11.5000%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>37,590</b>	<b>0.0000</b>
		Yearly Payment:	<b>545,037</b>	Total FRVS PD:		<b>18.1539</b>

- (1) 80% Capital (\$4,259,049) amortized at 11.5000 % for 20 years Principal & Interest of \$545,037 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$13.8264
- (2) 20% ROE (\$1,064,762) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4503
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	<b>07/01/1990</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,642,240

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>49.8857</b>	<b>49.8857</b>	<b>0.8679</b>	<b>49.0178</b>
Direct Care	<b>95.5374</b>	<b>95.5374</b>	<b>1.6621</b>	<b>93.8753</b>
Indirect Care	<b>58.6623</b>	<b>58.6623</b>	<b>1.0206</b>	<b>57.6417</b>
Property	<b>13.6500</b>	<b>18.1539</b>	<b>0.3158</b>	<b>17.8381</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.1847</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>217.7354</b>	<b>222.2393</b>	<b>3.8664</b>	<b>247.4601</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

**0 324027-00 - 2015/01**

**247.46**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	6,981,109	0.00	0.5899	0.5899		120	35.49	3,642,240	3,642,240	1
1991/07		0.10	1.4932	1.4932		120	35.49	3,645,749	3,718,320	
1992/01		0.10	2.0117	2.0117		120	35.49	3,650,482	3,793,080	
1992/07		0.20	1.8152	1.8152		120	35.49	3,650,482	3,861,960	5
1993/01		0.20	1.7710	1.7710		120	35.49	3,659,033	3,930,360	5
1993/07		0.30	1.5329	1.5329		120	35.49	3,678,279	3,990,600	
1994/01		0.30	1.6983	1.6983		120	47.55	3,694,481	4,058,400	
1994/07		0.40	1.5991	1.5991		120	52.44	3,717,011	4,123,320	
1995/01		0.40	1.5812	1.5812		120	52.44	3,739,427	4,188,480	
1995/07		0.50	1.5250	1.5250		120	52.44	3,739,427	4,252,320	5
1996/01		0.50	1.7228	1.7228		120	51.65	3,766,613	4,325,640	5
1996/07		0.60	1.3294	1.3294		120	51.65	3,825,523	4,383,120	
1997/01		0.60	1.4109	1.4109		120	58.73	3,857,906	4,444,920	
1997/07		0.70	1.0917	1.0917		120	64.64	3,887,388	4,493,400	
1998/01		0.70	1.1663	1.1663		120	64.64	3,919,125	4,545,840	
1998/07		0.80	1.0794	1.0794		120	70.53	3,952,967	4,594,920	
1999/01		0.80	1.4499	1.4499		120	70.53	3,998,817	4,661,520	
1999/07		0.90	1.2299	1.2299		120	72.47	4,043,080	4,718,880	
2000/01		0.90	1.3356	1.3356		120	72.47	4,091,678	4,781,880	
2000/07		1.00	1.1129	1.1129		120	75.56	4,137,214	4,835,040	
2001/01		1.00	1.2976	1.2976		120	75.56	4,190,898	4,897,800	
2001/07		1.00	0.9615	0.9615		120	72.74	4,231,193	4,944,840	
2002/01		1.00	1.0301	1.0301		120	72.74	4,274,779	4,995,720	
2002/07		1.00	0.8337	0.8337		120	67.44	4,310,418	5,037,360	
2003/01		1.00	1.3271	1.3271		120	67.44	4,367,622	5,104,200	
2003/07		1.00	1.1664	1.1664		120	71.81	4,418,566	5,163,720	
2004/01		1.00	1.1103	1.1103		120	75.54	4,467,625	5,221,080	
2004/07		1.00	0.8378	0.8378		120	75.54	4,505,055	5,264,880	
2005/01		1.00	0.8595	0.8595		120	72.14	4,543,776	5,310,120	
2005/07		1.00	0.7364	0.7364		120	72.14	4,577,236	5,349,240	



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

0 324027-00 - 2015/01

247.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		120	72.14	4,618,742	5,397,720	
2006/07		1.00	0.8133	0.8133		120	71.42	4,656,306	5,441,640	
2007/01		1.00	1.0133	1.0133		120	71.42	4,703,488	5,496,720	
2007/07		1.00	1.1050	1.1050		120	70.23	4,755,462	5,557,440	
2008/01		1.00	0.8556	0.8556		120	65.75	4,796,150	5,604,960	
2008/07		1.00	0.6104	0.6104		120	65.75	4,825,426	5,639,160	
2009/01		1.00	1.3268	1.3268		120	65.75	4,889,450	5,714,040	
2009/07		1.00	0.6841	0.6841		120	68.50	4,922,899	5,753,160	
2010/01		1.00	0.8643	0.8643		120	68.25	4,965,448	5,802,840	
2010/07		1.00	0.7107	0.7107		120	68.25	5,000,737	5,844,120	
2011/01		1.00	0.9198	0.9198		120	68.72	5,046,734	5,897,880	
2011/07		0.95	0.9028	0.9028		120	68.72	5,090,020	5,951,160	
2012/01		0.95	0.3865	0.3865		120	63.07	5,108,711	5,974,200	
2012/07		0.90	0.9417	0.9417		120	63.07	5,152,007	6,030,480	
2013/01		0.90	0.4901	0.4901		120	59.12	5,174,733	6,060,000	
2013/07		0.85	0.6196	0.6196		120	59.12	5,201,988	6,097,560	
2014/01		0.85	0.8564	0.8564		120	59.12	5,239,853	6,149,760	
2014/07		0.80	1.2383	1.2383		120	59.64	5,291,759	6,225,960	
2015/01		0.80	0.7571	0.7571		120	59.64	5,323,811	6,273,120	

**Message Code:**

- |                                    |
|------------------------------------|
| 1 Per Bed Standard Limitation      |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324094-00 - 2015/01**

**248.89**

**Advanced Rehabilitation & Health Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>401 FAIRWOOD AVE</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>CLEARWATER, FL 33759</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,951</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>7,892</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>30,830</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>73.49050%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.77854%</b>	Cost: <b>1.04336242</b>
Open Date: <b>10/01/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>10/01/1984</b>	Low Occupancy Adjustment Factor:	<b>122.30488%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med # <b>309273</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,416,690	2,830,284	1,682,013	1,310,275		7,239,262
1a	Audit Adjustments						
2	Cost Per Diem	45.9517	91.8029	54.5577	42.5000		234.8123
3	Cost Per Diem Inflated	47.9443	94.5796	56.9235			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>47.9443</b>	<b>94.5796</b>	<b>56.9235</b>	<b>42.5000</b>		<b>241.9474</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.4760		68.9041			
7	Provider Target Rate	<b>61.6541</b>		<b>71.4274</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>			
10a	New Provider Target Limitation	<b>57.3877</b>		<b>69.3911</b>			
10b	Base for line 10a	55.3604		66.9397			
11	Lesser of 5,7,8,10, 10a	<b>47.9443</b>	<b>94.5796</b>	<b>56.9235</b>	<b>13.6500</b>		<b>213.0974</b>
12/13	Medical Adjustment Rate		2.4994	1.5043			
14	Prospective Per Diem 11	<b>47.9443</b>	<b>97.0790</b>	<b>58.4278</b>	<b>13.6500</b>		<b>217.1011</b>
15	Inflated Usual & Customary Charge						0.00





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 324094-00 - 2015/01**

**248.89**

Rate Semester 01/01/2015 through 08/31/2015

**Advanced Rehabilitation & Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/01/2000	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,391,600.00	Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed	80% Capital(1):	3,927,990 12.4237
Indexed Asset Value	4,909,987	<60% of Base:	False	20% ROE(2):	981,997 0.5007
FRVS Base Asset:	2,775,941	Interest Rate:	11.1000%	Insurance Cost(3):	111,032 2.6467
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	62,513 1.4901
ROE Factor	0.020100	Amortization Rate:	11.1000%	Home Office(3):	12,177 0.2903
		Interest Only:	False	Replacement(3&4):	35,635 0.0000
		Yearly Payment:	489,743	Total FRVS PD:	17.3515

(1) 80% Capital (\$3,927,990) amortized at 11.1000 % for 20 years Principal & Interest of \$489,743 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.4237

(2) 20% ROE (\$981,997) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5007

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.9443	47.9443	0.8341	47.1102
Direct Care	97.0790	97.0790	1.6889	95.3901
Indirect Care	58.4278	58.4278	1.0165	57.4113
Property	13.6500	17.3515	0.3019	17.0496
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0293
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>217.1011</b>	<b>220.8026</b>	<b>3.8414</b>	<b>248.8930</b>

Medicaid Trend Adjustment



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 2/28/2014

**0 324094-00 - 2015/01**

**248.89**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	2,770,400	0.00	1.9179	1.9179		120	56.18	2,770,400	3,352,680	
1985/01		0.10	1.1471	1.1471		120	56.18	2,773,578	3,391,080	
1985/10		0.10	0.8522	0.8522		120	56.18	2,775,941	3,420,000	
1986/01		0.20	0.8299	0.8299		120	56.18	2,780,549	3,448,440	
1986/07		0.20	0.2974	0.2974		120	56.18	2,782,203	3,441,840	
1987/01		0.30	1.0091	1.0091		120	56.18	2,790,625	3,503,400	
1987/07		0.30	0.9007	0.9007		120	56.18	2,798,165	3,530,760	
1988/01		0.40	0.9007	0.9007		120	63.00	2,808,247	3,559,440	
1988/07	20,425	0.40	0.5899	0.5899		120	58.31	2,835,299	3,557,520	
1989/01		0.50	0.5899	0.5899		120	58.31	2,843,663	3,578,520	
1989/07		0.50	0.5899	0.5899		120	58.31	2,852,052	3,602,760	
1990/01		0.60	0.5899	0.5899		120	58.31	2,862,145	3,620,880	
1990/07		0.60	0.5899	0.5899		120	58.31	2,872,274	3,642,240	
1991/01		0.70	0.5899	0.5899		120	58.31	2,884,134	3,663,600	
1991/07		0.70	1.4932	1.4932		120	58.31	2,914,279	3,718,320	
1992/01	46,730	0.80	2.0117	2.0117		120	61.99	3,007,911	3,793,080	
1992/07		0.80	1.8152	1.8152		120	61.99	3,051,592	3,861,960	
1993/01		0.90	1.7710	1.7710		120	59.50	3,100,231	3,930,360	
1993/07	17,331	0.90	1.5329	1.5329		120	60.86	3,160,333	3,990,600	
1994/01		1.00	1.6983	1.6983		120	60.86	3,214,005	4,058,400	
1994/07		1.00	1.5991	1.5991		120	61.09	3,214,005	4,123,320	5
1995/01		1.00	1.5812	1.5812		120	61.09	3,317,033	4,188,480	
1995/07	25,142	1.00	1.5250	1.5250		120	67.22	3,392,760	4,252,320	
1996/01		1.00	1.7228	1.7228		120	67.22	3,392,760	4,325,640	5
1996/07	24,584	1.00	1.3294	1.3294		120	74.59	3,475,794	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	74.59	3,521,674	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	78.12	3,610,350	4,493,400	
1998/01		1.00	1.1663	1.1663		120	78.12	3,652,458	4,545,840	
1998/07	25,460	1.00	1.0794	1.0794		120	64.91	3,717,343	4,594,920	
1999/01		1.00	1.4499	1.4499		120	64.91	3,771,241	4,661,520	



Florida Agency for Health Care Administration  
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**0 324094-00 - 2015/01**

**248.89**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	64.28	3,817,623	4,718,880	
2000/01	10,392	1.00	1.3356	1.3356		120	68.51	3,879,003	4,781,880	
2000/07		1.00	1.1129	1.1129		120	68.51	3,922,172	4,835,040	
2001/01		1.00	1.2976	1.2976		120	68.51	3,973,066	4,897,800	
2001/07		1.00	0.9615	0.9615		120	68.51	4,011,267	4,944,840	
2002/01		1.00	1.0301	1.0301		120	68.51	4,052,587	4,995,720	
2002/07		1.00	0.8337	0.8337		120	66.83	4,086,373	5,037,360	
2003/01		1.00	1.3271	1.3271		120	68.61	4,140,603	5,104,200	
2003/07		1.00	1.1664	1.1664		120	68.61	4,188,899	5,163,720	
2004/01		1.00	1.1103	1.1103		120	73.00	4,235,408	5,221,080	
2004/07		1.00	0.8378	0.8378		120	73.00	4,270,892	5,264,880	
2005/01		0.95	0.8595	0.8595		120	73.00	4,305,764	5,310,120	
2005/07		0.95	0.7364	0.7364		120	73.95	4,335,887	5,349,240	
2006/01		0.90	0.9068	0.9068		120	73.95	4,371,272	5,397,720	
2006/07		0.90	0.8133	0.8133		120	76.53	4,403,270	5,441,640	
2007/01		0.85	1.0133	1.0133		120	76.06	4,441,195	5,496,720	
2007/07	13,245	0.85	1.1050	1.1050		120	74.00	4,496,156	5,557,440	
2008/01	3,386	0.80	0.8556	0.8556		120	74.00	4,530,318	5,604,960	
2008/07		0.80	0.6104	0.6104		120	74.00	4,552,440	5,639,160	
2009/01		0.75	1.3268	1.3268		120	74.00	4,597,741	5,714,040	
2009/07		0.75	0.6841	0.6841		120	74.00	4,621,332	5,753,160	
2010/01		0.70	0.8643	0.8643		120	72.93	4,649,291	5,802,840	
2010/07		0.70	0.7107	0.7107		120	74.10	4,672,421	5,844,120	
2011/01		0.65	0.9198	0.9198		120	74.10	4,700,357	5,897,880	
2011/07		0.65	0.9028	0.9028		120	74.10	4,727,939	5,951,160	
2012/01	21,892	0.60	0.3865	0.3865		120	74.43	4,760,795	5,974,200	
2012/07		0.60	0.9417	0.9417		120	74.43	4,787,693	6,030,480	
2013/01		0.55	0.4901	0.4901		120	71.65	4,800,601	6,060,000	
2013/07		0.55	0.6196	0.6196		120	71.65	4,816,961	6,097,560	
2014/01	25,615	0.50	0.8564	0.8564		120	75.94	4,863,202	6,149,760	



Florida Agency for Health Care Administration  
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0 324094-00 - 2015/01

248.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	73.49	4,893,315	6,225,960	
2015/01		0.45	0.7571	0.7571		120	73.49	4,909,987	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324094022820140301201304242014150312



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324108-00 - 2015/01**

**267.04**

**Bayside Rehabilitation & Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>811 JACKSON ST N</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>92</b>	Superior: <b>0</b>
<b>SAINT PETERSBURG, FL 33705</b>	Days in CR <b>365</b>	Maximum: <b>33,580</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>33,580</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>31,084</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,805</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>24,057</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>77.39351%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.56700%</b>	Cost: <b>1.04336242</b>
Open Date: <b>10/01/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>10/01/1984</b>	Low Occupancy Adjustment Factor:	<b>118.20389%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med # <b>308790</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,204,058	2,196,782	1,478,931	1,162,194		6,041,965	
1a	Audit Adjustments							
2	Cost Per Diem	50.0502	91.3157	61.4761	48.3100		251.1520	
3	Cost Per Diem Inflated	52.2205	94.0777	64.1419				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>52.2205</b>	<b>94.0777</b>	<b>64.1419</b>	<b>48.3100</b>		<b>258.7501</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	69.2504		80.8424				
7	Provider Target Rate	<b>71.7864</b>		<b>83.8029</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation	<b>63.3669</b>		<b>80.7681</b>				
10b	Base for line 10a	61.1283		77.9148				
11	Lesser of 5,7,8,10, 10a	<b>52.2205</b>	<b>94.0777</b>	<b>64.1419</b>	<b>13.6500</b>		<b>224.0901</b>	
12/13	Medical Adjustment Rate		2.8993	1.9767				
14	Prospective Per Diem 11	<b>52.2205</b>	<b>96.9770</b>	<b>66.1186</b>	<b>13.6500</b>		<b>228.9661</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 324108-00 - 2015/01**

**267.04**

Rate Semester 01/01/2015 through 08/31/2015

**Bayside Rehabilitation & Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>10/01/2001</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>2,033,590.00</b>	Total Amount	Per Diem	
RS to Start Calcs:	<b>1984/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>3,777,322</b>	<b>15.9946</b>
Indexed Asset Value	<b>4,721,652</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>944,330</b>	<b>0.6281</b>
FRVS Base Asset:	<b>1,335,000</b>	Interest Rate:	<b>11.5000%</b>	Insurance Cost(3):	<b>128,176</b>	<b>4.1235</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>10.5000%</b>	Taxes Cost(3):	<b>57,090</b>	<b>1.8366</b>
ROE Factor	<b>0.020100</b>	Amortization Rate:	<b>11.5000%</b>	Home Office(3):	<b>9,022</b>	<b>0.2902</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>21,751</b>	<b>0.0000</b>
		Yearly Payment:	<b>483,390</b>	Total FRVS PD:		<b>22.8730</b>

(1) 80% Capital (\$3,777,322) amortized at 11.5000 % for 20 years Principal & Interest of \$483,390 divided by annual available days (33580) divided by Occup. Adj. (0.90) = \$15.9946

(2) 20% ROE (\$944,330) times the ROE factor (0.020100) divided by annual available days (33580) divided by Occup. Adj. (0.90) = \$0.6281

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>66</b>	Effective PBS Limitation	52,276
			1,881,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>52.2205</b>	<b>52.2205</b>	<b>0.9085</b>	<b>51.3120</b>
Direct Care	<b>96.9770</b>	<b>96.9770</b>	<b>1.6872</b>	<b>95.2898</b>
Indirect Care	<b>66.1186</b>	<b>66.1186</b>	<b>1.1503</b>	<b>64.9683</b>
Property	<b>13.6500</b>	<b>22.8730</b>	<b>0.3979</b>	<b>22.4751</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>23.0905</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>228.9661</b>	<b>238.1891</b>	<b>4.1439</b>	<b>267.0382</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 2/28/2014

**0 324108-00 - 2015/01**

**267.04**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	1,335,000	0.00	1.9179	1.9179		66	21.54	1,335,000	1,843,974	
1985/01		0.10	1.1471	1.1471		66	21.54	1,335,000	1,865,094	
1985/10		0.10	0.8522	0.8522		66	21.54	1,335,000	1,881,000	
1986/01		0.20	0.8299	0.8299		66	100.00	1,337,216	1,896,642	
1986/07		0.20	0.2974	0.2974		66	100.00	1,338,012	1,893,012	
1987/01		0.30	1.0091	1.0091		66	100.00	1,342,062	1,926,870	
1987/07		0.30	0.9007	0.9007		66	23.31	1,342,062	1,941,918	
1988/01		0.40	0.9007	0.9007		66	27.76	1,344,503	1,957,692	
1988/07		0.40	0.5899	0.5899		66	27.76	1,346,105	1,956,636	
1989/01		0.50	0.5899	0.5899		66	47.72	1,349,550	1,968,186	
1989/07		0.50	0.5899	0.5899		66	47.72	1,353,004	1,981,518	
1990/01		0.60	0.5899	0.5899		66	47.72	1,357,158	1,991,484	
1990/07		0.60	0.5899	0.5899		65	50.42	1,361,561	1,972,880	
1991/01		0.70	0.5899	0.5899		65	50.42	1,366,715	1,984,450	
1991/07		0.70	1.4932	1.4932		66	49.68	1,366,715	2,045,076	5
1992/01		0.80	2.0117	2.0117		66	49.68	1,379,618	2,086,194	5
1992/07	1,175,206	0.80	1.8152	1.8152		96	50.67	2,593,606	3,089,568	
1993/01		0.90	1.7710	1.7710		96	50.67	2,631,691	3,144,288	
1993/07	456,141	0.90	1.5329	1.5329		96	54.71	3,123,947	3,192,480	
1994/01		1.00	1.6983	1.6983		96	54.71	3,176,721	3,246,720	
1994/07		1.00	1.5991	1.5991		95	38.28	3,212,077	3,264,295	
1995/01		1.00	1.5812	1.5812		95	38.28	3,212,077	3,315,880	5
1995/07	24,388	1.00	1.5250	1.5250		95	44.91	3,312,252	3,366,420	
1996/01		1.00	1.7228	1.7228		95	44.91	3,358,847	3,424,465	
1996/07		1.00	1.3294	1.3294		95	44.91	3,395,308	3,469,970	
1997/01	19,410	1.00	1.4109	1.4109		92	53.76	3,407,772	3,407,772	8
1997/07		1.00	1.0917	1.0917		92	60.24	3,444,940	3,444,940	8
1998/01		1.00	1.1663	1.1663		92	60.24	3,485,118	3,485,144	
1998/07		1.00	1.0794	1.0794		92	60.86	3,485,118	3,522,772	5
1999/01		1.00	1.4499	1.4499		92	60.86	3,573,812	3,573,832	



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**267.04**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		92	60.86	3,617,766	3,617,808	
2000/01		1.00	1.3356	1.3356		92	72.91	3,666,085	3,666,108	
2000/07		1.00	1.1129	1.1129		92	76.27	3,706,864	3,706,864	8
2001/01		1.00	1.2976	1.2976		92	76.27	3,754,964	3,754,980	
2001/07		1.00	0.9615	0.9615		92	74.79	3,791,044	3,791,044	8
2002/01		1.00	1.0301	1.0301		92	72.61	3,830,052	3,830,052	8
2002/07		1.00	0.8337	0.8337		92	72.61	3,861,976	3,861,976	8
2003/01		1.00	1.3271	1.3271		92	72.61	3,913,220	3,913,220	8
2003/07		1.00	1.1664	1.1664		92	72.61	3,958,852	3,958,852	8
2004/01		1.00	1.1103	1.1103		92	72.61	4,002,807	4,002,828	
2004/07		1.00	0.8378	0.8378		92	74.77	4,036,343	4,036,408	
2005/01		0.95	0.8595	0.8595		92	74.77	4,069,300	4,071,092	
2005/07		0.95	0.7364	0.7364		92	74.77	4,097,769	4,101,084	
2006/01		0.90	0.9068	0.9068		92	77.63	4,131,211	4,138,252	
2006/07		0.90	0.8133	0.8133		92	77.63	4,161,451	4,171,924	
2007/01		0.85	1.0133	1.0133		92	79.05	4,197,294	4,214,152	
2007/07	10,670	0.85	1.1050	1.1050		92	76.51	4,247,389	4,260,704	
2008/01	5,575	0.80	0.8556	0.8556		92	76.51	4,282,037	4,297,136	
2008/07		0.80	0.6104	0.6104		92	76.51	4,302,946	4,323,356	
2009/01		0.75	1.3268	1.3268		92	76.51	4,345,765	4,380,764	
2009/07		0.75	0.6841	0.6841		92	76.51	4,368,063	4,410,756	
2010/01		0.70	0.8643	0.8643		92	74.52	4,394,490	4,448,844	
2010/07		0.70	0.7107	0.7107		92	73.41	4,416,353	4,480,492	
2011/01		0.65	0.9198	0.9198		92	73.41	4,442,758	4,521,708	
2011/07		0.65	0.9028	0.9028		92	73.41	4,468,828	4,562,556	
2012/01	108,765	0.60	0.3865	0.3865		92	74.80	4,580,220	4,580,220	8
2012/07		0.60	0.9417	0.9417		92	74.80	4,606,098	4,623,368	
2013/01		0.55	0.4901	0.4901		92	75.24	4,618,516	4,646,000	
2013/07		0.55	0.6196	0.6196		92	75.24	4,634,256	4,674,796	
2014/01	22,562	0.50	0.8564	0.8564		92	74.69	4,676,662	4,714,816	





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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		92	74.69	4,705,620	4,773,236	
2015/01		0.45	0.7571	0.7571		92	77.39	4,721,652	4,809,392	

**Message Code:**

- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324108022820140301201307242014092727



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 Rate Semester 01/01/2015 through 08/31/2015

**0 324116-00 - 2015/01**

**254.57**

**Excel Rehabilitation & Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2811 CAMPUS HILL DR</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>TAMPA, FL 33612</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Hillsborough [29]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,810</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>14,633</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>24,814</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>60.80372%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.17352%</b>	Cost: <b>1.04336242</b>
Open Date: <b>04/01/1995</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/01/1995</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>05/15/1995</b>	Low Occupancy Adjustment Factor:	<b>118.97838%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med # <b>309044</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,346,607	2,124,053	1,609,215	1,093,801		6,173,676	
1a	Audit Adjustments							
2	Cost Per Diem	54.2680	85.5990	64.8511	44.0800		248.7981	
3	Cost Per Diem Inflated	56.6212	88.1880	67.6632				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>56.6212</b>	<b>88.1880</b>	<b>67.6632</b>	<b>44.0800</b>		<b>256.5524</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.8050		65.4999				
7	Provider Target Rate	<b>61.9951</b>		<b>67.8986</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation	<b>55.4491</b>		<b>69.7723</b>				
10b	Base for line 10a	53.4902		67.3074				
11	Lesser of 5,7,8,10, 10a	<b>54.1549</b>	<b>88.1880</b>	<b>63.5578</b>	<b>13.6500</b>		<b>219.5507</b>	
12/13	Medical Adjustment Rate		1.0719	0.7725				
14	Prospective Per Diem 11	<b>54.1549</b>	<b>89.2599</b>	<b>64.3303</b>	<b>13.6500</b>		<b>221.3951</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

**Excel Rehabilitation & Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	05/15/1995	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,950,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,691,486</b>	<b>15.9885</b>
RS to Start Calcs:	<b>1995/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,172,871</b>	<b>0.5980</b>
Indexed Asset Value	<b>5,864,357</b>	Interest Rate:	<b>12.2636%</b>	Insurance Cost(3):	<b>192,593</b>	<b>4.7193</b>
FRVS Base Asset:	<b>4,123,320</b>	Chase Rate:	<b>9.5000%</b>	Taxes Cost(3):	<b>99,199</b>	<b>2.4308</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>12.2636%</b>	Home Office(3):	<b>11,845</b>	<b>0.2902</b>
ROE Factor	<b>0.020100</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>11,902</b>	<b>0.0000</b>
		Yearly Payment:	<b>630,265</b>	Total FRVS PD:		<b>24.0268</b>

- (1) 80% Capital (\$4,691,486) amortized at 12.2636 % for 20 years Principal & Interest of \$630,265 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$15.9885
- (2) 20% ROE (\$1,172,871) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5980
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	<b>07/01/1994</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	4,123,320

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>54.1549</b>	<b>54.1549</b>	<b>0.9422</b>	<b>53.2127</b>
Direct Care	<b>89.2599</b>	<b>89.2599</b>	<b>1.5529</b>	<b>87.7070</b>
Indirect Care	<b>64.3303</b>	<b>64.3303</b>	<b>1.1192</b>	<b>63.2111</b>
Property	<b>13.6500</b>	<b>24.0268</b>	<b>0.4180</b>	<b>23.6088</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>16.9306</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>221.3951</b>	<b>231.7719</b>	<b>4.0323</b>	<b>254.5727</b>

**Medicaid Trend Adjustment**



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**254.57**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	6,328,182	0.00	1.5812	1.5812		120	37.37	4,123,320	4,123,320	1
1995/07	14,571	0.10	1.5250	1.5250		120	37.37	4,142,163	4,252,320	
1996/01	17,148	0.10	1.7228	1.7228		120	37.37	4,164,160	4,325,640	
1996/07		0.20	1.3294	1.3294		120	36.60	4,171,528	4,383,120	
1997/01		0.20	1.4109	1.4109		120	36.60	4,179,362	4,444,920	
1997/07		0.30	1.0917	1.0917		120	36.60	4,188,470	4,493,400	
1998/01	85,247	0.30	1.1663	1.1663		120	39.88	4,284,344	4,545,840	
1998/07		0.40	1.0794	1.0794		120	39.88	4,297,758	4,594,920	
1999/01	118,184	0.40	1.4499	1.4499		120	53.31	4,440,103	4,661,520	
1999/07		0.50	1.2299	1.2299		120	53.31	4,440,103	4,718,880	5
2000/01		0.50	1.3356	1.3356		120	60.05	4,496,399	4,781,880	
2000/07		0.60	1.1129	1.1129		120	56.26	4,526,421	4,835,040	
2001/01		0.60	1.2976	1.2976		120	56.26	4,561,664	4,897,800	
2001/07		0.70	0.9615	0.9615		120	56.26	4,592,369	4,944,840	
2002/01		0.70	1.0301	1.0301		120	56.26	4,625,485	4,995,720	
2002/07		0.80	0.8337	0.8337		120	56.26	4,656,337	5,037,360	
2003/01		0.80	1.3271	1.3271		120	53.68	4,704,587	5,104,200	
2003/07		0.90	1.1664	1.1664		120	53.68	4,752,790	5,163,720	
2004/01		0.90	1.1103	1.1103		120	56.45	4,800,285	5,221,080	
2004/07		1.00	0.8378	0.8378		120	56.45	4,840,502	5,264,880	
2005/01		1.00	0.8595	0.8595		120	57.98	4,882,106	5,310,120	
2005/07		1.00	0.7364	0.7364		120	57.98	4,918,058	5,349,240	
2006/01		1.00	0.9068	0.9068		120	57.98	4,962,655	5,397,720	
2006/07		1.00	0.8133	0.8133		120	58.73	5,003,016	5,441,640	
2007/01		1.00	1.0133	1.0133		120	58.73	5,053,712	5,496,720	
2007/07	7,895	1.00	1.1050	1.1050		120	58.99	5,117,451	5,557,440	
2008/01	932	1.00	0.8556	0.8556		120	58.99	5,162,168	5,604,960	
2008/07		1.00	0.6104	0.6104		120	58.99	5,193,678	5,639,160	
2009/01		1.00	1.3268	1.3268		120	58.99	5,262,588	5,714,040	
2009/07		1.00	0.6841	0.6841		120	58.99	5,298,589	5,753,160	



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 2/28/2014

**0 324116-00 - 2015/01**

**254.57**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01	32,807	1.00	0.8643	0.8643		120	55.72	5,377,192	5,802,840	
2010/07		1.00	0.7107	0.7107		120	59.77	5,415,408	5,844,120	
2011/01		1.00	0.9198	0.9198		120	59.77	5,465,219	5,897,880	
2011/07		1.00	0.9028	0.9028		120	61.67	5,514,559	5,951,160	
2012/01		1.00	0.3865	0.3865		120	61.67	5,535,873	5,974,200	
2012/07		1.00	0.9417	0.9417		120	61.67	5,588,004	6,030,480	
2013/01		1.00	0.4901	0.4901		120	54.20	5,614,992	6,060,000	
2013/07		1.00	0.6196	0.6196		120	54.20	5,649,276	6,097,560	
2014/01	51,445	1.00	0.8564	0.8564		120	55.69	5,749,101	6,149,760	
2014/07		1.00	1.2383	1.2383		120	60.80	5,820,292	6,225,960	
2015/01		1.00	0.7571	0.7571		120	60.80	5,864,357	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

<b>0 324124-00 - 2015/01</b>
<b>244.92</b>

**Madison Pointe Rehabilitation & Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>6020 INDIANA AVE</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>119</b>	Superior: <b>0</b>
<b>NEW PORT RICHEY, FL 34653-3214</b>	Days in CR <b>365</b>	Maximum: <b>43,435</b>	Standard: <b>243</b>
County: <b>Pasco [51]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,435</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,302</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>12,594</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>20,699</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>52.66653%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>90.48463%</b>	Cost: <b>1.04336242</b>
Open Date: <b>09/01/1981</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/01/1981</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>01/01/1982</b>	Low Occupancy Adjustment Factor:	<b>115.54479%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med # <b>309257</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	900,077	1,865,321	1,254,808	1,019,219		5,039,425	
1a	Audit Adjustments							
2	Cost Per Diem	43.4841	90.1165	60.6217	49.2400		243.4623	
3	Cost Per Diem Inflated	45.3697	92.8422	63.2504				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>45.3697</b>	<b>92.8422</b>	<b>63.2504</b>	<b>49.2400</b>		<b>250.7023</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.9972		69.8633				
7	Provider Target Rate	<b>62.1944</b>		<b>72.4218</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation	<b>53.9447</b>		<b>69.7723</b>				
10b	Base for line 10a	52.0390		67.3074				
11	Lesser of 5,7,8,10, 10a	<b>45.3697</b>	<b>92.8422</b>	<b>63.2504</b>	<b>13.6500</b>		<b>215.1123</b>	
12/13	Medical Adjustment Rate		0.2785	0.1897				
14	Prospective Per Diem 11	<b>45.3697</b>	<b>93.1207</b>	<b>63.4401</b>	<b>13.6500</b>		<b>215.5805</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 324124-00 - 2015/01**

**244.92**

Rate Semester 01/01/2015 through 08/31/2015

**Madison Pointe Rehabilitation & Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	12/01/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,525,000.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed	80% Capital(1):	3,610,176	11.9207
Indexed Asset Value	4,512,720	<60% of Base:	False	20% ROE(2):	902,544	0.4641
FRVS Base Asset:	2,077,024	Interest Rate:	11.6337%	Insurance Cost(3):	186,138	4.7361
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	Taxes Cost(3):	68,673	1.7473
ROE Factor	0.020100	Amortization Rate:	11.6337%	Home Office(3):	11,408	0.2903
		Interest Only:	False	Replacement(3&4):	14,277	0.0000
		Yearly Payment:	465,997	Total FRVS PD:		19.1585

(1) 80% Capital (\$3,610,176) amortized at 11.6337 % for 20 years Principal & Interest of \$465,997 divided by annual available days (43435) divided by Occup. Adj. (0.90) = \$11.9207

(2) 20% ROE (\$902,544) times the ROE factor (0.020100) divided by annual available days (43435) divided by Occup. Adj. (0.90) = \$0.4641

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	119	Effective PBS Limitation	3,391,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.3697	45.3697	0.7893	44.5804
Direct Care	93.1207	93.1207	1.6201	91.5006
Indirect Care	63.4401	63.4401	1.1037	62.3364
Property	13.6500	19.1585	0.3333	18.8252
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.7725
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>215.5805</b>	<b>221.0890</b>	<b>3.8464</b>	<b>244.9176</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 2/28/2014

**0 324124-00 - 2015/01**

**244.92**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	2,025,917	0.00	2.5888	2.5888		119	38.15	2,025,917	2,873,731	
1982/01		0.10	2.6760	2.6760		119	38.15	2,029,677	2,950,724	
1982/07		0.10	2.2977	2.2977		119	38.15	2,032,912	3,018,435	
1983/04		0.20	2.6288	2.6288		119	34.68	2,039,652	3,097,808	
1983/07		0.20	3.9578	3.0000	0.9578	119	34.68	2,047,369	3,220,378	
1984/01		0.30	2.2530	2.2530		119	34.18	2,055,969	3,262,147	
1984/07		0.30	1.9179	1.9179		119	34.18	2,063,321	3,324,741	
1985/01		0.40	1.1471	1.1471		119	45.60	2,071,170	3,362,821	
1985/10		0.40	0.8522	0.8522		119	45.60	2,077,024	3,391,500	
1986/01		0.50	0.8299	0.8299		119	45.60	2,084,170	3,419,703	
1986/07		0.50	0.2974	0.2974		119	45.59	2,086,739	3,413,158	
1987/01		0.60	1.0091	1.0091		119	45.60	2,097,215	3,474,205	
1987/07		0.60	0.9007	0.9007		119	44.15	2,106,313	3,501,337	
1988/01		0.70	0.9007	0.9007		119	44.15	2,116,973	3,529,778	
1988/07	13,238	0.70	0.5899	0.5899		119	46.57	2,137,612	3,527,874	
1989/01		0.80	0.5899	0.5899		119	46.57	2,146,153	3,548,699	
1989/07		0.80	0.5899	0.5899		119	50.74	2,155,496	3,572,737	
1990/01		0.90	0.5899	0.5899		119	50.74	2,166,053	3,590,706	
1990/07		0.90	0.5899	0.5899		119	44.04	2,175,261	3,611,888	
1991/01		1.00	0.5899	0.5899		119	44.04	2,185,536	3,633,070	
1991/07		1.00	1.4932	1.4932		119	54.61	2,217,939	3,687,334	
1992/01		1.00	2.0117	2.0117		119	54.61	2,262,241	3,761,471	
1992/07		1.00	1.8152	1.8152		119	60.35	2,303,305	3,829,777	
1993/01		1.00	1.7710	1.7710		119	60.35	2,344,097	3,897,607	
1993/07		1.00	1.5329	1.5329		119	53.56	2,379,089	3,957,345	
1994/01		1.00	1.6983	1.6983		119	53.56	2,418,435	4,024,580	
1994/07	33,414	1.00	1.5991	1.5991		119	59.84	2,490,522	4,088,959	
1995/01		1.00	1.5812	1.5812		119	59.84	2,490,522	4,153,576	5
1995/07	163,636	1.00	1.5250	1.5250		119	60.71	2,693,538	4,216,884	5
1996/01		1.00	1.7228	1.7228		119	60.71	2,779,188	4,289,593	





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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 2/28/2014

**0 324124-00 - 2015/01**

**244.92**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	26,494	1.00	1.3294	1.3294		119	61.43	2,842,629	4,346,594	
1997/01		1.00	1.4109	1.4109		119	61.43	2,882,736	4,407,879	
1997/07		1.00	1.0917	1.0917		119	59.99	2,914,207	4,455,955	
1998/01		1.00	1.1663	1.1663		119	59.99	2,948,195	4,507,958	
1998/07		1.00	1.0794	1.0794		119	61.08	2,980,018	4,556,629	
1999/01		1.00	1.4499	1.4499		119	61.08	3,023,225	4,622,674	
1999/07		1.00	1.2299	1.2299		119	58.50	3,060,408	4,679,556	
2000/01		1.00	1.3356	1.3356		119	58.50	3,101,283	4,742,031	
2000/07	13,582	1.00	1.1129	1.1129		119	65.06	3,149,379	4,794,748	
2001/01	1,397	1.00	1.2976	1.2976		119	65.06	3,191,642	4,856,985	
2001/07		1.00	0.9615	0.9615		119	65.06	3,222,330	4,903,633	
2002/01		0.95	1.0301	1.0301		119	64.94	3,253,864	4,954,089	
2002/07		0.95	0.8337	0.8337		119	64.94	3,279,635	4,995,382	
2003/01		0.90	1.3271	1.3271		119	62.07	3,318,807	5,061,665	
2003/07		0.90	1.1664	1.1664		119	62.07	3,353,648	5,120,689	
2004/01		0.85	1.1103	1.1103		119	59.21	3,385,300	5,177,571	
2004/07		0.85	0.8378	0.8378		119	59.21	3,409,407	5,221,006	
2005/01		0.80	0.8595	0.8595		119	62.89	3,432,850	5,265,869	
2005/07		0.80	0.7364	0.7364		119	62.89	3,453,073	5,304,663	
2006/01		0.75	0.9068	0.9068		119	62.89	3,476,557	5,352,739	
2006/07		0.75	0.8133	0.8133		119	57.23	3,497,764	5,396,293	
2007/01		0.70	1.0133	1.0133		119	53.95	3,522,100	5,450,914	
2007/07	23,975	0.70	1.1050	1.1050		119	62.82	3,573,318	5,511,128	
2008/01		0.65	0.8556	0.8556		119	62.82	3,593,189	5,558,252	
2008/07		0.65	0.6104	0.6104		119	62.82	3,607,447	5,592,167	
2009/01		0.60	1.3268	1.3268		119	62.82	3,636,166	5,666,423	
2009/07		0.60	0.6841	0.6841		119	62.82	3,651,092	5,705,217	
2010/01		0.55	0.8643	0.8643		119	55.67	3,668,449	5,754,483	
2010/07		0.55	0.7107	0.7107		119	56.72	3,682,789	5,795,419	
2011/01		0.50	0.9198	0.9198		119	56.72	3,699,726	5,848,731	



Florida Agency for Health Care Administration  
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**0 324124-00 - 2015/01**

**244.92**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		119	56.72	3,716,427	5,901,567	
2012/01	690,999	0.45	0.3865	0.3865		119	53.32	4,413,691	5,924,415	
2012/07		0.45	0.9417	0.9417		119	53.32	4,431,825	5,980,226	
2013/01		0.40	0.4901	0.4901		119	55.97	4,440,511	6,009,500	
2013/07		0.40	0.6196	0.6196		119	55.97	4,451,515	6,046,747	
2014/01	19,699	0.35	0.8564	0.8564		119	54.01	4,484,315	6,098,512	
2014/07		0.35	1.2383	1.2383		119	52.67	4,502,927	6,174,077	
2015/01		0.30	0.7571	0.7571		119	52.67	4,512,720	6,220,844	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324124022820140301201304252014131000



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324132-00 - 2015/01**

**248.36**

**Shore Acres Rehabilitation & Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4500 INDIANAPOLIS ST NE</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>109</b>	Superior: <b>0</b>
<b>SAINT PETERSBURG, FL 33703</b>	Days in CR <b>365</b>	Maximum: <b>39,785</b>	Standard: <b>216</b>
County: <b>Pinellas [52]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>39,785</b>	Conditional: <b>27</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>35,662</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>5,776</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>28,416</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>79.68145%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.63680%</b>	Cost: <b>1.04336242</b>
Open Date: <b>03/01/1971</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/01/1971</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>03/01/1971</b>	Low Occupancy Adjustment Factor:	<b>114.46215%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med # <b>309290</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,281,953	2,575,668	1,831,558	1,311,683		7,000,862	
1a	Audit Adjustments							
2	Cost Per Diem	45.1138	90.6415	64.4552	46.1600		246.3705	
3	Cost Per Diem Inflated	47.0700	93.3831	67.2501				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>47.0700</b>	<b>93.3831</b>	<b>67.2501</b>	<b>46.1600</b>		<b>253.8632</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.7076		70.8109				
7	Provider Target Rate	<b>67.0773</b>		<b>73.4041</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation	<b>56.6550</b>		<b>69.3051</b>				
10b	Base for line 10a	54.6535		66.8567				
11	Lesser of 5,7,8,10, 10a	<b>47.0700</b>	<b>93.3831</b>	<b>63.5578</b>	<b>13.6500</b>		<b>217.6609</b>	
12/13	Medical Adjustment Rate		2.7717	1.8865				
14	Prospective Per Diem 11	<b>47.0700</b>	<b>96.1548</b>	<b>65.4443</b>	<b>13.6500</b>		<b>222.3191</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 324132-00 - 2015/01**

**248.36**

Rate Semester 01/01/2015 through 08/31/2015

**Shore Acres Rehabilitation & Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/01/1993	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,400,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>1,582,096</b> <b>5.0292</b>
RS to Start Calcs:	<b>1971/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>395,524</b> <b>0.2220</b>
Indexed Asset Value	<b>1,977,620</b>	Interest Rate:	<b>9.7500%</b>	Insurance Cost(3):	<b>123,640</b> <b>3.4670</b>
FRVS Base Asset:	<b>1,206,806</b>	Chase Rate:	<b>6.7500%</b>	Taxes Cost(3):	<b>38,289</b> <b>1.0737</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>9.7500%</b>	Home Office(3):	<b>10,351</b> <b>0.2903</b>
ROE Factor	<b>0.020100</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>39,039</b> <b>0.0000</b>
		Yearly Payment:	<b>180,077</b>	Total FRVS PD:	<b>10.0822</b>

- (1) 80% Capital (\$1,582,096) amortized at 9.7500 % for 20 years Principal & Interest of \$180,077 divided by annual available days (39785) divided by Occup. Adj. (0.90) = \$5.0292
- (2) 20% ROE (\$395,524) times the ROE factor (0.020100) divided by annual available days (39785) divided by Occup. Adj. (0.90) = \$0.2220
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>109</b>	Effective PBS Limitation	3,106,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>47.0700</b>	<b>47.0700</b>	<b>0.8189</b>	<b>46.2511</b>
Direct Care	<b>96.1548</b>	<b>96.1548</b>	<b>1.6729</b>	<b>94.4819</b>
Indirect Care	<b>65.4443</b>	<b>65.4443</b>	<b>1.1386</b>	<b>64.3057</b>
Property	<b>13.6500</b>	<b>10.0822</b>	<b>0.1754</b>	<b>9.9068</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>23.5094</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>222.3191</b>	<b>218.7513</b>	<b>3.8058</b>	<b>248.3574</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 2/28/2014

**0 324132-00 - 2015/01**

**248.36**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	840,075	0.00				109	100.00	840,075	1,118,449	
1972/01		0.10	3.9787	3.0000	0.9787	109	100.00	842,595	1,162,921	
1972/07		0.10	5.9113	3.0000	2.9113	109	100.00	845,123	1,220,255	
1973/01		0.20	8.0622	3.0000	5.0622	109	100.00	850,194	1,283,148	
1973/07		0.20	10.7186	3.0000	7.7186	109	100.00	855,295	1,355,742	
1974/01		0.30	12.9457	3.0000	9.9457	109	100.00	862,993	1,426,592	
1974/07		0.30	13.0494	3.0000	10.0494	109	100.00	870,760	1,470,846	
1975/01		0.40	13.1399	3.0000	10.1399	109	100.00	881,209	1,516,299	
1975/07		0.40	14.2033	3.0000	11.2033	109	100.00	891,784	1,577,993	
1976/01		0.50	15.2478	3.0000	12.2478	109	100.00	905,161	1,641,758	
1976/07		0.50	15.7330	3.0000	12.7330	109	100.00	918,738	1,698,983	
1977/01		0.60	16.4836	3.0000	13.4836	109	100.00	935,275	1,762,748	
1977/07		0.60	18.5412	3.0000	15.5412	109	100.00	952,110	1,851,801	
1978/01		0.70	20.2809	3.0000	17.2809	109	100.00	972,104	1,939,655	
1978/07		0.70	22.8203	3.0000	19.8203	109	100.00	992,518	2,047,020	
1979/01		0.80	24.9476	3.0000	21.9476	109	100.00	1,016,338	2,151,987	
1979/07		0.80	26.1458	3.0000	23.1458	109	100.00	1,040,730	2,242,348	
1980/01		0.90	29.3115	3.0000	26.3115	109	44.86	1,063,649	2,380,669	
1980/07		0.90	30.1222	3.0000	27.1222	109	44.86	1,087,073	2,471,357	
1981/01		1.00	30.9462	3.0000	27.9462	109	32.98	1,106,628	2,565,860	
1981/07		1.00	30.5350	3.0000	27.5350	109	32.98	1,126,535	2,632,241	
1982/01		1.00	30.2110	3.0000	27.2110	109	32.67	1,146,610	2,702,764	
1982/07		1.00	29.5087	3.0000	26.5087	109	32.67	1,167,043	2,764,785	
1983/04		1.00	29.1375	3.0000	26.1375	109	30.97	1,186,758	2,837,488	
1983/07		1.00	30.0953	3.0000	27.0953	109	30.97	1,206,806	2,949,758	
1984/01		1.00	28.3905	3.0000	25.3905	109	23.24	1,206,806	2,988,017	
1984/07		1.00	27.3084	3.0000	24.3084	109	23.24	1,206,806	3,045,351	
1985/01		1.00	25.4555	3.0000	22.4555	109	19.00	1,206,806	3,080,231	
1985/10		1.00	23.3077	3.0000	20.3077	109	19.00	1,206,806	3,106,500	
1986/01		1.00	21.1376	3.0000	18.1376	109	19.00	1,206,806	3,132,333	



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**248.36**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	109	19.00	1,206,806	3,126,338	
1987/01		1.00	16.4441	3.0000	13.4441	109	19.00	1,206,806	3,182,255	
1987/07		1.00	14.3448	3.0000	11.3448	109	37.29	1,231,352	3,207,107	
1988/01		1.00	12.2455	3.0000	9.2455	109	37.29	1,256,398	3,233,158	
1988/07		1.00	9.8354	3.0000	6.8354	109	59.24	1,294,090	3,231,414	
1989/01		1.00	7.4253	3.0000	4.4253	109	59.24	1,332,913	3,250,489	
1989/07		1.00	5.0152	3.0000	2.0152	109	59.24	1,332,913	3,272,507	5
1990/01		1.00	2.6051	2.6051		109	59.24	1,408,665	3,288,966	
1990/07		1.00	0.5899	0.5899		109	59.24	1,416,975	3,308,368	
1991/01		1.00	0.5899	0.5899		109	59.24	1,425,334	3,327,770	
1991/07		1.00	1.4932	1.4932		109	55.02	1,446,617	3,377,474	
1992/01		0.95	2.0117	2.0117		109	54.66	1,474,092	3,445,381	
1992/07		0.95	1.8152	1.8152		109	54.66	1,499,354	3,507,947	
1993/01		0.90	1.7710	1.7710		109	65.20	1,523,252	3,570,077	
1993/07		0.90	1.5329	1.5329		109	65.20	1,544,267	3,624,795	
1994/01		0.85	1.6983	1.6983		109	65.20	1,566,560	3,686,380	
1994/07		0.85	1.5991	1.5991		109	65.20	1,587,853	3,745,349	
1995/01		0.80	1.5812	1.5812		109	65.19	1,607,939	3,804,536	
1995/07	12,329	0.80	1.5250	1.5250		109	68.49	1,639,885	3,862,524	
1996/01		0.75	1.7228	1.7228		109	68.49	1,661,074	3,929,123	
1996/07		0.75	1.3294	1.3294		109	72.20	1,677,637	3,981,334	
1997/01		0.70	1.4109	1.4109		109	72.20	1,694,205	4,037,469	
1997/07		0.70	1.0917	1.0917		109	67.87	1,707,152	4,081,505	
1998/01		0.65	1.1663	1.1663		109	67.87	1,720,094	4,129,138	
1998/07		0.65	1.0794	1.0794		109	65.13	1,732,162	4,173,719	
1999/01		0.60	1.4499	1.4499		109	65.13	1,747,230	4,234,214	
1999/07		0.60	1.2299	1.2299		109	59.30	1,760,123	4,286,316	
2000/01		0.55	1.3356	1.3356		109	59.72	1,773,053	4,343,541	
2000/07		0.55	1.1129	1.1129		109	59.72	1,783,906	4,391,828	
2001/01		0.50	1.2976	1.2976		109	59.72	1,795,480	4,448,835	



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**248.36**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		109	59.72	1,804,113	4,491,563	
2002/01		0.45	1.0301	1.0301		109	59.72	1,812,475	4,537,779	
2002/07		0.45	0.8337	0.8337		109	63.70	1,819,275	4,575,602	
2003/01		0.40	1.3271	1.3271		109	61.88	1,828,932	4,636,315	
2003/07		0.40	1.1664	1.1664		109	61.88	1,837,466	4,690,379	
2004/01		0.35	1.1103	1.1103		109	61.36	1,844,606	4,742,481	
2004/07		0.35	0.8378	0.8378		109	61.36	1,850,014	4,782,266	
2005/01		0.30	0.8595	0.8595		109	61.36	1,854,785	4,823,359	
2005/07		0.30	0.7364	0.7364		109	67.79	1,858,882	4,858,893	
2006/01		0.25	0.9068	0.9068		109	67.79	1,863,096	4,902,929	
2006/07		0.25	0.8133	0.8133		109	71.26	1,866,884	4,942,823	
2007/01		0.20	1.0133	1.0133		109	74.59	1,870,668	4,992,854	
2007/07	10,316	0.20	1.1050	1.1050		109	70.78	1,885,118	5,048,008	
2008/01	3,369	0.15	0.8556	0.8556		109	70.78	1,890,906	5,091,172	
2008/07		0.15	0.6104	0.6104		109	70.78	1,892,638	5,122,237	
2009/01		0.10	1.3268	1.3268		109	70.78	1,895,150	5,190,253	
2009/07		0.10	0.6841	0.6841		109	70.78	1,896,446	5,225,787	
2010/01	57,009	0.05	0.8643	0.8643		109	77.70	1,954,274	5,270,913	
2010/07		0.05	0.7107	0.7107		109	77.24	1,954,968	5,308,409	
2011/01		0.00	0.9198	0.9198		109	77.24	1,954,968	5,357,241	
2011/07		0.00	0.9028	0.9028		109	77.24	1,954,968	5,405,637	
2012/01		0.00	0.3865	0.3865		109	76.41	1,954,968	5,426,565	
2012/07		0.00	0.9417	0.9417		109	76.41	1,954,968	5,477,686	
2013/01	22,652	0.00	0.4901	0.4901		109	74.22	1,977,620	5,504,500	
2013/07		0.00	0.6196	0.6196		109	74.22	1,977,620	5,538,617	
2014/01		0.00	0.8564	0.8564		109	80.35	1,977,620	5,586,032	
2014/07		0.00	1.2383	1.2383		109	79.68	1,977,620	5,655,247	
2015/01		0.00	0.7571	0.7571		109	79.68	1,977,620	5,698,084	

**Message Code:**

5 Uncorrected Licensure Deficiency







Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324141-00 - 2015/01**

**250.19**

**Woodbridge Rehabilitation & Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>8720 JACKSON SPRINGS RD</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>TAMPA, FL 33615-3210</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>217</b>
County: <b>Hillsborough [29]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>26</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,713</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>10,110</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>29,390</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>70.45765%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.23516%</b>	Cost: <b>1.04336242</b>
Open Date: <b>12/01/1982</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/01/1982</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>12/01/1982</b>	Low Occupancy Adjustment Factor:	<b>121.61101%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med # <b>309052</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,383,781	2,645,663	1,799,382	1,246,430		7,075,256	
1a	Audit Adjustments							
2	Cost Per Diem	47.0834	90.0192	61.2243	42.4100		240.7369	
3	Cost Per Diem Inflated	49.1251	92.7419	63.8791				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>49.1251</b>	<b>92.7419</b>	<b>63.8791</b>	<b>42.4100</b>		<b>248.1561</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.8180		72.2927				
7	Provider Target Rate	<b>60.9720</b>		<b>74.9401</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation	<b>55.9087</b>		<b>69.7723</b>				
10b	Base for line 10a	53.9336		67.3074				
11	Lesser of 5,7,8,10, 10a	<b>49.1251</b>	<b>92.7419</b>	<b>63.5578</b>	<b>13.6500</b>		<b>219.0748</b>	
12/13	Medical Adjustment Rate		1.9061	1.3063				
14	Prospective Per Diem 11	<b>49.1251</b>	<b>94.6480</b>	<b>64.8641</b>	<b>13.6500</b>		<b>222.2872</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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Rate Semester 01/01/2015 through 08/31/2015

**Woodbridge Rehabilitation & Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	09/01/1994	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,400,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,159,812	10.0927
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	789,953	0.4028
Indexed Asset Value	3,949,765	Interest Rate:	11.6700%	Insurance Cost(3):	131,358	3.1491
FRVS Base Asset:	2,176,171	Chase Rate:	8.2500%	Taxes Cost(3):	45,136	1.0821
Occup Adj Factor	0.9000	Amortization Rate:	11.2500%	Home Office(3):	12,108	0.2903
ROE Factor	0.020100	Interest Only:	False	Replacement(3&4):	44,820	0.0000
		Yearly Payment:	397,854	Total FRVS PD:		15.0170

(1) 80% Capital (\$3,159,812) amortized at 11.2500 % for 20 years Principal & Interest of \$397,854 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.0927

(2) 20% ROE (\$789,953) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4028

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.1251	49.1251	0.8547	48.2704
Direct Care	94.6480	94.6480	1.6466	93.0014
Indirect Care	64.8641	64.8641	1.1285	63.7356
Property	13.6500	15.0170	0.2613	14.7557
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.5290
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>222.2872</b>	<b>223.6542</b>	<b>3.8911</b>	<b>250.1946</b>

**Medicaid Trend Adjustment**



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**250.19**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	2,113,778	0.00	2.2977	2.2977		120	55.00	2,113,778	3,043,800	
1983/04		0.10	2.6288	2.6288		120	55.00	2,119,335	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	55.00	2,125,693	3,247,440	
1984/01		0.20	2.2530	2.2530		120	55.00	2,135,271	3,289,560	
1984/07	9,807	0.20	1.9179	1.9179		120	46.69	2,152,031	3,352,680	
1985/01		0.30	1.1471	1.1471		120	46.69	2,158,317	3,391,080	
1985/10	13,169	0.30	0.8522	0.8522		120	46.69	2,176,171	3,420,000	
1986/01		0.40	0.8299	0.8299		120	46.69	2,182,304	3,448,440	
1986/07		0.40	0.2974	0.2974		120	46.69	2,184,509	3,441,840	
1987/01		0.50	1.0091	1.0091		120	46.59	2,193,847	3,503,400	
1987/07		0.50	0.9007	0.9007		120	46.59	2,202,217	3,530,760	
1988/01		0.60	0.9007	0.9007		120	49.96	2,213,027	3,559,440	
1988/07		0.60	0.5899	0.5899		120	49.96	2,220,141	3,557,520	
1989/01		0.70	0.5899	0.5899		120	62.45	2,229,308	3,578,520	
1989/07		0.70	0.5899	0.5899		120	62.45	2,238,513	3,602,760	
1990/01		0.80	0.5899	0.5899		120	54.62	2,249,004	3,620,880	
1990/07		0.80	0.5899	0.5899		120	54.62	2,259,544	3,642,240	
1991/01		0.90	0.5899	0.5899		120	57.63	2,271,540	3,663,600	
1991/07		0.90	1.4932	1.4932		120	77.34	2,302,067	3,718,320	
1992/01	65,364	1.00	2.0117	2.0117		120	77.34	2,413,742	3,793,080	
1992/07		1.00	1.8152	1.8152		120	77.34	2,457,556	3,861,960	
1993/01		1.00	1.7710	1.7710		120	77.34	2,501,079	3,930,360	
1993/07		1.00	1.5329	1.5329		120	77.34	2,539,418	3,990,600	
1994/01		1.00	1.6983	1.6983		120	77.34	2,582,545	4,058,400	
1994/07		1.00	1.5991	1.5991		120	77.34	2,623,842	4,123,320	
1995/01		1.00	1.5812	1.5812		120	77.34	2,665,330	4,188,480	
1995/07		1.00	1.5250	1.5250		120	80.83	2,705,976	4,252,320	
1996/01		1.00	1.7228	1.7228		120	80.63	2,752,595	4,325,640	
1996/07		1.00	1.3294	1.3294		120	83.98	2,789,188	4,383,120	
1997/01		1.00	1.4109	1.4109		120	83.98	2,828,541	4,444,920	



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**0 324141-00 - 2015/01**

**250.19**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		120	83.98	2,859,420	4,493,400	
1998/01		1.00	1.1663	1.1663		120	83.98	2,859,420	4,545,840	5
1998/07		1.00	1.0794	1.0794		120	83.99	2,923,994	4,594,920	
1999/01		1.00	1.4499	1.4499		120	83.99	2,966,389	4,661,520	
1999/07		1.00	1.2299	1.2299		120	83.99	3,002,873	4,718,880	
2000/01		1.00	1.3356	1.3356		120	83.99	3,042,979	4,781,880	
2000/07	53,176	1.00	1.1129	1.1129		120	84.07	3,130,020	4,835,040	
2001/01	46,826	1.00	1.2976	1.2976		120	86.04	3,217,461	4,897,800	
2001/07		1.00	0.9615	0.9615		120	76.28	3,248,397	4,944,840	
2002/01	34,509	1.00	1.0301	1.0301		120	76.28	3,316,368	4,995,720	
2002/07		1.00	0.8337	0.8337		120	76.28	3,344,017	5,037,360	
2003/01		0.95	1.3271	1.3271		120	76.28	3,386,175	5,104,200	
2003/07		0.95	1.1664	1.1664		120	76.28	3,423,697	5,163,720	
2004/01		0.90	1.1103	1.1103		120	76.28	3,457,910	5,221,080	
2004/07		0.90	0.8378	0.8378		120	76.28	3,483,983	5,264,880	
2005/01		0.85	0.8595	0.8595		120	74.13	3,509,437	5,310,120	
2005/07		0.85	0.7364	0.7364		120	74.13	3,531,403	5,349,240	
2006/01		0.80	0.9068	0.9068		120	66.44	3,557,020	5,397,720	
2006/07		0.80	0.8133	0.8133		120	66.44	3,580,162	5,441,640	
2007/01		0.75	1.0133	1.0133		120	66.82	3,607,371	5,496,720	
2007/07	17,865	0.75	1.1050	1.1050		120	61.92	3,655,134	5,557,440	
2008/01	2,552	0.70	0.8556	0.8556		120	61.92	3,679,577	5,604,960	
2008/07		0.70	0.6104	0.6104		120	61.92	3,695,300	5,639,160	
2009/01		0.65	1.3268	1.3268		120	61.92	3,727,168	5,714,040	
2009/07		0.65	0.6841	0.6841		120	61.92	3,743,743	5,753,160	
2010/01	20,504	0.60	0.8643	0.8643		120	61.51	3,783,662	5,802,840	
2010/07		0.60	0.7107	0.7107		120	65.69	3,799,796	5,844,120	
2011/01		0.55	0.9198	0.9198		120	65.69	3,819,019	5,897,880	
2011/07		0.55	0.9028	0.9028		120	65.69	3,837,980	5,951,160	
2012/01		0.50	0.3865	0.3865		120	68.27	3,845,399	5,974,200	



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**0 324141-00 - 2015/01**

**250.19**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		120	68.27	3,863,507	6,030,480	
2013/01		0.45	0.4901	0.4901		120	67.35	3,872,026	6,060,000	
2013/07	23,706	0.45	0.6196	0.6196		120	67.38	3,906,527	6,097,560	
2014/01		0.40	0.8564	0.8564		120	67.38	3,919,911	6,149,760	
2014/07		0.40	1.2383	1.2383		120	70.46	3,939,326	6,225,960	
2015/01		0.35	0.7571	0.7571		120	70.46	3,949,765	6,273,120	

**Message Code:**

5    Uncorrected Licensure Deficiency
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Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324167-00 - 2015/01**

**270.14**

**Palmetto Rehabilitation and Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>6750 WEST 22ND COURT</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>90</b>	Superior: <b>0</b>
<b>HIALEAH, FL 33016</b>	Days in CR <b>365</b>	Maximum: <b>32,850</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>32,850</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>31,434</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>14,673</b>	Inflation
Current Class <b>South Small</b>	Initial CR? <b>False</b>	Medicaid: <b>15,451</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>South Small</b>	Medical Utilization	<b>49.15378%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.68950%</b>	Cost: <b>1.04336242</b>
Open Date: <b>07/01/1987</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1987</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>09/02/1987</b>	Low Occupancy Adjustment Factor:	<b>122.19118%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med # <b>309125</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	749,735	1,395,748	1,386,307	906,510		4,438,300	
1a	Audit Adjustments							
2	Cost Per Diem	48.5234	90.3338	89.7228	58.6700		287.2500	
3	Cost Per Diem Inflated	50.6275	93.0661	93.6134				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>50.6275</b>	<b>93.0661</b>	<b>93.6134</b>	<b>58.6700</b>		<b>295.9770</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.8793		100.9950				
7	Provider Target Rate	<b>71.4017</b>		<b>104.6935</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>				
10a	New Provider Target Limitation	<b>64.6935</b>		<b>86.9704</b>				
10b	Base for line 10a	62.4081		83.8980				
11	Lesser of 5,7,8,10, 10a	<b>50.6275</b>	<b>93.0661</b>	<b>82.3953</b>	<b>13.6500</b>		<b>239.7389</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>50.6275</b>	<b>93.0661</b>	<b>82.3953</b>	<b>13.6500</b>		<b>239.7389</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**0 324167-00 - 2015/01**

**270.14**

Rate Semester 01/01/2015 through 08/31/2015

**Palmetto Rehabilitation and Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	09/02/1987	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,400,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>3,721,426</b>	<b>14.3271</b>
RS to Start Calcs:	<b>1987/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>930,357</b>	<b>0.6325</b>
Indexed Asset Value	<b>4,651,783</b>	Interest Rate:	<b>9.7500%</b>	Insurance Cost(3):	<b>145,796</b>	<b>4.6382</b>
FRVS Base Asset:	<b>3,246,544</b>	Chase Rate:	<b>6.7500%</b>	Taxes Cost(3):	<b>105,979</b>	<b>3.3715</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>9.7500%</b>	Home Office(3):	<b>9,124</b>	<b>0.2903</b>
ROE Factor	<b>0.020100</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>30,831</b>	<b>0.0000</b>
		Yearly Payment:	<b>423,580</b>	Total FRVS PD:		<b>23.2596</b>

- (1) 80% Capital (\$3,721,426) amortized at 9.7500 % for 20 years Principal & Interest of \$423,580 divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$14.3271
- (2) 20% ROE (\$930,357) times the ROE factor (0.020100) divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$0.6325
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	<b>07/01/1987</b>	Current RS PBS:	52,276
Comparison Bed	<b>90</b>	Effective PBS Limitation	2,648,070

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>50.6275</b>	<b>50.6275</b>	<b>0.8808</b>	<b>49.7467</b>
Direct Care	<b>93.0661</b>	<b>93.0661</b>	<b>1.6191</b>	<b>91.4470</b>
Indirect Care	<b>82.3953</b>	<b>82.3953</b>	<b>1.4335</b>	<b>80.9618</b>
Property	<b>13.6500</b>	<b>23.2596</b>	<b>0.4047</b>	<b>22.8549</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>15.2257</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>239.7389</b>	<b>249.3485</b>	<b>4.3381</b>	<b>270.1386</b>

**Medicaid Trend Adjustment**



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**0 324167-00 - 2015/01**

**270.14**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	3,246,544	0.00	0.9007	0.9007		90	68.00	3,246,544	2,648,070	
1988/01	122,472	0.10	0.9007	0.9007		90	68.00	2,648,070	2,648,070	1
1988/07	60,026	0.10	0.5899	0.5899		90	68.00	2,709,658	2,668,140	
1989/01		0.20	0.5899	0.5899		90	68.00	2,712,855	2,683,890	
1989/07		0.20	0.5899	0.5899		90	68.00	2,716,056	2,702,070	
1990/01		0.30	0.5899	0.5899		90	68.00	2,720,863	2,715,660	
1990/07		0.30	0.5899	0.5899		90	68.00	2,725,679	2,731,680	
1991/01		0.40	0.5899	0.5899		90	66.92	2,725,679	2,747,700	5
1991/07		0.40	1.4932	1.4932		90	66.92	2,732,112	2,788,740	5
1992/01		0.50	2.0117	2.0117		90	66.92	2,748,431	2,844,810	5
1992/07		0.50	1.8152	1.8152		90	70.55	2,801,273	2,896,470	
1993/01	106,663	0.60	1.7710	1.7710		90	70.19	2,937,702	2,947,770	
1993/07		0.60	1.5329	1.5329		90	70.19	2,964,720	2,992,950	
1994/01		0.70	1.6983	1.6983		90	69.32	2,964,720	3,043,800	5
1994/07		0.70	1.5991	1.5991		90	75.32	2,999,965	3,092,490	5
1995/01		0.80	1.5812	1.5812		90	75.32	3,071,921	3,141,360	
1995/07	90,301	0.80	1.5250	1.5250		90	69.22	3,199,699	3,189,240	
1996/01		0.90	1.7228	1.7228		90	69.22	3,249,310	3,244,230	
1996/07		0.90	1.3294	1.3294		90	70.36	3,287,340	3,287,340	8
1997/01		1.00	1.4109	1.4109		90	70.36	3,333,690	3,333,690	8
1997/07		1.00	1.0917	1.0917		90	62.81	3,370,050	3,370,050	8
1998/01		1.00	1.1663	1.1663		90	62.81	3,409,355	3,409,380	
1998/07		1.00	1.0794	1.0794		90	53.20	3,444,951	3,446,190	
1999/01		1.00	1.4499	1.4499		90	53.20	3,493,265	3,496,140	
1999/07	15,508	1.00	1.2299	1.2299		90	53.41	3,539,160	3,539,160	8
2000/01		1.00	1.3356	1.3356		90	49.14	3,581,393	3,586,410	
2000/07		1.00	1.1129	1.1129		90	49.14	3,617,004	3,626,280	
2001/01		1.00	1.2976	1.2976		90	49.14	3,658,938	3,673,350	
2001/07		1.00	0.9615	0.9615		90	49.14	3,690,370	3,708,630	
2002/01		1.00	1.0301	1.0301		90	49.14	3,724,334	3,746,790	





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0 324167-00 - 2015/01

270.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		90	36.73	3,745,070	3,778,020	
2003/01		1.00	1.3271	1.3271		90	31.69	3,773,707	3,828,150	
2003/07		1.00	1.1664	1.1664		90	31.69	3,799,069	3,872,790	
2004/01		1.00	1.1103	1.1103		90	40.95	3,830,475	3,915,810	
2004/07		1.00	0.8378	0.8378		90	40.95	3,854,369	3,948,660	
2005/01		1.00	0.8595	0.8595		90	40.95	3,879,035	3,982,590	
2005/07		1.00	0.7364	0.7364		90	47.91	3,903,918	4,011,930	
2006/01		1.00	0.9068	0.9068		90	47.91	3,934,755	4,048,290	
2006/07		1.00	0.8133	0.8133		90	45.04	3,960,961	4,081,230	
2007/01		1.00	1.0133	1.0133		90	45.46	3,994,136	4,122,540	
2007/07	19,724	1.00	1.1050	1.1050		90	47.89	4,052,290	4,168,080	
2008/01		0.95	0.8556	0.8556		90	47.89	4,080,969	4,203,720	
2008/07		0.95	0.6104	0.6104		90	47.89	4,101,575	4,229,370	
2009/01		0.90	1.3268	1.3268		90	47.89	4,144,221	4,285,530	
2009/07		0.90	0.6841	0.6841		90	47.89	4,166,438	4,314,870	
2010/01	39,722	0.85	0.8643	0.8643		90	45.43	4,231,445	4,352,130	
2010/07		0.85	0.7107	0.7107		90	45.43	4,252,559	4,383,090	
2011/01	103,949	0.80	0.9198	0.9198		90	42.75	4,380,829	4,423,410	
2011/07		0.80	0.9028	0.9028		90	42.75	4,405,421	4,463,370	
2012/01		0.75	0.3865	0.3865		90	45.72	4,416,037	4,480,650	
2012/07		0.75	0.9417	0.9417		90	45.72	4,441,965	4,522,860	
2013/01	102,900	0.70	0.4901	0.4901		90	45.38	4,545,000	4,545,000	8
2013/07		0.70	0.6196	0.6196		90	45.38	4,561,264	4,573,170	
2014/01	16,685	0.65	0.8564	0.8564		90	47.52	4,599,888	4,612,320	
2014/07		0.65	1.2383	1.2383		90	49.15	4,632,974	4,669,470	
2015/01		0.60	0.7571	0.7571		90	49.15	4,651,783	4,704,840	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency<br>8 Limited to Current RS Per Bed Standard |
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Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 324175-00 - 2015/01**

**241.88**

**Courtyards of Orlando**

Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective
Type of Ownership: Proprietary : Corporation		CHOW Status based on this Cost Report: No Change	
Provider Information	Cost Report	Patient Days	Ratings Days
<b>1900 MERCY DRIVE</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>ORLANDO, FL 32808</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Orange [48]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,722</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,245</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>32,151</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>80.94003%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>90.68950%</b>	Cost: <b>1.04336242</b>
Open Date: <b>04/01/1983</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/01/1983</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>04/01/1983</b>	Low Occupancy Adjustment Factor:	<b>115.80640%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med # <b>308803</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,329,694	3,017,007	1,658,411	1,589,545		7,594,657	
1a	Audit Adjustments							
2	Cost Per Diem	41.3578	93.8387	51.5819	49.4400		236.2184	
3	Cost Per Diem Inflated	43.1512	96.6770	53.8186				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>43.1512</b>	<b>96.6770</b>	<b>53.8186</b>	<b>49.4400</b>		<b>243.0868</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.2208		69.3981				
7	Provider Target Rate	<b>57.2430</b>		<b>71.9395</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation	<b>55.9486</b>		<b>69.7228</b>				
10b	Base for line 10a	53.9721		67.2597				
11	Lesser of 5,7,8,10, 10a	<b>43.1512</b>	<b>96.6770</b>	<b>53.8186</b>	<b>13.6500</b>		<b>207.2968</b>	
12/13	Medical Adjustment Rate		3.3651	1.8733				
14	Prospective Per Diem 11	<b>43.1512</b>	<b>100.0421</b>	<b>55.6919</b>	<b>13.6500</b>		<b>212.5352</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 324175-00 - 2015/01**

**241.88**

Rate Semester 01/01/2015 through 08/31/2015

**Courtyards of Orlando**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1991	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>3,055,432.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1983/04</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>2,839,412    7.2805</b>
Indexed Asset Value	<b>3,549,265</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>709,853    0.3619</b>
FRVS Base Asset:	<b>1,913,236</b>	Interest Rate:	<b>8.0940%</b>	Insurance Cost(3):	<b>169,370    4.2639</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.0000%</b>	Taxes Cost(3):	<b>52,158    1.3131</b>
ROE Factor	<b>0.020100</b>	Amortization Rate:	<b>8.0940%</b>	Home Office(3):	<b>11,530    0.2903</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>48,276    0.0000</b>
		Yearly Payment:	<b>286,996</b>	Total FRVS PD:	<b>13.5097</b>

- (1) 80% Capital (\$2,839,412) amortized at 8.0940 % for 20 years Principal & Interest of \$286,996 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.2805
- (2) 20% ROE (\$709,853) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3619
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>43.1512</b>	<b>43.1512</b>	<b>0.7507</b>	<b>42.4005</b>
Direct Care	<b>100.0421</b>	<b>100.0421</b>	<b>1.7405</b>	<b>98.3016</b>
Indirect Care	<b>55.6919</b>	<b>55.6919</b>	<b>0.9689</b>	<b>54.7230</b>
Property	<b>13.6500</b>	<b>13.5097</b>	<b>0.2350</b>	<b>13.2747</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>23.2814</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>212.5352</b>	<b>212.3949</b>	<b>3.6951</b>	<b>241.8837</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 2/28/2014

**0 324175-00 - 2015/01**

**241.88**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	1,854,735	0.00	2.6288	2.6288		120	67.23	1,854,735	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	67.23	1,860,299	3,247,440	
1984/01		0.10	2.2530	2.2530		120	70.52	1,864,490	3,289,560	
1984/07	32,346	0.20	1.9179	1.9179		120	70.52	1,903,988	3,352,680	
1985/01		0.20	1.1471	1.1471		120	76.98	1,908,356	3,391,080	
1985/10		0.30	0.8522	0.8522		120	76.98	1,913,236	3,420,000	
1986/01		0.30	0.8299	0.8299		120	76.98	1,918,000	3,448,440	
1986/07		0.40	0.2974	0.2974		120	79.28	1,920,282	3,441,840	
1987/01		0.40	1.0091	1.0091		120	79.28	1,928,032	3,503,400	
1987/07		0.50	0.9007	0.9007		120	79.28	1,936,716	3,530,760	
1988/01		0.50	0.9007	0.9007		120	79.28	1,945,439	3,559,440	
1988/07		0.60	0.5899	0.5899		120	79.28	1,952,324	3,557,520	
1989/01		0.60	0.5899	0.5899		120	79.28	1,959,233	3,578,520	
1989/07		0.70	0.5899	0.5899		120	87.40	1,967,323	3,602,760	
1990/01		0.70	0.5899	0.5899		120	87.40	1,975,446	3,620,880	
1990/07		0.80	0.5899	0.5899		120	81.45	1,984,768	3,642,240	
1991/01		0.80	0.5899	0.5899		120	81.45	1,994,134	3,663,600	
1991/07		0.90	1.4932	1.4932		120	88.19	2,020,933	3,718,320	
1992/01		0.90	2.0117	2.0117		120	88.19	2,057,522	3,793,080	
1992/07		1.00	1.8152	1.8152		120	87.90	2,094,870	3,861,960	
1993/01		1.00	1.7710	1.7710		120	87.90	2,131,970	3,930,360	
1993/07		1.00	1.5329	1.5329		120	90.14	2,164,651	3,990,600	
1994/01		1.00	1.6983	1.6983		120	90.14	2,201,413	4,058,400	
1994/07		1.00	1.5991	1.5991		120	90.14	2,236,616	4,123,320	
1995/01		1.00	1.5812	1.5812		120	90.14	2,271,981	4,188,480	
1995/07		1.00	1.5250	1.5250		120	90.14	2,306,629	4,252,320	
1996/01		1.00	1.7228	1.7228		120	90.14	2,306,629	4,325,640	5
1996/07		1.00	1.3294	1.3294		120	89.49	2,346,368	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	89.49	2,411,106	4,444,920	
1997/07		1.00	1.0917	1.0917		120	84.41	2,437,428	4,493,400	



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**0 324175-00 - 2015/01**

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	84.41	2,437,428	4,545,840	5
1998/07	84,902	1.00	1.0794	1.0794		120	87.81	2,550,758	4,594,920	5
1999/01		1.00	1.4499	1.4499		120	87.81	2,577,374	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	84.98	2,646,902	4,718,880	
2000/01		1.00	1.3356	1.3356		120	84.98	2,682,254	4,781,880	
2000/07		1.00	1.1129	1.1129		120	87.22	2,712,105	4,835,040	
2001/01		1.00	1.2976	1.2976		120	87.22	2,747,297	4,897,800	
2001/07		1.00	0.9615	0.9615		120	85.31	2,773,712	4,944,840	
2002/01		1.00	1.0301	1.0301		120	85.29	2,802,284	4,995,720	
2002/07		1.00	0.8337	0.8337		120	85.29	2,825,647	5,037,360	
2003/01		1.00	1.3271	1.3271		120	85.29	2,863,146	5,104,200	
2003/07		0.95	1.1664	1.1664		120	85.29	2,894,873	5,163,720	
2004/01		0.95	1.1103	1.1103		120	85.29	2,925,408	5,221,080	
2004/07		0.90	0.8378	0.8378		120	85.29	2,947,466	5,264,880	
2005/01		0.90	0.8595	0.8595		120	90.09	2,970,268	5,310,120	
2005/07		0.85	0.7364	0.7364		120	90.09	2,988,859	5,349,240	
2006/01		0.85	0.9068	0.9068		120	89.35	3,011,897	5,397,720	
2006/07		0.80	0.8133	0.8133		120	89.35	3,031,492	5,441,640	
2007/01		0.80	1.0133	1.0133		120	87.33	3,056,065	5,496,720	
2007/07	10,670	0.75	1.1050	1.1050		120	80.30	3,092,064	5,557,440	
2008/01	69,998	0.75	0.8556	0.8556		120	80.30	3,181,904	5,604,960	
2008/07		0.70	0.6104	0.6104		120	80.30	3,195,500	5,639,160	
2009/01		0.70	1.3268	1.3268		120	80.30	3,225,180	5,714,040	
2009/07		0.65	0.6841	0.6841		120	80.30	3,239,522	5,753,160	
2010/01	106,745	0.65	0.8643	0.8643		120	77.24	3,364,467	5,802,840	
2010/07		0.60	0.7107	0.7107		120	75.86	3,378,813	5,844,120	
2011/01		0.60	0.9198	0.9198		120	75.86	3,397,461	5,897,880	
2011/07		0.55	0.9028	0.9028		120	75.86	3,414,329	5,951,160	
2012/01		0.55	0.3865	0.3865		120	76.58	3,421,588	5,974,200	
2012/07		0.50	0.9417	0.9417		120	76.58	3,437,700	6,030,480	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01	33,957	0.50	0.4901	0.4901		120	76.61	3,480,083	6,060,000	
2013/07		0.45	0.6196	0.6196		120	76.61	3,489,785	6,097,560	
2014/01	17,875	0.45	0.8564	0.8564		120	80.27	3,521,110	6,149,760	
2014/07		0.40	1.2383	1.2383		120	80.94	3,538,550	6,225,960	
2015/01		0.40	0.7571	0.7571		120	80.94	3,549,265	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324175022820140301201304252014132409



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324213-00 - 2015/01**

**209.02**

**Royal Care of Avon Park**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1213 W STRATFORD RD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>90</b>	Superior: <b>0</b>
<b>AVON PARK, FL 33825</b>	Days in CR <b>365</b>	Maximum: <b>32,850</b>	Standard: <b>243</b>
County: <b>Highlands [28]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>32,850</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>30,484</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,647</b>	Inflation
Current Class <b>Central Small</b>	Initial CR? <b>False</b>	Medicaid: <b>18,166</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>South Small</b>	Medical Utilization	<b>59.59192%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.79756%</b>	Cost: <b>1.04340134</b>
Open Date: <b>03/09/1976</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/09/1976</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>05/01/1984</b>	Low Occupancy Adjustment Factor:	<b>118.49830%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>310590</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	652,207	1,290,117	899,494	511,010		3,352,828	
1a	Audit Adjustments							
2	Cost Per Diem	35.9026	71.0182	49.5152	28.1300		184.5660	
3	Cost Per Diem Inflated	37.4608	73.3267	51.6642				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>37.4608</b>	<b>73.3267</b>	<b>51.6642</b>	<b>28.1300</b>		<b>190.5817</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7451		63.3459				
7	Provider Target Rate	<b>55.7133</b>		<b>65.6657</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>59.8017</b>	<b>102.1848</b>	<b>82.4630</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	<b>62.9364</b>		<b>74.3444</b>				
10a	New Provider Target Limitation	<b>55.7133</b>		<b>67.7223</b>				
10b	Base for line 10a	53.7451		65.3299				
11	Lesser of 5,7,8,10, 10a	<b>37.4608</b>	<b>73.3267</b>	<b>51.6642</b>	<b>13.6500</b>		<b>176.1017</b>	
12/13	Medical Adjustment Rate		0.7913	0.5575				
14	Prospective Per Diem 11	<b>37.4608</b>	<b>74.1180</b>	<b>52.2217</b>	<b>13.6500</b>		<b>177.4505</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 324213-00 - 2015/01**

**209.02**

Rate Semester 01/01/2015 through 08/31/2015

**Royal Care of Avon Park**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/01/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,000,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1976/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>2,657,536</b>	<b>10.0545</b>
Indexed Asset Value	<b>3,321,920</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>664,384</b>	<b>0.4213</b>
FRVS Base Asset:	<b>1,076,683</b>	Interest Rate:	<b>9.5000%</b>	Insurance Cost(3):	<b>70,969</b>	<b>2.3281</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>7.5000%</b>	Taxes Cost(3):	<b>21,754</b>	<b>0.7136</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>9.5000%</b>	Home Office(3):	<b>0</b>	<b>0.0000</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>40,716</b>	<b>0.0000</b>
		Yearly Payment:	<b>297,261</b>	Total FRVS PD:		<b>13.5175</b>

- (1) 80% Capital (\$2,657,536) amortized at 9.5000 % for 20 years Principal & Interest of \$297,261 divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$10.0545
- (2) 20% ROE (\$664,384) times the ROE factor (0.018750) divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$0.4213
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>90</b>	Effective PBS Limitation	2,565,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>37.4608</b>	<b>37.4608</b>	<b>0.6517</b>	<b>36.8091</b>
Direct Care	<b>74.1180</b>	<b>74.1180</b>	<b>1.2895</b>	<b>72.8285</b>
Indirect Care	<b>52.2217</b>	<b>52.2217</b>	<b>0.9085</b>	<b>51.3132</b>
Property	<b>13.6500</b>	<b>13.5175</b>	<b>0.2352</b>	<b>13.2823</b>
ROE				
ROE Adjustment				
Fire Sprinkler Component				<b>4.4913</b>
Quality Assess-Medicaid Share				<b>20.3952</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>177.4505</b>	<b>177.3180</b>	<b>3.0849</b>	<b>209.0221</b>

Medicaid Trend Adjustment





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 Office of Medicaid Cost Reimbursement Planning and Finance  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

**0 324213-00 - 2015/01**

**209.02**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1976/01	800,000	0.00	4.0445	3.0000	1.0445	90	100.00	800,000	1,355,580	
1976/07		0.10	4.5297	3.0000	1.5297	90	100.00	802,400	1,402,830	
1977/01		0.10	5.2803	3.0000	2.2803	90	100.00	804,807	1,455,480	
1977/07		0.20	7.3379	3.0000	4.3379	90	100.00	809,636	1,529,010	
1978/01		0.20	9.0776	3.0000	6.0776	90	100.00	814,494	1,601,550	
1978/07		0.30	11.6170	3.0000	8.6170	90	100.00	821,824	1,690,200	
1979/01		0.30	13.7443	3.0000	10.7443	90	100.00	829,220	1,776,870	
1979/07		0.40	14.9425	3.0000	11.9425	90	100.00	839,171	1,851,480	
1980/01		0.40	18.1082	3.0000	15.1082	90	69.57	849,241	1,965,690	
1980/07		0.50	18.9189	3.0000	15.9189	90	69.57	861,980	2,040,570	
1981/01		0.50	19.7429	3.0000	16.7429	90	69.57	874,910	2,118,600	
1981/07		0.60	19.3317	3.0000	16.3317	90	69.57	890,658	2,173,410	
1982/01		0.60	19.0077	3.0000	16.0077	90	69.57	906,690	2,231,640	
1982/07		0.70	18.3054	3.0000	15.3054	90	69.57	925,730	2,282,850	
1983/04		0.70	17.9342	3.0000	14.9342	90	69.57	945,170	2,342,880	
1983/07		0.80	18.8920	3.0000	15.8920	90	69.57	967,854	2,435,580	
1984/01		0.80	17.1872	3.0000	14.1872	90	66.93	991,082	2,467,170	
1984/07		0.90	16.1051	3.0000	13.1051	90	66.93	1,017,841	2,514,510	
1985/01		0.90	14.2522	3.0000	11.2522	90	66.93	1,045,323	2,543,310	
1985/10		1.00	12.1044	3.0000	9.1044	90	66.93	1,076,683	2,565,000	
1986/01		1.00	9.9343	3.0000	6.9343	90	66.93	1,108,983	2,586,330	
1986/07		1.00	7.2317	3.0000	4.2317	90	66.93	1,142,252	2,581,380	
1987/01		1.00	5.2408	3.0000	2.2408	90	62.02	1,176,520	2,627,550	
1987/07		1.00	3.1415	3.0000	0.1415	90	63.43	1,211,816	2,648,070	
1988/01		1.00	1.0422	1.0422		90	63.43	1,224,446	2,669,580	
1988/07	22,034	1.00	0.5899	0.5899		90	63.43	1,253,703	2,668,140	
1989/01		1.00	0.5899	0.5899		90	63.43	1,261,099	2,683,890	
1989/07		1.00	0.5899	0.5899		90	63.43	1,268,538	2,702,070	
1990/01		1.00	0.5899	0.5899		90	63.43	1,276,021	2,715,660	
1990/07		1.00	0.5899	0.5899		90	63.43	1,283,548	2,731,680	



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**209.02**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01		1.00	0.5899	0.5899		90	63.43	1,291,120	2,747,700	
1991/07		1.00	1.4932	1.4932		90	63.43	1,310,399	2,788,740	
1992/01	12,475	1.00	2.0117	2.0117		90	63.43	1,322,874	2,844,810	5
1992/07		1.00	1.8152	1.8152		90	65.63	1,373,726	2,896,470	
1993/01		1.00	1.7710	1.7710		90	73.68	1,398,055	2,947,770	
1993/07		1.00	1.5329	1.5329		90	73.68	1,398,055	2,992,950	5
1994/01		1.00	1.6983	1.6983		90	73.68	1,443,593	3,043,800	
1994/07		1.00	1.5991	1.5991		90	73.68	1,466,677	3,092,490	
1995/01		1.00	1.5812	1.5812		90	81.28	1,489,868	3,141,360	
1995/07		1.00	1.5250	1.5250		90	69.99	1,512,588	3,189,240	
1996/01		1.00	1.7228	1.7228		90	69.99	1,512,588	3,244,230	5
1996/07		0.95	1.3294	1.3294		90	71.59	1,538,647	3,287,340	5
1997/01		0.95	1.4109	1.4109		90	67.17	1,558,079	3,333,690	5
1997/07		0.90	1.0917	1.0917		90	67.17	1,578,963	3,370,050	5
1998/01		0.90	1.1663	1.1663		90	67.17	1,594,476	3,409,380	5
1998/07		0.85	1.0794	1.0794		90	67.17	1,625,996	3,446,190	
1999/01		0.85	1.4499	1.4499		90	67.17	1,646,035	3,496,140	
1999/07		0.80	1.2299	1.2299		90	67.17	1,662,230	3,539,160	
2000/01		0.80	1.3356	1.3356		90	67.17	1,679,991	3,586,410	
2000/07	69,974	0.75	1.1129	1.1129		90	72.06	1,763,988	3,626,280	
2001/01		0.75	1.2976	1.2976		90	72.06	1,781,155	3,673,350	
2001/07	123,772	0.70	0.9615	0.9615		90	69.40	1,916,916	3,708,630	
2002/01		0.70	1.0301	1.0301		90	69.40	1,930,739	3,746,790	
2002/07		0.65	0.8337	0.8337		90	67.42	1,941,202	3,778,020	
2003/01		0.65	1.3271	1.3271		90	67.42	1,957,947	3,828,150	
2003/07		0.60	1.1664	1.1664		90	63.04	1,971,649	3,872,790	
2004/01		0.60	1.1103	1.1103		90	63.04	1,984,784	3,915,810	
2004/07		0.55	0.8378	0.8378		90	60.88	1,993,930	3,948,660	
2005/01		0.55	0.8595	0.8595		90	54.98	2,003,352	3,982,590	
2005/07		0.50	0.7364	0.7364		90	54.98	2,010,726	4,011,930	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		0.50	0.9068	0.9068		90	54.98	2,019,839	4,048,290	
2006/07		0.45	0.8133	0.8133		90	54.98	2,027,229	4,081,230	
2007/01		0.45	1.0133	1.0133		90	54.98	2,036,470	4,122,540	
2007/07		0.40	1.1050	1.1050		90	53.97	2,045,303	4,168,080	
2008/01	9,658	0.40	0.8556	0.8556		90	53.97	2,061,829	4,203,720	
2008/07		0.35	0.6104	0.6104		90	53.97	2,066,151	4,229,370	
2009/01		0.35	1.3268	1.3268		90	53.97	2,075,567	4,285,530	
2009/07		0.30	0.6841	0.6841		90	53.97	2,079,746	4,314,870	
2010/01		0.30	0.8643	0.8643		90	57.77	2,085,139	4,352,130	
2010/07		0.25	0.7107	0.7107		90	57.77	2,088,844	4,383,090	
2011/01	30,032	0.25	0.9198	0.9198		90	64.38	2,123,680	4,423,410	
2011/07		0.20	0.9028	0.9028		90	64.38	2,127,515	4,463,370	
2012/01		0.20	0.3865	0.3865		90	63.63	2,129,160	4,480,650	
2012/07		0.15	0.9417	0.9417		90	63.63	2,132,169	4,522,860	
2013/01	18,750	0.15	0.4901	0.4901		90	62.82	2,152,486	4,545,000	
2013/07		0.10	0.6196	0.6196		90	62.82	2,153,821	4,573,170	
2014/01	34,299	0.10	0.8564	0.8564		90	58.71	2,189,964	4,612,320	
2014/07	1,129,341	0.05	1.2383	1.2383		90	59.59	3,320,661	4,669,470	
2015/01		0.05	0.7571	0.7571		90	59.59	3,321,920	4,704,840	

**Message Code:**

5 Uncorrected Licensure Deficiency



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**222.83**

**Seminole Pavilion Rehabilitation & Nursing Service**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>10800 TEMPLE TERRACE</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>SEMINOLE, FL 33772</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,111</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>12,685</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>15,047</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>36.60091%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.86073%</b>	Cost: <b>1.03938564</b>
Open Date: <b>07/01/1982</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1982</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>07/01/1982</b>	Low Occupancy Adjustment Factor:	<b>119.85592%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>206814</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	781,338	1,278,683	877,146	270,545		3,207,712
1a	Audit Adjustments						
2	Cost Per Diem	51.9265	84.9793	58.2937	17.9800		213.1795
3	Cost Per Diem Inflated	53.9717	87.2629	60.5896			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>53.9717</b>	<b>87.2629</b>	<b>60.5896</b>	<b>17.9800</b>		<b>219.8042</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.9255		73.4647			
7	Provider Target Rate	<b>66.2665</b>		<b>76.1550</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>			
10a	New Provider Target Limitation	<b>57.8801</b>		<b>69.7723</b>			
10b	Base for line 10a	55.8354		67.3074			
11	Lesser of 5,7,8,10, 10a	<b>53.9717</b>	<b>87.2629</b>	<b>60.5896</b>	<b>13.6500</b>		<b>215.4742</b>
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	<b>53.9717</b>	<b>87.2629</b>	<b>60.5896</b>	<b>13.6500</b>		<b>215.4742</b>
15	Inflated Usual & Customary Charge						0.00



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**Seminole Pavilion Rehabilitation & Nursing Service**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/01/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,600,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>3,993,040 8.5480</b>
RS to Start Calcs:	<b>1982/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>998,260 0.5645</b>
Indexed Asset Value	<b>4,991,300</b>	Interest Rate:	<b>5.7700%</b>	Insurance Cost(3):	<b>67,448 1.6406</b>
FRVS Base Asset:	<b>3,420,000</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>52,563 1.2786</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>5.7700%</b>	Home Office(3):	<b>116,960 2.8450</b>
ROE Factor	<b>0.022290</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>714,317 0.0000</b>
		Yearly Payment:	<b>336,961</b>	Total FRVS PD:	<b>14.8767</b>

- (1) 80% Capital (\$3,993,040) amortized at 5.7700 % for 20 years Principal & Interest of \$336,961 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.5480
- (2) 20% ROE (\$998,260) times the ROE factor (0.022290) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5645
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>53.9717</b>	<b>53.9717</b>	<b>0.9390</b>	<b>53.0327</b>
Direct Care	<b>87.2629</b>	<b>87.2629</b>	<b>1.5182</b>	<b>85.7447</b>
Indirect Care	<b>60.5896</b>	<b>60.5896</b>	<b>1.0541</b>	<b>59.5355</b>
Property	<b>13.6500</b>	<b>14.8767</b>	<b>0.2588</b>	<b>14.6179</b>
ROE				
ROE Adjustment				
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>215.4742</b>	<b>216.7009</b>	<b>3.7701</b>	<b>222.8333</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	3,491,068	0.00	2.2977	2.2977		120	9.89	3,491,068	3,043,800	
1983/04		0.10	2.6288	2.6288		120	8.36	3,491,068	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	8.36	3,491,068	3,247,440	
1984/01		0.20	2.2530	2.2530		120	11.42	3,491,068	3,289,560	
1984/07		0.20	1.9179	1.9179		120	8.23	3,491,068	3,352,680	
1985/01		0.30	1.1471	1.1471		120	8.23	3,491,068	3,391,080	
1985/10		0.30	0.8522	0.8522		120	8.23	3,420,000	3,420,000	1
1986/01		0.40	0.8299	0.8299		120	11.49	3,420,000	3,448,440	
1986/07		0.40	0.2974	0.2974		120	11.49	3,420,000	3,441,840	
1987/01		0.50	1.0091	1.0091		120	11.39	3,420,000	3,503,400	
1987/07		0.50	0.9007	0.9007		120	14.92	3,420,000	3,530,760	
1988/01		0.60	0.9007	0.9007		120	14.92	3,420,000	3,559,440	
1988/07	13,983	0.60	0.5899	0.5899		120	16.11	3,433,983	3,557,520	
1989/01		0.70	0.5899	0.5899		120	16.11	3,433,983	3,578,520	
1989/07	30,697	0.70	0.5899	0.5899		120	14.29	3,464,680	3,602,760	
1990/01		0.80	0.5899	0.5899		120	14.29	3,464,680	3,620,880	
1990/07	55,066	0.80	0.5899	0.5899		120	18.50	3,519,746	3,642,240	
1991/01		0.90	0.5899	0.5899		120	18.50	3,519,746	3,663,600	
1991/07		0.90	1.4932	1.4932		120	18.50	3,519,746	3,718,320	
1992/01		1.00	2.0117	2.0117		120	30.38	3,519,746	3,793,080	5
1992/07		1.00	1.8152	1.8152		120	30.38	3,558,857	3,861,960	5
1993/01	28,035	1.00	1.7710	1.7710		120	39.26	3,668,016	3,930,360	
1993/07	22,350	1.00	1.5329	1.5329		120	39.01	3,730,246	3,990,600	
1994/01		1.00	1.6983	1.6983		120	39.01	3,775,179	4,058,400	
1994/07		1.00	1.5991	1.5991		120	36.08	3,814,781	4,123,320	
1995/01		1.00	1.5812	1.5812		120	36.08	3,854,350	4,188,480	
1995/07		1.00	1.5250	1.5250		120	36.08	3,892,909	4,252,320	
1996/01		1.00	1.7228	1.7228		120	36.08	3,892,909	4,325,640	5
1996/07	18,705	1.00	1.3294	1.3294		120	35.29	3,989,191	4,383,120	
1997/01		1.00	1.4109	1.4109		120	35.29	4,025,305	4,444,920	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		120	34.04	4,052,502	4,493,400	
1998/01		1.00	1.1663	1.1663		120	34.04	4,081,754	4,545,840	
1998/07	32,011	1.00	1.0794	1.0794		120	35.21	4,141,970	4,594,920	
1999/01		1.00	1.4499	1.4499		120	35.21	4,180,416	4,661,520	
1999/07		1.00	1.2299	1.2299		120	31.74	4,210,087	4,718,880	
2000/01		1.00	1.3356	1.3356		120	31.74	4,242,537	4,781,880	
2000/07		1.00	1.1129	1.1129		120	34.50	4,272,154	4,835,040	
2001/01		1.00	1.2976	1.2976		120	34.50	4,306,927	4,897,800	
2001/07	29,990	1.00	0.9615	0.9615		120	35.56	4,363,691	4,944,840	
2002/01		1.00	1.0301	1.0301		120	35.56	4,392,753	4,995,720	
2002/07		1.00	0.8337	0.8337		120	37.34	4,417,616	5,037,360	
2003/01		0.95	1.3271	1.3271		120	37.34	4,455,426	5,104,200	
2003/07		0.95	1.1664	1.1664		120	37.09	4,488,720	5,163,720	
2004/01		0.90	1.1103	1.1103		120	37.09	4,518,969	5,221,080	
2004/07		0.90	0.8378	0.8378		120	39.35	4,543,347	5,264,880	
2005/01		0.85	0.8595	0.8595		120	39.35	4,567,096	5,310,120	
2005/07		0.85	0.7364	0.7364		120	39.35	4,587,548	5,349,240	
2006/01		0.80	0.9068	0.9068		120	38.46	4,610,818	5,397,720	
2006/07		0.80	0.8133	0.8133		120	31.80	4,628,162	5,441,640	
2007/01		0.75	1.0133	1.0133		120	31.80	4,648,499	5,496,720	
2007/07	47,103	0.75	1.1050	1.1050		120	32.33	4,718,249	5,557,440	
2008/01		0.70	0.8556	0.8556		120	32.33	4,734,859	5,604,960	
2008/07		0.70	0.6104	0.6104		120	32.33	4,746,752	5,639,160	
2009/01		0.65	1.3268	1.3268		120	32.33	4,770,815	5,714,040	
2009/07		0.65	0.6841	0.6841		120	32.33	4,783,286	5,753,160	
2010/01	31,327	0.60	0.8643	0.8643		120	33.82	4,829,867	5,802,840	
2010/07		0.60	0.7107	0.7107		120	33.82	4,842,531	5,844,120	
2011/01		0.55	0.9198	0.9198		120	35.34	4,858,272	5,897,880	
2011/07		0.55	0.9028	0.9028		120	35.34	4,873,771	5,951,160	
2012/01		0.50	0.3865	0.3865		120	37.89	4,880,261	5,974,200	



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 324230-00 - 2015/01**

**222.83**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		120	37.89	4,896,093	6,030,480	
2013/01	38,322	0.45	0.4901	0.4901		120	41.52	4,942,565	6,060,000	
2013/07		0.45	0.6196	0.6196		120	41.52	4,952,968	6,097,560	
2014/01		0.40	0.8564	0.8564		120	39.10	4,965,031	6,149,760	
2014/07		0.40	1.2383	1.2383		120	39.10	4,982,514	6,225,960	
2015/01		0.35	0.7571	0.7571		120	36.60	4,991,300	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324230053120140601201310282014122739





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324248-00 - 2015/01**

**221.12**

**Freedom Square Rehabilitation & Nursing Services**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>10801 JOHNSON BLVD</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>116</b>	Superior: <b>0</b>
<b>SEMINOLE, FL 33772</b>	Days in CR <b>365</b>	Maximum: <b>42,340</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>42,340</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,696</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,431</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>15,447</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>39.91885%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.39348%</b>	Cost: <b>1.04340134</b>
Open Date: <b>09/14/1988</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/14/1988</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>02/19/2002</b>	Low Occupancy Adjustment Factor:	<b>116.70535%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>07/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>253715</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	808,166	1,276,393	954,164	356,362		3,395,085	
1a	Audit Adjustments							
2	Cost Per Diem	52.3186	82.6305	61.7702	23.0700		219.7893	
3	Cost Per Diem Inflated	54.5893	85.3165	64.4511				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>54.5893</b>	<b>85.3165</b>	<b>64.4511</b>	<b>23.0700</b>		<b>227.4269</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	71.5558		76.3036				
7	Provider Target Rate	<b>74.1762</b>		<b>79.0979</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation	<b>60.3388</b>		<b>67.3946</b>				
10b	Base for line 10a	58.2072		65.0137				
11	Lesser of 5,7,8,10, 10a	<b>54.1549</b>	<b>85.3165</b>	<b>63.5578</b>	<b>13.6500</b>		<b>216.6792</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>54.1549</b>	<b>85.3165</b>	<b>63.5578</b>	<b>13.6500</b>		<b>216.6792</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 324248-00 - 2015/01**

**221.12**

Rate Semester 01/01/2015 through 08/31/2015

**Freedom Square Rehabilitation & Nursing Services**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/19/2002	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>7,700,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1988/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>3,032,526 6.7156</b>
Indexed Asset Value	<b>3,790,657</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>758,131 0.3730</b>
FRVS Base Asset:	<b>0</b>	Interest Rate:	<b>5.7700%</b>	Insurance Cost(3):	<b>14,496 0.3746</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>32,944 0.8514</b>
ROE Factor	<b>0.018750</b>	Amortization Rate:	<b>5.7700%</b>	Home Office(3):	<b>139,932 3.6162</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>0 0.0000</b>
		Yearly Payment:	<b>255,906</b>	Total FRVS PD:	<b>11.9308</b>

- (1) 80% Capital (\$3,032,526) amortized at 5.7700 % for 20 years Principal & Interest of \$255,906 divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$6.7156  
 (2) 20% ROE (\$758,131) times the ROE factor (0.018750) divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$0.3730  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: <b>01/01/1988</b>	Current RS PBS:	52,276
Comparison Bed <b>116</b>	Effective PBS Limitation	3,440,792

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>54.1549</b>	<b>54.1549</b>	<b>0.9422</b>	<b>53.2127</b>
Direct Care	<b>85.3165</b>	<b>85.3165</b>	<b>1.4843</b>	<b>83.8322</b>
Indirect Care	<b>63.5578</b>	<b>63.5578</b>	<b>1.1058</b>	<b>62.4520</b>
Property	<b>13.6500</b>	<b>11.9308</b>	<b>0.2076</b>	<b>11.7232</b>
ROE				
ROE Adjustment				
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>216.6792</b>	<b>214.9600</b>	<b>3.7399</b>	<b>221.1226</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 324248-00 - 2015/01

221.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01	4,911,790	0.00	1.0301	1.0301		116	16.20	3,440,792	3,440,792	1
2002/07		0.10	0.8337	0.8337		116	16.20	3,440,792	4,869,448	
2003/01		0.10	1.3271	1.3271		116	16.20	3,440,792	4,934,060	
2003/07		0.20	1.1664	1.1664		116	16.20	3,440,792	4,991,596	
2004/01		0.20	1.1103	1.1103		116	16.20	3,440,792	5,047,044	
2004/07		0.30	0.8378	0.8378		116	31.55	3,445,752	5,089,384	
2005/01		0.30	0.8595	0.8595		116	31.55	3,450,850	5,133,116	
2005/07		0.40	0.7364	0.7364		116	31.55	3,456,682	5,170,932	
2006/01		0.40	0.9068	0.9068		116	36.54	3,465,011	5,217,796	
2006/07		0.50	0.8133	0.8133		116	33.55	3,473,607	5,260,252	
2007/01		0.50	1.0133	1.0133		116	33.55	3,484,343	5,313,496	
2007/07		0.60	1.1050	1.1050		116	40.15	3,501,207	5,372,192	
2008/01		0.60	0.8556	0.8556		116	40.15	3,514,329	5,418,128	
2008/07		0.70	0.6104	0.6104		116	40.15	3,525,291	5,451,188	
2009/01		0.70	1.3268	1.3268		116	40.15	3,549,193	5,523,572	
2009/07		0.80	0.6841	0.6841		116	40.15	3,563,373	5,561,388	
2010/01		0.80	0.8643	0.8643		116	40.15	3,581,358	5,609,412	
2010/07		0.90	0.7107	0.7107		116	45.86	3,600,458	5,649,316	
2011/01		0.90	0.9198	0.9198		116	45.86	3,625,310	5,701,284	
2011/07		1.00	0.9028	0.9028		116	45.12	3,652,160	5,752,788	
2012/01		1.00	0.3865	0.3865		116	45.12	3,663,740	5,775,060	
2012/07		1.00	0.9417	0.9417		116	39.08	3,688,255	5,829,464	
2013/01		1.00	0.4901	0.4901		116	39.08	3,701,099	5,858,000	
2013/07		1.00	0.6196	0.6196		116	39.08	3,717,393	5,894,308	
2014/01		1.00	0.8564	0.8564		116	36.99	3,738,804	5,944,768	
2014/07		1.00	1.2383	1.2383		116	36.99	3,769,941	6,018,428	
2015/01		1.00	0.7571	0.7571		116	39.92	3,790,657	6,064,016	

**Message Code:**

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324345-00 - 2015/01**

**214.15**

**Heritage Park Care and Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2302 59TH ST W</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>BRADENTON, FL 34209</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Manatee [41]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>36,728</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>12,158</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>15,885</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>43.25038%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>83.85388%</b>	Cost: <b>1.04757614</b>
Open Date: <b>01/01/1985</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1985</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>01/23/1986</b>	Low Occupancy Adjustment Factor:	<b>107.07762%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>258814</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	686,120	1,185,202	748,392	843,335		3,463,049	
1a	Audit Adjustments							
2	Cost Per Diem	43.1929	74.6114	47.1131	53.0900		218.0074	
3	Cost Per Diem Inflated	45.2479	77.2593	49.3546				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>45.2479</b>	<b>77.2593</b>	<b>49.3546</b>	<b>53.0900</b>		<b>224.9518</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4352		54.4474				
7	Provider Target Rate	<b>48.1357</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>45.2479</b>	<b>77.2593</b>	<b>49.3546</b>	<b>13.6500</b>		<b>185.5118</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>45.2479</b>	<b>77.2593</b>	<b>49.3546</b>	<b>13.6500</b>		<b>185.5118</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**0 324345-00 - 2015/01**

**214.15**

Rate Semester 01/01/2015 through 08/31/2015

**Heritage Park Care and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/31/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,500,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1985/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,322,861</b>	<b>12.0523</b>
Indexed Asset Value	<b>5,403,576</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,080,715</b>	<b>0.4570</b>
FRVS Base Asset:	<b>3,352,680</b>	Interest Rate:	<b>9.2500%</b>	Insurance Cost(3):	<b>62,952</b>	<b>1.7140</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>7.5000%</b>	Taxes Cost(3):	<b>81,250</b>	<b>2.2122</b>
ROE Factor	<b>0.016670</b>	Amortization Rate:	<b>9.2500%</b>	Home Office(3):	<b>28,829</b>	<b>0.7849</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>44,331</b>	<b>0.0000</b>
		Yearly Payment:	<b>475,100</b>	Total FRVS PD:		<b>17.2204</b>

- (1) 80% Capital (\$4,322,861) amortized at 9.2500 % for 20 years Principal & Interest of \$475,100 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.0523
- (2) 20% ROE (\$1,080,715) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4570
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	27,939
Comparison Date:	<b>07/01/1984</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,352,680

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>45.2479</b>	<b>45.2479</b>	<b>0.7872</b>	<b>44.4607</b>
Direct Care	<b>77.2593</b>	<b>77.2593</b>	<b>1.3441</b>	<b>75.9152</b>
Indirect Care	<b>49.3546</b>	<b>49.3546</b>	<b>0.8587</b>	<b>48.4959</b>
Property	<b>13.6500</b>	<b>17.2204</b>	<b>0.2996</b>	<b>16.9208</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>18.4580</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>185.5118</b>	<b>189.0822</b>	<b>3.2896</b>	<b>214.1531</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

**0 324345-00 - 2015/01**

**214.15**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	3,502,900	0.00	1.1471	1.1471		120		3,352,680	3,352,680	1
1985/10		0.10	0.8522	0.8522		120		3,352,680	3,420,000	
1986/01		0.10	0.8299	0.8299		120	27.19	3,354,056	3,448,440	
1986/07		0.20	0.2974	0.2974		120	27.19	3,355,043	3,441,840	
1987/01		0.20	1.0091	1.0091		120	27.19	3,358,390	3,503,400	
1987/07		0.30	0.9007	0.9007		120	27.19	3,362,876	3,530,760	
1988/01		0.30	0.9007	0.9007		120	27.19	3,367,368	3,559,440	
1988/07		0.40	0.5899	0.5899		120	27.19	3,371,297	3,557,520	
1989/01		0.40	0.5899	0.5899		120	27.19	3,375,230	3,578,520	
1989/07		0.50	0.5899	0.5899		120	25.24	3,379,799	3,602,760	
1990/01		0.50	0.5899	0.5899		120	25.24	3,384,375	3,620,880	
1990/07		0.60	0.5899	0.5899		120	28.78	3,384,375	3,642,240	5
1991/01		0.60	0.5899	0.5899		120	28.78	3,390,642	3,663,600	5
1991/07		0.70	1.4932	1.4932		120	34.83	3,419,405	3,718,320	
1992/01		0.70	2.0117	2.0117		120	34.83	3,449,898	3,793,080	
1992/07	20,716	0.80	1.8152	1.8152		120	41.14	3,508,088	3,861,960	
1993/01		0.80	1.7710	1.7710		120	41.14	3,545,266	3,930,360	
1993/07		0.90	1.5329	1.5329		120	41.60	3,582,260	3,990,600	
1994/01		0.90	1.6983	1.6983		120	41.60	3,623,675	4,058,400	
1994/07		1.00	1.5991	1.5991		120	38.78	3,664,532	4,123,320	
1995/01		1.00	1.5812	1.5812		120	38.78	3,705,387	4,188,480	
1995/07		1.00	1.5250	1.5250		120	38.78	3,745,230	4,252,320	
1996/01		1.00	1.7228	1.7228		120	38.78	3,790,724	4,325,640	
1996/07		1.00	1.3294	1.3294		120	38.78	3,826,256	4,383,120	
1997/01		1.00	1.4109	1.4109		120	38.78	3,864,320	4,444,920	
1997/07		1.00	1.0917	1.0917		120	44.52	3,898,468	4,493,400	
1998/01		1.00	1.1663	1.1663		120	44.52	3,935,272	4,545,840	
1998/07		1.00	1.0794	1.0794		120	46.88	3,971,478	4,594,920	
1999/01		1.00	1.4499	1.4499		120	46.88	4,020,559	4,661,520	
1999/07		1.00	1.2299	1.2299		120	46.11	4,062,015	4,718,880	



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**0 324345-00 - 2015/01**

**214.15**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	46.11	4,107,498	4,781,880	
2000/07		1.00	1.1129	1.1129		120	45.20	4,145,065	4,835,040	
2001/01		1.00	1.2976	1.2976		120	45.20	4,189,268	4,897,800	
2001/07	18,794	1.00	0.9615	0.9615		120	47.35	4,242,739	4,944,840	
2002/01	29,525	1.00	1.0301	1.0301		120	48.22	4,310,581	4,995,720	
2002/07	76,680	1.00	0.8337	0.8337		120	51.74	4,421,068	5,037,360	
2003/01	32,494	1.00	1.3271	1.3271		120	51.74	4,508,756	5,104,200	
2003/07	5,807	1.00	1.1664	1.1664		120	51.74	4,564,036	5,163,720	
2004/01		1.00	1.1103	1.1103		120	51.74	4,611,707	5,221,080	
2004/07		1.00	0.8378	0.8378		120	51.74	4,648,054	5,264,880	
2005/01		1.00	0.8595	0.8595		120	51.74	4,685,636	5,310,120	
2005/07	33,983	0.95	0.7364	0.7364		120	51.15	4,719,619	5,349,240	5
2006/01		0.95	0.9068	0.9068		120	51.15	4,788,163	5,397,720	
2006/07	46,412	0.90	0.8133	0.8133		120	53.20	4,868,477	5,441,640	
2007/01		0.90	1.0133	1.0133		120	53.20	4,911,424	5,496,720	
2007/07		0.85	1.1050	1.1050		120	58.39	4,957,557	5,557,440	
2008/01		0.85	0.8556	0.8556		120	58.39	4,993,613	5,604,960	
2008/07		0.80	0.6104	0.6104		120	52.76	5,017,004	5,639,160	
2009/01		0.80	1.3268	1.3268		120	55.88	5,070,254	5,714,040	
2009/07		0.75	0.6841	0.6841		120	55.88	5,096,269	5,753,160	
2010/01		0.75	0.8643	0.8643		120	55.88	5,129,303	5,802,840	
2010/07		0.70	0.7107	0.7107		120	50.69	5,152,822	5,844,120	
2011/01		0.70	0.9198	0.9198		120	50.69	5,183,401	5,897,880	
2011/07		0.65	0.9028	0.9028		120	52.79	5,212,595	5,951,160	
2012/01		0.65	0.3865	0.3865		120	52.79	5,225,163	5,974,200	
2012/07		0.60	0.9417	0.9417		120	51.55	5,252,833	6,030,480	
2013/01		0.60	0.4901	0.4901		120	51.55	5,267,313	6,060,000	
2013/07	56,525	0.55	0.6196	0.6196		120	47.97	5,339,495	6,097,560	
2014/01		0.55	0.8564	0.8564		120	47.97	5,361,430	6,149,760	
2014/07		0.50	1.2383	1.2383		120	43.25	5,387,536	6,225,960	



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0 324345-00 - 2015/01

214.15

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		120	43.25	5,403,576	6,273,120	

**Message Code:**

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324345093020131001201204222014145535





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 Rate Semester 01/01/2015 through 08/31/2015

**0 324353-00 - 2015/01**

**210.69**

**Washington Rehabilitation & Nursing Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>879 USERY ROAD</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>180</b>	Superior: <b>0</b>
<b>CHIPLEY, FL 32428</b>	Days in CR <b>365</b>	Maximum: <b>65,700</b>	Standard: <b>243</b>
County: <b>Washington [67]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>2</b>	Last Used: <b>2015/01</b>	Total Patient: <b>55,963</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>7,592</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>44,948</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>80.31735%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.17960%</b>	Cost: <b>1.05323681</b>
Open Date: <b>01/01/1982</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1982</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>06/01/1982</b>	Low Occupancy Adjustment Factor:	<b>108.77051%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>312339</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,074,373	2,893,588	1,907,552	1,067,066		7,942,579	
1a	Audit Adjustments							
2	Cost Per Diem	46.1505	64.3764	42.4391	23.7400		176.7060	
3	Cost Per Diem Inflated	48.6074	66.7713	44.6984				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>48.6074</b>	<b>66.7713</b>	<b>44.6984</b>	<b>23.7400</b>		<b>183.8171</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.8249		63.3091				
7	Provider Target Rate	<b>70.3087</b>		<b>65.6275</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>48.6074</b>	<b>66.7713</b>	<b>44.6984</b>	<b>13.6500</b>		<b>173.7271</b>	
12/13	Medical Adjustment Rate		2.2774	1.5245				
14	Prospective Per Diem 11	<b>48.6074</b>	<b>69.0487</b>	<b>46.2229</b>	<b>13.6500</b>		<b>177.5290</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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**210.69**

Rate Semester 01/01/2015 through 08/31/2015

**Washington Rehabilitation & Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	12/31/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,760,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed	80% Capital(1):	5,003,067	12.0942
Indexed Asset Value	6,253,834	<60% of Base:	False	20% ROE(2):	1,250,767	0.3173
FRVS Base Asset:	1,915,339	Interest Rate:	13.2740%	Insurance Cost(3):	84,825	1.5157
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	49,597	0.8862
ROE Factor	0.015000	Amortization Rate:	13.2740%	Home Office(3):	32,923	0.5883
		Interest Only:	False	Replacement(3&4):	119,827	0.0000
		Yearly Payment:	715,128	Total FRVS PD:		15.4017

- (1) 80% Capital (\$5,003,067) amortized at 13.2740 % for 20 years Principal & Interest of \$715,128 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$12.0942
- (2) 20% ROE (\$1,250,767) times the ROE factor (0.015000) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.3173
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.6074	48.6074	0.8457	47.7617
Direct Care	69.0487	69.0487	1.2013	67.8474
Indirect Care	46.2229	46.2229	0.8042	45.4187
Property	13.6500	15.4017	0.2680	15.1337
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.6309
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>177.5290</b>	<b>179.2807</b>	<b>3.1192</b>	<b>210.6949</b>

Medicaid Trend Adjustment



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**210.69**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	1,839,927	0.00	2.6760	2.6760		120		1,839,927	2,975,520	
1982/07		0.10	2.2977	2.2977		120	91.29	1,844,155	3,043,800	
1983/04		0.10	2.6288	2.6288		120	91.29	1,849,003	3,123,840	
1983/07	2,740	0.20	3.9578	3.0000	0.9578	120	91.29	1,862,837	3,247,440	
1984/01		0.20	2.2530	2.2530		120	91.29	1,871,231	3,289,560	
1984/07	18,430	0.30	1.9179	1.9179		120	94.98	1,900,428	3,352,680	
1985/01	1,865	0.30	1.1471	1.1471		120	94.98	1,908,832	3,391,080	
1985/10		0.40	0.8522	0.8522		120	95.56	1,915,339	3,420,000	
1986/01		0.40	0.8299	0.8299		120	95.56	1,921,698	3,448,440	
1986/07		0.50	0.2974	0.2974		120	93.48	1,924,556	3,441,840	
1987/01		0.50	1.0091	1.0091		120	93.48	1,934,267	3,503,400	
1987/07		0.60	0.9007	0.9007		120	94.63	1,944,720	3,530,760	
1988/01		0.60	0.9007	0.9007		120	94.63	1,955,229	3,559,440	
1988/07	1,651,916	0.70	0.5899	0.5899		180	92.14	3,615,218	5,336,280	
1989/01		0.70	0.5899	0.5899		180	92.14	3,630,145	5,367,780	
1989/07		0.80	0.5899	0.5899		180	92.14	3,647,276	5,404,140	
1990/01		0.80	0.5899	0.5899		180	92.14	3,664,487	5,431,320	
1990/07		0.90	0.5899	0.5899		180	88.74	3,683,942	5,463,360	
1991/01	50,032	0.90	0.5899	0.5899		180	85.85	3,753,532	5,495,400	
1991/07		1.00	1.4932	1.4932		180	93.66	3,809,580	5,577,480	
1992/01	25,449	1.00	2.0117	2.0117		180	93.66	3,911,666	5,689,620	
1992/07		1.00	1.8152	1.8152		180	90.53	3,982,671	5,792,940	
1993/01		1.00	1.7710	1.7710		180	90.53	4,053,204	5,895,540	
1993/07		1.00	1.5329	1.5329		180	87.85	4,115,336	5,985,900	
1994/01		1.00	1.6983	1.6983		180	87.85	4,185,227	6,087,600	
1994/07		1.00	1.5991	1.5991		180	85.65	4,252,153	6,184,980	
1995/01		1.00	1.5812	1.5812		180	85.65	4,319,388	6,282,720	
1995/07		1.00	1.5250	1.5250		180	84.99	4,385,259	6,378,480	
1996/01		1.00	1.7228	1.7228		180	84.99	4,460,808	6,488,460	
1996/07		1.00	1.3294	1.3294		180	83.98	4,520,110	6,574,680	



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**0 324353-00 - 2015/01**

**210.69**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		180	83.98	4,583,884	6,667,380	
1997/07		1.00	1.0917	1.0917		180	80.88	4,633,926	6,740,100	
1998/01		1.00	1.1663	1.1663		180	80.88	4,687,971	6,818,760	
1998/07		1.00	1.0794	1.0794		180	83.46	4,738,573	6,892,380	
1999/01		1.00	1.4499	1.4499		180	83.46	4,807,278	6,992,280	
1999/07		1.00	1.2299	1.2299		180	83.46	4,866,403	7,078,320	
2000/01	140,463	1.00	1.3356	1.3356		180	84.68	5,071,862	7,172,820	
2000/07		1.00	1.1129	1.1129		180	91.41	5,128,307	7,252,560	
2001/01		1.00	1.2976	1.2976		180	91.41	5,194,852	7,346,700	
2001/07		1.00	0.9615	0.9615		180	85.23	5,244,801	7,417,260	
2002/01		1.00	1.0301	1.0301		180	85.23	5,298,828	7,493,580	
2002/07		0.95	0.8337	0.8337		180	85.23	5,340,795	7,556,040	
2003/01		0.95	1.3271	1.3271		180	85.23	5,408,126	7,656,300	
2003/07		0.90	1.1664	1.1664		180	85.23	5,464,901	7,745,580	
2004/01		0.90	1.1103	1.1103		180	85.23	5,519,512	7,831,620	
2004/07		0.85	0.8378	0.8378		180	85.46	5,558,816	7,897,320	
2005/01		0.85	0.8595	0.8595		180	85.46	5,599,429	7,965,180	
2005/07		0.80	0.7364	0.7364		180	83.55	5,632,415	8,023,860	
2006/01		0.80	0.9068	0.9068		180	83.55	5,673,273	8,096,580	
2006/07		0.75	0.8133	0.8133		180	83.55	5,707,880	8,162,460	
2007/01		0.75	1.0133	1.0133		180	83.55	5,751,260	8,245,080	
2007/07		0.70	1.1050	1.1050		180	83.55	5,795,746	8,336,160	
2008/01		0.70	0.8556	0.8556		180	83.55	5,830,457	8,407,440	
2008/07		0.65	0.6104	0.6104		180	84.51	5,853,592	8,458,740	
2009/01		0.65	1.3268	1.3268		180	83.32	5,904,073	8,571,060	
2009/07		0.60	0.6841	0.6841		180	83.32	5,928,309	8,629,740	
2010/01		0.60	0.8643	0.8643		180	83.32	5,959,053	8,704,260	
2010/07		0.55	0.7107	0.7107		180	82.54	5,982,347	8,766,180	
2011/01		0.55	0.9198	0.9198		180	82.40	5,982,347	8,846,820	5
2011/07		0.50	0.9028	0.9028		180	82.40	6,039,753	8,926,740	



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**0 324353-00 - 2015/01**

**210.69**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		180	82.40	6,051,428	8,961,300	
2012/07	49,154	0.45	0.9417	0.9417		180	82.14	6,126,228	9,045,720	
2013/01		0.45	0.4901	0.4901		180	82.14	6,139,736	9,090,000	
2013/07	34,235	0.40	0.6196	0.6196		180	81.26	6,189,185	9,146,340	
2014/01		0.40	0.8564	0.8564		180	81.26	6,210,389	9,224,640	
2014/07		0.35	1.2383	1.2383		180	80.32	6,237,305	9,338,940	
2015/01		0.35	0.7571	0.7571		180	80.32	6,253,834	9,409,680	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 324361-00 - 2015/01**

**211.94**

**Chautauqua Rehabilitation & Nursing Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>785 S 2ND STREET</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>180</b>	Superior: <b>243</b>
<b>DEFUNIAK SPRINGS, FL 32433</b>	Days in CR <b>365</b>	Maximum: <b>65,700</b>	Standard: <b>0</b>
County: <b>Walton [66]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>1</b>	Last Used: <b>2015/01</b>	Total Patient: <b>46,400</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>10,486</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>29,352</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>63.25862%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>70.62405%</b>	Cost: <b>1.05323681</b>
Open Date: <b>03/01/1979</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/01/1979</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>01/01/1980</b>	Low Occupancy Adjustment Factor:	<b>90.18373%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>312291</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,253,207	2,117,818	1,397,854	952,179		5,721,058	
1a	Audit Adjustments							
2	Cost Per Diem	42.6958	72.1524	47.6238	32.4400		194.9120	
3	Cost Per Diem Inflated	44.9688	74.8366	50.1591				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.9688</b>	<b>74.8366</b>	<b>50.1591</b>	<b>32.4400</b>		<b>202.4045</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.9959		63.4838				
7	Provider Target Rate	<b>62.1930</b>		<b>65.8086</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.9688</b>	<b>74.8366</b>	<b>50.1591</b>	<b>13.6500</b>		<b>183.6145</b>	
12/13	Medical Adjustment Rate		1.1163	0.7482				
14	Prospective Per Diem 11	<b>44.9688</b>	<b>75.9529</b>	<b>50.9073</b>	<b>13.6500</b>		<b>185.4790</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 324361-00 - 2015/01**

**211.94**

Rate Semester 01/01/2015 through 08/31/2015

**Chautauqua Rehabilitation & Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	03/01/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,395,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,742,673 8.6004</b>
RS to Start Calcs:	<b>1979/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,185,668 0.3008</b>
Indexed Asset Value	<b>5,928,341</b>	Interest Rate:	<b>8.9040%</b>	Insurance Cost(3):	<b>59,296 1.2779</b>
FRVS Base Asset:	<b>1,743,133</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>27,953 0.6024</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>8.9040%</b>	Home Office(3):	<b>30,336 0.6538</b>
ROE Factor	<b>0.015000</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>32,287 0.0000</b>
		Yearly Payment:	<b>508,544</b>	Total FRVS PD:	<b>11.4353</b>

- (1) 80% Capital (\$4,742,673) amortized at 8.9040 % for 20 years Principal & Interest of \$508,544 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$8.6004
- (2) 20% ROE (\$1,185,668) times the ROE factor (0.015000) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.3008
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.9688</b>	<b>44.9688</b>	<b>0.7823</b>	<b>44.1865</b>
Direct Care	<b>75.9529</b>	<b>75.9529</b>	<b>1.3214</b>	<b>74.6315</b>
Indirect Care	<b>50.9073</b>	<b>50.9073</b>	<b>0.8857</b>	<b>50.0216</b>
Property	<b>13.6500</b>	<b>11.4353</b>	<b>0.1989</b>	<b>11.2364</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>21.9647</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>185.4790</b>	<b>183.2643</b>	<b>3.1883</b>	<b>211.9432</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2013

**0 324361-00 - 2015/01**

**211.94**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/01	1,250,057	0.00	5.1272	3.0000	2.1272	120	100.00	1,250,057	2,369,160	
1979/07	11,855	0.10	6.3255	3.0000	3.3255	120	100.00	1,265,662	2,468,640	
1980/01	17,821	0.10	9.4912	3.0000	6.4912	120	81.33	1,287,280	2,620,920	
1980/07	372	0.20	10.3018	3.0000	7.3018	120	81.33	1,295,376	2,720,760	
1981/01	2,732	0.20	11.1259	3.0000	8.1259	120	89.00	1,305,880	2,824,800	
1981/07	9,877	0.30	10.7147	3.0000	7.7147	120	89.00	1,327,510	2,897,880	
1982/01	2,367	0.30	10.3907	3.0000	7.3907	120	84.00	1,341,825	2,975,520	
1982/07	46,834	0.40	9.6883	3.0000	6.6883	120	84.00	1,404,761	3,043,800	
1983/04	10,879	0.40	9.3172	3.0000	6.3172	120	86.31	1,432,497	3,123,840	
1983/07	135,286	0.50	10.2750	3.0000	7.2750	120	86.31	1,589,270	3,247,440	
1984/01	4,309	0.50	8.5701	3.0000	5.5701	120	89.49	1,617,418	3,289,560	
1984/07	17,568	0.60	7.4880	3.0000	4.4880	120	89.49	1,664,100	3,352,680	
1985/01	13,226	0.60	5.6351	3.0000	2.6351	120	89.49	1,707,280	3,391,080	
1985/10		0.70	3.4873	3.0000	0.4873	120	89.49	1,743,133	3,420,000	
1986/01		0.70	1.3172	1.3172		120	88.19	1,759,205	3,448,440	
1986/07		0.80	0.2974	0.2974		120	88.19	1,763,390	3,441,840	
1987/01	39,103	0.80	1.0091	1.0091		120	91.07	1,816,729	3,503,400	
1987/07		0.90	0.9007	0.9007		120	91.07	1,831,455	3,530,760	
1988/01	24,435	0.90	0.9007	0.9007		120	90.67	1,870,736	3,559,440	
1988/07		1.00	0.5899	0.5899		120	90.67	1,881,771	3,557,520	
1989/01		1.00	0.5899	0.5899		120	91.83	1,892,872	3,578,520	
1989/07		1.00	0.5899	0.5899		120	91.83	1,904,038	3,602,760	
1990/01		1.00	0.5899	0.5899		120	89.11	1,915,270	3,620,880	
1990/07		1.00	0.5899	0.5899		120	89.11	1,926,568	3,642,240	
1991/01		1.00	0.5899	0.5899		120	85.69	1,937,933	3,663,600	
1991/07	16,782	1.00	1.4932	1.4932		120	85.69	1,983,652	3,718,320	
1992/01		1.00	2.0117	2.0117		120	85.69	2,023,557	3,793,080	
1992/07	20,644	1.00	1.8152	1.8152		120	85.69	2,080,933	3,861,960	
1993/01		1.00	1.7710	1.7710		120	85.69	2,117,786	3,930,360	
1993/07		1.00	1.5329	1.5329		120	85.69	2,150,250	3,990,600	





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**0 324361-00 - 2015/01**

**211.94**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01		1.00	1.6983	1.6983		120	85.69	2,186,768	4,058,400	
1994/07		1.00	1.5991	1.5991		120	85.45	2,221,737	4,123,320	
1995/01		1.00	1.5812	1.5812		120	85.45	2,256,867	4,188,480	
1995/07		1.00	1.5250	1.5250		120	82.23	2,291,284	4,252,320	
1996/01		1.00	1.7228	1.7228		120	82.23	2,330,758	4,325,640	
1996/07		1.00	1.3294	1.3294		120	82.23	2,361,743	4,383,120	
1997/01		1.00	1.4109	1.4109		120	83.73	2,395,065	4,444,920	
1997/07		1.00	1.0917	1.0917		120	80.95	2,421,212	4,493,400	
1998/01		1.00	1.1663	1.1663		120	80.95	2,449,451	4,545,840	
1998/07		1.00	1.0794	1.0794		120	86.18	2,475,890	4,594,920	
1999/01		1.00	1.4499	1.4499		120	86.18	2,511,788	4,661,520	
1999/07		0.95	1.2299	1.2299		120	82.20	2,541,136	4,718,880	
2000/01		0.95	1.3356	1.3356		120	82.20	2,573,378	4,781,880	
2000/07		0.90	1.1129	1.1129		120	84.87	2,599,153	4,835,040	
2001/01		0.90	1.2976	1.2976		120	84.87	2,629,506	4,897,800	
2001/07		0.85	0.9615	0.9615		120	75.14	2,650,997	4,944,840	
2002/01		0.85	1.0301	1.0301		120	75.14	2,674,209	4,995,720	
2002/07		0.80	0.8337	0.8337		120	75.14	2,692,046	5,037,360	
2003/01		0.80	1.3271	1.3271		120	75.14	2,720,627	5,104,200	
2003/07		0.75	1.1664	1.1664		120	75.14	2,744,427	5,163,720	
2004/01		0.75	1.1103	1.1103		120	75.14	2,767,280	5,221,080	
2004/07		0.70	0.8378	0.8378		120	68.54	2,783,510	5,264,880	
2005/01		0.70	0.8595	0.8595		120	68.54	2,800,258	5,310,120	
2005/07		0.65	0.7364	0.7364		120	74.60	2,813,663	5,349,240	
2006/01		0.65	0.9068	0.9068		120	74.60	2,830,247	5,397,720	
2006/07		0.60	0.8133	0.8133		120	74.60	2,844,059	5,441,640	
2007/01		0.60	1.0133	1.0133		120	74.60	2,861,351	5,496,720	
2007/07		0.55	1.1050	1.1050		120	74.60	2,878,742	5,557,440	
2008/01		0.55	0.8556	0.8556		120	74.60	2,892,289	5,604,960	
2008/07	2,698,860	0.50	0.6104	0.6104		180	73.16	5,599,976	8,458,740	



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**0 324361-00 - 2015/01**

**211.94**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		0.50	1.3268	1.3268		180	68.36	5,637,126	8,571,060	
2009/07		0.45	0.6841	0.6841		180	68.36	5,654,477	8,629,740	
2010/01		0.45	0.8643	0.8643		180	68.36	5,676,467	8,704,260	
2010/07		0.40	0.7107	0.7107		180	69.06	5,692,605	8,766,180	
2011/01		0.40	0.9198	0.9198		180	69.06	5,713,548	8,846,820	
2011/07	71,745	0.35	0.9028	0.9028		180	67.47	5,803,348	8,926,740	
2012/01		0.35	0.3865	0.3865		180	62.21	5,811,200	8,961,300	
2012/07		0.30	0.9417	0.9417		180	62.21	5,827,617	9,045,720	
2013/01		0.30	0.4901	0.4901		180	62.21	5,836,184	9,090,000	
2013/07	46,914	0.25	0.6196	0.6196		180	68.59	5,892,138	9,146,340	
2014/01		0.25	0.8564	0.8564		180	68.59	5,904,753	9,224,640	
2014/07		0.20	1.2383	1.2383		180	63.26	5,919,379	9,338,940	
2015/01		0.20	0.7571	0.7571		180	63.26	5,928,341	9,409,680	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324361073120130801201204182014161250



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324370-00 - 2015/01**

**224.91**

**Signature HealthCARE of College Park**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>13755 GOLF CLUB PKWY</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>107</b>	Superior: <b>0</b>
<b>FORT MYERS, FL 33919</b>	Days in CR <b>365</b>	Maximum: <b>39,055</b>	Standard: <b>243</b>
County: <b>Lee [36]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>39,055</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>26,866</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>3,786</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>16,017</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>59.61810%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>68.79017%</b>	Cost: <b>1.04757614</b>
Open Date: <b>04/01/1981</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/01/1981</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>04/01/1981</b>	Low Occupancy Adjustment Factor:	<b>87.84195%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>258253</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	839,739	1,238,149	777,676	555,309		3,410,873	
1a	Audit Adjustments							
2	Cost Per Diem	52.4280	77.3022	48.5532	34.6700		212.9534	
3	Cost Per Diem Inflated	54.9223	80.0456	50.8632				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>54.9223</b>	<b>80.0456</b>	<b>50.8632</b>	<b>34.6700</b>		<b>220.5011</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.0511		56.6225				
7	Provider Target Rate	<b>53.9573</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>53.9573</b>	<b>80.0456</b>	<b>50.8632</b>	<b>13.6500</b>		<b>198.5161</b>	
12/13	Medical Adjustment Rate		0.8661	0.5504				
14	Prospective Per Diem 11	<b>53.9573</b>	<b>80.9117</b>	<b>51.4136</b>	<b>13.6500</b>		<b>199.9326</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 324370-00 - 2015/01**

**224.91**

Rate Semester 01/01/2015 through 08/31/2015

**Signature HealthCARE of College Park**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>08/31/1994</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,825,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1981/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>2,487,057</b>	<b>6.3305</b>
Indexed Asset Value	<b>3,108,821</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>621,764</b>	<b>0.2949</b>
FRVS Base Asset:	<b>1,699,287</b>	Interest Rate:	<b>6.5000%</b>	Insurance Cost(3):	<b>38,799</b>	<b>1.4442</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.5000%</b>	Taxes Cost(3):	<b>56,368</b>	<b>2.0981</b>
ROE Factor	<b>0.016670</b>	Amortization Rate:	<b>6.5000%</b>	Home Office(3):	<b>19,927</b>	<b>0.7417</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>10,217</b>	<b>0.0000</b>
		Yearly Payment:	<b>222,514</b>	Total FRVS PD:		<b>10.9094</b>

- (1) 80% Capital (\$2,487,057) amortized at 6.5000 % for 20 years Principal & Interest of \$222,514 divided by annual available days (39055) divided by Occup. Adj. (0.90) = \$6.3305
- (2) 20% ROE (\$621,764) times the ROE factor (0.016670) divided by annual available days (39055) divided by Occup. Adj. (0.90) = \$0.2949
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>107</b>	Effective PBS Limitation	52,276
			3,049,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>53.9573</b>	<b>53.9573</b>	<b>0.9387</b>	<b>53.0186</b>
Direct Care	<b>80.9117</b>	<b>80.9117</b>	<b>1.4077</b>	<b>79.5040</b>
Indirect Care	<b>51.4136</b>	<b>51.4136</b>	<b>0.8945</b>	<b>50.5191</b>
Property	<b>13.6500</b>	<b>10.9094</b>	<b>0.1898</b>	<b>10.7196</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>21.2496</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>199.9326</b>	<b>197.1920</b>	<b>3.4307</b>	<b>224.9134</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

**0 324370-00 - 2015/01**

**224.91**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/01	1,609,609	0.00	3.8241	3.0000	0.8241	107	57.32	1,609,609	2,518,780	
1981/07		0.10	3.4129	3.0000	0.4129	107	57.32	1,614,438	2,583,943	
1982/01		0.10	3.0888	3.0000	0.0888	107	57.32	1,619,281	2,653,172	
1982/07	10,230	0.20	2.3865	2.3865		107	57.32	1,637,240	2,714,055	
1983/04		0.20	2.6288	2.6288		107	50.10	1,645,082	2,785,424	
1983/07	3,217	0.30	3.9578	3.0000	0.9578	107	50.10	1,661,786	2,895,634	
1984/01		0.30	2.2530	2.2530		107	72.60	1,673,018	2,933,191	
1984/07	2,250	0.40	1.9179	1.9179		107	72.60	1,688,103	2,989,473	
1985/01		0.40	1.1471	1.1471		107	41.11	1,693,892	3,023,713	
1985/10		0.50	0.8522	0.8522		107	41.11	1,699,287	3,049,500	
1986/01		0.50	0.8299	0.8299		107	41.11	1,704,558	3,074,859	
1986/07		0.60	0.2974	0.2974		107	41.11	1,706,831	3,068,974	
1987/01		0.60	1.0091	1.0091		107	40.19	1,714,383	3,123,865	
1987/07		0.70	0.9007	0.9007		107	50.00	1,724,210	3,148,261	
1988/01		0.70	0.9007	0.9007		107	50.00	1,734,093	3,173,834	
1988/07		0.80	0.5899	0.5899		107	50.00	1,741,532	3,172,122	
1989/01		0.80	0.5899	0.5899		107	50.00	1,741,532	3,190,847	5
1989/07		0.90	0.5899	0.5899		107	47.87	1,749,003	3,212,461	5
1990/01		0.90	0.5899	0.5899		107	47.87	1,765,204	3,228,618	
1990/07		1.00	0.5899	0.5899		107	39.60	1,772,701	3,247,664	
1991/01		1.00	0.5899	0.5899		107	39.60	1,780,230	3,266,710	
1991/07		1.00	1.4932	1.4932		107	39.60	1,799,369	3,315,502	
1992/01		1.00	2.0117	2.0117		107	36.59	1,823,450	3,382,163	
1992/07		1.00	1.8152	1.8152		107	40.16	1,847,618	3,443,581	
1993/01		1.00	1.7710	1.7710		107	40.16	1,871,511	3,504,571	
1993/07		1.00	1.5329	1.5329		107	47.75	1,896,418	3,558,285	
1994/01		1.00	1.6983	1.6983		107	47.75	1,924,379	3,618,740	
1994/07	18,696	1.00	1.5991	1.5991		107	38.87	1,964,823	3,676,627	
1995/01		1.00	1.5812	1.5812		107	38.87	1,986,779	3,734,728	
1995/07		1.00	1.5250	1.5250		107	38.87	2,008,192	3,791,652	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01		1.00	1.7228	1.7228		107	38.87	2,032,643	3,857,029	
1996/07		1.00	1.3294	1.3294		107	38.87	2,051,740	3,908,282	
1997/01		1.00	1.4109	1.4109		107	38.87	2,072,198	3,963,387	
1997/07	22,568	1.00	1.0917	1.0917		107	40.85	2,111,568	4,006,615	
1998/01		1.00	1.1663	1.1663		107	40.85	2,129,859	4,053,374	
1998/07	16,662	1.00	1.0794	1.0794		107	43.39	2,164,658	4,097,137	
1999/01		1.00	1.4499	1.4499		107	43.39	2,189,418	4,156,522	
1999/07	66,883	1.00	1.2299	1.2299		107	55.26	2,283,229	4,207,668	
2000/01		1.00	1.3356	1.3356		107	55.26	2,313,724	4,263,843	
2000/07	38,802	1.00	1.1129	1.1129		107	59.26	2,378,275	4,311,244	
2001/01		1.00	1.2976	1.2976		107	59.26	2,409,135	4,367,205	
2001/07		0.95	0.9615	0.9615		107	69.45	2,431,140	4,409,149	
2002/01		0.95	1.0301	1.0301		107	63.76	2,454,931	4,454,517	
2002/07	71,108	0.90	0.8337	0.8337		107	71.71	2,544,458	4,491,646	
2003/01	9,641	0.90	1.3271	1.3271		107	71.71	2,584,490	4,551,245	
2003/07	27,574	0.85	1.1664	1.1664		107	71.71	2,637,687	4,604,317	
2004/01		0.85	1.1103	1.1103		107	71.71	2,662,581	4,655,463	
2004/07		0.80	0.8378	0.8378		107	71.71	2,680,426	4,694,518	
2005/01		0.80	0.8595	0.8595		107	71.71	2,698,857	4,734,857	
2005/07	68,973	0.75	0.7364	0.7364		107	66.35	2,782,736	4,769,739	
2006/01		0.75	0.9068	0.9068		107	66.35	2,801,661	4,812,967	
2006/07		0.70	0.8133	0.8133		107	62.35	2,817,611	4,852,129	
2007/01		0.70	1.0133	1.0133		107	62.35	2,837,596	4,901,242	
2007/07		0.65	1.1050	1.1050		107	67.48	2,857,978	4,955,384	
2008/01		0.65	0.8556	0.8556		107	67.48	2,873,871	4,997,756	
2008/07		0.60	0.6104	0.6104		107	65.86	2,884,395	5,028,251	
2009/01		0.60	1.3268	1.3268		107	59.62	2,907,358	5,095,019	
2009/07		0.55	0.6841	0.6841		107	59.62	2,918,298	5,129,901	
2010/01		0.55	0.8643	0.8643		107	59.62	2,932,172	5,174,199	
2010/07		0.50	0.7107	0.7107		107	55.05	2,942,593	5,211,007	



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**224.91**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		0.50	0.9198	0.9198		107	57.94	2,956,126	5,258,943	
2011/07		0.45	0.9028	0.9028		107	57.94	2,968,137	5,306,451	
2012/01		0.45	0.3865	0.3865		107	57.94	2,973,299	5,326,995	
2012/07	25,083	0.40	0.9417	0.9417		107	57.67	3,009,582	5,377,178	
2013/01		0.40	0.4901	0.4901		107	57.67	3,015,481	5,403,500	
2013/07	59,041	0.35	0.6196	0.6196		107	64.05	3,081,063	5,436,991	
2014/01		0.35	0.8564	0.8564		107	64.05	3,090,297	5,483,536	
2014/07		0.30	1.2383	1.2383		107	59.62	3,101,777	5,551,481	
2015/01		0.30	0.7571	0.7571		107	59.62	3,108,821	5,593,532	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324370093020131001201204222014150742



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**0 324388-00 - 2015/01**

**212.85**

**Signature HealthCARE of Gainesville**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4000 SW 20TH AVE</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>GAINESVILLE, FL 32607</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Alachua [1]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>35,529</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,543</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>24,278</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>68.33291%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>81.11644%</b>	Cost: <b>1.04757614</b>
Open Date: <b>05/01/1980</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/01/1980</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>05/01/1980</b>	Low Occupancy Adjustment Factor:	<b>103.58204%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>266639</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,045,135	1,701,538	1,170,405	682,212		4,599,290	
1a	Audit Adjustments							
2	Cost Per Diem	43.0486	70.0856	48.2085	28.1000		189.4427	
3	Cost Per Diem Inflated	45.0967	72.5729	50.5021				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>45.0967</b>	<b>72.5729</b>	<b>50.5021</b>	<b>28.1000</b>		<b>196.2717</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.7915		52.2722				
7	Provider Target Rate	<b>47.4684</b>		<b>54.1865</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>45.0967</b>	<b>72.5729</b>	<b>50.5021</b>	<b>13.6500</b>		<b>181.8217</b>	
12/13	Medical Adjustment Rate		1.4968	1.0416				
14	Prospective Per Diem 11	<b>45.0967</b>	<b>74.0697</b>	<b>51.5437</b>	<b>13.6500</b>		<b>184.3601</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





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**Signature HealthCARE of Gainesville**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	03/08/2004	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,349,600.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>2,645,046 8.0388</b>
RS to Start Calcs:	<b>1980/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>661,261 0.2796</b>
Indexed Asset Value	<b>3,306,307</b>	Interest Rate:	<b>10.5000%</b>	Insurance Cost(3):	<b>65,873 1.8541</b>
FRVS Base Asset:	<b>1,076,349</b>	Chase Rate:	<b>9.0000%</b>	Taxes Cost(3):	<b>55,583 1.5644</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>10.5000%</b>	Home Office(3):	<b>25,377 0.7143</b>
ROE Factor	<b>0.016670</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>3,544 0.0000</b>
		Yearly Payment:	<b>316,891</b>	Total FRVS PD:	<b>12.4512</b>

(1) 80% Capital (\$2,645,046) amortized at 10.5000 % for 20 years Principal & Interest of \$316,891 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.0388

(2) 20% ROE (\$661,261) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2796

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>93</b>	Effective PBS Limitation	2,650,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>45.0967</b>	<b>45.0967</b>	<b>0.7846</b>	<b>44.3121</b>
Direct Care	<b>74.0697</b>	<b>74.0697</b>	<b>1.2886</b>	<b>72.7811</b>
Indirect Care	<b>51.5437</b>	<b>51.5437</b>	<b>0.8967</b>	<b>50.6470</b>
Property	<b>13.6500</b>	<b>12.4512</b>	<b>0.2166</b>	<b>12.2346</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.9749</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>184.3601</b>	<b>183.1613</b>	<b>3.1865</b>	<b>212.8522</b>

**Medicaid Trend Adjustment**



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1980/01	982,526	0.00	6.1657	3.0000	3.1657	93	94.62	982,526	2,031,213	
1980/07		0.10	6.9764	3.0000	3.9764	93	94.62	985,474	2,108,589	
1981/01		0.10	7.8004	3.0000	4.8004	93	96.82	988,430	2,189,220	
1981/07		0.20	7.3892	3.0000	4.3892	93	96.82	994,361	2,245,857	
1982/01		0.20	7.0652	3.0000	4.0652	93	90.34	1,000,327	2,306,028	
1982/07		0.30	6.3629	3.0000	3.3629	93	90.34	1,009,330	2,358,945	
1983/04		0.30	5.9917	3.0000	2.9917	93	94.82	1,018,414	2,420,976	
1983/07		0.40	6.9495	3.0000	3.9495	93	94.82	1,030,635	2,516,766	
1984/01		0.40	5.2447	3.0000	2.2447	93	89.33	1,043,003	2,549,409	
1984/07		0.50	4.1626	3.0000	1.1626	93	89.33	1,058,648	2,598,327	
1985/01		0.50	2.3097	2.3097		93	84.68	1,070,874	2,628,087	
1985/10		0.60	0.8522	0.8522		93	84.68	1,076,349	2,650,500	
1986/01		0.60	0.8299	0.8299		93	84.68	1,081,708	2,672,541	
1986/07		0.70	0.2974	0.2974		93	84.68	1,083,960	2,667,426	
1987/01		0.70	1.0091	1.0091		93	84.69	1,091,617	2,715,135	
1987/07		0.80	0.9007	0.9007		93	81.53	1,099,483	2,736,339	
1988/01		0.80	0.9007	0.9007		93	81.53	1,107,406	2,758,566	
1988/07		0.90	0.5899	0.5899		93	81.53	1,113,285	2,757,078	
1989/01		0.90	0.5899	0.5899		93	81.53	1,119,195	2,773,353	
1989/07		1.00	0.5899	0.5899		93	81.53	1,125,797	2,792,139	
1990/01		1.00	0.5899	0.5899		93	81.28	1,132,438	2,806,182	
1990/07	805,167	1.00	0.5899	0.5899		120	81.28	1,944,285	3,642,240	
1991/01		1.00	0.5899	0.5899		120	75.52	1,955,754	3,663,600	
1991/07		1.00	1.4932	1.4932		120	75.52	1,984,957	3,718,320	
1992/01		1.00	2.0117	2.0117		120	75.52	2,024,888	3,793,080	
1992/07		1.00	1.8152	1.8152		120	75.52	2,061,644	3,861,960	
1993/01		1.00	1.7710	1.7710		120	75.52	2,098,156	3,930,360	
1993/07		1.00	1.5329	1.5329		120	75.52	2,130,319	3,990,600	
1994/01		1.00	1.6983	1.6983		120	78.78	2,166,498	4,058,400	
1994/07		1.00	1.5991	1.5991		120	78.78	2,201,142	4,123,320	



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1995/01		1.00	1.5812	1.5812		120	80.83	2,235,946	4,188,480	
1995/07		1.00	1.5250	1.5250		120	80.83	2,270,044	4,252,320	
1996/01		1.00	1.7228	1.7228		120	80.83	2,309,152	4,325,640	
1996/07	19,181	1.00	1.3294	1.3294		120	78.66	2,359,031	4,383,120	
1997/01		1.00	1.4109	1.4109		120	73.04	2,392,315	4,444,920	
1997/07		1.00	1.0917	1.0917		120	64.07	2,418,432	4,493,400	
1998/01		1.00	1.1663	1.1663		120	64.07	2,446,638	4,545,840	
1998/07		1.00	1.0794	1.0794		120	64.03	2,473,047	4,594,920	
1999/01		1.00	1.4499	1.4499		120	64.03	2,508,904	4,661,520	
1999/07		1.00	1.2299	1.2299		120	69.40	2,539,761	4,718,880	
2000/01		1.00	1.3356	1.3356		120	69.40	2,573,682	4,781,880	
2000/07		0.95	1.1129	1.1129		120	70.25	2,600,894	4,835,040	
2001/01		0.95	1.2976	1.2976		120	70.25	2,632,955	4,897,800	
2001/07		0.90	0.9615	0.9615		120	68.88	2,655,741	4,944,840	
2002/01		0.90	1.0301	1.0301		120	68.84	2,680,362	4,995,720	
2002/07		0.85	0.8337	0.8337		120	68.84	2,699,355	5,037,360	
2003/01		0.85	1.3271	1.3271		120	70.08	2,729,804	5,104,200	
2003/07		0.80	1.1664	1.1664		120	70.08	2,755,276	5,163,720	
2004/01	112,196	0.80	1.1103	1.1103		120	72.57	2,891,944	5,221,080	
2004/07	77,120	0.75	0.8378	0.8378		120	72.57	2,987,237	5,264,880	
2005/01		0.75	0.8595	0.8595		120	72.57	3,006,493	5,310,120	
2005/07		0.70	0.7364	0.7364		120	72.57	3,021,991	5,349,240	
2006/01		0.70	0.9068	0.9068		120	72.57	3,041,175	5,397,720	
2006/07		0.65	0.8133	0.8133		120	75.19	3,057,251	5,441,640	
2007/01		0.65	1.0133	1.0133		120	75.19	3,077,386	5,496,720	
2007/07		0.60	1.1050	1.1050		120	75.61	3,097,789	5,557,440	
2008/01		0.60	0.8556	0.8556		120	75.61	3,113,693	5,604,960	
2008/07		0.55	0.6104	0.6104		120	75.30	3,113,693	5,639,160	5
2009/01	23,406	0.55	1.3268	1.3268		120	71.88	3,170,349	5,714,040	
2009/07		0.50	0.6841	0.6841		120	71.88	3,181,195	5,753,160	



Florida Agency for Health Care Administration  
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0 324388-00 - 2015/01

212.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		0.50	0.8643	0.8643		120	71.88	3,194,944	5,802,840	
2010/07		0.45	0.7107	0.7107		120	69.79	3,205,161	5,844,120	
2011/01		0.45	0.9198	0.9198		120	69.79	3,218,427	5,897,880	
2011/07		0.40	0.9028	0.9028		120	65.36	3,230,049	5,951,160	
2012/01	23,963	0.40	0.3865	0.3865		120	66.12	3,259,006	5,974,200	
2012/07		0.35	0.9417	0.9417		120	66.12	3,269,748	6,030,480	
2013/01		0.35	0.4901	0.4901		120	66.12	3,275,356	6,060,000	
2013/07		0.30	0.6196	0.6196		120	67.21	3,281,445	6,097,560	
2014/01		0.30	0.8564	0.8564		120	67.21	3,289,875	6,149,760	
2014/07		0.25	1.2383	1.2383		120	68.33	3,300,060	6,225,960	
2015/01		0.25	0.7571	0.7571		120	68.33	3,306,307	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324388093020131001201204222014151541



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324396-00 - 2015/01**

**201.13**

**Signature Healthcare of North Florida**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1083 SANDERS AVENUE</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>180</b>	Superior: <b>0</b>
<b>GRACEVILLE , FL 32440</b>	Days in CR <b>365</b>	Maximum: <b>65,700</b>	Standard: <b>243</b>
County: <b>Jackson [32]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>2</b>	Last Used: <b>2015/01</b>	Total Patient: <b>56,391</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>8,857</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>42,508</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>75.38082%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.83105%</b>	Cost: <b>1.05323681</b>
Open Date: <b>12/01/1979</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/01/1979</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>07/01/1980</b>	Low Occupancy Adjustment Factor:	<b>109.60238%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>312304</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,744,925	2,659,279	1,938,810	1,138,364		7,481,378	
1a	Audit Adjustments							
2	Cost Per Diem	41.0493	62.5595	45.6105	26.7800		175.9993	
3	Cost Per Diem Inflated	43.2346	64.8868	48.0387				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>43.2346</b>	<b>64.8868</b>	<b>48.0387</b>	<b>26.7800</b>		<b>182.9401</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	77.9967		63.2400				
7	Provider Target Rate	<b>80.8530</b>		<b>65.5559</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>43.2346</b>	<b>64.8868</b>	<b>48.0387</b>	<b>13.6500</b>		<b>169.8101</b>	
12/13	Medical Adjustment Rate		1.8527	1.3717				
14	Prospective Per Diem 11	<b>43.2346</b>	<b>66.7395</b>	<b>49.4104</b>	<b>13.6500</b>		<b>173.0345</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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**201.13**

Rate Semester 01/01/2015 through 08/31/2015

**Signature Healthcare of North Florida**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/28/1991	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,245,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,533,813</b> <b>8.2938</b>
RS to Start Calcs:	<b>1979/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,133,453</b> <b>0.2875</b>
Indexed Asset Value	<b>5,667,266</b>	Interest Rate:	<b>9.0260%</b>	Insurance Cost(3):	<b>60,870</b> <b>1.0794</b>
FRVS Base Asset:	<b>1,657,362</b>	Chase Rate:	<b>13.0000%</b>	Taxes Cost(3):	<b>35,177</b> <b>0.6238</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>9.0260%</b>	Home Office(3):	<b>31,458</b> <b>0.5579</b>
ROE Factor	<b>0.015000</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>152,083</b> <b>0.0000</b>
		Yearly Payment:	<b>490,413</b>	Total FRVS PD:	<b>10.8424</b>

- (1) 80% Capital (\$4,533,813) amortized at 9.0260 % for 20 years Principal & Interest of \$490,413 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$8.2938
- (2) 20% ROE (\$1,133,453) times the ROE factor (0.015000) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.2875
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>43.2346</b>	<b>43.2346</b>	<b>0.7522</b>	<b>42.4824</b>
Direct Care	<b>66.7395</b>	<b>66.7395</b>	<b>1.1611</b>	<b>65.5784</b>
Indirect Care	<b>49.4104</b>	<b>49.4104</b>	<b>0.8596</b>	<b>48.5508</b>
Property	<b>13.6500</b>	<b>10.8424</b>	<b>0.1886</b>	<b>10.6538</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>23.9643</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>173.0345</b>	<b>170.2269</b>	<b>2.9615</b>	<b>201.1322</b>

**Medicaid Trend Adjustment**



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**0 324396-00 - 2015/01**

**201.13**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/07	1,166,706	0.00	4.1982	3.0000	1.1982	120	100.00	1,166,706	2,468,640	
1980/01	15,960	0.10	7.3640	3.0000	4.3640	120	95.23	1,186,166	2,620,920	
1980/07	1,835	0.10	8.1746	3.0000	5.1746	120	95.23	1,191,559	2,720,760	
1981/01	2,987	0.20	8.9986	3.0000	5.9986	120	95.23	1,201,695	2,824,800	
1981/07	17,174	0.20	8.5874	3.0000	5.5874	120	95.23	1,226,079	2,897,880	
1982/01	35,014	0.30	8.2634	3.0000	5.2634	120	95.13	1,272,128	2,975,520	
1982/07	2,464	0.30	7.5611	3.0000	4.5611	120	95.13	1,286,041	3,043,800	
1983/04	197,608	0.40	7.1899	3.0000	4.1899	120	97.04	1,499,081	3,123,840	
1983/07	7,024	0.40	8.1477	3.0000	5.1477	120	97.04	1,524,094	3,247,440	
1984/01	16,075	0.50	6.4429	3.0000	3.4429	120	97.07	1,563,030	3,289,560	
1984/07	13,874	0.50	5.3608	3.0000	2.3608	120	97.07	1,600,349	3,352,680	
1985/01	14,791	0.60	3.5079	3.0000	0.5079	120	96.54	1,643,946	3,391,080	
1985/10		0.60	1.3601	1.3601		120	97.06	1,657,362	3,420,000	
1986/01		0.70	0.8299	0.8299		120	96.54	1,666,990	3,448,440	
1986/07		0.70	0.2974	0.2974		120	96.54	1,670,461	3,441,840	
1987/01		0.80	1.0091	1.0091		120	95.32	1,683,947	3,503,400	
1987/07		0.80	0.9007	0.9007		120	95.32	1,696,082	3,530,760	
1988/01		0.90	0.9007	0.9007		120	96.78	1,709,830	3,559,440	
1988/07		0.90	0.5899	0.5899		120	96.78	1,718,907	3,557,520	
1989/01		1.00	0.5899	0.5899		120	97.35	1,729,047	3,578,520	
1989/07		1.00	0.5899	0.5899		120	97.35	1,739,247	3,602,760	
1990/01		1.00	0.5899	0.5899		120	96.11	1,749,507	3,620,880	
1990/07		1.00	0.5899	0.5899		120	96.11	1,759,827	3,642,240	
1991/01	45,289	1.00	0.5899	0.5899		120	93.67	1,815,497	3,663,600	
1991/07		1.00	1.4932	1.4932		120	93.67	1,842,606	3,718,320	
1992/01		1.00	2.0117	2.0117		120	93.67	1,879,674	3,793,080	
1992/07		1.00	1.8152	1.8152		120	93.67	1,913,794	3,861,960	
1993/01		1.00	1.7710	1.7710		120	93.67	1,947,687	3,930,360	
1993/07		1.00	1.5329	1.5329		120	93.67	1,977,543	3,990,600	
1994/01		1.00	1.6983	1.6983		120	93.67	2,011,128	4,058,400	



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**0 324396-00 - 2015/01**

**201.13**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07		1.00	1.5991	1.5991		120	88.74	2,043,288	4,123,320	
1995/01		1.00	1.5812	1.5812		120	88.74	2,075,596	4,188,480	
1995/07		1.00	1.5250	1.5250		120	89.58	2,107,249	4,252,320	
1996/01		1.00	1.7228	1.7228		120	89.58	2,143,553	4,325,640	
1996/07		1.00	1.3294	1.3294		120	89.58	2,172,049	4,383,120	
1997/01		1.00	1.4109	1.4109		120	90.39	2,202,694	4,444,920	
1997/07		1.00	1.0917	1.0917		120	91.28	2,226,741	4,493,400	
1998/01		1.00	1.1663	1.1663		120	91.28	2,252,711	4,545,840	
1998/07		1.00	1.0794	1.0794		120	87.18	2,277,027	4,594,920	
1999/01		1.00	1.4499	1.4499		120	87.18	2,310,042	4,661,520	
1999/07		1.00	1.2299	1.2299		120	87.18	2,338,453	4,718,880	
2000/01		0.95	1.3356	1.3356		120	86.11	2,368,123	4,781,880	
2000/07		0.95	1.1129	1.1129		120	84.58	2,393,161	4,835,040	
2001/01		0.90	1.2976	1.2976		120	84.58	2,421,108	4,897,800	
2001/07		0.90	0.9615	0.9615		120	82.66	2,442,060	4,944,840	
2002/01		0.85	1.0301	1.0301		120	82.66	2,442,060	4,995,720	5
2002/07		0.85	0.8337	0.8337		120	82.66	2,480,899	5,037,360	
2003/01		0.80	1.3271	1.3271		120	82.66	2,507,239	5,104,200	
2003/07		0.80	1.1664	1.1664		120	82.66	2,530,634	5,163,720	
2004/01		0.75	1.1103	1.1103		120	82.66	2,551,707	5,221,080	
2004/07		0.75	0.8378	0.8378		120	74.29	2,567,742	5,264,880	
2005/01		0.70	0.8595	0.8595		120	74.29	2,583,192	5,310,120	
2005/07		0.70	0.7364	0.7364		120	75.88	2,596,508	5,349,240	
2006/01		0.65	0.9068	0.9068		120	75.88	2,611,812	5,397,720	
2006/07		0.65	0.8133	0.8133		120	75.88	2,625,618	5,441,640	
2007/01		0.60	1.0133	1.0133		120	75.88	2,641,582	5,496,720	
2007/07		0.60	1.1050	1.1050		120	75.88	2,659,096	5,557,440	
2008/01		0.55	0.8556	0.8556		120	75.88	2,671,610	5,604,960	
2008/07	2,698,860	0.55	0.6104	0.6104		180	76.99	5,379,439	8,458,740	
2009/01		0.50	1.3268	1.3268		180	76.95	5,415,126	8,571,060	





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**0 324396-00 - 2015/01**

**201.13**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		0.50	0.6841	0.6841		180	76.95	5,433,651	8,629,740	
2010/01		0.45	0.8643	0.8643		180	76.95	5,454,782	8,704,260	
2010/07		0.45	0.7107	0.7107		180	76.69	5,454,782	8,766,180	5
2011/01	30,950	0.40	0.9198	0.9198		180	74.31	5,523,308	8,846,820	
2011/07		0.40	0.9028	0.9028		180	74.31	5,543,253	8,926,740	
2012/01		0.35	0.3865	0.3865		180	74.31	5,550,753	8,961,300	
2012/07		0.35	0.9417	0.9417		180	74.40	5,569,048	9,045,720	
2013/01		0.30	0.4901	0.4901		180	74.40	5,577,235	9,090,000	
2013/07	41,579	0.30	0.6196	0.6196		180	72.84	5,629,182	9,146,340	
2014/01		0.25	0.8564	0.8564		180	72.84	5,641,234	9,224,640	
2014/07		0.25	1.2383	1.2383		180	75.38	5,658,699	9,338,940	
2015/01		0.20	0.7571	0.7571		180	75.38	5,667,266	9,409,680	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324396073120130801201204222014155921



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324400-00 - 2015/01**

**229.30**

**Signature HealthCARE Center of Waterford**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>8333 W OKEECHOBEE ROAD</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>214</b>	Superior: <b>0</b>
<b>HIALEAH GARDENS , FL</b>	Days in CR <b>365</b>	Maximum: <b>78,110</b>	Standard: <b>243</b>
<b>33016</b>	First Used : <b>2014/07</b>	Max Annualized: <b>78,110</b>	Conditional: <b>0</b>
County: <b>Dade [13]</b>	Last Used: <b>2015/01</b>	Total Patient: <b>72,432</b>	Total: <b>243</b>
Region: <b>South</b> Area: <b>11</b>	<b>Unaudited</b>	Medicare: <b>8,958</b>	Inflation
Control: <b>Proprietary : Corporation</b>	Initial CR? <b>False</b>	Medicaid: <b>55,479</b>	FY Index: <b>1.30228922</b>
Current Class <b>South Large</b>	Medical Utilization	<b>76.59460%</b>	Semester Index: <b>1.37161894</b>
Class at 1/94: <b>South Large</b>	Occupancy:	<b>92.73076%</b>	Cost: <b>1.05323681</b>
Operating Ex > <b>18 months</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Open Date: <b>02/27/1987</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Acquired Date: <b>02/27/1987</b>	Low Occupancy Adjustment Factor:	<b>118.41300%</b>	DC Sem Index: <b>1.25449501</b>
Entered Medicaid <b>02/27/1987</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Med # Active Date: <b>11/01/2007</b>			PS Target: <b>1.03662091</b>
Previous Med # <b>312347</b>			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,440,357	4,440,564	2,563,176	1,653,274		11,097,371	
1a	Audit Adjustments							
2	Cost Per Diem	43.9870	80.0405	46.2008	29.8000		200.0283	
3	Cost Per Diem Inflated	46.3287	83.0182	48.6604				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>46.3287</b>	<b>83.0182</b>	<b>48.6604</b>	<b>29.8000</b>		<b>207.8073</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.5799		70.8403				
7	Provider Target Rate	<b>71.0914</b>		<b>73.4345</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>46.3287</b>	<b>83.0182</b>	<b>48.6604</b>	<b>13.6500</b>		<b>191.6573</b>	
12/13	Medical Adjustment Rate		2.4838	1.4559				
14	Prospective Per Diem 11	<b>46.3287</b>	<b>85.5020</b>	<b>50.1163</b>	<b>13.6500</b>		<b>195.5970</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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**229.30**

Rate Semester 01/01/2015 through 08/31/2015

**Signature HealthCARE Center of Waterford**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>7,645,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1987/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>7,464,365</b>	<b>14.5752</b>
Indexed Asset Value	<b>9,330,456</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,866,091</b>	<b>0.3982</b>
FRVS Base Asset:	<b>4,589,120</b>	Interest Rate:	<b>12.6100%</b>	Insurance Cost(3):	<b>150,450</b>	<b>2.0771</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>11.2500%</b>	Taxes Cost(3):	<b>131,000</b>	<b>1.8086</b>
ROE Factor	<b>0.015000</b>	Amortization Rate:	<b>12.6100%</b>	Home Office(3):	<b>44,759</b>	<b>0.6179</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>107,673</b>	<b>0.0000</b>
		Yearly Payment:	<b>1,024,622</b>	Total FRVS PD:		<b>19.4770</b>

- (1) 80% Capital (\$7,464,365) amortized at 12.6100 % for 20 years Principal & Interest of \$1,024,622 divided by annual available days (78110) divided by Occup. Adj. (0.90) = \$14.5752
- (2) 20% ROE (\$1,866,091) times the ROE factor (0.015000) divided by annual available days (78110) divided by Occup. Adj. (0.90) = \$0.3982
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	<b>07/01/1986</b>	Current RS PBS:	52,276
Comparison Bed	<b>160</b>	Effective PBS Limitation	4,589,120

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>46.3287</b>	<b>46.3287</b>	<b>0.8060</b>	<b>45.5227</b>
Direct Care	<b>85.5020</b>	<b>85.5020</b>	<b>1.4875</b>	<b>84.0145</b>
Indirect Care	<b>50.1163</b>	<b>50.1163</b>	<b>0.8719</b>	<b>49.2444</b>
Property	<b>13.6500</b>	<b>19.4770</b>	<b>0.3389</b>	<b>19.1381</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>21.4772</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>195.5970</b>	<b>201.4240</b>	<b>3.5043</b>	<b>229.2994</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	4,589,120	0.00	1.0091	1.0091		160	97.12	4,589,120	4,671,200	
1987/07		0.10	0.9007	0.9007		160	97.12	4,593,255	4,707,680	
1988/01		0.10	0.9007	0.9007		160	97.12	4,597,394	4,745,920	
1988/07		0.20	0.5899	0.5899		160	97.12	4,602,819	4,743,360	
1989/01		0.20	0.5899	0.5899		160	97.12	4,608,250	4,771,360	
1989/07		0.30	0.5899	0.5899		160	97.12	4,616,407	4,803,680	
1990/01	593,240	0.30	0.5899	0.5899		180	99.72	5,217,818	5,431,320	
1990/07		0.40	0.5899	0.5899		180	99.51	5,230,132	5,463,360	
1991/01		0.40	0.5899	0.5899		180	99.51	5,242,475	5,495,400	
1991/07		0.50	1.4932	1.4932		180	99.85	5,281,615	5,577,480	
1992/01		0.50	2.0117	2.0117		180	99.85	5,334,743	5,689,620	
1992/07	48,292	0.60	1.8152	1.8152		180	99.86	5,441,136	5,792,940	
1993/01		0.60	1.7710	1.7710		180	99.86	5,498,954	5,895,540	
1993/07		0.70	1.5329	1.5329		180	99.86	5,557,958	5,985,900	
1994/01		0.70	1.6983	1.6983		180	100.00	5,624,031	6,087,600	
1994/07		0.80	1.5991	1.5991		180	99.61	5,695,979	6,184,980	
1995/01		0.80	1.5812	1.5812		180	99.61	5,768,033	6,282,720	
1995/07		0.90	1.5250	1.5250		180	99.36	5,847,199	6,378,480	
1996/01		0.90	1.7228	1.7228		180	99.36	5,937,860	6,488,460	
1996/07		1.00	1.3294	1.3294		180	99.36	6,016,798	6,574,680	
1997/01		1.00	1.4109	1.4109		180	93.87	6,101,689	6,667,380	
1997/07		1.00	1.0917	1.0917		180	91.48	6,168,301	6,740,100	
1998/01		1.00	1.1663	1.1663		180	91.48	6,240,242	6,818,760	
1998/07		1.00	1.0794	1.0794		180	91.48	6,307,599	6,892,380	
1999/01		1.00	1.4499	1.4499		180	87.75	6,399,053	6,992,280	
1999/07		1.00	1.2299	1.2299		180	87.75	6,477,755	7,078,320	
2000/01	659,089	1.00	1.3356	1.3356		214	79.14	7,223,361	8,527,686	
2000/07		1.00	1.1129	1.1129		214	77.65	7,303,750	8,622,488	
2001/01		1.00	1.2976	1.2976		214	77.65	7,398,523	8,734,410	
2001/07		1.00	0.9615	0.9615		214	82.73	7,469,660	8,818,298	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		214	82.73	7,546,605	8,909,034	
2002/07		1.00	0.8337	0.8337		214	82.73	7,609,521	8,983,292	
2003/01		1.00	1.3271	1.3271		214	82.73	7,710,507	9,102,490	
2003/07		1.00	1.1664	1.1664		214	82.73	7,800,442	9,208,634	
2004/01		1.00	1.1103	1.1103		214	82.73	7,887,050	9,310,926	
2004/07		1.00	0.8378	0.8378		214	83.20	7,953,128	9,389,036	
2005/01		1.00	0.8595	0.8595		214	83.20	8,021,485	9,469,714	
2005/07		1.00	0.7364	0.7364		214	74.85	8,080,555	9,539,478	
2006/01		1.00	0.9068	0.9068		214	74.85	8,153,829	9,625,934	
2006/07		1.00	0.8133	0.8133		214	74.85	8,220,144	9,704,258	
2007/01		1.00	1.0133	1.0133		214	74.85	8,303,439	9,802,484	
2007/07		0.95	1.1050	1.1050		214	74.85	8,390,609	9,910,768	
2008/01		0.95	0.8556	0.8556		214	74.85	8,458,808	9,995,512	
2008/07		0.90	0.6104	0.6104		214	77.06	8,505,281	10,056,502	
2009/01		0.90	1.3268	1.3268		214	78.20	8,606,843	10,190,038	
2009/07		0.85	0.6841	0.6841		214	78.20	8,656,892	10,259,802	
2010/01		0.85	0.8643	0.8643		214	78.20	8,720,494	10,348,398	
2010/07		0.80	0.7107	0.7107		214	75.82	8,770,079	10,422,014	
2011/01		0.80	0.9198	0.9198		214	77.77	8,834,609	10,517,886	
2011/07		0.75	0.9028	0.9028		214	77.77	8,894,428	10,612,902	
2012/01		0.75	0.3865	0.3865		214	76.64	8,920,213	10,653,990	
2012/07		0.70	0.9417	0.9417		214	76.64	8,979,015	10,754,356	
2013/01		0.70	0.4901	0.4901		214	76.64	8,979,015	10,807,000	5
2013/07	91,536	0.65	0.6196	0.6196		214	78.01	9,137,641	10,873,982	
2014/01		0.65	0.8564	0.8564		214	78.01	9,188,510	10,967,072	
2014/07	31,478	0.60	1.2383	1.2383		214	76.59	9,288,259	11,102,962	
2015/01		0.60	0.7571	0.7571		214	76.59	9,330,456	11,187,064	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
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**Signature Healthcare of Brookwood Gardens**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1990 S CANAL DRIVE</b>	<b>8/1/2013-7/31/2014</b>	Number of Beds: <b>180</b>	Superior: <b>0</b>
<b>HOMESTEAD, FL 33035</b>	Days in CR <b>365</b>	Maximum: <b>65,700</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>48,524</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>5,245</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>31,717</b>	FY Index: <b>1.32594791</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>65.36353%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>73.85693%</b>	Cost: <b>1.03444406</b>
Open Date: <b>03/01/1987</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/01/1987</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22383277</b>
Entered Medicaid <b>03/01/1987</b>	Low Occupancy Adjustment Factor:	<b>94.31197%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02505427</b>
Previous Med # <b>312321</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,470,415	2,347,271	1,469,769	1,236,963		6,524,418	
1a	Audit Adjustments							
2	Cost Per Diem	46.3605	74.0067	46.3401	39.0000		205.7073	
3	Cost Per Diem Inflated	47.9573	75.8609	47.9362				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>47.9573</b>	<b>75.8609</b>	<b>47.9362</b>	<b>39.0000</b>		<b>210.7544</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	77.9346		68.7669				
7	Provider Target Rate	<b>80.7886</b>		<b>71.2852</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>47.9573</b>	<b>75.8609</b>	<b>47.9362</b>	<b>13.6500</b>		<b>185.4044</b>	
12/13	Medical Adjustment Rate		1.3112	0.8285				
14	Prospective Per Diem 11	<b>47.9573</b>	<b>77.1721</b>	<b>48.7647</b>	<b>13.6500</b>		<b>187.5441</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**Signature Healthcare of Brookwood Gardens**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/01/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>5,075,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1987/01</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>6,838,874</b>	<b>16.2109</b>
Indexed Asset Value	<b>8,548,592</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,709,718</b>	<b>0.6595</b>
FRVS Base Asset:	<b>3,441,840</b>	Interest Rate:	<b>12.9500%</b>	Insurance Cost(3):	<b>70,166</b>	<b>1.4460</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>13.0000%</b>	Taxes Cost(3):	<b>105,032</b>	<b>2.1645</b>
ROE Factor	<b>0.022810</b>	Amortization Rate:	<b>12.9500%</b>	Home Office(3):	<b>32,733</b>	<b>0.6746</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>25,356</b>	<b>0.0000</b>
		Yearly Payment:	<b>958,549</b>	Total FRVS PD:		<b>21.1555</b>

- (1) 80% Capital (\$6,838,874) amortized at 12.9500 % for 20 years Principal & Interest of \$958,549 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$16.2109
- (2) 20% ROE (\$1,709,718) times the ROE factor (0.022810) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.6595
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	<b>07/01/1986</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,441,840

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>47.9573</b>	<b>47.9573</b>	<b>0.8343</b>	<b>47.1230</b>
Direct Care	<b>77.1721</b>	<b>77.1721</b>	<b>1.3426</b>	<b>75.8295</b>
Indirect Care	<b>48.7647</b>	<b>48.7647</b>	<b>0.8484</b>	<b>47.9163</b>
Property	<b>13.6500</b>	<b>21.1555</b>	<b>0.3681</b>	<b>20.7874</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.7821</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>187.5441</b>	<b>195.0496</b>	<b>3.3934</b>	<b>224.3408</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	4,712,051	0.00	1.0091	1.0091		120	87.08	3,441,840	3,441,840	1
1987/07		0.10	0.9007	0.9007		120	87.08	3,444,941	3,530,760	
1988/01		0.10	0.9007	0.9007		120	87.08	3,448,045	3,559,440	
1988/07		0.20	0.5899	0.5899		120	87.08	3,452,114	3,557,520	
1989/01		0.20	0.5899	0.5899		120	87.08	3,456,187	3,578,520	
1989/07		0.30	0.5899	0.5899		120	87.08	3,462,304	3,602,760	
1990/01		0.30	0.5899	0.5899		120	87.08	3,468,432	3,620,880	
1990/07		0.40	0.5899	0.5899		120	89.96	3,476,617	3,642,240	
1991/01		0.40	0.5899	0.5899		120	92.54	3,484,822	3,663,600	
1991/07		0.50	1.4932	1.4932		120	92.54	3,510,840	3,718,320	
1992/01		0.50	2.0117	2.0117		120	92.54	3,546,156	3,793,080	
1992/07		0.60	1.8152	1.8152		120	97.58	3,584,777	3,861,960	
1993/01		0.60	1.7710	1.7710		120	97.58	3,622,869	3,930,360	
1993/07		0.70	1.5329	1.5329		120	97.58	3,661,742	3,990,600	
1994/01		0.70	1.6983	1.6983		120	95.42	3,705,273	4,058,400	
1994/07		0.80	1.5991	1.5991		120	95.42	3,752,675	4,123,320	
1995/01		0.80	1.5812	1.5812		120	95.42	3,800,146	4,188,480	
1995/07		0.90	1.5250	1.5250		120	95.42	3,852,303	4,252,320	
1996/01		0.90	1.7228	1.7228		120	95.42	3,912,033	4,325,640	
1996/07		1.00	1.3294	1.3294		120	95.42	3,964,040	4,383,120	
1997/01		1.00	1.4109	1.4109		120	95.42	4,019,969	4,444,920	
1997/07		1.00	1.0917	1.0917		120	92.44	4,019,969	4,493,400	5
1998/01		1.00	1.1663	1.1663		120	92.44	4,111,252	4,545,840	
1998/07		1.00	1.0794	1.0794		120	86.70	4,155,629	4,594,920	
1999/01		1.00	1.4499	1.4499		120	86.70	4,215,881	4,661,520	
1999/07		1.00	1.2299	1.2299		120	86.70	4,267,732	4,718,880	
2000/01		1.00	1.3356	1.3356		120	82.91	4,324,732	4,781,880	
2000/07		1.00	1.1129	1.1129		120	83.08	4,372,862	4,835,040	
2001/01		1.00	1.2976	1.2976		120	83.08	4,429,604	4,897,800	
2001/07		1.00	0.9615	0.9615		120	79.42	4,472,195	4,944,840	





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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		120	79.42	4,518,263	4,995,720	
2002/07		1.00	0.8337	0.8337		120	79.42	4,555,932	5,037,360	
2003/01		1.00	1.3271	1.3271		120	79.42	4,616,394	5,104,200	
2003/07		1.00	1.1664	1.1664		120	79.42	4,670,240	5,163,720	
2004/01		1.00	1.1103	1.1103		120	79.42	4,722,094	5,221,080	
2004/07		1.00	0.8378	0.8378		120	79.06	4,761,656	5,264,880	
2005/01		1.00	0.8595	0.8595		120	79.06	4,802,582	5,310,120	
2005/07		1.00	0.7364	0.7364		120	80.38	4,802,582	5,349,240	5
2006/01		1.00	0.9068	0.9068		120	80.38	4,881,819	5,397,720	
2006/07		1.00	0.8133	0.8133		120	80.38	4,921,523	5,441,640	
2007/01		1.00	1.0133	1.0133		120	80.38	4,971,393	5,496,720	
2007/07		0.95	1.1050	1.1050		120	80.38	5,023,583	5,557,440	
2008/01		0.95	0.8556	0.8556		120	80.38	5,064,415	5,604,960	
2008/07		0.90	0.6104	0.6104		120	79.13	5,092,239	5,639,160	
2009/01		0.90	1.3268	1.3268		120	74.63	5,153,045	5,714,040	
2009/07		0.85	0.6841	0.6841		120	74.63	5,183,010	5,753,160	
2010/01		0.85	0.8643	0.8643		120	74.63	5,221,090	5,802,840	
2010/07	56,228	0.80	0.7107	0.7107		120	68.84	5,307,005	5,844,120	
2011/01		0.80	0.9198	0.9198		120	68.84	5,346,054	5,897,880	
2011/07	2,877,302	0.75	0.9028	0.9028		180	67.18	8,259,554	8,926,740	
2012/01		0.75	0.3865	0.3865		180	67.18	8,283,498	8,961,300	
2012/07		0.70	0.9417	0.9417		180	60.29	8,338,103	9,045,720	
2013/01		0.70	0.4901	0.4901		180	60.29	8,366,711	9,090,000	
2013/07		0.65	0.6196	0.6196		180	63.55	8,400,404	9,146,340	
2014/01		0.65	0.8564	0.8564		180	63.55	8,447,169	9,224,640	
2014/07		0.60	1.2383	1.2383		180	65.85	8,509,931	9,338,940	
2015/01		0.60	0.7571	0.7571		180	65.36	8,548,592	9,409,680	

**Message Code:**

- |                                    |
|------------------------------------|
| 1 Per Bed Standard Limitation      |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324426-00 - 2015/01**

**213.28**

**Signature Healthcare at The Courtyard**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2600 FOREST GLEN TRAIL</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>MARIANNA, FL 32446</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Jackson [32]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>2</b>	Last Used: <b>2015/01</b>	Total Patient: <b>42,070</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>5,997</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>30,007</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>71.32636%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>96.05023%</b>	Cost: <b>1.05323681</b>
Open Date: <b>08/27/1997</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>08/27/1997</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>08/27/1997</b>	Low Occupancy Adjustment Factor:	<b>122.65181%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>312495</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,300,053	2,044,763	1,330,171	825,493		5,500,480	
1a	Audit Adjustments							
2	Cost Per Diem	43.3250	68.1429	44.3287	27.5100		183.3066	
3	Cost Per Diem Inflated	45.6315	70.6780	46.6886				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>45.6315</b>	<b>70.6780</b>	<b>46.6886</b>	<b>27.5100</b>		<b>190.5081</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.5523		63.5099				
7	Provider Target Rate	<b>70.0261</b>		<b>65.8357</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>45.6315</b>	<b>70.6780</b>	<b>46.6886</b>	<b>13.6500</b>		<b>176.6481</b>	
12/13	Medical Adjustment Rate		1.6957	1.1202				
14	Prospective Per Diem 11	<b>45.6315</b>	<b>72.3737</b>	<b>47.8088</b>	<b>13.6500</b>		<b>179.4640</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 324426-00 - 2015/01**

**213.28**

Rate Semester 01/01/2015 through 08/31/2015

**Signature Healthcare at The Courtyard**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/27/1997	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,200,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,531,745</b>	<b>13.7729</b>
RS to Start Calcs:	<b>1997/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,132,936</b>	<b>0.4311</b>
Indexed Asset Value	<b>5,664,681</b>	Interest Rate:	<b>10.5000%</b>	Insurance Cost(3):	<b>46,667</b>	<b>1.1093</b>
FRVS Base Asset:	<b>4,444,920</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>35,544</b>	<b>0.8449</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>10.5000%</b>	Home Office(3):	<b>24,151</b>	<b>0.5741</b>
ROE Factor	<b>0.015000</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>5,843</b>	<b>0.0000</b>
		Yearly Payment:	<b>542,928</b>	Total FRVS PD:		<b>16.7323</b>

- (1) 80% Capital (\$4,531,745) amortized at 10.5000 % for 20 years Principal & Interest of \$542,928 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$13.7729
- (2) 20% ROE (\$1,132,936) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4311
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,041
Comparison Date:	<b>01/01/1997</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	4,444,920

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>45.6315</b>	<b>45.6315</b>	<b>0.7939</b>	<b>44.8376</b>
Direct Care	<b>72.3737</b>	<b>72.3737</b>	<b>1.2591</b>	<b>71.1146</b>
Indirect Care	<b>47.8088</b>	<b>47.8088</b>	<b>0.8318</b>	<b>46.9770</b>
Property	<b>13.6500</b>	<b>16.7323</b>	<b>0.2911</b>	<b>16.4412</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>24.0097</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>179.4640</b>	<b>182.5463</b>	<b>3.1759</b>	<b>213.2826</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2013

**0 324426-00 - 2015/01**

**213.28**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	4,579,460	0.00	1.0917	1.0917		120	68.14	4,444,920	4,444,920	1
1998/01		0.10	1.1663	1.1663		120	68.14	4,450,103	4,545,840	
1998/07		0.10	1.0794	1.0794		120	68.14	4,454,905	4,594,920	
1999/01		0.20	1.4499	1.4499		120	68.14	4,467,824	4,661,520	
1999/07		0.20	1.2299	1.2299		120	68.14	4,478,815	4,718,880	
2000/01		0.30	1.3356	1.3356		120	68.14	4,478,815	4,781,880	5
2000/07		0.30	1.1129	1.1129		120	68.14	4,511,777	4,835,040	
2001/01		0.40	1.2976	1.2976		120	77.69	4,535,193	4,897,800	
2001/07		0.40	0.9615	0.9615		120	81.03	4,552,635	4,944,840	
2002/01		0.50	1.0301	1.0301		120	81.03	4,576,086	4,995,720	
2002/07		0.50	0.8337	0.8337		120	81.03	4,595,164	5,037,360	
2003/01		0.60	1.3271	1.3271		120	81.03	4,631,755	5,104,200	
2003/07		0.60	1.1664	1.1664		120	81.03	4,664,168	5,163,720	
2004/01		0.70	1.1103	1.1103		120	81.03	4,700,418	5,221,080	
2004/07		0.70	0.8378	0.8378		120	77.90	4,727,986	5,264,880	
2005/01		0.80	0.8595	0.8595		120	77.90	4,760,496	5,310,120	
2005/07		0.80	0.7364	0.7364		120	71.84	4,788,540	5,349,240	
2006/01		0.90	0.9068	0.9068		120	71.84	4,827,619	5,397,720	
2006/07		0.90	0.8133	0.8133		120	71.84	4,862,957	5,441,640	
2007/01		1.00	1.0133	1.0133		120	71.84	4,912,233	5,496,720	
2007/07		1.00	1.1050	1.1050		120	71.84	4,966,513	5,557,440	
2008/01		1.00	0.8556	0.8556		120	71.84	5,009,006	5,604,960	
2008/07		1.00	0.6104	0.6104		120	70.38	5,039,581	5,639,160	
2009/01		1.00	1.3268	1.3268		120	70.36	5,106,446	5,714,040	
2009/07		1.00	0.6841	0.6841		120	70.36	5,141,379	5,753,160	
2010/01		1.00	0.8643	0.8643		120	70.36	5,185,816	5,802,840	
2010/07		1.00	0.7107	0.7107		120	67.60	5,222,672	5,844,120	
2011/01		1.00	0.9198	0.9198		120	68.88	5,270,710	5,897,880	
2011/07		1.00	0.9028	0.9028		120	68.88	5,318,294	5,951,160	
2012/01	23,754	1.00	0.3865	0.3865		120	73.05	5,362,603	5,974,200	



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2013

**0 324426-00 - 2015/01**

**213.28**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		1.00	0.9417	0.9417		120	73.05	5,413,103	6,030,480	
2013/01		1.00	0.4901	0.4901		120	73.05	5,439,633	6,060,000	
2013/07	32,857	1.00	0.6196	0.6196		120	71.71	5,506,194	6,097,560	
2014/01		1.00	0.8564	0.8564		120	71.71	5,553,349	6,149,760	
2014/07		1.00	1.2383	1.2383		120	71.33	5,622,116	6,225,960	
2015/01		1.00	0.7571	0.7571		120	71.33	5,664,681	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation 5 Uncorrected Licensure Deficiency
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VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324426073120130801201204182014085014



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324434-00 - 2015/01**

**211.33**

**Signature HealthCARE of Orange Park**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2029 PROFESSIONAL CENTER DR</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>105</b>	Superior: <b>0</b>
<b>ORANGE PARK, FL 32073</b>	Days in CR <b>365</b>	Maximum: <b>38,325</b>	Standard: <b>243</b>
County: <b>Clay [10]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>38,325</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>35,716</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>5,899</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>24,184</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>67.71195%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.19243%</b>	Cost: <b>1.04757614</b>
Open Date: <b>10/01/1980</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1980</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>10/01/1980</b>	Low Occupancy Adjustment Factor:	<b>119.00253%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>258211</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,123,573	1,759,937	1,070,825	548,735		4,503,070	
1a	Audit Adjustments							
2	Cost Per Diem	46.4594	72.7728	44.2782	22.6900		186.2004	
3	Cost Per Diem Inflated	48.6698	75.3554	46.3848				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>48.6698</b>	<b>75.3554</b>	<b>46.3848</b>	<b>22.6900</b>		<b>193.1000</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.1959		52.2722				
7	Provider Target Rate	<b>48.9243</b>		<b>54.1865</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>48.6698</b>	<b>75.3554</b>	<b>46.3848</b>	<b>13.6500</b>		<b>184.0600</b>	
12/13	Medical Adjustment Rate		1.5015	0.9243				
14	Prospective Per Diem 11	<b>48.6698</b>	<b>76.8569</b>	<b>47.3091</b>	<b>13.6500</b>		<b>186.4858</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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 Computation of Nursing Home Medicaid Reimbursement Rate

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**211.33**

Rate Semester 01/01/2015 through 08/31/2015

**Signature HealthCARE of Orange Park**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>09/01/1994</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,425,000.00</b>	Total Amount	Per Diem	
RS to Start Calcs:	<b>1980/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>2,354,734</b>	<b>6.1078</b>
Indexed Asset Value	<b>2,943,417</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>588,683</b>	<b>0.2845</b>
FRVS Base Asset:	<b>1,610,843</b>	Interest Rate:	<b>6.5000%</b>	Insurance Cost(3):	<b>45,110</b>	<b>1.2630</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.5000%</b>	Taxes Cost(3):	<b>41,808</b>	<b>1.1706</b>
ROE Factor	<b>0.016670</b>	Amortization Rate:	<b>6.5000%</b>	Home Office(3):	<b>22,768</b>	<b>0.6375</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>43,965</b>	<b>0.0000</b>
		Yearly Payment:	<b>210,675</b>	Total FRVS PD:		<b>9.4634</b>

- (1) 80% Capital (\$2,354,734) amortized at 6.5000 % for 20 years Principal & Interest of \$210,675 divided by annual available days (38325) divided by Occup. Adj. (0.90) = \$6.1078
- (2) 20% ROE (\$588,683) times the ROE factor (0.016670) divided by annual available days (38325) divided by Occup. Adj. (0.90) = \$0.2845
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>105</b>	Effective PBS Limitation	52,276
			2,992,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>48.6698</b>	<b>48.6698</b>	<b>0.8467</b>	<b>47.8231</b>
Direct Care	<b>76.8569</b>	<b>76.8569</b>	<b>1.3371</b>	<b>75.5198</b>
Indirect Care	<b>47.3091</b>	<b>47.3091</b>	<b>0.8231</b>	<b>46.4860</b>
Property	<b>13.6500</b>	<b>9.4634</b>	<b>0.1646</b>	<b>9.2988</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.2982</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>186.4858</b>	<b>182.2992</b>	<b>3.1715</b>	<b>211.3284</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

**0 324434-00 - 2015/01**

**211.33**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	1,497,415	0.00	3.8106	3.0000	0.8106	105	65.61	1,497,415	2,380,665	
1981/01	9,266	0.10	4.6347	3.0000	1.6347	105	65.61	1,511,173	2,471,700	
1981/07		0.10	4.2235	3.0000	1.2235	105	65.61	1,515,707	2,535,645	
1982/01	3,880	0.20	3.8995	3.0000	0.8995	105	56.65	1,528,681	2,603,580	
1982/07		0.20	3.1971	3.0000	0.1971	105	56.65	1,537,853	2,663,325	
1983/04	2,072	0.30	2.8260	2.8260		105	56.77	1,552,963	2,733,360	
1983/07		0.30	3.9578	3.0000	0.9578	105	56.77	1,566,940	2,841,510	
1984/01		0.40	2.2530	2.2530		105	51.85	1,580,253	2,878,365	
1984/07	4,226	0.40	1.9179	1.9179		105	51.85	1,595,908	2,933,595	
1985/01		0.50	1.1471	1.1471		105	51.37	1,604,458	2,967,195	
1985/10		0.50	0.8522	0.8522		105	51.37	1,610,843	2,992,500	
1986/01		0.60	0.8299	0.8299		105	51.37	1,618,334	3,017,385	
1986/07		0.60	0.2974	0.2974		105	51.37	1,621,031	3,011,610	
1987/01		0.70	1.0091	1.0091		105	55.45	1,632,482	3,065,475	
1987/07		0.70	0.9007	0.9007		105	55.45	1,642,775	3,089,415	
1988/01		0.80	0.9007	0.9007		105	55.45	1,654,613	3,114,510	
1988/07		0.80	0.5899	0.5899		105	55.45	1,662,421	3,112,830	
1989/01		0.90	0.5899	0.5899		105	55.45	1,671,247	3,131,205	
1989/07		0.90	0.5899	0.5899		105	55.89	1,680,120	3,152,415	
1990/01		1.00	0.5899	0.5899		105	55.89	1,690,031	3,168,270	
1990/07		1.00	0.5899	0.5899		105	45.73	1,698,320	3,186,960	
1991/01		1.00	0.5899	0.5899		105	45.73	1,706,650	3,205,650	
1991/07		1.00	1.4932	1.4932		105	62.67	1,732,134	3,253,530	
1992/01		1.00	2.0117	2.0117		105	62.67	1,766,979	3,318,945	
1992/07		1.00	1.8152	1.8152		105	74.35	1,799,053	3,379,215	
1993/01		1.00	1.7710	1.7710		105	74.35	1,830,914	3,439,065	
1993/07		1.00	1.5329	1.5329		105	75.22	1,858,980	3,491,775	
1994/01		1.00	1.6983	1.6983		105	75.22	1,890,551	3,551,100	
1994/07		1.00	1.5991	1.5991		105	73.48	1,920,783	3,607,905	
1995/01		1.00	1.5812	1.5812		105	73.48	1,951,154	3,664,920	





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1995/07		1.00	1.5250	1.5250		105	73.48	1,980,909	3,720,780	
1996/01		1.00	1.7228	1.7228		105	73.48	2,015,036	3,784,935	
1996/07		1.00	1.3294	1.3294		105	73.48	2,041,824	3,835,230	
1997/01		1.00	1.4109	1.4109		105	73.48	2,070,632	3,889,305	
1997/07		1.00	1.0917	1.0917		105	80.20	2,093,237	3,931,725	
1998/01		1.00	1.1663	1.1663		105	80.20	2,117,650	3,977,610	
1998/07		1.00	1.0794	1.0794		105	81.69	2,140,508	4,020,555	
1999/01		1.00	1.4499	1.4499		105	81.69	2,171,543	4,078,830	
1999/07		1.00	1.2299	1.2299		105	85.09	2,198,251	4,129,020	
2000/01		1.00	1.3356	1.3356		105	85.09	2,227,611	4,184,145	
2000/07	21,480	1.00	1.1129	1.1129		105	84.48	2,273,882	4,230,660	
2001/01		0.95	1.2976	1.2976		105	84.48	2,301,912	4,285,575	
2001/07		0.95	0.9615	0.9615		105	81.27	2,322,938	4,326,735	
2002/01		0.90	1.0301	1.0301		105	79.07	2,344,474	4,371,255	
2002/07	24,930	0.90	0.8337	0.8337		105	73.58	2,386,995	4,407,690	
2003/01	81,635	0.85	1.3271	1.3271		105	73.58	2,495,555	4,466,175	
2003/07	51,258	0.85	1.1664	1.1664		105	73.58	2,546,813	4,518,255	5
2004/01		0.80	1.1103	1.1103		105	73.58	2,594,395	4,568,445	
2004/07		0.80	0.8378	0.8378		105	73.58	2,611,783	4,606,770	
2005/01		0.75	0.8595	0.8595		105	73.58	2,628,619	4,646,355	
2005/07	36,447	0.75	0.7364	0.7364		105	75.86	2,679,584	4,680,585	
2006/01		0.70	0.9068	0.9068		105	75.86	2,696,594	4,723,005	
2006/07	21,142	0.70	0.8133	0.8133		105	68.09	2,733,088	4,761,435	
2007/01		0.65	1.0133	1.0133		105	68.09	2,751,088	4,809,630	
2007/07		0.65	1.1050	1.1050		105	67.84	2,770,849	4,862,760	
2008/01		0.60	0.8556	0.8556		105	67.84	2,785,075	4,904,340	
2008/07		0.60	0.6104	0.6104		105	62.26	2,795,274	4,934,265	
2009/01		0.55	1.3268	1.3268		105	66.13	2,815,671	4,999,785	
2009/07		0.55	0.6841	0.6841		105	66.13	2,826,266	5,034,015	
2010/01		0.50	0.8643	0.8643		105	66.13	2,838,481	5,077,485	



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**211.33**

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2010/07		0.50	0.7107	0.7107		105	71.92	2,848,569	5,113,605	
2011/01		0.45	0.9198	0.9198		105	72.52	2,860,359	5,160,645	
2011/07		0.45	0.9028	0.9028		105	72.52	2,871,981	5,207,265	
2012/01		0.40	0.3865	0.3865		105	72.68	2,876,421	5,227,425	
2012/07		0.40	0.9417	0.9417		105	72.68	2,887,256	5,276,670	
2013/01		0.35	0.4901	0.4901		105	72.68	2,892,208	5,302,500	
2013/07	21,001	0.35	0.6196	0.6196		105	66.48	2,919,482	5,335,365	
2014/01		0.30	0.8564	0.8564		105	66.48	2,926,982	5,381,040	
2014/07		0.30	1.2383	1.2383		105	67.71	2,937,856	5,447,715	
2015/01		0.25	0.7571	0.7571		105	67.71	2,943,417	5,488,980	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324434093020131001201204222014153032



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 Rate Semester 01/01/2015 through 08/31/2015

**0 324442-00 - 2015/01**

**222.28**

**Signature HealthCARE of Ormond**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>103 NORTH CLYDE MORRIS BLVD</b>	<b>10/1/2013-7/31/2014</b>	Number of Beds: <b>60</b>	Superior: <b>0</b>
<b>ORMOND BEACH, FL 32174</b>	Days in CR <b>304</b>	Maximum: <b>18,240</b>	Standard: <b>243</b>
County: <b>Volusia [64]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>21,900</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>15,618</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>3,676</b>	Inflation
Current Class <b>North Small</b>	Initial CR? <b>False</b>	Medicaid: <b>7,164</b>	FY Index: <b>1.32975299</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>45.87015%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.62500%</b>	Cost: <b>1.03148401</b>
Open Date: <b>02/01/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/20/1988</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22466610</b>
Entered Medicaid <b>05/20/1988</b>	Low Occupancy Adjustment Factor:	<b>109.33927%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02435677</b>
Previous Med # <b>255475</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	420,360	522,470	402,444	204,819		1,550,093	
1a	Audit Adjustments							
2	Cost Per Diem	58.6767	72.9300	56.1759	28.5900		216.3726	
3	Cost Per Diem Inflated	60.5241	74.7063	57.9445				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>60.5241</b>	<b>74.7063</b>	<b>57.9445</b>	<b>28.5900</b>		<b>221.7649</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.6400		61.3141				
7	Provider Target Rate	<b>55.6043</b>		<b>63.5595</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>57.4318</b>	<b>96.7541</b>	<b>74.4105</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	<b>55.8134</b>		<b>67.8397</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>55.6043</b>	<b>74.7063</b>	<b>57.9445</b>	<b>13.6500</b>		<b>201.9051</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>55.6043</b>	<b>74.7063</b>	<b>57.9445</b>	<b>13.6500</b>		<b>201.9051</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**222.28**

Rate Semester 01/01/2015 through 08/31/2015

**Signature HealthCARE of Ormond**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	05/20/1988	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	None	80% Capital(1):	2,080,366 4.9436
Indexed Asset Value	2,600,458	<60% of Base:	True	20% ROE(2):	520,092 0.6037
FRVS Base Asset:	1,623,720	Interest Rate:	4.7500%	Insurance Cost(3):	25,140 1.6097
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	25,857 1.6556
ROE Factor	0.022880	Amortization Rate:	4.7500%	Home Office(3):	12,023 0.7698
		Interest Only:	True	Replacement(3&4):	31,463 0.0000
		Yearly Payment:	97,438	Total FRVS PD:	9.5824

- (1) 80% Capital (\$2,080,366) amortized at 4.7500 % for 20 years Interest of \$97,438 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$4.9436
- (2) 20% ROE (\$520,092) times the ROE factor (0.022880) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.6037
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	27,062
Comparison Date:	07/01/1983	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,623,720

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.6043	55.6043	0.9674	54.6369
Direct Care	74.7063	74.7063	1.2997	73.4066
Indirect Care	57.9445	57.9445	1.0081	56.9364
Property	13.6500	9.5824	0.1667	9.4157
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.9851
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>201.9051</b>	<b>197.8375</b>	<b>3.4419</b>	<b>222.2832</b>

**Medicaid Trend Adjustment**



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1988/01	2,317,310	0.00	0.9007	0.9007		60	1.73	1,623,720	1,623,720	1
1988/07		0.10	0.5899	0.5899		60	1.73	1,623,720	1,778,760	
1989/01		0.10	0.5899	0.5899		60	1.73	1,623,720	1,789,260	
1989/07		0.20	0.5899	0.5899		60	1.73	1,623,720	1,801,380	
1990/01		0.20	0.5899	0.5899		60	1.73	1,623,720	1,810,440	
1990/07		0.30	0.5899	0.5899		60	1.73	1,623,720	1,821,120	
1991/01		0.30	0.5899	0.5899		60	1.73	1,623,720	1,831,800	
1991/07		0.40	1.4932	1.4932		60	5.93	1,623,720	1,859,160	
1992/01		0.40	2.0117	2.0117		60	5.93	1,623,720	1,896,540	
1992/07		0.50	1.8152	1.8152		60	17.06	1,623,720	1,930,980	
1993/01		0.50	1.7710	1.7710		60	17.06	1,623,720	1,965,180	
1993/07		0.60	1.5329	1.5329		60	17.41	1,623,720	1,995,300	
1994/01		0.60	1.6983	1.6983		60	17.41	1,623,720	2,029,200	
1994/07		0.70	1.5991	1.5991		60	17.41	1,623,720	2,061,660	
1995/01	18,150	0.70	1.5812	1.5812		60	15.85	1,641,870	2,094,240	
1995/07		0.80	1.5250	1.5250		59	18.17	1,641,870	2,090,724	
1996/01		0.80	1.7228	1.7228		59	18.17	1,641,870	2,126,773	
1996/07		0.90	1.3294	1.3294		59	22.66	1,641,870	2,155,034	
1997/01		0.90	1.4109	1.4109		59	22.66	1,641,870	2,185,419	
1997/07		1.00	1.0917	1.0917		59	32.78	1,652,553	2,209,255	
1998/01		1.00	1.1663	1.1663		59	32.78	1,664,040	2,235,038	
1998/07		1.00	1.0794	1.0794		60	44.59	1,678,602	2,297,460	
1999/01		1.00	1.4499	1.4499		60	44.59	1,698,334	2,330,760	
1999/07		1.00	1.2299	1.2299		60	44.59	1,715,268	2,359,440	
2000/01		1.00	1.3356	1.3356		60	44.59	1,733,841	2,390,940	
2000/07		1.00	1.1129	1.1129		60	44.59	1,749,485	2,417,520	
2001/01		1.00	1.2976	1.2976		60	44.59	1,767,890	2,448,900	
2001/07		1.00	0.9615	0.9615		60	37.60	1,779,511	2,472,420	
2002/01	153,587	1.00	1.0301	1.0301		60	45.02	1,948,103	2,497,860	
2002/07	49,684	1.00	0.8337	0.8337		60	45.02	2,011,081	2,518,680	



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2003/01	9,411	1.00	1.3271	1.3271		60	45.02	2,042,338	2,552,100	
2003/07	15,303	1.00	1.1664	1.1664		60	45.02	2,077,140	2,581,860	
2004/01		1.00	1.1103	1.1103		60	45.02	2,096,018	2,610,540	
2004/07		1.00	0.8378	0.8378		60	45.02	2,110,392	2,632,440	
2005/01		1.00	0.8595	0.8595		60	45.02	2,125,239	2,655,060	
2005/07	18,400	1.00	0.7364	0.7364		60	49.12	2,157,616	2,674,620	
2006/01		1.00	0.9068	0.9068		60	49.12	2,175,090	2,698,860	
2006/07	32,125	1.00	0.8133	0.8133		60	50.23	2,223,371	2,720,820	
2007/01		1.00	1.0133	1.0133		60	50.23	2,243,947	2,748,360	
2007/07		1.00	1.1050	1.1050		60	48.76	2,265,929	2,778,720	
2008/01		1.00	0.8556	0.8556		60	48.76	2,283,117	2,802,480	
2008/07	110,559	0.95	0.6104	0.6104		60	44.15	2,404,304	2,819,580	
2009/01		0.95	1.3268	1.3268		60	41.36	2,427,094	2,857,020	
2009/07		0.90	0.6841	0.6841		60	41.36	2,438,332	2,876,580	
2010/01		0.90	0.8643	0.8643		60	41.36	2,452,596	2,901,420	
2010/07		0.85	0.7107	0.7107		60	43.80	2,464,395	2,922,060	
2011/01		0.85	0.9198	0.9198		60	43.80	2,479,738	2,948,940	
2011/07		0.80	0.9028	0.9028		60	44.71	2,494,296	2,975,580	
2012/01		0.80	0.3865	0.3865		60	48.00	2,501,027	2,987,100	
2012/07		0.75	0.9417	0.9417		60	48.00	2,516,444	3,015,240	
2013/01		0.75	0.4901	0.4901		60	48.00	2,524,517	3,030,000	
2013/07	23,859	0.70	0.6196	0.6196		60	51.07	2,558,542	3,048,780	
2014/01		0.70	0.8564	0.8564		60	51.07	2,572,784	3,074,880	
2014/07		0.65	1.2383	1.2383		60	45.27	2,589,829	3,112,980	
2015/01		0.65	0.7571	0.7571		60	45.87	2,600,458	3,136,560	

**Message Code:**

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

<b>0 324451-00 - 2015/01</b>
<b>205.09</b>

<b>Anchor Care &amp; Rehabilitation Center</b>
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Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1515 PORT MALABAR BLVD NE</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PALM BAY, FL 32905-5455</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Brevard [5]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,313</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,110</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>21,795</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>55.43968%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.75571%</b>	Cost: <b>1.04757614</b>
Open Date: <b>01/01/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>02/01/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>02/01/1984</b>	Low Occupancy Adjustment Factor:	<b>114.61400%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>258229</b>			PS Target: <b>1.03662091</b>

Rate Calculations
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	998,242	1,564,722	901,889	642,299		4,107,152	
1a	Audit Adjustments							
2	Cost Per Diem	45.8014	71.7927	41.3805	29.4700		188.4446	
3	Cost Per Diem Inflated	47.9805	74.3406	43.3492				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>47.9805</b>	<b>74.3406</b>	<b>43.3492</b>	<b>29.4700</b>		<b>195.1403</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.8793		54.4474				
7	Provider Target Rate	<b>47.5594</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>47.5594</b>	<b>74.3406</b>	<b>43.3492</b>	<b>13.6500</b>		<b>178.8992</b>	
12/13	Medical Adjustment Rate		0.4549	0.2653				
14	Prospective Per Diem 11	<b>47.5594</b>	<b>74.7955</b>	<b>43.6145</b>	<b>13.6500</b>		<b>179.6194</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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Rate Semester 01/01/2015 through 08/31/2015

**Anchor Care & Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>08/31/1994</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,000,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1984/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>2,662,403</b>	<b>6.0427</b>
Indexed Asset Value	<b>3,328,004</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>665,601</b>	<b>0.2815</b>
FRVS Base Asset:	<b>1,787,493</b>	Interest Rate:	<b>6.5000%</b>	Insurance Cost(3):	<b>47,458</b>	<b>1.2072</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.5000%</b>	Taxes Cost(3):	<b>44,689</b>	<b>1.1367</b>
ROE Factor	<b>0.016670</b>	Amortization Rate:	<b>6.5000%</b>	Home Office(3):	<b>26,678</b>	<b>0.6786</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>16,629</b>	<b>0.0000</b>
		Yearly Payment:	<b>238,202</b>	Total FRVS PD:		<b>9.3467</b>

- (1) 80% Capital (\$2,662,403) amortized at 6.5000 % for 20 years Principal & Interest of \$238,202 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.0427  
 (2) 20% ROE (\$665,601) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2815  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>120</b>	Effective PBS Limitation	52,276
			3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>47.5594</b>	<b>47.5594</b>	<b>0.8274</b>	<b>46.7320</b>
Direct Care	<b>74.7955</b>	<b>74.7955</b>	<b>1.3013</b>	<b>73.4942</b>
Indirect Care	<b>43.6145</b>	<b>43.6145</b>	<b>0.7588</b>	<b>42.8557</b>
Property	<b>13.6500</b>	<b>9.3467</b>	<b>0.1626</b>	<b>9.1841</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.9261</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>179.6194</b>	<b>175.3161</b>	<b>3.0501</b>	<b>205.0946</b>

Medicaid Trend Adjustment





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**0 324451-00 - 2015/01**

**205.09**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	1,781,611	0.00	1.2952	1.2952		120	34.26	1,781,611	3,289,560	
1984/07		0.10	1.9179	1.9179		120	34.26	1,783,740	3,352,680	
1985/01		0.10	1.1471	1.1471		120	40.57	1,785,249	3,391,080	
1985/10		0.20	0.8522	0.8522		120	40.57	1,787,493	3,420,000	
1986/01		0.20	0.8299	0.8299		120	40.57	1,789,682	3,448,440	
1986/07		0.30	0.2974	0.2974		120	44.06	1,790,961	3,441,840	
1987/01		0.30	1.0091	1.0091		120	44.06	1,795,304	3,503,400	
1987/07		0.40	0.9007	0.9007		120	44.06	1,800,486	3,530,760	
1988/01		0.40	0.9007	0.9007		120	44.06	1,805,683	3,559,440	
1988/07		0.50	0.5899	0.5899		120	44.06	1,809,950	3,557,520	
1989/01		0.50	0.5899	0.5899		120	44.06	1,814,227	3,578,520	
1989/07		0.60	0.5899	0.5899		120	45.38	1,819,525	3,602,760	
1990/01		0.60	0.5899	0.5899		120	45.38	1,824,838	3,620,880	
1990/07		0.70	0.5899	0.5899		120	48.76	1,831,518	3,642,240	
1991/01		0.70	0.5899	0.5899		120	48.76	1,838,222	3,663,600	
1991/07		0.80	1.4932	1.4932		120	48.76	1,857,690	3,718,320	
1992/01		0.80	2.0117	2.0117		120	65.75	1,887,588	3,793,080	
1992/07		0.90	1.8152	1.8152		120	71.49	1,887,588	3,861,960	5
1993/01		0.90	1.7710	1.7710		120	71.49	1,918,426	3,930,360	5
1993/07		1.00	1.5329	1.5329		120	71.07	1,978,880	3,990,600	
1994/01		1.00	1.6983	1.6983		120	71.07	2,012,487	4,058,400	
1994/07		1.00	1.5991	1.5991		120	66.49	2,044,669	4,123,320	
1995/01		1.00	1.5812	1.5812		120	66.49	2,076,999	4,188,480	
1995/07		1.00	1.5250	1.5250		120	66.49	2,108,673	4,252,320	
1996/01		1.00	1.7228	1.7228		120	66.49	2,145,001	4,325,640	
1996/07		1.00	1.3294	1.3294		120	66.49	2,173,517	4,383,120	
1997/01		1.00	1.4109	1.4109		120	66.49	2,204,183	4,444,920	
1997/07		1.00	1.0917	1.0917		120	65.03	2,228,246	4,493,400	
1998/01		1.00	1.1663	1.1663		120	65.03	2,254,234	4,545,840	
1998/07	43,363	1.00	1.0794	1.0794		120	69.78	2,297,597	4,594,920	5



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**205.09**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		120	69.78	2,321,929	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	72.26	2,384,566	4,718,880	
2000/01		1.00	1.3356	1.3356		120	72.26	2,416,414	4,781,880	
2000/07	33,440	1.00	1.1129	1.1129		120	71.07	2,476,746	4,835,040	
2001/01		1.00	1.2976	1.2976		120	71.07	2,508,884	4,897,800	
2001/07	38,850	1.00	0.9615	0.9615		120	73.19	2,571,857	4,944,840	
2002/01		1.00	1.0301	1.0301		120	65.85	2,598,350	4,995,720	
2002/07	36,630	1.00	0.8337	0.8337		120	60.72	2,656,642	5,037,360	
2003/01	82,240	1.00	1.3271	1.3271		120	60.72	2,774,138	5,104,200	
2003/07	6,903	1.00	1.1664	1.1664		120	60.72	2,813,399	5,163,720	
2004/01		1.00	1.1103	1.1103		120	60.72	2,844,636	5,221,080	
2004/07		0.95	0.8378	0.8378		120	60.72	2,867,276	5,264,880	
2005/01		0.95	0.8595	0.8595		120	60.72	2,890,687	5,310,120	
2005/07	44,095	0.90	0.7364	0.7364		120	65.92	2,953,941	5,349,240	
2006/01		0.90	0.9068	0.9068		120	65.92	2,978,048	5,397,720	
2006/07	37,011	0.85	0.8133	0.8133		120	63.53	3,035,646	5,441,640	
2007/01		0.85	1.0133	1.0133		120	63.53	3,061,792	5,496,720	
2007/07		0.80	1.1050	1.1050		120	63.38	3,088,858	5,557,440	
2008/01		0.80	0.8556	0.8556		120	63.38	3,110,001	5,604,960	
2008/07		0.75	0.6104	0.6104		120	70.67	3,124,239	5,639,160	
2009/01		0.75	1.3268	1.3268		120	61.86	3,155,328	5,714,040	
2009/07		0.70	0.6841	0.6841		120	61.86	3,170,439	5,753,160	
2010/01		0.70	0.8643	0.8643		120	61.86	3,189,620	5,802,840	
2010/07		0.65	0.7107	0.7107		120	66.65	3,204,356	5,844,120	
2011/01		0.65	0.9198	0.9198		120	66.65	3,223,515	5,897,880	
2011/07		0.60	0.9028	0.9028		120	67.63	3,240,977	5,951,160	
2012/01		0.60	0.3865	0.3865		120	65.48	3,248,493	5,974,200	
2012/07		0.55	0.9417	0.9417		120	65.48	3,265,317	6,030,480	
2013/01		0.55	0.4901	0.4901		120	65.48	3,274,120	6,060,000	
2013/07		0.50	0.6196	0.6196		120	67.54	3,284,263	6,097,560	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		120	67.54	3,298,326	6,149,760	
2014/07		0.45	1.2383	1.2383		120	55.44	3,316,704	6,225,960	
2015/01		0.45	0.7571	0.7571		120	55.44	3,328,004	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324451093020131001201204222014082502



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324469-00 - 2015/01**

**222.66**

**Pinellas Park Care and Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>8701 49TH ST N</b>	<b>10/1/2013-7/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PINELLAS PARK, FL 33782</b>	Days in CR <b>304</b>	Maximum: <b>36,480</b>	Standard: <b>192</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>51</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>32,988</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>3,809</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>24,444</b>	FY Index: <b>1.32975299</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>74.09967%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>90.42763%</b>	Cost: <b>1.03148401</b>
Open Date: <b>09/01/1982</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/01/1982</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22466610</b>
Entered Medicaid <b>09/01/1982</b>	Low Occupancy Adjustment Factor:	<b>115.47201%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02435677</b>
Previous Med # <b>266655</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,277,595	1,668,286	1,144,141	961,383		5,051,405	
1a	Audit Adjustments							
2	Cost Per Diem	52.2662	68.2493	46.8066	39.3300		206.6521	
3	Cost Per Diem Inflated	53.9117	69.9116	48.2803				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>53.9117</b>	<b>69.9116</b>	<b>48.2803</b>	<b>39.3300</b>		<b>211.4336</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.6373		54.4474				
7	Provider Target Rate	<b>52.4917</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>52.4917</b>	<b>69.9116</b>	<b>48.2803</b>	<b>13.6500</b>		<b>184.3336</b>	
12/13	Medical Adjustment Rate		1.4976	1.0343				
14	Prospective Per Diem 11	<b>52.4917</b>	<b>71.4092</b>	<b>49.3146</b>	<b>13.6500</b>		<b>186.8655</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 324469-00 - 2015/01**

**222.66**

Rate Semester 01/01/2015 through 08/31/2015

**Pinellas Park Care and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>03/01/1997</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,000,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1982/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,281,278</b>	<b>15.7355</b>
Indexed Asset Value	<b>5,351,598</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,070,320</b>	<b>0.6212</b>
FRVS Base Asset:	<b>3,261,497</b>	Interest Rate:	<b>13.5000%</b>	Insurance Cost(3):	<b>48,971</b>	<b>1.4845</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>13.0000%</b>	Taxes Cost(3):	<b>48,766</b>	<b>1.4783</b>
ROE Factor	<b>0.022880</b>	Amortization Rate:	<b>13.5000%</b>	Home Office(3):	<b>23,784</b>	<b>0.7210</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>69,794</b>	<b>0.0000</b>
		Yearly Payment:	<b>620,293</b>	Total FRVS PD:		<b>20.0405</b>

- (1) 80% Capital (\$4,281,278) amortized at 13.5000 % for 20 years Principal & Interest of \$620,293 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$15.7355
- (2) 20% ROE (\$1,070,320) times the ROE factor (0.022880) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6212
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>120</b>	Effective PBS Limitation	52,276
			3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>52.4917</b>	<b>52.4917</b>	<b>0.9132</b>	<b>51.5785</b>
Direct Care	<b>71.4092</b>	<b>71.4092</b>	<b>1.2423</b>	<b>70.1669</b>
Indirect Care	<b>49.3146</b>	<b>49.3146</b>	<b>0.8580</b>	<b>48.4566</b>
Property	<b>13.6500</b>	<b>20.0405</b>	<b>0.3487</b>	<b>19.6918</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.8669</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>186.8655</b>	<b>193.2560</b>	<b>3.3622</b>	<b>222.6632</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2014

**0 324469-00 - 2015/01**

**222.66**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	3,240,004	0.00	2.2977	2.2977		120	0.13	3,240,004	3,043,800	
1983/04		0.10	2.6288	2.6288		120	0.13	3,240,004	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	0.13	3,240,004	3,247,440	
1984/01	3,332	0.20	2.2530	2.2530		120	25.96	3,250,227	3,289,560	
1984/07	1,863	0.20	1.9179	1.9179		120	12.71	3,252,090	3,352,680	
1985/01	5,481	0.30	1.1471	1.1471		120	12.71	3,257,571	3,391,080	
1985/10		0.30	0.8522	0.8522		120	25.92	3,261,497	3,420,000	
1986/01		0.40	0.8299	0.8299		120	25.92	3,266,600	3,448,440	
1986/07		0.40	0.2974	0.2974		120	31.22	3,268,807	3,441,840	
1987/01		0.50	1.0091	1.0091		120	31.22	3,278,170	3,503,400	
1987/07		0.50	0.9007	0.9007		120	35.82	3,287,786	3,530,760	
1988/01		0.60	0.9007	0.9007		120	35.82	3,299,357	3,559,440	
1988/07		0.60	0.5899	0.5899		120	37.88	3,307,399	3,557,520	
1989/01		0.70	0.5899	0.5899		120	37.88	3,316,804	3,578,520	
1989/07		0.70	0.5899	0.5899		120	39.73	3,326,697	3,602,760	
1990/01		0.80	0.5899	0.5899		120	39.73	3,338,037	3,620,880	
1990/07		0.80	0.5899	0.5899		120	37.01	3,348,637	3,642,240	
1991/01		0.90	0.5899	0.5899		120	37.01	3,360,600	3,663,600	
1991/07		0.90	1.4932	1.4932		120	35.91	3,390,087	3,718,320	
1992/01		1.00	2.0117	2.0117		120	35.91	3,434,614	3,793,080	
1992/07		1.00	1.8152	1.8152		120	43.67	3,484,116	3,861,960	
1993/01		1.00	1.7710	1.7710		120	43.67	3,533,109	3,930,360	
1993/07		1.00	1.5329	1.5329		120	44.35	3,576,781	3,990,600	
1994/01		1.00	1.6983	1.6983		120	44.35	3,625,763	4,058,400	
1994/07		1.00	1.5991	1.5991		120	46.24	3,674,508	4,123,320	
1995/01		1.00	1.5812	1.5812		120	46.24	3,723,355	4,188,480	
1995/07		1.00	1.5250	1.5250		120	46.95	3,771,825	4,252,320	
1996/01		1.00	1.7228	1.7228		120	46.95	3,827,295	4,325,640	
1996/07		1.00	1.3294	1.3294		120	41.70	3,865,871	4,383,120	
1997/01		1.00	1.4109	1.4109		120	41.70	3,907,225	4,444,920	



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**0 324469-00 - 2015/01**

**222.66**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		120	42.86	3,940,465	4,493,400	
1998/01		1.00	1.1663	1.1663		120	42.86	3,976,279	4,545,840	
1998/07		1.00	1.0794	1.0794		120	44.74	4,011,192	4,594,920	
1999/01		1.00	1.4499	1.4499		120	44.74	4,058,501	4,661,520	
1999/07	43,869	1.00	1.2299	1.2299		120	49.81	4,147,575	4,718,880	
2000/01		1.00	1.3356	1.3356		120	49.81	4,197,743	4,781,880	
2000/07		1.00	1.1129	1.1129		120	53.13	4,242,871	4,835,040	
2001/01		1.00	1.2976	1.2976		120	53.13	4,296,055	4,897,800	
2001/07		1.00	0.9615	0.9615		120	57.38	4,337,362	4,944,840	
2002/01		1.00	1.0301	1.0301		120	53.80	4,381,066	4,995,720	
2002/07		1.00	0.8337	0.8337		120	53.80	4,416,794	5,037,360	
2003/01		0.95	1.3271	1.3271		120	54.31	4,416,794	5,104,200	5
2003/07		0.95	1.1664	1.1664		120	54.31	4,520,708	5,163,720	
2004/01	110,733	0.90	1.1103	1.1103		120	54.85	4,631,441	5,221,080	5
2004/07	9,102	0.90	0.8378	0.8378		120	54.85	4,720,760	5,264,880	
2005/01		0.85	0.8595	0.8595		120	54.85	4,755,156	5,310,120	
2005/07		0.85	0.7364	0.7364		120	54.85	4,784,837	5,349,240	
2006/01		0.80	0.9068	0.9068		120	54.85	4,819,452	5,397,720	
2006/07	23,857	0.80	0.8133	0.8133		120	62.20	4,874,664	5,441,640	
2007/01		0.75	1.0133	1.0133		120	62.20	4,911,711	5,496,720	
2007/07		0.75	1.1050	1.1050		120	63.31	4,952,419	5,557,440	
2008/01		0.70	0.8556	0.8556		120	63.31	4,982,079	5,604,960	
2008/07		0.70	0.6104	0.6104		120	58.45	5,003,367	5,639,160	
2009/01		0.65	1.3268	1.3268		120	60.82	5,046,516	5,714,040	
2009/07		0.65	0.6841	0.6841		120	60.82	5,068,958	5,753,160	
2010/01		0.60	0.8643	0.8643		120	60.82	5,095,246	5,802,840	
2010/07		0.60	0.7107	0.7107		120	62.26	5,116,972	5,844,120	
2011/01		0.55	0.9198	0.9198		120	64.86	5,142,859	5,897,880	
2011/07		0.55	0.9028	0.9028		120	64.86	5,168,393	5,951,160	
2012/01		0.50	0.3865	0.3865		120	64.86	5,178,384	5,974,200	



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**0 324469-00 - 2015/01**

**222.66**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		120	66.79	5,202,769	6,030,480	
2013/01		0.45	0.4901	0.4901		120	66.79	5,214,241	6,060,000	
2013/07	42,268	0.45	0.6196	0.6196		120	62.30	5,271,046	6,097,560	
2014/01		0.40	0.8564	0.8564		120	62.30	5,289,105	6,149,760	
2014/07		0.40	1.2383	1.2383		120	64.53	5,315,302	6,225,960	
2015/01	22,210	0.35	0.7571	0.7571		120	74.10	5,351,598	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324469073120141001201310282014110134





Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
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**0 324477-00 - 2015/01**

**219.92**

**Signature HealthCARE of Port Charlotte**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>4033 BEAVER LANE</b>	<b>10/1/2013-7/31/2014</b>	Number of Beds: <b>164</b>	Superior: <b>0</b>
<b>PORT CHARLOTTE, FL 33952</b>	Days in CR <b>304</b>	Maximum: <b>49,856</b>	Standard: <b>198</b>
County: <b>Charlotte [8]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>59,860</b>	Conditional: <b>45</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>42,331</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>9,750</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>27,179</b>	FY Index: <b>1.32975299</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>64.20590%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>84.90653%</b>	Cost: <b>1.03148401</b>
Open Date: <b>03/01/1980</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/01/1980</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22466610</b>
Entered Medicaid <b>03/01/1980</b>	Low Occupancy Adjustment Factor:	<b>108.42181%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02435677</b>
Previous Med # <b>258237</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,306,332	2,109,432	1,341,631	886,035		5,643,430
1a	Audit Adjustments						
2	Cost Per Diem	48.0640	77.6126	49.3628	32.6000		207.6394
3	Cost Per Diem Inflated	49.5772	79.5030	50.9169			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>49.5772</b>	<b>79.5030</b>	<b>50.9169</b>	<b>32.6000</b>		<b>212.5971</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.8562		66.4396			
7	Provider Target Rate	<b>57.9017</b>		<b>68.8727</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	<b>49.5772</b>	<b>79.5030</b>	<b>50.9169</b>	<b>13.6500</b>		<b>193.6471</b>
12/13	Medical Adjustment Rate		1.0353	0.6630			
14	Prospective Per Diem 11	<b>49.5772</b>	<b>80.5383</b>	<b>51.5799</b>	<b>13.6500</b>		<b>195.3454</b>
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



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Rate Semester 01/01/2015 through 08/31/2015

**Signature HealthCARE of Port Charlotte**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/31/1994	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>5,435,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1980/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>3,742,784 6.2157</b>
Indexed Asset Value	<b>4,678,480</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>935,696 0.3974</b>
FRVS Base Asset:	<b>2,619,548</b>	Interest Rate:	<b>6.5000%</b>	Insurance Cost(3):	<b>60,484 1.4288</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>6.5000%</b>	Taxes Cost(3):	<b>62,904 1.4860</b>
ROE Factor	<b>0.022880</b>	Amortization Rate:	<b>6.5000%</b>	Home Office(3):	<b>32,119 0.7588</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>78,059 0.0000</b>
		Yearly Payment:	<b>334,862</b>	Total FRVS PD:	<b>10.2867</b>

- (1) 80% Capital (\$3,742,784) amortized at 6.5000 % for 20 years Principal & Interest of \$334,862 divided by annual available days (59860) divided by Occup. Adj. (0.90) = \$6.2157
- (2) 20% ROE (\$935,696) times the ROE factor (0.022880) divided by annual available days (59860) divided by Occup. Adj. (0.90) = \$0.3974
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>164</b>	Effective PBS Limitation	4,674,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>49.5772</b>	<b>49.5772</b>	<b>0.8625</b>	<b>48.7147</b>
Direct Care	<b>80.5383</b>	<b>80.5383</b>	<b>1.4012</b>	<b>79.1371</b>
Indirect Care	<b>51.5799</b>	<b>51.5799</b>	<b>0.8974</b>	<b>50.6825</b>
Property	<b>13.6500</b>	<b>10.2867</b>	<b>0.1790</b>	<b>10.1077</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>21.3736</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>195.3454</b>	<b>191.9821</b>	<b>3.3401</b>	<b>219.9181</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/01	1,296,251	0.00	6.1657	3.0000	3.1657	164	23.95	1,296,251	3,581,924	
1980/07		0.10	6.9764	3.0000	3.9764	164	23.95	1,296,251	3,718,372	
1981/01	17,505	0.10	7.8004	3.0000	4.8004	164	43.69	1,316,845	3,860,560	
1981/07		0.20	7.3892	3.0000	4.3892	164	43.69	1,323,121	3,960,436	
1982/01	6,390	0.20	7.0652	3.0000	4.0652	164	43.59	1,335,803	4,066,544	
1982/07		0.30	6.3629	3.0000	3.3629	164	43.59	1,345,331	4,159,860	
1983/04	304	0.30	5.9917	3.0000	2.9917	164	49.34	1,356,497	4,269,248	
1983/07		0.40	6.9495	3.0000	3.9495	164	49.34	1,371,100	4,438,168	
1984/01	1,161,462	0.40	5.2447	3.0000	2.2447	164	48.01	2,546,924	4,495,732	
1984/07		0.50	4.1626	3.0000	1.1626	164	48.01	2,580,272	4,581,996	
1985/01	3,481	0.50	2.3097	2.3097		164	45.64	2,608,481	4,634,476	
1985/10		0.60	0.8522	0.8522		164	45.64	2,619,548	4,674,000	
1986/01		0.60	0.8299	0.8299		164	48.26	2,630,992	4,712,868	
1986/07		0.70	0.2974	0.2974		164	48.26	2,635,798	4,703,848	
1987/01		0.70	1.0091	1.0091		164	57.61	2,654,417	4,787,980	
1987/07		0.80	0.9007	0.9007		164	57.61	2,673,545	4,825,372	
1988/01		0.80	0.9007	0.9007		164	57.61	2,692,811	4,864,568	
1988/07		0.90	0.5899	0.5899		164	57.61	2,707,107	4,861,944	
1989/01		0.90	0.5899	0.5899		164	66.22	2,721,479	4,890,644	
1989/07		1.00	0.5899	0.5899		164	66.22	2,737,533	4,923,772	
1990/01		1.00	0.5899	0.5899		164	61.00	2,753,682	4,948,536	
1990/07		1.00	0.5899	0.5899		164	61.00	2,769,926	4,977,728	
1991/01		1.00	0.5899	0.5899		164	60.45	2,786,266	5,006,920	
1991/07		1.00	1.4932	1.4932		164	60.45	2,827,871	5,081,704	
1992/01		1.00	2.0117	2.0117		164	62.65	2,884,759	5,183,876	
1992/07		1.00	1.8152	1.8152		164	58.43	2,937,123	5,278,012	
1993/01		1.00	1.7710	1.7710		164	58.43	2,989,139	5,371,492	
1993/07		1.00	1.5329	1.5329		164	58.15	3,034,960	5,453,820	
1994/01		1.00	1.6983	1.6983		164	58.15	3,086,503	5,546,480	
1994/07		1.00	1.5991	1.5991		164	65.72	3,135,859	5,635,204	



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1995/01		1.00	1.5812	1.5812		164	65.72	3,185,443	5,724,256	
1995/07		1.00	1.5250	1.5250		164	65.72	3,234,021	5,811,504	
1996/01		1.00	1.7228	1.7228		164	65.72	3,289,737	5,911,708	
1996/07		1.00	1.3294	1.3294		164	65.72	3,333,471	5,990,264	
1997/01		1.00	1.4109	1.4109		164	65.72	3,380,503	6,074,724	
1997/07		1.00	1.0917	1.0917		164	65.10	3,417,408	6,140,980	
1998/01		1.00	1.1663	1.1663		164	65.10	3,457,265	6,212,648	
1998/07		1.00	1.0794	1.0794		164	57.45	3,494,583	6,279,724	
1999/01		1.00	1.4499	1.4499		164	57.45	3,545,251	6,370,744	
1999/07		1.00	1.2299	1.2299		164	60.19	3,588,854	6,449,136	
2000/01		1.00	1.3356	1.3356		164	60.19	3,636,787	6,535,236	
2000/07	33,996	0.95	1.1129	1.1129		164	60.37	3,709,235	6,607,888	
2001/01		0.95	1.2976	1.2976		164	60.37	3,709,235	6,693,660	5
2001/07		0.90	0.9615	0.9615		164	67.92	3,787,454	6,757,948	
2002/01	22,210	0.90	1.0301	1.0301		164	61.99	3,844,777	6,827,484	
2002/07	14,492	0.85	0.8337	0.8337		164	54.97	3,886,498	6,884,392	
2003/01	76,109	0.85	1.3271	1.3271		164	54.97	4,006,423	6,975,740	
2003/07	9,474	0.80	1.1664	1.1664		164	54.97	4,053,261	7,057,084	
2004/01		0.80	1.1103	1.1103		164	54.97	4,089,242	7,135,476	
2004/07		0.75	0.8378	0.8378		164	54.97	4,114,925	7,195,336	
2005/01		0.75	0.8595	0.8595		164	54.97	4,141,435	7,257,164	
2005/07	60,783	0.70	0.7364	0.7364		164	59.27	4,202,218	7,310,628	5
2006/01		0.70	0.9068	0.9068		164	59.27	4,250,378	7,376,884	
2006/07	51,966	0.65	0.8133	0.8133		164	55.66	4,324,811	7,436,908	
2007/01		0.65	1.0133	1.0133		164	55.66	4,353,294	7,512,184	
2007/07		0.60	1.1050	1.1050		164	55.03	4,382,156	7,595,168	
2008/01		0.60	0.8556	0.8556		164	55.03	4,404,654	7,660,112	
2008/07		0.55	0.6104	0.6104		164	53.50	4,419,037	7,706,852	
2009/01		0.55	1.3268	1.3268		164	53.69	4,450,515	7,809,188	
2009/07		0.50	0.6841	0.6841		164	53.69	4,465,378	7,862,652	



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2014

0 324477-00 - 2015/01

219.92

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		0.50	0.8643	0.8643		164	53.69	4,484,218	7,930,548	
2010/07		0.45	0.7107	0.7107		164	57.06	4,498,559	7,986,964	
2011/01		0.45	0.9198	0.9198		164	57.06	4,517,179	8,060,436	
2011/07		0.40	0.9028	0.9028		164	58.87	4,533,491	8,133,252	
2012/01		0.40	0.3865	0.3865		164	58.87	4,540,500	8,164,740	
2012/07	27,547	0.35	0.9417	0.9417		164	64.01	4,583,012	8,241,656	
2013/01		0.35	0.4901	0.4901		164	64.01	4,590,872	8,282,000	
2013/07	43,892	0.30	0.6196	0.6196		164	61.40	4,643,298	8,333,332	
2014/01		0.30	0.8564	0.8564		164	61.40	4,655,227	8,404,672	
2014/07		0.25	1.2383	1.2383		164	60.04	4,669,640	8,508,812	
2015/01		0.25	0.7571	0.7571		164	64.21	4,678,480	8,573,264	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324477073120141001201310282014120612



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324485-00 - 2015/01**

**199.89**

**The Bridge at Bay St. Joe**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>220 NINTH STREET</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PORT SAINT JOE, FL 32456</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Gulf [23]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>2</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,229</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,204</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>30,891</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>78.74532%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.56393%</b>	Cost: <b>1.04757614</b>
Open Date: <b>05/01/1983</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/01/1983</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>05/01/1983</b>	Low Occupancy Adjustment Factor:	<b>114.36910%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>266621</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,474,309	2,148,116	1,279,928	757,756		5,660,109	
1a	Audit Adjustments							
2	Cost Per Diem	47.7262	69.5386	41.4337	24.5300		183.2285	
3	Cost Per Diem Inflated	49.9968	72.0065	43.4050				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>49.9968</b>	<b>72.0065</b>	<b>43.4050</b>	<b>24.5300</b>		<b>189.9383</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	42.6973		52.2722				
7	Provider Target Rate	<b>44.2609</b>		<b>54.1865</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.2609</b>	<b>72.0065</b>	<b>43.4050</b>	<b>13.6500</b>		<b>173.3224</b>	
12/13	Medical Adjustment Rate		2.3286	1.4037				
14	Prospective Per Diem 11	<b>44.2609</b>	<b>74.3351</b>	<b>44.8087</b>	<b>13.6500</b>		<b>177.0547</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 324485-00 - 2015/01**

**199.89**

Rate Semester 01/01/2015 through 08/31/2015

**The Bridge at Bay St. Joe**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	2,688,181 2.6864
RS to Start Calcs:	1983/04	<60% of Base:	True	20% ROE(2):	672,045 0.2842
Indexed Asset Value	3,360,226	Interest Rate:	4.0000%	Insurance Cost(3):	61,588 1.5700
FRVS Base Asset:	1,859,117	Chase Rate:	4.0000%	Taxes Cost(3):	61,452 1.5665
Occup Adj Factor	0.9000	Amortization Rate:	4.0000%	Home Office(3):	25,069 0.6390
ROE Factor	0.016670	Interest Only:	True	Replacement(3&4):	22,032 0.0000
		Yearly Payment:	105,897	Total FRVS PD:	6.7461

(1) 80% Capital (\$2,688,181) amortized at 4.0000 % for 20 years Interest of \$105,897 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$2.6864

(2) 20% ROE (\$672,045) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2842

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.2609	44.2609	0.7700	43.4909
Direct Care	74.3351	74.3351	1.2933	73.0418
Indirect Care	44.8087	44.8087	0.7796	44.0291
Property	13.6500	6.7461	0.1174	6.6287
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.8013
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>177.0547</b>	<b>170.1508</b>	<b>2.9603</b>	<b>199.8943</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

**0 324485-00 - 2015/01**

**199.89**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	1,833,418	0.00	2.6288	2.6288		120	87.15	1,833,418	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	87.15	1,838,918	3,247,440	
1984/01		0.10	2.2530	2.2530		120	86.04	1,843,061	3,289,560	
1984/07		0.20	1.9179	1.9179		120	86.04	1,850,131	3,352,680	
1985/01		0.20	1.1471	1.1471		120	55.00	1,854,375	3,391,080	
1985/10		0.30	0.8522	0.8522		120	55.00	1,859,117	3,420,000	
1986/01		0.30	0.8299	0.8299		120	55.00	1,863,746	3,448,440	
1986/07		0.40	0.2974	0.2974		120	55.00	1,865,964	3,441,840	
1987/01		0.40	1.0091	1.0091		120	94.00	1,873,495	3,503,400	
1987/07		0.50	0.9007	0.9007		120	92.44	1,881,933	3,530,760	
1988/01		0.50	0.9007	0.9007		120	92.44	1,890,409	3,559,440	
1988/07		0.60	0.5899	0.5899		120	93.56	1,897,099	3,557,520	
1989/01		0.60	0.5899	0.5899		120	87.70	1,903,813	3,578,520	
1989/07		0.70	0.5899	0.5899		120	87.70	1,911,674	3,602,760	
1990/01		0.70	0.5899	0.5899		120	87.70	1,911,674	3,620,880	5
1990/07		0.80	0.5899	0.5899		120	87.70	1,919,567	3,642,240	5
1991/01		0.80	0.5899	0.5899		120	87.70	1,937,726	3,663,600	
1991/07		0.90	1.4932	1.4932		120	87.70	1,963,767	3,718,320	
1992/01		0.90	2.0117	2.0117		120	87.70	1,999,321	3,793,080	
1992/07		1.00	1.8152	1.8152		120	87.70	2,035,613	3,861,960	
1993/01		1.00	1.7710	1.7710		120	87.70	2,071,664	3,930,360	
1993/07		1.00	1.5329	1.5329		120	85.72	2,103,421	3,990,600	
1994/01		1.00	1.6983	1.6983		120	87.84	2,139,143	4,058,400	
1994/07		1.00	1.5991	1.5991		120	87.84	2,173,350	4,123,320	
1995/01		1.00	1.5812	1.5812		120	84.49	2,207,715	4,188,480	
1995/07		1.00	1.5250	1.5250		120	84.49	2,241,383	4,252,320	
1996/01		1.00	1.7228	1.7228		120	84.49	2,279,998	4,325,640	
1996/07		1.00	1.3294	1.3294		120	84.49	2,310,308	4,383,120	
1997/01		1.00	1.4109	1.4109		120	84.49	2,342,904	4,444,920	
1997/07		1.00	1.0917	1.0917		120	79.06	2,368,481	4,493,400	





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

**0 324485-00 - 2015/01**

**199.89**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	50,232	1.00	1.1663	1.1663		120	79.06	2,446,337	4,545,840	
1998/07	36,281	1.00	1.0794	1.0794		120	79.06	2,509,024	4,594,920	
1999/01		1.00	1.4499	1.4499		120	79.06	2,545,402	4,661,520	
1999/07		1.00	1.2299	1.2299		120	79.06	2,576,708	4,718,880	
2000/01		1.00	1.3356	1.3356		120	79.06	2,611,123	4,781,880	
2000/07	48,953	1.00	1.1129	1.1129		120	78.27	2,660,076	4,835,040	5
2001/01		1.00	1.2976	1.2976		120	78.77	2,724,029	4,897,800	
2001/07		1.00	0.9615	0.9615		120	78.77	2,750,221	4,944,840	
2002/01		1.00	1.0301	1.0301		120	78.77	2,778,551	4,995,720	
2002/07		1.00	0.8337	0.8337		120	78.77	2,801,716	5,037,360	
2003/01		1.00	1.3271	1.3271		120	78.77	2,838,898	5,104,200	
2003/07		0.95	1.1664	1.1664		120	78.77	2,870,356	5,163,720	
2004/01		0.95	1.1103	1.1103		120	72.97	2,900,633	5,221,080	
2004/07		0.90	0.8378	0.8378		120	72.97	2,922,504	5,264,880	
2005/01		0.90	0.8595	0.8595		120	72.97	2,922,504	5,310,120	5
2005/07		0.85	0.7364	0.7364		120	72.97	2,963,545	5,349,240	
2006/01		0.85	0.9068	0.9068		120	72.97	2,986,388	5,397,720	
2006/07		0.80	0.8133	0.8133		120	72.97	3,005,817	5,441,640	
2007/01		0.80	1.0133	1.0133		120	72.97	3,030,182	5,496,720	
2007/07		0.75	1.1050	1.1050		120	79.02	3,055,296	5,557,440	
2008/01		0.75	0.8556	0.8556		120	79.02	3,074,902	5,604,960	
2008/07		0.70	0.6104	0.6104		120	81.10	3,088,041	5,639,160	
2009/01		0.70	1.3268	1.3268		120	78.59	3,116,723	5,714,040	
2009/07		0.65	0.6841	0.6841		120	78.59	3,130,583	5,753,160	
2010/01		0.65	0.8643	0.8643		120	78.59	3,148,171	5,802,840	
2010/07		0.60	0.7107	0.7107		120	77.74	3,161,595	5,844,120	
2011/01		0.60	0.9198	0.9198		120	77.74	3,179,044	5,897,880	
2011/07	48,069	0.55	0.9028	0.9028		120	76.93	3,242,897	5,951,160	
2012/01		0.55	0.3865	0.3865		120	76.93	3,249,791	5,974,200	
2012/07		0.50	0.9417	0.9417		120	74.02	3,265,094	6,030,480	



Florida Agency for Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

0 324485-00 - 2015/01

199.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	74.02	3,273,097	6,060,000	
2013/07	38,551	0.45	0.6196	0.6196		120	77.24	3,320,773	6,097,560	
2014/01		0.45	0.8564	0.8564		120	77.24	3,333,571	6,149,760	
2014/07		0.40	1.2383	1.2383		120	78.75	3,350,082	6,225,960	
2015/01		0.40	0.7571	0.7571		120	78.75	3,360,226	6,273,120	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324485093020131001201204232014081716



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

<b>0 324493-00 - 2015/01</b>
<b>218.99</b>

<b>Kenilworth Care and Rehabilitation Center</b>
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Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3011 KENILWORTH BLVD</b>	<b>10/1/2013-7/31/2014</b>	Number of Beds: <b>104</b>	Superior: <b>0</b>
<b>SEBRING, FL 33870</b>	Days in CR <b>304</b>	Maximum: <b>31,616</b>	Standard: <b>243</b>
County: <b>Highlands [28]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>37,960</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>24,725</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>5,086</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>13,558</b>	FY Index: <b>1.32975299</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>54.83519%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>78.20407%</b>	Cost: <b>1.03148401</b>
Open Date: <b>07/01/1979</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1979</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22466610</b>
Entered Medicaid <b>07/01/1979</b>	Low Occupancy Adjustment Factor:	<b>99.86307%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02435677</b>
Previous Med # <b>258261</b>			PS Target: <b>1.03662091</b>

Rate Calculations
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	684,783	1,005,341	735,171	552,082		2,977,377	
1a	Audit Adjustments							
2	Cost Per Diem	50.5077	74.1511	54.2241	40.7200		219.6029	
3	Cost Per Diem Inflated	52.0979	75.9572	55.9313				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>52.0979</b>	<b>75.9572</b>	<b>55.9313</b>	<b>40.7200</b>		<b>224.7064</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.0244		59.0103				
7	Provider Target Rate	<b>48.7465</b>		<b>61.1713</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>48.7465</b>	<b>75.9572</b>	<b>55.9313</b>	<b>13.6500</b>		<b>194.2850</b>	
12/13	Medical Adjustment Rate		0.4132	0.3042				
14	Prospective Per Diem 11	<b>48.7465</b>	<b>76.3704</b>	<b>56.2355</b>	<b>13.6500</b>		<b>195.0024</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 324493-00 - 2015/01**

**218.99**

Rate Semester 01/01/2015 through 08/31/2015

**Kenilworth Care and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>07/01/1986</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>1,100,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1979/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>1,920,742</b>	<b>5.7485</b>
Indexed Asset Value	<b>2,400,927</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>480,185</b>	<b>0.3216</b>
FRVS Base Asset:	<b>1,315,960</b>	Interest Rate:	<b>8.2500%</b>	Insurance Cost(3):	<b>40,507</b>	<b>1.6383</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>53,733</b>	<b>2.1732</b>
ROE Factor	<b>0.022880</b>	Amortization Rate:	<b>8.2500%</b>	Home Office(3):	<b>21,345</b>	<b>0.8633</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>8,542</b>	<b>0.0000</b>
		Yearly Payment:	<b>196,392</b>	Total FRVS PD:		<b>10.7449</b>

- (1) 80% Capital (\$1,920,742) amortized at 8.2500 % for 20 years Principal & Interest of \$196,392 divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$5.7485
- (2) 20% ROE (\$480,185) times the ROE factor (0.022880) divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$0.3216
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>104</b>	Effective PBS Limitation	52,276
			2,964,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>48.7465</b>	<b>48.7465</b>	<b>0.8481</b>	<b>47.8984</b>
Direct Care	<b>76.3704</b>	<b>76.3704</b>	<b>1.3287</b>	<b>75.0417</b>
Indirect Care	<b>56.2355</b>	<b>56.2355</b>	<b>0.9784</b>	<b>55.2571</b>
Property	<b>13.6500</b>	<b>10.7449</b>	<b>0.1869</b>	<b>10.5580</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>20.3360</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>195.0024</b>	<b>192.0973</b>	<b>3.3421</b>	<b>218.9937</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2014

**0 324493-00 - 2015/01**

**218.99**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/07	1,146,590	0.00	4.1982	3.0000	1.1982	104	100.00	1,146,590	2,139,488	
1980/01	11,161	0.10	7.3640	3.0000	4.3640	104	58.70	1,161,191	2,271,464	
1980/07		0.10	8.1746	3.0000	5.1746	104	58.70	1,164,675	2,357,992	
1981/01	2,059	0.20	8.9986	3.0000	5.9986	104	64.13	1,173,722	2,448,160	
1981/07		0.20	8.5874	3.0000	5.5874	104	64.13	1,180,764	2,511,496	
1982/01	10,123	0.30	8.2634	3.0000	5.2634	104	57.45	1,201,514	2,578,784	
1982/07		0.30	7.5611	3.0000	4.5611	104	57.45	1,212,328	2,637,960	
1983/04		0.40	7.1899	3.0000	4.1899	104	47.59	1,224,916	2,707,328	
1983/07	11,123	0.40	8.1477	3.0000	5.1477	104	47.59	1,248,758	2,814,448	
1984/01	5,111	0.50	6.4429	3.0000	3.4429	104	43.34	1,268,629	2,850,952	
1984/07		0.50	5.3608	3.0000	2.3608	104	43.34	1,283,624	2,905,656	
1985/01	1,297	0.60	3.5079	3.0000	0.5079	104	50.56	1,306,161	2,938,936	
1985/10		0.60	1.3601	1.3601		104	50.56	1,315,960	2,964,000	
1986/01		0.70	0.8299	0.8299		104	50.56	1,322,987	2,988,648	
1986/07		0.70	0.2974	0.2974		104	50.56	1,325,519	2,982,928	
1987/01		0.80	1.0091	1.0091		104	61.47	1,336,220	3,036,280	
1987/07		0.80	0.9007	0.9007		104	61.47	1,345,849	3,059,992	
1988/01		0.90	0.9007	0.9007		104	61.47	1,356,758	3,084,848	
1988/07		0.90	0.5899	0.5899		104	61.47	1,363,961	3,083,184	
1989/01		1.00	0.5899	0.5899		104	66.06	1,372,007	3,101,384	
1989/07		1.00	0.5899	0.5899		104	66.06	1,380,100	3,122,392	
1990/01		1.00	0.5899	0.5899		104	62.80	1,388,241	3,138,096	
1990/07		1.00	0.5899	0.5899		104	62.80	1,396,430	3,156,608	
1991/01		1.00	0.5899	0.5899		104	55.33	1,396,430	3,175,120	5
1991/07		1.00	1.4932	1.4932		104	64.31	1,404,668	3,222,544	5
1992/01		1.00	2.0117	2.0117		104	64.31	1,425,643	3,287,336	5
1992/07		1.00	1.8152	1.8152		104	65.34	1,454,323	3,347,032	5
1993/01		1.00	1.7710	1.7710		104	65.34	1,506,946	3,406,312	
1993/07		1.00	1.5329	1.5329		104	61.40	1,506,946	3,458,520	5
1994/01		1.00	1.6983	1.6983		104	61.40	1,530,046	3,517,280	5



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**0 324493-00 - 2015/01**

**218.99**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07		1.00	1.5991	1.5991		104	64.39	1,556,031	3,573,544	5
1995/01		1.00	1.5812	1.5812		104	64.39	1,605,910	3,630,016	
1995/07		1.00	1.5250	1.5250		104	64.39	1,630,400	3,685,344	
1996/01		1.00	1.7228	1.7228		104	64.39	1,630,400	3,748,888	5
1996/07		1.00	1.3294	1.3294		104	64.39	1,658,489	3,798,704	5
1997/01		1.00	1.4109	1.4109		104	64.39	1,704,248	3,852,264	
1997/07		1.00	1.0917	1.0917		104	66.82	1,722,853	3,894,280	
1998/01		1.00	1.1663	1.1663		104	66.82	1,742,947	3,939,728	
1998/07		1.00	1.0794	1.0794		104	59.34	1,761,760	3,982,264	
1999/01		1.00	1.4499	1.4499		104	59.34	1,787,304	4,039,984	
1999/07		1.00	1.2299	1.2299		104	57.80	1,809,286	4,089,696	
2000/01		0.95	1.3356	1.3356		104	57.80	1,832,242	4,144,296	
2000/07		0.95	1.1129	1.1129		104	58.09	1,851,614	4,190,368	
2001/01		0.90	1.2976	1.2976		104	58.09	1,873,237	4,244,760	
2001/07	31,660	0.90	0.9615	0.9615		104	52.91	1,920,492	4,285,528	
2002/01	23,095	0.85	1.0301	1.0301		104	55.16	1,960,403	4,329,624	
2002/07		0.85	0.8337	0.8337		104	64.34	1,974,294	4,365,712	
2003/01	43,301	0.80	1.3271	1.3271		104	64.34	2,038,556	4,423,640	
2003/07	32,087	0.80	1.1664	1.1664		104	64.34	2,089,665	4,475,224	
2004/01		0.75	1.1103	1.1103		104	64.34	2,107,066	4,524,936	
2004/07		0.75	0.8378	0.8378		104	64.34	2,120,307	4,562,896	
2005/01		0.70	0.8595	0.8595		104	64.34	2,133,065	4,602,104	
2005/07	79,126	0.70	0.7364	0.7364		104	50.55	2,222,297	4,636,008	
2006/01		0.65	0.9068	0.9068		104	50.55	2,234,335	4,678,024	
2006/07		0.65	0.8133	0.8133		104	51.68	2,245,433	4,716,088	
2007/01		0.60	1.0133	1.0133		104	51.68	2,258,261	4,763,824	
2007/07		0.60	1.1050	1.1050		104	47.92	2,271,306	4,816,448	
2008/01		0.55	0.8556	0.8556		104	47.92	2,280,619	4,857,632	
2008/07		0.55	0.6104	0.6104		104	48.80	2,287,412	4,887,272	
2009/01		0.50	1.3268	1.3268		104	51.58	2,301,643	4,952,168	



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**0 324493-00 - 2015/01**

**218.99**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		0.50	0.6841	0.6841		104	51.58	2,309,027	4,986,072	
2010/01		0.45	0.8643	0.8643		104	51.58	2,317,448	5,029,128	
2010/07		0.45	0.7107	0.7107		104	54.57	2,324,801	5,064,904	
2011/01		0.40	0.9198	0.9198		104	54.57	2,333,287	5,111,496	
2011/07		0.40	0.9028	0.9028		104	55.18	2,341,712	5,157,672	
2012/01		0.35	0.3865	0.3865		104	55.18	2,344,880	5,177,640	
2012/07		0.35	0.9417	0.9417		104	57.83	2,352,609	5,226,416	
2013/01		0.30	0.4901	0.4901		104	57.83	2,356,067	5,252,000	
2013/07	24,356	0.30	0.6196	0.6196		104	58.44	2,384,803	5,284,552	
2014/01		0.25	0.8564	0.8564		104	56.32	2,384,803	5,329,792	5
2014/07		0.25	1.2383	1.2383		104	56.32	2,397,308	5,395,832	
2015/01		0.20	0.7571	0.7571		104	54.84	2,400,927	5,436,704	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324507-00 - 2015/01**

**212.98**

**Peninsula Care and Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>900 BECKETT WAY</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>TARPON SPRINGS, FL 34689</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Pinellas [52]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,426</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,856</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>25,890</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>65.66733%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>90.01370%</b>	Cost: <b>1.04757614</b>
Open Date: <b>01/01/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>01/01/1984</b>	Low Occupancy Adjustment Factor:	<b>114.94344%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>266647</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,075,841	1,917,125	977,803	972,428		4,943,197	
1a	Audit Adjustments							
2	Cost Per Diem	41.5543	74.0489	37.7676	37.5600		190.9308	
3	Cost Per Diem Inflated	43.5313	76.6768	39.5644				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>43.5313</b>	<b>76.6768</b>	<b>39.5644</b>	<b>37.5600</b>		<b>197.3325</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.5906		54.4474				
7	Provider Target Rate	<b>50.3700</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>43.5313</b>	<b>76.6768</b>	<b>39.5644</b>	<b>13.6500</b>		<b>173.4225</b>	
12/13	Medical Adjustment Rate		1.3515	0.6974				
14	Prospective Per Diem 11	<b>43.5313</b>	<b>78.0283</b>	<b>40.2618</b>	<b>13.6500</b>		<b>175.4714</b>	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00





**Florida Agency for Health Care Administration**  
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**0 324507-00 - 2015/01**

**212.98**

Rate Semester 01/01/2015 through 08/31/2015

**Peninsula Care and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	03/01/1995	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,750,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,663,554</b>	<b>17.8602</b>
RS to Start Calcs:	<b>1984/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,165,889</b>	<b>0.4930</b>
Indexed Asset Value	<b>5,829,443</b>	Interest Rate:	<b>14.2000%</b>	Insurance Cost(3):	<b>62,894</b>	<b>1.5952</b>
FRVS Base Asset:	<b>3,420,000</b>	Chase Rate:	<b>13.0000%</b>	Taxes Cost(3):	<b>63,778</b>	<b>1.6177</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>14.2000%</b>	Home Office(3):	<b>26,398</b>	<b>0.6696</b>
ROE Factor	<b>0.016670</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>16,054</b>	<b>0.0000</b>
		Yearly Payment:	<b>704,051</b>	Total FRVS PD:		<b>22.2357</b>

- (1) 80% Capital (\$4,663,554) amortized at 14.2000 % for 20 years Principal & Interest of \$704,051 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$17.8602
- (2) 20% ROE (\$1,165,889) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4930
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>43.5313</b>	<b>43.5313</b>	<b>0.7573</b>	<b>42.7740</b>
Direct Care	<b>78.0283</b>	<b>78.0283</b>	<b>1.3575</b>	<b>76.6708</b>
Indirect Care	<b>40.2618</b>	<b>40.2618</b>	<b>0.7005</b>	<b>39.5613</b>
Property	<b>13.6500</b>	<b>22.2357</b>	<b>0.3868</b>	<b>21.8489</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.2244</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>175.4714</b>	<b>184.0571</b>	<b>3.2021</b>	<b>212.9819</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

**0 324507-00 - 2015/01**

**212.98**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	3,642,076	0.00	1.2952	1.2952		120	61.20	3,642,076	3,289,560	
1984/07		0.10	1.9179	1.9179		120	61.20	3,649,062	3,352,680	
1985/01		0.10	1.1471	1.1471		120	61.20	3,653,247	3,391,080	
1985/10		0.20	0.8522	0.8522		120	61.20	3,420,000	3,420,000	1
1986/01		0.20	0.8299	0.8299		120	65.69	3,425,677	3,448,440	
1986/07		0.30	0.2974	0.2974		120	65.69	3,428,733	3,441,840	
1987/01	28,731	0.30	1.0091	1.0091		120	65.69	3,467,843	3,503,400	
1987/07		0.40	0.9007	0.9007		120	65.69	3,480,338	3,530,760	
1988/01		0.40	0.9007	0.9007		120	65.69	3,492,878	3,559,440	
1988/07		0.50	0.5899	0.5899		120	65.91	3,503,182	3,557,520	
1989/01	30,828	0.50	0.5899	0.5899		120	65.91	3,544,344	3,578,520	
1989/07		0.60	0.5899	0.5899		120	59.40	3,556,887	3,602,760	
1990/01		0.60	0.5899	0.5899		120	59.40	3,569,475	3,620,880	
1990/07		0.70	0.5899	0.5899		120	47.82	3,582,289	3,642,240	
1991/01		0.70	0.5899	0.5899		120	47.82	3,595,149	3,663,600	
1991/07		0.80	1.4932	1.4932		120	45.12	3,630,382	3,718,320	
1992/01		0.80	2.0117	2.0117		120	45.12	3,678,314	3,793,080	
1992/07		0.90	1.8152	1.8152		120	47.74	3,730,474	3,861,960	
1993/01		0.90	1.7710	1.7710		120	47.74	3,782,085	3,930,360	
1993/07		1.00	1.5329	1.5329		120	43.35	3,827,780	3,990,600	
1994/01		1.00	1.6983	1.6983		120	43.35	3,879,017	4,058,400	
1994/07		1.00	1.5991	1.5991		120	42.65	3,927,118	4,123,320	
1995/01		1.00	1.5812	1.5812		120	42.65	3,975,270	4,188,480	
1995/07		1.00	1.5250	1.5250		120	44.41	4,024,220	4,252,320	
1996/01		1.00	1.7228	1.7228		120	44.41	4,080,200	4,325,640	
1996/07	59,027	1.00	1.3294	1.3294		120	44.62	4,183,232	4,383,120	
1997/01		1.00	1.4109	1.4109		120	44.62	4,231,114	4,444,920	
1997/07		1.00	1.0917	1.0917		120	37.56	4,262,658	4,493,400	
1998/01		1.00	1.1663	1.1663		120	37.56	4,296,609	4,545,840	
1998/07		1.00	1.0794	1.0794		120	40.96	4,331,148	4,594,920	



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**0 324507-00 - 2015/01**

**212.98**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		120	40.96	4,377,915	4,661,520	
1999/07		1.00	1.2299	1.2299		120	48.48	4,425,376	4,718,880	
2000/01		1.00	1.3356	1.3356		120	48.48	4,477,475	4,781,880	
2000/07	35,706	1.00	1.1129	1.1129		120	50.85	4,559,251	4,835,040	
2001/01		1.00	1.2976	1.2976		120	50.85	4,613,948	4,897,800	
2001/07		1.00	0.9615	0.9615		120	49.95	4,654,238	4,944,840	
2002/01		1.00	1.0301	1.0301		120	57.16	4,702,181	4,995,720	
2002/07		1.00	0.8337	0.8337		120	57.16	4,741,383	5,037,360	
2003/01		1.00	1.3271	1.3271		120	55.69	4,804,306	5,104,200	
2003/07		1.00	1.1664	1.1664		120	55.69	4,860,343	5,163,720	
2004/01	129,217	1.00	1.1103	1.1103		120	59.15	5,043,524	5,221,080	
2004/07	32,288	0.95	0.8378	0.8378		120	59.15	5,115,953	5,264,880	
2005/01		0.95	0.8595	0.8595		120	59.15	5,157,725	5,310,120	
2005/07		0.90	0.7364	0.7364		120	59.15	5,191,910	5,349,240	
2006/01		0.90	0.9068	0.9068		120	59.15	5,234,281	5,397,720	
2006/07	20,522	0.85	0.8133	0.8133		120	59.56	5,290,988	5,441,640	
2007/01		0.85	1.0133	1.0133		120	59.56	5,336,559	5,496,720	
2007/07		0.80	1.1050	1.1050		120	66.08	5,383,734	5,557,440	
2008/01		0.80	0.8556	0.8556		120	66.08	5,420,586	5,604,960	
2008/07		0.75	0.6104	0.6104		120	69.52	5,445,401	5,639,160	
2009/01		0.75	1.3268	1.3268		120	66.42	5,499,588	5,714,040	
2009/07		0.70	0.6841	0.6841		120	66.42	5,499,588	5,753,160	5
2010/01		0.70	0.8643	0.8643		120	66.42	5,559,358	5,802,840	
2010/07		0.65	0.7107	0.7107		120	64.23	5,585,042	5,844,120	
2011/01		0.65	0.9198	0.9198		120	64.23	5,618,435	5,897,880	
2011/07		0.60	0.9028	0.9028		120	65.07	5,648,870	5,951,160	
2012/01		0.60	0.3865	0.3865		120	65.07	5,661,970	5,974,200	
2012/07		0.55	0.9417	0.9417		120	63.54	5,691,293	6,030,480	
2013/01		0.55	0.4901	0.4901		120	63.54	5,706,637	6,060,000	
2013/07	28,508	0.50	0.6196	0.6196		120	67.75	5,752,824	6,097,560	



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212.98

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		120	67.75	5,777,458	6,149,760	
2014/07		0.45	1.2383	1.2383		120	65.67	5,809,650	6,225,960	
2015/01		0.45	0.7571	0.7571		120	65.67	5,829,443	6,273,120	

**Message Code:**

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324507093020131001201204212014151821



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324515-00 - 2015/01**

**216.75**

**Winter Park Care and Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2970 SCARLETT RD</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>103</b>	Superior: <b>0</b>
<b>WINTER PARK, FL 32792</b>	Days in CR <b>365</b>	Maximum: <b>37,595</b>	Standard: <b>243</b>
County: <b>Orange [48]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>37,595</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>31,388</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>4,767</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>17,619</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>56.13292%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>83.48983%</b>	Cost: <b>1.04757614</b>
Open Date: <b>09/01/1979</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/01/1979</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>09/01/1979</b>	Low Occupancy Adjustment Factor:	<b>106.61275%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>11/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>258245</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	897,454	1,282,994	798,286	418,804		3,397,538	
1a	Audit Adjustments							
2	Cost Per Diem	50.9367	72.8188	45.3082	23.7700		192.8337	
3	Cost Per Diem Inflated	53.3601	75.4031	47.4638				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>53.3601</b>	<b>75.4031</b>	<b>47.4638</b>	<b>23.7700</b>		<b>199.9970</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.8082		59.7013				
7	Provider Target Rate	<b>56.8153</b>		<b>61.8876</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>53.3601</b>	<b>75.4031</b>	<b>47.4638</b>	<b>13.6500</b>		<b>189.8770</b>	
12/13	Medical Adjustment Rate		0.5202	0.3275				
14	Prospective Per Diem 11	<b>53.3601</b>	<b>75.9233</b>	<b>47.7913</b>	<b>13.6500</b>		<b>190.7247</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**Winter Park Care and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>08/31/1994</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,750,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1979/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>1,734,667</b>	<b>5.2420</b>
Indexed Asset Value	<b>2,168,334</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>433,667</b>	<b>0.2137</b>
FRVS Base Asset:	<b>1,171,641</b>	Interest Rate:	<b>8.2500%</b>	Insurance Cost(3):	<b>42,713</b>	<b>1.3608</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>70,620</b>	<b>2.2499</b>
ROE Factor	<b>0.016670</b>	Amortization Rate:	<b>8.2500%</b>	Home Office(3):	<b>21,642</b>	<b>0.6895</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>26,658</b>	<b>0.0000</b>
		Yearly Payment:	<b>177,366</b>	Total FRVS PD:		<b>9.7559</b>

- (1) 80% Capital (\$1,734,667) amortized at 8.2500 % for 20 years Principal & Interest of \$177,366 divided by annual available days (37595) divided by Occup. Adj. (0.90) = \$5.2420  
 (2) 20% ROE (\$433,667) times the ROE factor (0.016670) divided by annual available days (37595) divided by Occup. Adj. (0.90) = \$0.2137  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	28,500
Comparison Bed	<b>103</b>	Effective PBS Limitation	52,276
			2,935,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>53.3601</b>	<b>53.3601</b>	<b>0.9283</b>	<b>52.4318</b>
Direct Care	<b>75.9233</b>	<b>75.9233</b>	<b>1.3209</b>	<b>74.6024</b>
Indirect Care	<b>47.7913</b>	<b>47.7913</b>	<b>0.8315</b>	<b>46.9598</b>
Property	<b>13.6500</b>	<b>9.7559</b>	<b>0.1697</b>	<b>9.5862</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>23.2652</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>190.7247</b>	<b>186.8306</b>	<b>3.2504</b>	<b>216.7479</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/07	1,070,229	0.00	4.1982	3.0000	1.1982	103	100.00	1,070,229	2,118,916	
1980/01		0.10	7.3640	3.0000	4.3640	103	41.95	1,072,678	2,249,623	
1980/07		0.10	8.1746	3.0000	5.1746	103	41.95	1,075,132	2,335,319	
1981/01		0.20	8.9986	3.0000	5.9986	103	41.95	1,080,052	2,424,620	
1981/07		0.20	8.5874	3.0000	5.5874	103	41.95	1,084,995	2,487,347	
1982/01		0.30	8.2634	3.0000	5.2634	103	43.27	1,092,677	2,553,988	
1982/07		0.30	7.5611	3.0000	4.5611	103	43.27	1,100,414	2,612,595	
1983/04		0.40	7.1899	3.0000	4.1899	103	43.27	1,110,803	2,681,296	
1983/07		0.40	8.1477	3.0000	5.1477	103	43.27	1,121,290	2,787,386	
1984/01		0.50	6.4429	3.0000	3.4429	103	43.27	1,134,522	2,823,539	
1984/07		0.50	5.3608	3.0000	2.3608	103	43.27	1,147,910	2,877,717	
1985/01		0.60	3.5079	3.0000	0.5079	103	43.27	1,164,166	2,910,677	
1985/10		0.60	1.3601	1.3601		103	43.27	1,171,641	2,935,500	
1986/01		0.70	0.8299	0.8299		103	43.27	1,176,996	2,959,911	
1986/07		0.70	0.2974	0.2974		103	43.27	1,178,924	2,954,246	
1987/01		0.80	1.0091	1.0091		103	8.30	1,178,924	3,007,085	
1987/07		0.80	0.9007	0.9007		103	8.30	1,178,924	3,030,569	
1988/01		0.90	0.9007	0.9007		103	8.30	1,178,924	3,055,186	
1988/07		0.90	0.5899	0.5899		103	8.30	1,178,924	3,053,538	
1989/01		1.00	0.5899	0.5899		103	20.92	1,178,924	3,071,563	
1989/07		1.00	0.5899	0.5899		103	20.92	1,178,924	3,092,369	
1990/01		1.00	0.5899	0.5899		103	20.92	1,178,924	3,107,922	
1990/07		1.00	0.5899	0.5899		103	21.91	1,178,924	3,126,256	
1991/01		1.00	0.5899	0.5899		103	28.76	1,182,561	3,144,590	
1991/07		1.00	1.4932	1.4932		103	28.76	1,191,795	3,191,558	
1992/01		1.00	2.0117	2.0117		103	44.54	1,211,211	3,255,727	
1992/07	17,763	1.00	1.8152	1.8152		103	56.69	1,250,960	3,314,849	
1993/01		1.00	1.7710	1.7710		103	56.69	1,273,115	3,373,559	
1993/07		1.00	1.5329	1.5329		103	64.51	1,292,631	3,425,265	
1994/01		1.00	1.6983	1.6983		103	64.51	1,314,584	3,483,460	



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**0 324515-00 - 2015/01**

**216.75**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07		1.00	1.5991	1.5991		103	74.56	1,335,606	3,539,183	
1995/01		1.00	1.5812	1.5812		103	74.56	1,356,725	3,595,112	
1995/07		1.00	1.5250	1.5250		103	74.56	1,377,415	3,649,908	
1996/01		1.00	1.7228	1.7228		103	74.56	1,401,145	3,712,841	
1996/07		1.00	1.3294	1.3294		103	74.56	1,419,772	3,762,178	
1997/01		1.00	1.4109	1.4109		103	74.56	1,439,804	3,815,223	
1997/07		1.00	1.0917	1.0917		103	68.65	1,455,522	3,856,835	
1998/01		1.00	1.1663	1.1663		103	68.65	1,472,498	3,901,846	
1998/07	37,946	1.00	1.0794	1.0794		103	74.30	1,526,338	3,943,973	
1999/01		1.00	1.4499	1.4499		103	74.30	1,548,468	4,001,138	
1999/07		1.00	1.2299	1.2299		103	72.63	1,567,513	4,050,372	
2000/01		0.95	1.3356	1.3356		103	72.63	1,587,402	4,104,447	
2000/07	36,535	0.95	1.1129	1.1129		103	71.66	1,640,721	4,150,076	
2001/01		0.90	1.2976	1.2976		103	71.66	1,659,881	4,203,945	
2001/07		0.90	0.9615	0.9615		103	71.23	1,674,246	4,244,321	
2002/01		0.85	1.0301	1.0301		103	61.90	1,688,906	4,287,993	
2002/07	39,084	0.85	0.8337	0.8337		103	64.81	1,739,958	4,323,734	
2003/01	88,680	0.80	1.3271	1.3271		103	64.81	1,847,111	4,381,105	
2003/07	16,111	0.80	1.1664	1.1664		103	64.81	1,880,457	4,432,193	
2004/01		0.75	1.1103	1.1103		103	64.81	1,896,116	4,481,427	
2004/07		0.75	0.8378	0.8378		103	64.81	1,908,031	4,519,022	
2005/01		0.70	0.8595	0.8595		103	64.81	1,919,512	4,557,853	
2005/07	64,776	0.70	0.7364	0.7364		103	62.63	1,994,183	4,591,431	
2006/01		0.65	0.9068	0.9068		103	62.63	2,005,937	4,633,043	
2006/07		0.65	0.8133	0.8133		103	60.16	2,016,540	4,670,741	
2007/01		0.60	1.0133	1.0133		103	60.16	2,028,801	4,718,018	
2007/07		0.60	1.1050	1.1050		103	65.98	2,042,252	4,770,136	
2008/01		0.55	0.8556	0.8556		103	65.98	2,051,863	4,810,924	
2008/07		0.55	0.6104	0.6104		103	65.82	2,058,751	4,840,279	
2009/01		0.50	1.3268	1.3268		103	69.61	2,072,409	4,904,551	





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**0 324515-00 - 2015/01**

**216.75**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		0.50	0.6841	0.6841		103	69.61	2,079,499	4,938,129	
2010/01		0.45	0.8643	0.8643		103	69.61	2,087,586	4,980,771	
2010/07		0.45	0.7107	0.7107		103	67.95	2,094,262	5,016,203	
2011/01		0.40	0.9198	0.9198		103	67.95	2,101,967	5,062,347	
2011/07		0.40	0.9028	0.9028		103	64.35	2,109,557	5,108,079	
2012/01		0.35	0.3865	0.3865		103	63.31	2,112,411	5,127,855	
2012/07		0.35	0.9417	0.9417		103	63.31	2,119,374	5,176,162	
2013/01		0.30	0.4901	0.4901		103	63.31	2,122,489	5,201,500	
2013/07	27,328	0.30	0.6196	0.6196		103	65.29	2,153,763	5,233,739	
2014/01		0.25	0.8564	0.8564		103	65.29	2,158,374	5,278,544	
2014/07		0.25	1.2383	1.2383		103	56.13	2,165,056	5,343,949	
2015/01		0.20	0.7571	0.7571		103	56.13	2,168,334	5,384,428	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 324515093020131001201204222014163038



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 324566-00 - 2015/01**

**218.65**

**Southern Oaks Rehabilitation and Nursing Center**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>600 WEST GREGORY STREET</b>	<b>1/1/2013-12/31/2013</b>	Number of Beds: <b>210</b>	Superior: <b>0</b>
<b>PENSACOLA , FL 32501</b>	Days in CR <b>365</b>	Maximum: <b>76,650</b>	Standard: <b>243</b>
County: <b>Escambia [17]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>76,650</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>1</b>	Last Used: <b>2015/01</b>	Total Patient: <b>65,654</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>5,525</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>55,636</b>	FY Index: <b>1.31456505</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>84.74122%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>85.65427%</b>	Cost: <b>1.04340134</b>
Open Date: <b>10/01/1978</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1978</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21500000</b>
Entered Medicaid <b>10/01/1978</b>	Low Occupancy Adjustment Factor:	<b>109.37664%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/31/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03250618</b>
Previous Med # <b>260631</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,516,627	5,058,916	2,854,564	1,438,191		11,868,298	
1a	Audit Adjustments							
2	Cost Per Diem	45.2338	90.9288	51.3079	25.8500		213.3205	
3	Cost Per Diem Inflated	47.1970	93.8845	53.5347				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>47.1970</b>	<b>93.8845</b>	<b>53.5347</b>	<b>25.8500</b>		<b>220.4662</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7438		67.5864				
7	Provider Target Rate	<b>55.7119</b>		<b>70.0615</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation	<b>57.2488</b>		<b>59.8051</b>				
10b	Base for line 10a	55.2264		57.6924				
11	Lesser of 5,7,8,10, 10a	<b>47.1970</b>	<b>93.8845</b>	<b>53.5347</b>	<b>13.6500</b>		<b>208.2662</b>	
12/13	Medical Adjustment Rate		3.6694	2.0923				
14	Prospective Per Diem 11	<b>47.1970</b>	<b>97.5539</b>	<b>55.6270</b>	<b>13.6500</b>		<b>214.0279</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**218.65**

Rate Semester 01/01/2015 through 08/31/2015

**Southern Oaks Rehabilitation and Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	11/01/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,485,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,104,427 4.8110
RS to Start Calcs:	1978/07	<60% of Base:	False	20% ROE(2):	1,026,107 0.2789
Indexed Asset Value	5,130,534	Interest Rate:	5.2500%	Insurance Cost(3):	190,964 2.9086
FRVS Base Asset:	2,938,978	Chase Rate:	4.2500%	Taxes Cost(3):	55,637 0.8474
Occup Adj Factor	0.9000	Amortization Rate:	5.2500%	Home Office(3):	19,057 0.2903
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	40,351 0.0000
		Yearly Payment:	331,889	Total FRVS PD:	9.1362

- (1) 80% Capital (\$4,104,427) amortized at 5.2500 % for 20 years Principal & Interest of \$331,889 divided by annual available days (76650) divided by Occup. Adj. (0.90) = \$4.8110
- (2) 20% ROE (\$1,026,107) times the ROE factor (0.018750) divided by annual available days (76650) divided by Occup. Adj. (0.90) = \$0.2789
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	210	Effective PBS Limitation	5,985,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.1970	47.1970	0.8211	46.3759
Direct Care	97.5539	97.5539	1.6972	95.8567
Indirect Care	55.6270	55.6270	0.9678	54.6592
Property	13.6500	9.1362	0.1589	8.9773
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.8773
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>214.0279</b>	<b>209.5141</b>	<b>3.6450</b>	<b>218.6489</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/07	2,401,774	0.00	5.5395	3.0000	2.5395	210	100.00	2,401,774	3,943,800	
1979/01	26,817	0.10	7.6667	3.0000	4.6667	210	100.00	2,435,796	4,146,030	
1979/07		0.10	8.8649	3.0000	5.8649	210	100.00	2,443,103	4,320,120	
1980/01		0.20	12.0306	3.0000	9.0306	210	85.10	2,457,762	4,586,610	
1980/07	13,848	0.20	12.8413	3.0000	9.8413	210	85.69	2,486,357	4,761,330	
1981/01	10,343	0.30	13.6653	3.0000	10.6653	210	87.96	2,519,077	4,943,400	
1981/07	954	0.30	13.2541	3.0000	10.2541	210	87.96	2,542,703	5,071,290	
1982/01	1,594	0.40	12.9301	3.0000	9.9301	210	89.78	2,574,809	5,207,160	
1982/07	6,141	0.40	12.2278	3.0000	9.2278	210	87.87	2,611,848	5,326,650	
1983/04	5,347	0.50	11.8566	3.0000	8.8566	210	87.46	2,656,373	5,466,720	
1983/07	4,013	0.50	12.8144	3.0000	9.8144	210	87.46	2,700,232	5,683,020	
1984/01	3,764	0.60	11.1096	3.0000	8.1096	210	88.88	2,752,600	5,756,730	
1984/07	9,694	0.60	10.0275	3.0000	7.0275	210	88.88	2,811,841	5,867,190	
1985/01	1,154	0.70	8.1746	3.0000	5.1746	210	88.93	2,872,044	5,934,390	
1985/10	6,621	0.70	6.0268	3.0000	3.0268	210	88.93	2,938,978	5,985,000	
1986/01		0.80	3.8567	3.0000	0.8567	210	88.93	3,009,513	6,034,770	
1986/07		0.80	1.1541	1.1541		210	88.93	3,037,300	6,023,220	
1987/01		0.90	1.0091	1.0091		210	88.93	3,064,885	6,130,950	
1987/07		0.90	0.9007	0.9007		210	85.65	3,089,729	6,178,830	
1988/01		1.00	0.9007	0.9007		210	85.65	3,117,558	6,229,020	
1988/07		1.00	0.5899	0.5899		210	85.75	3,135,948	6,225,660	
1989/01		1.00	0.5899	0.5899		210	85.75	3,154,447	6,262,410	
1989/07		1.00	0.5899	0.5899		210	88.00	3,173,055	6,304,830	
1990/01		1.00	0.5899	0.5899		210	88.00	3,191,773	6,336,540	
1990/07		1.00	0.5899	0.5899		210	91.16	3,210,601	6,373,920	
1991/01		1.00	0.5899	0.5899		210	91.16	3,229,540	6,411,300	
1991/07		1.00	1.4932	1.4932		210	91.16	3,229,540	6,507,060	5
1992/01		1.00	2.0117	2.0117		210	91.16	3,277,763	6,637,890	5
1992/07		1.00	1.8152	1.8152		210	91.16	3,404,397	6,758,430	
1993/01		1.00	1.7710	1.7710		210	91.16	3,464,689	6,878,130	



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**218.65**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07		1.00	1.5329	1.5329		210	91.16	3,517,799	6,983,550	
1994/01	54,611	1.00	1.6983	1.6983		210	89.93	3,632,153	7,102,200	
1994/07		1.00	1.5991	1.5991		210	89.93	3,690,235	7,215,810	
1995/01		1.00	1.5812	1.5812		210	87.05	3,748,585	7,329,840	
1995/07		1.00	1.5250	1.5250		210	87.05	3,805,751	7,441,560	
1996/01		1.00	1.7228	1.7228		210	87.45	3,871,316	7,569,870	
1996/07	60,616	1.00	1.3294	1.3294		210	84.20	3,983,397	7,670,460	
1997/01	22,122	1.00	1.4109	1.4109		210	84.20	4,061,721	7,778,610	
1997/07		1.00	1.0917	1.0917		210	84.20	4,106,063	7,863,450	
1998/01		1.00	1.1663	1.1663		210	84.20	4,153,952	7,955,220	
1998/07		1.00	1.0794	1.0794		210	84.20	4,198,790	8,041,110	
1999/01		0.95	1.4499	1.4499		210	84.20	4,256,624	8,157,660	
1999/07		0.95	1.2299	1.2299		210	84.25	4,306,358	8,258,040	
2000/01		0.90	1.3356	1.3356		210	84.25	4,358,120	8,368,290	
2000/07		0.90	1.1129	1.1129		210	88.41	4,401,771	8,461,320	11
2001/01		0.90	1.1129	1.1129		210	87.24	4,401,771	8,571,150	11
2001/07		0.90	1.1129	1.1129		210		4,401,771	8,653,470	11
2002/01		0.90	1.1129	1.1129		210		4,401,771	8,742,510	11
2002/07		0.90	1.1129	1.1129		210		4,401,771	8,815,380	11
2003/01	25,280	0.90	1.3271	1.3271		210	68.64	4,427,051	8,932,350	12
2003/07	10,809	0.85	1.1664	1.1664		210	68.64	4,437,860	9,036,510	5
2004/01		0.85	1.1103	1.1103		210	68.64	4,481,750	9,136,890	5
2004/07		0.80	0.8378	0.8378		210	68.64	4,524,049	9,213,540	5
2005/01		0.80	0.8595	0.8595		210	68.64	4,585,685	9,292,710	
2005/07		0.75	0.7364	0.7364		210	68.64	4,611,012	9,361,170	
2006/01		0.75	0.9068	0.9068		210	68.64	4,642,371	9,446,010	
2006/07	43,700	0.70	0.8133	0.8133		210	75.63	4,712,500	9,522,870	
2007/01		0.70	1.0133	1.0133		210	79.50	4,745,926	9,619,260	
2007/07		0.65	1.1050	1.1050		210	83.56	4,780,016	9,725,520	
2008/01		0.65	0.8556	0.8556		210	83.56	4,806,598	9,808,680	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		0.60	0.6104	0.6104		210	83.56	4,824,200	9,868,530	
2009/01		0.60	1.3268	1.3268		210	83.56	4,862,605	9,999,570	
2009/07		0.55	0.6841	0.6841		210	83.56	4,880,903	10,068,030	
2010/01		0.55	0.8643	0.8643		210	83.56	4,904,107	10,154,970	
2010/07		0.50	0.7107	0.7107		210	83.56	4,921,536	10,227,210	
2011/01	38,078	0.50	0.9198	0.9198		210	75.87	4,982,248	10,321,290	
2011/07		0.45	0.9028	0.9028		210	75.87	5,002,491	10,414,530	
2012/01		0.45	0.3865	0.3865		210	79.67	5,002,491	10,454,850	5
2012/07		0.40	0.9417	0.9417		210	81.40	5,030,067	10,553,340	
2013/01		0.40	0.4901	0.4901		210	81.40	5,039,926	10,605,000	
2013/07		0.35	0.6196	0.6196		210	81.40	5,050,858	10,670,730	
2014/01	33,968	0.35	0.8564	0.8564		210	84.70	5,099,963	10,762,080	
2014/07		0.30	1.2383	1.2383		210	84.70	5,118,909	10,895,430	
2015/01		0.30	0.7571	0.7571		210	84.74	5,130,534	10,977,960	

**Message Code:**

5	Uncorrected Licensure Deficiency
11	Not in Medicaid
12	Re-Entry to Medicaid



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**0 325031-00 - 2015/01**

**266.64**

**Terraces of Lake Worth Rehab and Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1711 6TH AVENUE SOUTH</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>99</b>	Superior: <b>0</b>
<b>LAKE WORTH, FL 33460</b>	Days in CR <b>365</b>	Maximum: <b>36,135</b>	Standard: <b>243</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>36,135</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>33,167</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>3,383</b>	Inflation
Current Class <b>South Small</b>	Initial CR? <b>False</b>	Medicaid: <b>27,621</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>South Small</b>	Medical Utilization	<b>83.27856%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.78636%</b>	Cost: <b>1.04336242</b>
Open Date: <b>07/01/1977</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1977</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>01/01/1979</b>	Low Occupancy Adjustment Factor:	<b>117.20704%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>08/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med # <b>309303</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,290,827	2,487,799	1,756,140	1,328,570		6,863,336
1a	Audit Adjustments						
2	Cost Per Diem	46.7335	90.0691	63.5799	48.1000		248.4825
3	Cost Per Diem Inflated	48.7600	92.7934	66.3369			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>48.7600</b>	<b>92.7934</b>	<b>66.3369</b>	<b>48.1000</b>		<b>255.9903</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	75.6611		87.4317			
7	Provider Target Rate	<b>78.4319</b>		<b>90.6335</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359			
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>			
10a	New Provider Target Limitation	<b>64.6936</b>		<b>82.3072</b>			
10b	Base for line 10a	62.4082		79.3995			
11	Lesser of 5,7,8,10, 10a	<b>48.7600</b>	<b>92.7934</b>	<b>66.3369</b>	<b>13.6500</b>		<b>221.5403</b>
12/13	Medical Adjustment Rate		3.4740	2.4835			
14	Prospective Per Diem 11	<b>48.7600</b>	<b>96.2674</b>	<b>68.8204</b>	<b>13.6500</b>		<b>227.4978</b>
15	Inflated Usual & Customary Charge						0.00



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Rate Semester 01/01/2015 through 08/31/2015

**Terraces of Lake Worth Rehab and Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/01/1986	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,768,698.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>4,057,834 14.7480</b>
RS to Start Calcs:	<b>1977/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,014,459 0.6270</b>
Indexed Asset Value	<b>5,072,293</b>	Interest Rate:	<b>10.3000%</b>	Insurance Cost(3):	<b>147,176 4.4374</b>
FRVS Base Asset:	<b>1,103,813</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>73,934 2.2291</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>10.3000%</b>	Home Office(3):	<b>9,627 0.2903</b>
ROE Factor	<b>0.020100</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>21,062 0.0000</b>
		Yearly Payment:	<b>479,627</b>	Total FRVS PD:	<b>22.3318</b>

- (1) 80% Capital (\$4,057,834) amortized at 10.3000 % for 20 years Principal & Interest of \$479,627 divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$14.7480
- (2) 20% ROE (\$1,014,459) times the ROE factor (0.020100) divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$0.6270
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>99</b>	Effective PBS Limitation	2,821,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>48.7600</b>	<b>48.7600</b>	<b>0.8483</b>	<b>47.9117</b>
Direct Care	<b>96.2674</b>	<b>96.2674</b>	<b>1.6748</b>	<b>94.5926</b>
Indirect Care	<b>68.8204</b>	<b>68.8204</b>	<b>1.1973</b>	<b>67.6231</b>
Property	<b>13.6500</b>	<b>22.3318</b>	<b>0.3885</b>	<b>21.9433</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>24.6700</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>227.4978</b>	<b>236.1796</b>	<b>4.1089</b>	<b>266.6432</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
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**0 325031-00 - 2015/01**

**266.64**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1977/07	929,446	0.00	5.0576	3.0000	2.0576	99	100.00	929,446	1,681,911	
1978/01		0.10	6.7973	3.0000	3.7973	99	100.00	932,234	1,761,705	
1978/07		0.10	9.3367	3.0000	6.3367	99	100.00	935,031	1,859,220	
1979/01		0.20	11.4640	3.0000	8.4640	99	100.00	940,641	1,954,557	
1979/07		0.20	12.6622	3.0000	9.6622	99	100.00	946,285	2,036,628	
1980/01		0.30	15.8279	3.0000	12.8279	99	50.57	954,116	2,162,259	
1980/07		0.30	16.6385	3.0000	13.6385	99	50.57	962,011	2,244,627	
1981/01		0.40	17.4626	3.0000	14.4626	99	51.40	972,800	2,330,460	
1981/07		0.40	17.0514	3.0000	14.0514	99	51.40	983,710	2,390,751	
1982/01		0.50	16.7274	3.0000	13.7274	99	45.16	995,826	2,454,804	
1982/07		0.50	16.0251	3.0000	13.0251	99	45.16	1,008,091	2,511,135	
1983/04		0.60	15.6539	3.0000	12.6539	99	37.69	1,020,526	2,577,168	
1983/07		0.60	16.6117	3.0000	13.6117	99	37.69	1,033,114	2,679,138	
1984/01		0.70	14.9069	3.0000	11.9069	99	38.34	1,048,238	2,713,887	
1984/07		0.70	13.8248	3.0000	10.8248	99	38.34	1,063,583	2,765,961	
1985/01		0.80	11.9719	3.0000	8.9719	99	37.69	1,081,075	2,797,641	
1985/10		0.80	9.8241	3.0000	6.8241	99	48.20	1,103,813	2,821,500	
1986/01		0.90	7.6540	3.0000	4.6540	99	48.20	1,129,931	2,844,963	
1986/07		0.90	4.9514	3.0000	1.9514	99	45.29	1,155,053	2,839,518	
1987/01		1.00	2.9605	2.9605		99	48.20	1,185,021	2,890,305	
1987/07		1.00	0.9007	0.9007		99	44.60	1,193,676	2,912,877	
1988/01		1.00	0.9007	0.9007		99	44.60	1,202,394	2,936,538	
1988/07		1.00	0.5899	0.5899		99	43.53	1,208,008	2,934,954	
1989/01		1.00	0.5899	0.5899		99	43.53	1,213,648	2,952,279	
1989/07		1.00	0.5899	0.5899		99	43.67	1,219,332	2,972,277	
1990/01		1.00	0.5899	0.5899		99	43.67	1,225,043	2,987,226	
1990/07		1.00	0.5899	0.5899		99	49.05	1,231,488	3,004,848	
1991/01		1.00	0.5899	0.5899		99	49.05	1,237,967	3,022,470	
1991/07		1.00	1.4932	1.4932		99	51.85	1,237,967	3,067,614	5
1992/01		1.00	2.0117	2.0117		99	51.85	1,255,394	3,129,291	5



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**266.64**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07		1.00	1.8152	1.8152		99	60.66	1,279,202	3,186,117	5
1993/01		1.00	1.7710	1.7710		99	60.66	1,302,422	3,242,547	5
1993/07		1.00	1.5329	1.5329		99	62.87	1,345,806	3,292,245	
1994/01		1.00	1.6983	1.6983		99	62.87	1,368,662	3,348,180	
1994/07		1.00	1.5991	1.5991		99	64.03	1,390,548	3,401,739	
1995/01		1.00	1.5812	1.5812		99	64.03	1,412,535	3,455,496	
1995/07		1.00	1.5250	1.5250		99	63.25	1,434,076	3,508,164	
1996/01		1.00	1.7228	1.7228		99	63.25	1,458,782	3,568,653	
1996/07		1.00	1.3294	1.3294		99	67.35	1,478,175	3,616,074	
1997/01		1.00	1.4109	1.4109		99	67.35	1,499,031	3,667,059	
1997/07		1.00	1.0917	1.0917		99	65.55	1,515,396	3,707,055	
1998/01		0.95	1.1663	1.1663		99	65.55	1,532,187	3,750,318	
1998/07		0.95	1.0794	1.0794		99	67.10	1,532,187	3,790,809	5
1999/01		0.90	1.4499	1.4499		99	67.10	1,568,097	3,845,754	
1999/07		0.90	1.2299	1.2299		99	67.10	1,568,097	3,893,076	5
2000/01	1,605,551	0.85	1.3356	1.3356		99	65.61	3,209,005	3,945,051	
2000/07	12,380	0.85	1.1129	1.1129		99	65.61	3,251,742	3,988,908	
2001/01		0.80	1.2976	1.2976		99	65.61	3,285,498	4,040,685	
2001/07		0.80	0.9615	0.9615		99	65.61	3,285,498	4,079,493	5
2002/01	683,852	0.75	1.0301	1.0301		99	68.84	4,020,201	4,121,469	
2002/07		0.75	0.8337	0.8337		99	68.84	4,045,339	4,155,822	
2003/01		0.70	1.3271	1.3271		99	68.09	4,082,920	4,210,965	
2003/07		0.70	1.1664	1.1664		99	68.09	4,116,257	4,260,069	
2004/01		0.65	1.1103	1.1103		99	73.83	4,145,964	4,307,391	
2004/07		0.65	0.8378	0.8378		99	73.83	4,168,543	4,343,526	
2005/01		0.60	0.8595	0.8595		99	76.01	4,168,543	4,380,849	5
2005/07		0.60	0.7364	0.7364		99	76.01	4,208,552	4,413,123	
2006/01		0.55	0.9068	0.9068		99	76.01	4,229,540	4,453,119	
2006/07		0.55	0.8133	0.8133		99	80.47	4,248,459	4,489,353	
2007/01		0.50	1.0133	1.0133		99	80.47	4,269,986	4,534,794	



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**266.64**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07	12,790	0.50	1.1050	1.1050		99	77.71	4,306,368	4,584,888	
2008/01	4,009	0.45	0.8556	0.8556		99	77.71	4,326,957	4,624,092	
2008/07		0.45	0.6104	0.6104		99	77.71	4,338,843	4,652,307	
2009/01		0.40	1.3268	1.3268		99	77.71	4,361,869	4,714,083	
2009/07		0.40	0.6841	0.6841		99	77.71	4,373,803	4,746,357	
2010/01	253,474	0.35	0.8643	0.8643		99	77.23	4,640,508	4,787,343	
2010/07	18,100	0.35	0.7107	0.7107		99	80.22	4,670,149	4,821,399	
2011/01		0.30	0.9198	0.9198		99	80.22	4,683,034	4,865,751	
2011/07		0.30	0.9028	0.9028		99	80.22	4,695,716	4,909,707	
2012/01	30,675	0.25	0.3865	0.3865		99	77.85	4,730,927	4,928,715	
2012/07		0.25	0.9417	0.9417		99	77.85	4,742,064	4,975,146	
2013/01	24,976	0.20	0.4901	0.4901		99	80.75	4,771,687	4,999,500	
2013/07		0.20	0.6196	0.6196		99	80.75	4,777,599	5,030,487	
2014/01	275,323	0.15	0.8564	0.8564		99	85.93	5,059,061	5,073,552	
2014/07		0.15	1.2383	1.2383		99	85.93	5,068,456	5,136,417	
2015/01		0.10	0.7571	0.7571		99	83.28	5,072,293	5,175,324	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 325040-00 - 2015/01**

**240.24**

**Arbor Village Nursing Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>490 S OLD WIRE RD</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>180</b>	Superior: <b>0</b>
<b>WILDWOOD, FL 34785</b>	Days in CR <b>365</b>	Maximum: <b>67,470</b>	Standard: <b>243</b>
County: <b>Sumter [60]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>62,817</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>13,590</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>41,428</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>65.95030%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.10360%</b>	Cost: <b>1.04336242</b>
Open Date: <b>05/01/1982</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/01/1982</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>05/01/1982</b>	Low Occupancy Adjustment Factor:	<b>118.88910%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>08/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med # <b>283142</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,745,542	3,754,578	2,242,641	2,438,866		10,181,627	
1a	Audit Adjustments							
2	Cost Per Diem	42.1344	90.6290	54.1335	58.8700		245.7669	
3	Cost Per Diem Inflated	43.9614	93.3702	56.4809				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>43.9614</b>	<b>93.3702</b>	<b>56.4809</b>	<b>58.8700</b>		<b>252.6825</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.6619		66.0743				
7	Provider Target Rate	<b>57.7003</b>		<b>68.4940</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation	<b>50.2145</b>		<b>65.0186</b>				
10b	Base for line 10a	48.4406		62.7217				
11	Lesser of 5,7,8,10, 10a	<b>43.9614</b>	<b>93.3702</b>	<b>56.4809</b>	<b>13.6500</b>		<b>207.4625</b>	
12/13	Medical Adjustment Rate		1.6754	1.0135				
14	Prospective Per Diem 11	<b>43.9614</b>	<b>95.0456</b>	<b>57.4944</b>	<b>13.6500</b>		<b>210.1514</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**Arbor Village Nursing Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	6,300,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>6,873,114</b>	<b>11.8850</b>
RS to Start Calcs:	<b>1982/01</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,718,279</b>	<b>0.5841</b>
Indexed Asset Value	<b>8,591,393</b>	Interest Rate:	<b>9.0000%</b>	Insurance Cost(3):	<b>177,817</b>	<b>2.8307</b>
FRVS Base Asset:	<b>2,419,632</b>	Chase Rate:	<b>5.2500%</b>	Taxes Cost(3):	<b>69,852</b>	<b>1.1120</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>8.2500%</b>	Home Office(3):	<b>18,233</b>	<b>0.2903</b>
ROE Factor	<b>0.020100</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>45,701</b>	<b>0.0000</b>
		Yearly Payment:	<b>702,761</b>	Total FRVS PD:		<b>16.7021</b>

- (1) 80% Capital (\$6,873,114) amortized at 8.2500 % for 20 years Principal & Interest of \$702,761 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$11.8850
- (2) 20% ROE (\$1,718,279) times the ROE factor (0.020100) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.5841
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>180</b>	Effective PBS Limitation	5,130,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>43.9614</b>	<b>43.9614</b>	<b>0.7648</b>	<b>43.1966</b>
Direct Care	<b>95.0456</b>	<b>95.0456</b>	<b>1.6536</b>	<b>93.3920</b>
Indirect Care	<b>57.4944</b>	<b>57.4944</b>	<b>1.0003</b>	<b>56.4941</b>
Property	<b>13.6500</b>	<b>16.7021</b>	<b>0.2906</b>	<b>16.4115</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>20.8406</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>210.1514</b>	<b>213.2035</b>	<b>3.7093</b>	<b>240.2373</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	1,345,208	0.00	2.6760	2.6760		180	66.29	1,345,208	4,463,280	
1982/07		0.10	2.2977	2.2977		180	66.29	1,348,299	4,565,700	
1983/04	995,681	0.10	2.6288	2.6288		120	66.29	2,347,525	3,123,840	
1983/07		0.20	3.9578	3.0000	0.9578	120	66.29	2,361,610	3,247,440	
1984/01	17,142	0.20	2.2530	2.2530		120	67.54	2,389,393	3,289,560	
1984/07		0.30	1.9179	1.9179		120	67.54	2,403,142	3,352,680	
1985/01		0.30	1.1471	1.1471		120	70.79	2,411,411	3,391,080	
1985/10		0.40	0.8522	0.8522		120	70.79	2,419,632	3,420,000	
1986/01		0.40	0.8299	0.8299		120	73.17	2,427,665	3,448,440	
1986/07		0.50	0.2974	0.2974		120	73.17	2,431,275	3,441,840	
1987/01		0.50	1.0091	1.0091		120	71.73	2,443,543	3,503,400	
1987/07		0.60	0.9007	0.9007		120	71.73	2,456,748	3,530,760	
1988/01		0.60	0.9007	0.9007		120	71.73	2,470,024	3,559,440	
1988/07	1,765,380	0.70	0.5899	0.5899		180	71.73	4,245,603	5,336,280	
1989/01		0.70	0.5899	0.5899		180	71.73	4,263,133	5,367,780	
1989/07		0.80	0.5899	0.5899		180	71.73	4,283,251	5,404,140	
1990/01		0.80	0.5899	0.5899		180	68.82	4,303,464	5,431,320	
1990/07	68,522	0.90	0.5899	0.5899		180	68.82	4,394,833	5,463,360	
1991/01		0.90	0.5899	0.5899		180	68.82	4,418,165	5,495,400	
1991/07		1.00	1.4932	1.4932		180	72.71	4,484,137	5,577,480	
1992/01		1.00	2.0117	2.0117		180	72.71	4,574,344	5,689,620	
1992/07		1.00	1.8152	1.8152		180	70.12	4,657,377	5,792,940	
1993/01		1.00	1.7710	1.7710		180	70.12	4,739,859	5,895,540	
1993/07		1.00	1.5329	1.5329		180	70.83	4,812,516	5,985,900	
1994/01		1.00	1.6983	1.6983		180	70.83	4,894,247	6,087,600	
1994/07		1.00	1.5991	1.5991		180	75.54	4,972,511	6,184,980	
1995/01		1.00	1.5812	1.5812		180	75.54	5,051,136	6,282,720	
1995/07	31,628	1.00	1.5250	1.5250		180	78.60	5,159,794	6,378,480	
1996/01		1.00	1.7228	1.7228		180	78.60	5,248,687	6,488,460	
1996/07		1.00	1.3294	1.3294		180	82.46	5,318,463	6,574,680	



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**240.24**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		180	82.46	5,393,501	6,667,380	
1997/07		1.00	1.0917	1.0917		180	85.37	5,452,382	6,740,100	
1998/01		1.00	1.1663	1.1663		180	85.37	5,515,973	6,818,760	
1998/07	1,138,447	1.00	1.0794	1.0794		210	83.48	6,713,959	8,041,110	
1999/01	29,777	1.00	1.4499	1.4499		210	79.08	6,841,082	8,157,660	
1999/07		1.00	1.2299	1.2299		210	79.08	6,925,220	8,258,040	
2000/01	25,788	1.00	1.3356	1.3356		210	79.08	7,043,501	8,368,290	
2000/07		1.00	1.1129	1.1129		210	79.08	7,121,888	8,461,320	
2001/01		1.00	1.2976	1.2976		210	79.08	7,214,302	8,571,150	
2001/07		1.00	0.9615	0.9615		210	75.28	7,283,668	8,653,470	
2002/01		1.00	1.0301	1.0301		210	75.28	7,358,697	8,742,510	
2002/07		0.95	0.8337	0.8337		210	75.28	7,358,697	8,815,380	5
2003/01		0.95	1.3271	1.3271		210	75.28	7,416,978	8,932,350	5
2003/07		0.90	1.1664	1.1664		210	75.28	7,589,329	9,036,510	
2004/01		0.90	1.1103	1.1103		210	75.28	7,665,169	9,136,890	
2004/07		0.85	0.8378	0.8378		210	64.31	7,719,753	9,213,540	
2005/01		0.85	0.8595	0.8595		210	64.31	7,776,154	9,292,710	
2005/07		0.80	0.7364	0.7364		210	64.31	7,821,963	9,361,170	
2006/01		0.80	0.9068	0.9068		210	64.31	7,878,704	9,446,010	
2006/07		0.75	0.8133	0.8133		210	64.31	7,926,764	9,522,870	
2007/01		0.75	1.0133	1.0133		210	64.31	7,987,007	9,619,260	
2007/07	21,441	0.70	1.1050	1.1050		210	55.70	8,070,227	9,725,520	
2008/01	906	0.70	0.8556	0.8556		210	55.70	8,119,466	9,808,680	
2008/07		0.65	0.6104	0.6104		210	55.70	8,151,684	9,868,530	
2009/01		0.65	1.3268	1.3268		210	55.70	8,221,984	9,999,570	
2009/07		0.60	0.6841	0.6841		210	55.70	8,255,735	10,068,030	
2010/01		0.60	0.8643	0.8643		210	55.70	8,298,549	10,154,970	
2010/07		0.55	0.7107	0.7107		210	59.21	8,330,988	10,227,210	
2011/01		0.55	0.9198	0.9198		210	58.97	8,373,134	10,321,290	
2011/07		0.50	0.9028	0.9028		210	58.97	8,410,930	10,414,530	



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0 325040-00 - 2015/01

240.24

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		210	58.87	8,427,188	10,454,850	
2012/07		0.45	0.9417	0.9417		210	58.87	8,462,902	10,553,340	
2013/01		0.45	0.4901	0.4901		210	56.87	8,481,563	10,605,000	
2013/07		0.40	0.6196	0.6196		210	56.87	8,502,580	10,670,730	
2014/01		0.40	0.8564	0.8564		210	56.96	8,531,710	10,762,080	
2014/07		0.35	1.2383	1.2383		180	65.95	8,568,686	9,338,940	
2015/01		0.35	0.7571	0.7571		180	65.95	8,591,393	9,409,680	

**Message Code:**

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 325040022820140301201304252014134116





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325163-00 - 2015/01**

**273.14**

**North Lake Rehabilitation and Health Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>750 BAYBERRY DRIVE</b>	<b>3/1/2013-2/28/2014</b>	Number of Beds: <b>85</b>	Superior: <b>0</b>
<b>LAKE PARK, FL 33403</b>	Days in CR <b>365</b>	Maximum: <b>31,025</b>	Standard: <b>229</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>31,025</b>	Conditional: <b>14</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>27,173</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>1,191</b>	Inflation
Current Class <b>South Small</b>	Initial CR? <b>False</b>	Medicaid: <b>25,130</b>	FY Index: <b>1.31461409</b>
Class at 1/94: <b>South Small</b>	Medical Utilization	<b>92.48151%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>87.58421%</b>	Cost: <b>1.04336242</b>
Open Date: <b>01/01/1970</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1970</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21766521</b>
Entered Medicaid <b>01/01/1970</b>	Low Occupancy Adjustment Factor:	<b>111.84109%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>09/01/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03024624</b>
Previous Med # <b>309281</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,265,640	2,364,180	1,792,178	935,841		6,357,839
1a	Audit Adjustments						
2	Cost Per Diem	50.3637	94.0780	71.3163	37.2400		252.9980
3	Cost Per Diem Inflated	52.5476	96.9235	74.4087			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>52.5476</b>	<b>96.9235</b>	<b>74.4087</b>	<b>37.2400</b>		<b>261.1198</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	77.9147		91.0234			
7	Provider Target Rate	<b>80.7680</b>		<b>94.3568</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359			
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>			
10a	New Provider Target Limitation	<b>68.5980</b>		<b>83.6744</b>			
10b	Base for line 10a	66.1746		80.7184			
11	Lesser of 5,7,8,10, 10a	<b>52.5476</b>	<b>96.9235</b>	<b>74.4087</b>	<b>13.6500</b>		<b>237.5298</b>
12/13	Medical Adjustment Rate		4.1103	3.1555			
14	Prospective Per Diem 11	<b>52.5476</b>	<b>101.0338</b>	<b>77.5642</b>	<b>13.6500</b>		<b>244.7956</b>
15	Inflated Usual & Customary Charge						0.00



**Florida Agency for Health Care Administration**  
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**273.14**

Rate Semester 01/01/2015 through 08/31/2015

**North Lake Rehabilitation and Health Center**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

FRVS Status as of this Semester		Mortgage Information		Calculation of FRVS Per Diem		
Began FRVS:	<b>02/01/2000</b>	Amount:	<b>500,000.00</b>		Total Amount	Per Diem
Year of Phase-In/Full:		Type:	<b>Fixed</b>	80% Capital(1):	<b>1,159,099</b>	<b>4.6433</b>
RS to Start Calcs:	<b>1971/07</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>289,775</b>	<b>0.2086</b>
Indexed Asset Value	<b>1,448,874</b>	Interest Rate:	<b>9.5000%</b>	Insurance Cost(3):	<b>80,509</b>	<b>2.9628</b>
FRVS Base Asset:	<b>480,912</b>	Chase Rate:	<b>8.7500%</b>	Taxes Cost(3):	<b>58,753</b>	<b>2.1622</b>
Occup Adj Factor	<b>0.9000</b>	Amortization Rate:	<b>9.5000%</b>	Home Office(3):	<b>7,887</b>	<b>0.2903</b>
ROE Factor	<b>0.020100</b>	Interest Only:	<b>False</b>	Replacement(3&4):	<b>23,284</b>	<b>0.0000</b>
		Yearly Payment:	<b>129,652</b>	Total FRVS PD:		<b>10.2672</b>

- (1) 80% Capital (\$1,159,099) amortized at 9.5000 % for 20 years Principal & Interest of \$129,652 divided by annual available days (31025) divided by Occup. Adj. (0.90) = \$4.6433  
 (2) 20% ROE (\$289,775) times the ROE factor (0.020100) divided by annual available days (31025) divided by Occup. Adj. (0.90) = \$0.2086  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>85</b>	Effective PBS Limitation	2,422,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>52.5476</b>	<b>52.5476</b>	<b>0.9142</b>	<b>51.6334</b>
Direct Care	<b>101.0338</b>	<b>101.0338</b>	<b>1.7577</b>	<b>99.2761</b>
Indirect Care	<b>77.5642</b>	<b>77.5642</b>	<b>1.3494</b>	<b>76.2148</b>
Property	<b>13.6500</b>	<b>10.2672</b>	<b>0.1786</b>	<b>10.0886</b>
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				<b>26.0235</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>244.7956</b>	<b>241.4128</b>	<b>4.1999</b>	<b>273.1389</b>

**Medicaid Trend Adjustment**



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**273.14**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	388,193	0.00				85	100.00	388,193	872,185	
1972/01		0.10	3.9787	3.0000	0.9787	85	100.00	389,358	906,865	
1972/07		0.10	5.9113	3.0000	2.9113	85	100.00	390,526	951,575	
1973/01		0.20	8.0622	3.0000	5.0622	85	100.00	392,869	1,000,620	
1973/07		0.20	10.7186	3.0000	7.7186	85	100.00	395,226	1,057,230	
1974/01		0.30	12.9457	3.0000	9.9457	85	100.00	398,783	1,112,480	
1974/07		0.30	13.0494	3.0000	10.0494	85	100.00	402,372	1,146,990	
1975/01		0.40	13.1399	3.0000	10.1399	85	100.00	407,200	1,182,435	
1975/07		0.40	14.2033	3.0000	11.2033	85	100.00	412,086	1,230,545	
1976/01		0.50	15.2478	3.0000	12.2478	85	100.00	418,267	1,280,270	
1976/07		0.50	15.7330	3.0000	12.7330	85	100.00	424,541	1,324,895	
1977/01		0.60	16.4836	3.0000	13.4836	85	100.00	432,183	1,374,620	
1977/07		0.60	18.5412	3.0000	15.5412	85	100.00	439,962	1,444,065	
1978/01		0.70	20.2809	3.0000	17.2809	85	100.00	449,201	1,512,575	
1978/07		0.70	22.8203	3.0000	19.8203	85	100.00	458,634	1,596,300	
1979/01		0.80	24.9476	3.0000	21.9476	85	100.00	469,641	1,678,155	
1979/07		0.80	26.1458	3.0000	23.1458	85	100.00	480,912	1,748,620	
1980/01		0.90	29.3115	3.0000	26.3115	85	4.99	480,912	1,856,485	
1980/07		0.90	30.1222	3.0000	27.1222	85	4.99	480,912	1,927,205	
1981/01		1.00	30.9462	3.0000	27.9462	85	3.41	480,912	2,000,900	
1981/07		1.00	30.5350	3.0000	27.5350	85	3.41	480,912	2,052,665	
1982/01		1.00	30.2110	3.0000	27.2110	85	2.62	480,912	2,107,660	
1982/07		1.00	29.5087	3.0000	26.5087	85	2.62	480,912	2,156,025	
1983/04		1.00	29.1375	3.0000	26.1375	85	5.09	480,912	2,212,720	
1983/07		1.00	30.0953	3.0000	27.0953	85	5.09	480,912	2,300,270	
1984/01		1.00	28.3905	3.0000	25.3905	85	6.07	480,912	2,330,105	
1984/07		1.00	27.3084	3.0000	24.3084	85	6.07	480,912	2,374,815	
1985/01		1.00	25.4555	3.0000	22.4555	85	6.06	480,912	2,402,015	
1985/10		1.00	23.3077	3.0000	20.3077	85	6.06	480,912	2,422,500	
1986/01		1.00	21.1376	3.0000	18.1376	85	6.06	480,912	2,442,645	



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0 325163-00 - 2015/01

273.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	85	6.06	480,912	2,437,970	
1987/01		1.00	16.4441	3.0000	13.4441	85	9.00	480,912	2,481,575	
1987/07		1.00	14.3448	3.0000	11.3448	85	9.00	480,912	2,500,955	
1988/01		1.00	12.2455	3.0000	9.2455	85	9.86	480,912	2,521,270	
1988/07		1.00	9.8354	3.0000	6.8354	85	9.86	480,912	2,519,910	
1989/01		1.00	7.4253	3.0000	4.4253	85	9.86	480,912	2,534,785	
1989/07	15,530	1.00	5.0152	3.0000	2.0152	85	9.86	496,442	2,551,955	
1990/01		1.00	2.6051	2.6051		85	9.86	496,442	2,564,790	
1990/07		1.00	0.5899	0.5899		85	12.83	496,442	2,579,920	5
1991/01		1.00	0.5899	0.5899		85	16.19	496,442	2,595,050	5
1991/07		1.00	1.4932	1.4932		85	16.19	496,442	2,633,810	5
1992/01	108,633	0.95	2.0117	2.0117		85	46.49	605,075	2,686,765	5
1992/07	6,846	0.95	1.8152	1.8152		85	55.47	630,513	2,735,555	
1993/01		0.90	1.7710	1.7710		85	55.47	640,563	2,784,005	
1993/07	21,569	0.90	1.5329	1.5329		85	52.23	670,524	2,826,675	
1994/01		0.85	1.6983	1.6983		85	52.23	670,524	2,874,700	5
1994/07	18,957	0.85	1.5991	1.5991		85	50.59	707,171	2,920,685	
1995/01		0.80	1.5812	1.5812		85	50.59	715,399	2,966,840	
1995/07	353,228	0.80	1.5250	1.5250		85	55.06	1,068,627	3,012,060	5
1996/01		0.75	1.7228	1.7228		85	55.06	1,077,355	3,063,995	5
1996/07	19,795	0.75	1.3294	1.3294		85	63.82	1,121,952	3,104,710	
1997/01		0.70	1.4109	1.4109		85	63.82	1,133,032	3,148,485	
1997/07	42,463	0.70	1.0917	1.0917		85	68.58	1,184,154	3,182,825	
1998/01		0.65	1.1663	1.1663		85	68.58	1,193,131	3,219,970	
1998/07		0.65	1.0794	1.0794		85	65.69	1,201,502	3,254,735	
1999/01		0.60	1.4499	1.4499		85	65.69	1,211,954	3,301,910	
1999/07		0.60	1.2299	1.2299		85	72.66	1,220,897	3,342,540	
2000/01		0.55	1.3356	1.3356		85	64.88	1,229,866	3,387,165	
2000/07		0.55	1.1129	1.1129		85	64.88	1,237,394	3,424,820	
2001/01		0.50	1.2976	1.2976		85	64.88	1,245,422	3,469,275	



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0 325163-00 - 2015/01

273.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		85	64.88	1,251,410	3,502,595	
2002/01		0.45	1.0301	1.0301		85	64.88	1,257,210	3,538,635	
2002/07		0.45	0.8337	0.8337		85	73.24	1,257,210	3,568,130	5
2003/01		0.40	1.3271	1.3271		85	70.50	1,268,625	3,615,475	
2003/07		0.40	1.1664	1.1664		85	70.50	1,274,544	3,657,635	
2004/01		0.35	1.1103	1.1103		85	70.75	1,279,497	3,698,265	
2004/07		0.35	0.8378	0.8378		85	70.75	1,283,248	3,729,290	
2005/01		0.30	0.8595	0.8595		85	70.75	1,286,557	3,761,335	
2005/07		0.30	0.7364	0.7364		85	78.05	1,289,399	3,789,045	
2006/01		0.25	0.9068	0.9068		85	78.05	1,292,322	3,823,385	
2006/07		0.25	0.8133	0.8133		85	77.62	1,294,949	3,854,495	
2007/01	23,623	0.20	1.0133	1.0133		85	83.29	1,321,197	3,893,510	
2007/07	9,435	0.20	1.1050	1.1050		85	78.50	1,333,552	3,936,520	
2008/01	3,613	0.15	0.8556	0.8556		85	78.50	1,338,876	3,970,180	
2008/07		0.15	0.6104	0.6104		85	78.50	1,340,102	3,994,405	
2009/01		0.10	1.3268	1.3268		85	78.50	1,341,880	4,047,445	
2009/07		0.10	0.6841	0.6841		85	78.50	1,342,798	4,075,155	
2010/01	42,110	0.05	0.8643	0.8643		85	84.32	1,385,488	4,110,345	
2010/07		0.05	0.7107	0.7107		85	84.60	1,385,980	4,139,585	
2011/01		0.00	0.9198	0.9198		85	84.60	1,385,980	4,177,665	
2011/07		0.00	0.9028	0.9028		85	84.60	1,385,980	4,215,405	
2012/01		0.00	0.3865	0.3865		85	87.48	1,385,980	4,231,725	
2012/07		0.00	0.9417	0.9417		85	87.48	1,385,980	4,271,590	
2013/01		0.00	0.4901	0.4901		85	88.24	1,385,980	4,292,500	
2013/07		0.00	0.6196	0.6196		85	88.24	1,385,980	4,319,105	
2014/01	62,894	0.00	0.8564	0.8564		85	86.50	1,448,874	4,356,080	
2014/07		0.00	1.2383	1.2383		85	92.48	1,448,874	4,410,055	
2015/01		0.00	0.7571	0.7571		85	92.48	1,448,874	4,443,460	5

**Message Code:**

5 Uncorrected Licensure Deficiency





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325236-00 - 2015/01**

**227.34**

**Heartland Health Care Center-Jacksonville**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>8495 NORMANDY BLVD</b>	<b>7/1/2013-6/30/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>JACKSONVILLE, FL 32221</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>215</b>
County: <b>Duval [16]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>28</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,999</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>19,313</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>15,472</b>	FY Index: <b>1.32215372</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>39.67281%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.03881%</b>	Cost: <b>1.03741261</b>
Open Date: <b>01/12/1990</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/12/1990</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22300000</b>
Entered Medicaid <b>01/12/1990</b>	Low Occupancy Adjustment Factor:	<b>113.69855%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02575226</b>
Previous Med # <b>201511</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,696,144	1,280,929	827,029	164,622	13,191	3,981,915	
1a	Audit Adjustments							
2	Cost Per Diem	109.6267	82.7901	53.4533	10.6400	0.8526	257.3627	
3	Cost Per Diem Inflated	113.7281	84.9221	55.4531				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>113.7281</b>	<b>84.9221</b>	<b>55.4531</b>	<b>10.6400</b>	<b>0.8526</b>	<b>265.5959</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	70.8711		53.9976				
7	Provider Target Rate	<b>73.4665</b>		<b>55.9750</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.5678</b>	<b>84.9221</b>	<b>55.4531</b>	<b>10.6400</b>	<b>0.8526</b>	<b>203.4356</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>51.5678</b>	<b>84.9221</b>	<b>55.4531</b>	<b>10.6400</b>	<b>0.8526</b>	<b>203.4356</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 325236-00 - 2015/01**

**227.34**

Rate Semester 01/01/2015 through 08/31/2015

**Heartland Health Care Center-Jacksonville**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/12/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,600,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1990/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,786,064</b>	<b>10.4506</b>
Indexed Asset Value	<b>5,982,580</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,196,516</b>	<b>0.6893</b>
FRVS Base Asset:	<b>3,602,760</b>	Interest Rate:	<b>6.0150%</b>	Insurance Cost(3):	<b>29,702</b>	<b>0.7616</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>63,341</b>	<b>1.6242</b>
ROE Factor	<b>0.022710</b>	Amortization Rate:	<b>6.0150%</b>	Home Office(3):	<b>27,227</b>	<b>0.6981</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>201,548</b>	<b>0.0000</b>
		Yearly Payment:	<b>411,963</b>	Total FRVS PD:		<b>14.2238</b>

- (1) 80% Capital (\$4,786,064) amortized at 6.0150 % for 20 years Principal & Interest of \$411,963 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.4506
- (2) 20% ROE (\$1,196,516) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6893
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,023
Comparison Date:	<b>07/01/1989</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,602,760

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.5678</b>	<b>51.5678</b>	<b>0.8972</b>	<b>50.6706</b>
Direct Care	<b>84.9221</b>	<b>84.9221</b>	<b>1.4774</b>	<b>83.4447</b>
Indirect Care	<b>55.4531</b>	<b>55.4531</b>	<b>0.9648</b>	<b>54.4883</b>
Property	<b>10.6400</b>	<b>14.2238</b>	<b>0.2475</b>	<b>13.9763</b>
ROE	<b>0.8526</b>	<b>0.0034</b>	<b>0.0001</b>	<b>0.0033</b>
ROE Adjustment	<b>-0.0034</b>	<b>-0.0034</b>	<b>-0.0001</b>	<b>-0.0033</b>
Quality Assess-Medicaid Share				<b>14.8560</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>203.4322</b>	<b>206.1668</b>	<b>3.5869</b>	<b>227.3384</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

**0 325236-00 - 2015/01**

**227.34**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	4,695,169	0.00	0.5899	0.5899		120	25.87	3,602,760	3,602,760	1
1990/07		0.10	0.5899	0.5899		120	25.87	3,603,760	3,642,240	
1991/01		0.10	0.5899	0.5899		120	25.87	3,604,760	3,663,600	
1991/07		0.20	1.4932	1.4932		120	25.87	3,609,823	3,718,320	
1992/01		0.20	2.0117	2.0117		120	25.87	3,616,654	3,793,080	
1992/07		0.30	1.8152	1.8152		120	25.87	3,625,918	3,861,960	
1993/01		0.30	1.7710	1.7710		120	41.73	3,640,535	3,930,360	
1993/07		0.40	1.5329	1.5329		120	41.73	3,657,473	3,990,600	
1994/01		0.40	1.6983	1.6983		120	37.23	3,674,291	4,058,400	
1994/07		0.50	1.5991	1.5991		120	37.23	3,694,178	4,123,320	
1995/01		0.50	1.5812	1.5812		120	39.67	3,715,244	4,188,480	
1995/07		0.60	1.5250	1.5250		120	39.67	3,739,763	4,252,320	
1996/01		0.60	1.7228	1.7228		120	44.00	3,770,689	4,325,640	
1996/07		0.70	1.3294	1.3294		120	44.00	3,798,761	4,383,120	
1997/01	176,965	0.70	1.4109	1.4109		120	43.11	4,005,132	4,444,920	
1997/07		0.80	1.0917	1.0917		120	43.11	4,032,551	4,493,400	
1998/01	1,001,229	0.80	1.1663	1.1663		120	40.27	4,545,840	4,545,840	8
1998/07		0.90	1.0794	1.0794		120	40.27	4,578,175	4,594,920	
1999/01	28,627	0.90	1.4499	1.4499		120	40.70	4,651,010	4,661,520	
1999/07		1.00	1.2299	1.2299		120	40.70	4,693,340	4,718,880	
2000/01		1.00	1.3356	1.3356		120	57.81	4,756,024	4,781,880	
2000/07		1.00	1.1129	1.1129		120	57.81	4,808,954	4,835,040	
2001/01		1.00	1.2976	1.2976		120	59.29	4,871,355	4,897,800	
2001/07		1.00	0.9615	0.9615		120	59.29	4,918,193	4,944,840	
2002/01		1.00	1.0301	1.0301		120	55.26	4,968,855	4,995,720	
2002/07		1.00	0.8337	0.8337		120	55.26	5,010,280	5,037,360	
2003/01		1.00	1.3271	1.3271		120	55.26	5,076,771	5,104,200	
2003/07		1.00	1.1664	1.1664		120	60.60	5,135,986	5,163,720	
2004/01		1.00	1.1103	1.1103		120	60.60	5,193,011	5,221,080	
2004/07		1.00	0.8378	0.8378		120	60.60	5,236,518	5,264,880	



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**0 325236-00 - 2015/01**

**227.34**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		1.00	0.8595	0.8595		120	54.09	5,280,781	5,310,120	
2005/07		1.00	0.7364	0.7364		120	54.09	5,319,025	5,349,240	
2006/01		1.00	0.9068	0.9068		120	44.41	5,357,971	5,397,720	
2006/07		1.00	0.8133	0.8133		120	44.41	5,393,157	5,441,640	
2007/01		1.00	1.0133	1.0133		120	41.12	5,434,014	5,496,720	
2007/07		1.00	1.1050	1.1050		120	41.12	5,478,906	5,557,440	
2008/01		1.00	0.8556	0.8556		120	51.72	5,522,988	5,604,960	
2008/07		1.00	0.6104	0.6104		120	51.72	5,554,690	5,639,160	
2009/01		1.00	1.3268	1.3268		120	49.59	5,621,140	5,714,040	
2009/07		1.00	0.6841	0.6841		120	49.59	5,655,812	5,753,160	
2010/01		1.00	0.8643	0.8643		120	49.59	5,699,887	5,802,840	
2010/07		0.95	0.7107	0.7107		120	44.07	5,730,724	5,844,120	
2011/01		0.95	0.9198	0.9198		120	42.10	5,769,054	5,897,880	
2011/07		0.90	0.9028	0.9028		120	42.10	5,804,934	5,951,160	
2012/01		0.90	0.3865	0.3865		120	42.10	5,820,393	5,974,200	
2012/07		0.85	0.9417	0.9417		120	39.70	5,854,020	6,030,480	
2013/01		0.85	0.4901	0.4901		120	39.70	5,871,624	6,060,000	
2013/07		0.80	0.6196	0.6196		120	39.56	5,892,559	6,097,560	
2014/01		0.80	0.8564	0.8564		120	37.85	5,920,341	6,149,760	
2014/07		0.75	1.2383	1.2383		120	37.85	5,958,179	6,225,960	
2015/01		0.75	0.7571	0.7571		120	39.67	5,982,580	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325244-00 - 2015/01**

**215.54**

**Heartland Health Care Center-Kendall**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>9400 SW 137TH AVENUE</b>	<b>7/1/2012-6/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>KENDALL, FL 33186</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,140</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>26,620</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>10,224</b>	FY Index: <b>1.29878490</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>24.85173%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.92694%</b>	Cost: <b>1.05607860</b>
Open Date: <b>08/31/1989</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>08/31/1989</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20850000</b>
Entered Medicaid <b>08/31/1989</b>	Low Occupancy Adjustment Factor:	<b>119.94047%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03805959</b>
Previous Med # <b>211591</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	539,323	838,924	447,787	133,832	15,803	1,975,669	
1a	Audit Adjustments							
2	Cost Per Diem	52.7507	82.0543	43.7976	13.0900	1.5457	193.2383	
3	Cost Per Diem Inflated	55.7089	85.1773	46.2537				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>55.7089</b>	<b>85.1773</b>	<b>46.2537</b>	<b>13.0900</b>	<b>1.5457</b>	<b>201.7756</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.3861		57.1542				
7	Provider Target Rate	<b>70.8905</b>		<b>59.2472</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>55.7089</b>	<b>85.1773</b>	<b>46.2537</b>	<b>13.0900</b>	<b>1.5457</b>	<b>201.7756</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>55.7089</b>	<b>85.1773</b>	<b>46.2537</b>	<b>13.0900</b>	<b>1.5457</b>	<b>201.7756</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**215.54**

Rate Semester 01/01/2015 through 08/31/2015

**Heartland Health Care Center-Kendall**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	08/31/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,215,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,011,454 9.2779
RS to Start Calcs:	1989/07	<60% of Base:	False	20% ROE(2):	1,002,863 0.3658
Indexed Asset Value	5,014,317	Interest Rate:	6.7400%	Insurance Cost(3):	22,409 0.5447
FRVS Base Asset:	3,578,520	Chase Rate:	8.2500%	Taxes Cost(3):	49,934 1.2138
Occup Adj Factor	0.9000	Amortization Rate:	6.7400%	Home Office(3):	18,022 0.4381
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	194,778 0.0000
		Yearly Payment:	365,734	Total FRVS PD:	11.8403

- (1) 80% Capital (\$4,011,454) amortized at 6.7400 % for 20 years Principal & Interest of \$365,734 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.2779
- (2) 20% ROE (\$1,002,863) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3658
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,821
Comparison Date:	01/01/1989	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,578,520

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.7089	55.7089	0.9692	54.7397
Direct Care	85.1773	85.1773	1.4819	83.6954
Indirect Care	46.2537	46.2537	0.8047	45.4490
Property	13.0900	11.8403	0.2060	11.6343
ROE	1.5457	0.8576	0.0149	0.8427
ROE Adjustment	-0.8576	-0.8576	-0.0149	-0.8427
Quality Assess-Medicaid Share				10.1162
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>200.9180</b>	<b>198.9802</b>	<b>3.4618</b>	<b>215.5371</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

**0 325244-00 - 2015/01**

**215.54**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	4,289,932	0.00	0.5899	0.5899		120	21.28	3,578,520	3,578,520	1
1990/01		0.10	0.5899	0.5899		120	21.28	3,578,520	3,620,880	
1990/07		0.10	0.5899	0.5899		120	21.28	3,578,520	3,642,240	
1991/01		0.20	0.5899	0.5899		120	21.28	3,578,520	3,663,600	5
1991/07	47,021	0.20	1.4932	1.4932		120	21.28	3,625,541	3,718,320	5
1992/01		0.30	2.0117	2.0117		120	21.28	3,625,541	3,793,080	
1992/07		0.30	1.8152	1.8152		120	21.28	3,625,541	3,861,960	
1993/01	21,040	0.40	1.7710	1.7710		120	41.54	3,665,979	3,930,360	
1993/07		0.40	1.5329	1.5329		120	41.54	3,682,957	3,990,600	
1994/01	25,277	0.50	1.6983	1.6983		120	36.43	3,728,950	4,058,400	
1994/07		0.50	1.5991	1.5991		120	36.43	3,748,699	4,123,320	
1995/01		0.60	1.5812	1.5812		120	35.14	3,771,421	4,188,480	
1995/07		0.60	1.5250	1.5250		120	35.14	3,793,469	4,252,320	
1996/01	28,374	0.70	1.7228	1.7228		120	42.20	3,856,945	4,325,640	
1996/07		0.70	1.3294	1.3294		120	42.20	3,884,485	4,383,120	
1997/01	21,803	0.80	1.4109	1.4109		120	42.38	3,940,072	4,444,920	
1997/07		0.80	1.0917	1.0917		120	42.38	3,966,588	4,493,400	
1998/01		0.90	1.1663	1.1663		120	42.38	3,998,671	4,545,840	
1998/07		0.90	1.0794	1.0794		120	41.47	4,027,962	4,594,920	
1999/01	43,297	1.00	1.4499	1.4499		120	40.45	4,114,211	4,661,520	
1999/07		1.00	1.2299	1.2299		120	40.45	4,151,426	4,718,880	
2000/01		1.00	1.3356	1.3356		120	40.45	4,192,204	4,781,880	
2000/07		1.00	1.1129	1.1129		120	40.45	4,226,517	4,835,040	
2001/01		1.00	1.2976	1.2976		120	47.76	4,274,141	4,897,800	
2001/07		1.00	0.9615	0.9615		120	47.76	4,309,827	4,944,840	
2002/01		1.00	1.0301	1.0301		120	42.85	4,344,415	4,995,720	
2002/07		1.00	0.8337	0.8337		120	42.85	4,372,633	5,037,360	
2003/01		1.00	1.3271	1.3271		120	42.85	4,417,843	5,104,200	
2003/07		1.00	1.1664	1.1664		120	45.75	4,460,706	5,163,720	
2004/01		1.00	1.1103	1.1103		120	54.98	4,510,215	5,221,080	



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

**0 325244-00 - 2015/01**

**215.54**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		1.00	0.8378	0.8378		120	54.98	4,547,988	5,264,880	
2005/01		1.00	0.8595	0.8595		120	42.09	4,577,902	5,310,120	
2005/07		1.00	0.7364	0.7364		120	42.09	4,603,701	5,349,240	
2006/01		1.00	0.9068	0.9068		120	42.09	4,635,648	5,397,720	
2006/07		1.00	0.8133	0.8133		120	42.60	4,664,850	5,441,640	
2007/01		1.00	1.0133	1.0133		120	37.41	4,697,001	5,496,720	
2007/07		1.00	1.1050	1.1050		120	37.41	4,732,304	5,557,440	
2008/01		1.00	0.8556	0.8556		120	37.41	4,759,844	5,604,960	
2008/07		1.00	0.6104	0.6104		120	34.45	4,778,042	5,639,160	
2009/01		1.00	1.3268	1.3268		120	34.45	4,817,750	5,714,040	
2009/07		1.00	0.6841	0.6841		120	33.60	4,837,884	5,753,160	
2010/01		0.95	0.8643	0.8643		120	33.60	4,862,152	5,802,840	
2010/07		0.95	0.7107	0.7107		120	40.82	4,886,517	5,844,120	
2011/01		0.90	0.9198	0.9198		120	37.88	4,914,376	5,897,880	
2011/07		0.90	0.9028	0.9028		120	37.88	4,941,876	5,951,160	
2012/01		0.85	0.3865	0.3865		120	35.10	4,952,236	5,974,200	
2012/07		0.85	0.9417	0.9417		120	35.10	4,977,532	6,030,480	
2013/01		0.80	0.4901	0.4901		120	26.50	4,986,936	6,060,000	
2013/07		0.80	0.6196	0.6196		120	26.50	4,998,847	6,097,560	
2014/01		0.75	0.8564	0.8564		120	26.50	5,014,317	6,149,760	
2014/07		0.75	1.2383	1.2383		120	24.85	5,014,317	6,225,960	
2015/01		0.70	0.7571	0.7571		120	24.85	5,014,317	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325252-00 - 2015/01**

**227.70**

**Heartland Health Care Center- Miami Lakes**

Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective
Type of Ownership: Proprietary : Corporation		CHOW Status based on this Cost Report: No Change	
Provider Information	Cost Report	Patient Days	Ratings Days
<b>5725 NW 186 STREET</b>	<b>10/1/2013-9/30/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>HIALEAH, FL 33015</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Dade [13]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>11</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,640</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>30,014</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>8,886</b>	FY Index: <b>1.33356899</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>21.34006%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>95.06849%</b>	Cost: <b>1.02853242</b>
Open Date: <b>09/14/1990</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/14/1990</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22550000</b>
Entered Medicaid <b>09/14/1990</b>	Low Occupancy Adjustment Factor:	<b>121.39818%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02365974</b>
Previous Med # <b>202932</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	574,554	734,834	490,981	127,159	11,838	1,939,366	
1a	Audit Adjustments							
2	Cost Per Diem	64.6583	82.6957	55.2533	14.3100	1.3322	218.2495	
3	Cost Per Diem Inflated	66.5032	84.6523	56.8298				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>66.5032</b>	<b>84.6523</b>	<b>56.8298</b>	<b>14.3100</b>	<b>1.3322</b>	<b>223.6275</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	66.6531		56.6260				
7	Provider Target Rate	<b>69.0940</b>		<b>58.6997</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>84.6523</b>	<b>56.8298</b>	<b>13.6500</b>	<b>1.3322</b>	<b>213.2062</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>56.7419</b>	<b>84.6523</b>	<b>56.8298</b>	<b>13.6500</b>	<b>1.3322</b>	<b>213.2062</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**0 325252-00 - 2015/01**

**227.70**

Rate Semester 01/01/2015 through 08/31/2015

**Heartland Health Care Center- Miami Lakes**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	09/14/1990	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>3,600,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1990/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>4,101,553 12.4655</b>
Indexed Asset Value	<b>5,126,941</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,025,388 0.5933</b>
FRVS Base Asset:	<b>3,620,880</b>	Interest Rate:	<b>10.5000%</b>	Insurance Cost(3):	<b>32,658 0.7843</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>10.0000%</b>	Taxes Cost(3):	<b>53,171 1.2769</b>
ROE Factor	<b>0.022810</b>	Amortization Rate:	<b>10.5000%</b>	Home Office(3):	<b>30,066 0.7220</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>110,534 0.0000</b>
		Yearly Payment:	<b>491,389</b>	Total FRVS PD:	<b>15.8420</b>

- (1) 80% Capital (\$4,101,553) amortized at 10.5000 % for 20 years Principal & Interest of \$491,389 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.4655
- (2) 20% ROE (\$1,025,388) times the ROE factor (0.022810) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5933
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	<b>01/01/1990</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,620,880

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>56.7419</b>	<b>56.7419</b>	<b>0.9872</b>	<b>55.7547</b>
Direct Care	<b>84.6523</b>	<b>84.6523</b>	<b>1.4727</b>	<b>83.1796</b>
Indirect Care	<b>56.8298</b>	<b>56.8298</b>	<b>0.9887</b>	<b>55.8411</b>
Property	<b>13.6500</b>	<b>15.8420</b>	<b>0.2756</b>	<b>15.5664</b>
ROE	<b>1.3322</b>	<b>0.0445</b>	<b>0.0008</b>	<b>0.0437</b>
ROE Adjustment	<b>-0.0445</b>	<b>-0.0445</b>	<b>-0.0008</b>	<b>-0.0437</b>
Quality Assess-Medicaid Share				<b>7.4587</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>213.1617</b>	<b>214.0660</b>	<b>3.7242</b>	<b>227.7030</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2014

**0 325252-00 - 2015/01**

**227.70**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	5,568,039	0.00	0.5899	0.5899		120	24.96	3,620,880	3,620,880	1
1991/01		0.10	0.5899	0.5899		120	24.96	3,620,880	3,663,600	
1991/07		0.10	1.4932	1.4932		120	24.96	3,620,880	3,718,320	
1992/01	57,663	0.20	2.0117	2.0117		120	24.96	3,678,543	3,793,080	
1992/07		0.20	1.8152	1.8152		120	24.96	3,678,543	3,861,960	
1993/01		0.30	1.7710	1.7710		120	24.96	3,678,543	3,930,360	
1993/07		0.30	1.5329	1.5329		120	24.96	3,678,543	3,990,600	
1994/01		0.40	1.6983	1.6983		120	33.09	3,693,577	4,058,400	
1994/07		0.40	1.5991	1.5991		120	33.09	3,707,790	4,123,320	
1995/01	45,477	0.50	1.5812	1.5812		120	38.00	3,773,520	4,188,480	
1995/07		0.50	1.5250	1.5250		120	38.00	3,793,400	4,252,320	
1996/01		0.60	1.7228	1.7228		120	41.16	3,822,745	4,325,640	
1996/07		0.60	1.3294	1.3294		120	41.16	3,845,563	4,383,120	
1997/01		0.70	1.4109	1.4109		120	40.76	3,873,709	4,444,920	
1997/07		0.70	1.0917	1.0917		120	40.76	3,873,709	4,493,400	5
1998/01	189,829	0.80	1.1663	1.1663		120	42.28	4,085,476	4,545,840	5
1998/07		0.80	1.0794	1.0794		120	42.28	4,113,416	4,594,920	5
1999/01	64,013	0.90	1.4499	1.4499		120	43.50	4,247,469	4,661,520	
1999/07		0.90	1.2299	1.2299		120	43.50	4,284,654	4,718,880	
2000/01	22,820	1.00	1.3356	1.3356		120	46.45	4,355,804	4,781,880	
2000/07		1.00	1.1129	1.1129		120	46.45	4,396,744	4,835,040	
2001/01		1.00	1.2976	1.2976		120	45.08	4,443,506	4,897,800	
2001/07		1.00	0.9615	0.9615		120	45.08	4,478,524	4,944,840	
2002/01	16,146	1.00	1.0301	1.0301		120	48.25	4,535,141	4,995,720	
2002/07		1.00	0.8337	0.8337		120	48.25	4,568,310	5,037,360	
2003/01		1.00	1.3271	1.3271		120	48.25	4,621,496	5,104,200	
2003/07		1.00	1.1664	1.1664		120	42.31	4,662,964	5,163,720	
2004/01		1.00	1.1103	1.1103		120	42.31	4,702,791	5,221,080	
2004/07		1.00	0.8378	0.8378		120	40.94	4,732,119	5,264,880	
2005/01		1.00	0.8595	0.8595		120	40.30	4,761,921	5,310,120	



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0 325252-00 - 2015/01

227.70

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		120	40.30	4,787,615	5,349,240	
2006/01		1.00	0.9068	0.9068		120	40.30	4,819,426	5,397,720	
2006/07	38,197	1.00	0.8133	0.8133		120	36.62	4,883,721	5,441,640	
2007/01		1.00	1.0133	1.0133		120	35.88	4,916,004	5,496,720	
2007/07		1.00	1.1050	1.1050		120	35.88	4,951,442	5,557,440	
2008/01		1.00	0.8556	0.8556		120	35.88	4,979,079	5,604,960	
2008/07		1.00	0.6104	0.6104		120	36.32	4,999,149	5,639,160	
2009/01		1.00	1.3268	1.3268		120	32.34	5,038,150	5,714,040	
2009/07		1.00	0.6841	0.6841		120	32.34	5,058,416	5,753,160	
2010/01		1.00	0.8643	0.8643		120	30.29	5,082,494	5,802,840	
2010/07		1.00	0.7107	0.7107		120	30.29	5,102,387	5,844,120	
2011/01		0.95	0.9198	0.9198		120	30.29	5,126,941	5,897,880	
2011/07		0.95	0.9028	0.9028		120	24.99	5,126,941	5,951,160	
2012/01		0.90	0.3865	0.3865		120	22.99	5,126,941	5,974,200	
2012/07		0.90	0.9417	0.9417		120	22.99	5,126,941	6,030,480	
2013/01		0.85	0.4901	0.4901		120	23.07	5,126,941	6,060,000	
2013/07		0.85	0.6196	0.6196		120	23.07	5,126,941	6,097,560	
2014/01		0.80	0.8564	0.8564		120	23.07	5,126,941	6,149,760	
2014/07		0.80	1.2383	1.2383		120	21.24	5,126,941	6,225,960	
2015/01		0.75	0.7571	0.7571		120	21.34	5,126,941	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325261-00 - 2015/01**

**209.71**

**Heartland Health Care Center-Orange Park**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>570 WELLS RD</b>	<b>10/1/2013-9/30/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>ORANGE PARK, FL 32073</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Clay [10]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,369</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>14,976</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>17,176</b>	FY Index: <b>1.33356899</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>44.76531%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>87.60046%</b>	Cost: <b>1.02853242</b>
Open Date: <b>03/22/1990</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/22/1990</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22550000</b>
Entered Medicaid <b>04/26/1990</b>	Low Occupancy Adjustment Factor:	<b>111.86184%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02365974</b>
Previous Med # <b>202169</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	935,294	1,186,774	844,038	170,214	10,782	3,147,102	
1a	Audit Adjustments							
2	Cost Per Diem	54.4535	69.0949	49.1405	9.9100	0.6277	183.2266	
3	Cost Per Diem Inflated	56.0072	70.7297	50.5426				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>56.0072</b>	<b>70.7297</b>	<b>50.5426</b>	<b>9.9100</b>	<b>0.6277</b>	<b>187.8172</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	71.3567		55.5516				
7	Provider Target Rate	<b>73.9698</b>		<b>57.5860</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.5678</b>	<b>70.7297</b>	<b>50.5426</b>	<b>9.9100</b>	<b>0.6277</b>	<b>183.3778</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>51.5678</b>	<b>70.7297</b>	<b>50.5426</b>	<b>9.9100</b>	<b>0.6277</b>	<b>183.3778</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**0 325261-00 - 2015/01**

**209.71**

Rate Semester 01/01/2015 through 08/31/2015

**Heartland Health Care Center-Orange Park**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	04/26/1990	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>3,600,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1990/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,106,534 9.8880</b>
Indexed Asset Value	<b>5,133,167</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,026,633 0.5941</b>
FRVS Base Asset:	<b>3,602,760</b>	Interest Rate:	<b>7.2600%</b>	Insurance Cost(3):	<b>23,148 0.6033</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.2500%</b>	Taxes Cost(3):	<b>67,608 1.7620</b>
ROE Factor	<b>0.022810</b>	Amortization Rate:	<b>7.2600%</b>	Home Office(3):	<b>24,450 0.6372</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>116,802 0.0000</b>
		Yearly Payment:	<b>389,783</b>	Total FRVS PD:	<b>13.4846</b>

- (1) 80% Capital (\$4,106,534) amortized at 7.2600 % for 20 years Principal & Interest of \$389,783 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.8880  
 (2) 20% ROE (\$1,026,633) times the ROE factor (0.022810) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5941  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,023
Comparison Date:	<b>07/01/1989</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,602,760

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>51.5678</b>	<b>51.5678</b>	<b>0.8972</b>	<b>50.6706</b>
Direct Care	<b>70.7297</b>	<b>70.7297</b>	<b>1.2305</b>	<b>69.4992</b>
Indirect Care	<b>50.5426</b>	<b>50.5426</b>	<b>0.8793</b>	<b>49.6633</b>
Property	<b>9.9100</b>	<b>13.4846</b>	<b>0.2346</b>	<b>13.2500</b>
ROE	<b>0.6277</b>	<b>0.0027</b>		<b>0.0027</b>
ROE Adjustment	<b>-0.0027</b>	<b>-0.0027</b>		<b>-0.0027</b>
Quality Assess-Medicaid Share				<b>16.7236</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>183.3751</b>	<b>186.3247</b>	<b>3.2416</b>	<b>209.7092</b>

**Medicaid Trend Adjustment**



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**0 325261-00 - 2015/01**

**209.71**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	4,802,657	0.00	0.5899	0.5899		120	21.73	3,602,760	3,602,760	1
1990/07		0.10	0.5899	0.5899		120	21.73	3,602,760	3,642,240	
1991/01		0.10	0.5899	0.5899		120	21.73	3,602,760	3,663,600	
1991/07		0.20	1.4932	1.4932		120	21.73	3,602,760	3,718,320	
1992/01		0.20	2.0117	2.0117		120	21.73	3,602,760	3,793,080	
1992/07		0.30	1.8152	1.8152		120	21.73	3,602,760	3,861,960	
1993/01		0.30	1.7710	1.7710		120	21.73	3,602,760	3,930,360	
1993/07		0.40	1.5329	1.5329		120	28.37	3,614,156	3,990,600	
1994/01	27,861	0.40	1.6983	1.6983		120	23.14	3,642,017	4,058,400	
1994/07		0.50	1.5991	1.5991		120	23.14	3,642,017	4,123,320	
1995/01		0.50	1.5812	1.5812		120	23.14	3,642,017	4,188,480	
1995/07	53,608	0.60	1.5250	1.5250		120	25.45	3,711,045	4,252,320	
1996/01		0.60	1.7228	1.7228		120	25.45	3,728,796	4,325,640	
1996/07	24,628	0.70	1.3294	1.3294		120	30.89	3,772,913	4,383,120	
1997/01		0.70	1.4109	1.4109		120	30.89	3,793,840	4,444,920	
1997/07		0.80	1.0917	1.0917		120	35.40	3,815,167	4,493,400	
1998/01		0.80	1.1663	1.1663		120	35.40	3,838,078	4,545,840	
1998/07		0.90	1.0794	1.0794		120	42.39	3,866,816	4,594,920	
1999/01		0.90	1.4499	1.4499		120	42.39	3,905,705	4,661,520	
1999/07	81,354	1.00	1.2299	1.2299		120	42.93	4,024,553	4,718,880	
2000/01		1.00	1.3356	1.3356		120	42.93	4,066,509	4,781,880	
2000/07		1.00	1.1129	1.1129		120	55.03	4,111,765	4,835,040	
2001/01		1.00	1.2976	1.2976		120	55.03	4,165,119	4,897,800	
2001/07		1.00	0.9615	0.9615		120	48.28	4,200,274	4,944,840	
2002/01		1.00	1.0301	1.0301		120	45.16	4,235,800	4,995,720	
2002/07		1.00	0.8337	0.8337		120	45.16	4,264,796	5,037,360	
2003/01		1.00	1.3271	1.3271		120	45.16	4,311,268	5,104,200	
2003/07		1.00	1.1664	1.1664		120	37.04	4,345,134	5,163,720	
2004/01		1.00	1.1103	1.1103		120	37.04	4,377,624	5,221,080	
2004/07		1.00	0.8378	0.8378		120	37.04	4,402,323	5,264,880	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01	31,595	1.00	0.8595	0.8595		120	26.87	4,452,404	5,310,120	
2005/07		1.00	0.7364	0.7364		120	26.87	4,468,422	5,349,240	
2006/01	101,416	1.00	0.9068	0.9068		120	28.84	4,591,085	5,397,720	
2006/07		1.00	0.8133	0.8133		120	28.84	4,610,664	5,441,640	
2007/01		1.00	1.0133	1.0133		120	40.69	4,645,228	5,496,720	
2007/07		1.00	1.1050	1.1050		120	40.69	4,683,203	5,557,440	
2008/01		1.00	0.8556	0.8556		120	44.55	4,715,659	5,604,960	
2008/07		1.00	0.6104	0.6104		120	44.55	4,738,974	5,639,160	
2009/01		1.00	1.3268	1.3268		120	49.50	4,795,563	5,714,040	
2009/07		1.00	0.6841	0.6841		120	49.50	4,825,089	5,753,160	
2010/01		1.00	0.8643	0.8643		120	49.50	4,862,622	5,802,840	
2010/07		0.95	0.7107	0.7107		120	47.38	4,890,906	5,844,120	
2011/01		0.95	0.9198	0.9198		120	43.19	4,924,466	5,897,880	
2011/07		0.90	0.9028	0.9028		120	43.19	4,955,886	5,951,160	
2012/01		0.90	0.3865	0.3865		120	43.19	4,969,425	5,974,200	
2012/07		0.85	0.9417	0.9417		120	46.53	5,003,075	6,030,480	
2013/01		0.85	0.4901	0.4901		120	46.53	5,020,708	6,060,000	
2013/07		0.80	0.6196	0.6196		120	46.53	5,041,763	6,097,560	
2014/01		0.80	0.8564	0.8564		120	46.53	5,070,985	6,149,760	
2014/07		0.75	1.2383	1.2383		120	45.04	5,109,551	6,225,960	
2015/01		0.75	0.7571	0.7571		120	44.77	5,133,167	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation



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**0 325279-00 - 2015/01**

**207.60**

**ManorCare Nursing and Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2075 LOCH LOMOND DRIVE</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>138</b>	Superior: <b>0</b>
<b>WINTER PARK, FL 32792</b>	Days in CR <b>365</b>	Maximum: <b>50,370</b>	Standard: <b>243</b>
County: <b>Orange [48]</b>	First Used : <b>2014/01</b>	Max Annualized: <b>50,370</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>7</b>	Last Used: <b>2015/01</b>	Total Patient: <b>35,934</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>13,291</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>17,210</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>47.89336%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>71.34008%</b>	Cost: <b>1.04757614</b>
Open Date: <b>07/01/1977</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1977</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>07/01/1977</b>	Low Occupancy Adjustment Factor:	<b>91.09807%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>204854</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	869,950	1,262,190	716,419	186,384	10,531	3,045,474	
1a	Audit Adjustments							
2	Cost Per Diem	50.5491	73.3405	41.6281	10.8300	0.6119	176.9596	
3	Cost Per Diem Inflated	52.9540	75.9433	43.6086				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>52.9540</b>	<b>75.9433</b>	<b>43.6086</b>	<b>10.8300</b>	<b>0.6119</b>	<b>183.9478</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	72.9217		54.4474				
7	Provider Target Rate	<b>75.5922</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>52.9540</b>	<b>75.9433</b>	<b>43.6086</b>	<b>10.8300</b>	<b>0.6119</b>	<b>183.9478</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>52.9540</b>	<b>75.9433</b>	<b>43.6086</b>	<b>10.8300</b>	<b>0.6119</b>	<b>183.9478</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**ManorCare Nursing and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On Payback FRV**

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
	<b>2,068,000.00</b>	<b>Fixed</b>	<b>2,950,073</b>	<b>6.2909</b>	
	<b>1977/07</b>	<b>80% Capital(1):</b>	<b>737,518</b>	<b>0.2712</b>	
	<b>3,687,591</b>	<b>&lt;60% of Base:</b>	<b>23,215</b>	<b>0.6460</b>	
	<b>2,386,545</b>	<b>Interest Rate:</b>	<b>47,109</b>	<b>1.3110</b>	
	<b>0.9000</b>	<b>Chase Rate:</b>	<b>23,511</b>	<b>0.6543</b>	
	<b>0.016670</b>	<b>Amortization Rate:</b>	<b>72,012</b>	<b>0.0000</b>	
		<b>Interest Only:</b>			
		<b>Yearly Payment:</b>	<b>285,187</b>	<b>9.1734</b>	
			<b>Total FRVS PD:</b>	<b>9.1734</b>	

- (1) 80% Capital (\$2,950,073) amortized at 7.5000 % for 20 years Principal & Interest of \$285,187 divided by annual available days (50370) divided by Occup. Adj. (0.90) = \$6.2909
- (2) 20% ROE (\$737,518) times the ROE factor (0.016670) divided by annual available days (50370) divided by Occup. Adj. (0.90) = \$0.2712
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>138</b>	Effective PBS Limitation	3,933,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>52.9540</b>	<b>52.9540</b>	<b>0.9213</b>	<b>52.0327</b>
Direct Care	<b>75.9433</b>	<b>75.9433</b>	<b>1.3212</b>	<b>74.6221</b>
Indirect Care	<b>43.6086</b>	<b>43.6086</b>	<b>0.7587</b>	<b>42.8499</b>
Property	<b>10.8300</b>	<b>9.1734</b>	<b>0.1884</b>	<b>10.6416</b>
ROE	<b>0.6119</b>	<b>0.2666</b>	<b>0.0106</b>	<b>0.6013</b>
ROE Adjustment	<b>-0.2666</b>	<b>-0.2666</b>	<b>-0.0046</b>	<b>-0.2620</b>
Quality Assess-Medicaid Share				<b>17.2161</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>183.6812</b>	<b>181.6793</b>	<b>3.1956</b>	<b>207.6042</b>

**Medicaid Trend Adjustment**





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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1977/07	2,318,921	0.00	5.0576	3.0000	2.0576	138	100.00	2,318,921	2,344,482	
1978/01	25,231	0.10	6.7973	3.0000	3.7973	138	100.00	2,351,109	2,455,710	
1978/07		0.10	9.3367	3.0000	6.3367	138	100.00	2,358,162	2,591,640	
1979/01		0.20	11.4640	3.0000	8.4640	138	100.00	2,372,311	2,724,534	
1979/07		0.20	12.6622	3.0000	9.6622	138	100.00	2,386,545	2,838,936	
1980/01		0.30	15.8279	3.0000	12.8279	138	15.09	2,386,545	3,014,058	
1980/07		0.30	16.6385	3.0000	13.6385	138	15.09	2,386,545	3,128,874	
1981/01		0.40	17.4626	3.0000	14.4626	138	16.97	2,386,545	3,248,520	
1981/07		0.40	17.0514	3.0000	14.0514	138	16.97	2,386,545	3,332,562	
1982/01		0.50	16.7274	3.0000	13.7274	138	21.73	2,386,545	3,421,848	
1982/07		0.50	16.0251	3.0000	13.0251	138	21.73	2,386,545	3,500,370	
1983/04		0.60	15.6539	3.0000	12.6539	138	21.73	2,386,545	3,592,416	
1983/07		0.60	16.6117	3.0000	13.6117	138	21.73	2,386,545	3,734,556	
1984/01		0.70	14.9069	3.0000	11.9069	138	21.73	2,386,545	3,782,994	
1984/07		0.70	13.8248	3.0000	10.8248	138	20.20	2,386,545	3,855,582	
1985/01		0.80	11.9719	3.0000	8.9719	138	20.20	2,386,545	3,899,742	
1985/10		0.80	9.8241	3.0000	6.8241	138	21.75	2,386,545	3,933,000	
1986/01		0.90	7.6540	3.0000	4.6540	138	21.75	2,386,545	3,965,706	
1986/07		0.90	4.9514	3.0000	1.9514	138	37.42	2,430,385	3,958,116	
1987/01		1.00	2.9605	2.9605		138	37.42	2,479,338	4,028,910	
1987/07		1.00	0.9007	0.9007		138	52.79	2,500,772	4,060,374	
1988/01		1.00	0.9007	0.9007		138	52.79	2,522,391	4,093,356	
1988/07		1.00	0.5899	0.5899		138	53.41	2,536,840	4,091,148	
1989/01		1.00	0.5899	0.5899		138	53.41	2,551,372	4,115,298	
1989/07		1.00	0.5899	0.5899		138	51.79	2,565,544	4,143,174	
1990/01		1.00	0.5899	0.5899		138	51.79	2,579,795	4,164,012	
1990/07		1.00	0.5899	0.5899		138	48.85	2,593,312	4,188,576	
1991/01		1.00	0.5899	0.5899		138	48.85	2,606,899	4,213,140	
1991/07		1.00	1.4932	1.4932		138	50.05	2,642,322	4,276,068	
1992/01		1.00	2.0117	2.0117		138	50.05	2,690,694	4,362,042	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07		1.00	1.8152	1.8152		138	50.05	2,735,140	4,441,254	
1993/01		1.00	1.7710	1.7710		138	44.53	2,774,358	4,519,914	
1993/07		1.00	1.5329	1.5329		138	44.74	2,808,953	4,589,190	
1994/01		1.00	1.6983	1.6983		138	44.74	2,847,758	4,667,160	
1994/07		1.00	1.5991	1.5991		138	40.61	2,881,382	4,741,818	
1995/01		1.00	1.5812	1.5812		138	40.61	2,915,022	4,816,752	
1995/07		1.00	1.5250	1.5250		138	41.02	2,948,177	4,890,168	
1996/01		1.00	1.7228	1.7228		138	41.02	2,986,058	4,974,486	
1996/07		1.00	1.3294	1.3294		138	42.16	3,016,487	5,040,588	
1997/01		1.00	1.4109	1.4109		138	42.16	3,049,111	5,111,658	
1997/07		1.00	1.0917	1.0917		138	39.06	3,072,751	5,167,410	
1998/01		0.95	1.1663	1.1663		138	39.06	3,096,930	5,227,716	
1998/07		0.95	1.0794	1.0794		138	41.46	3,120,868	5,284,158	
1999/01		0.90	1.4499	1.4499		138	41.46	3,151,567	5,360,748	
1999/07		0.90	1.2299	1.2299		138	42.31	3,151,567	5,426,712	5
2000/01		0.85	1.3356	1.3356		138	42.31	3,206,162	5,499,162	
2000/07		0.85	1.1129	1.1129		138	42.31	3,229,494	5,560,296	
2001/01		0.80	1.2976	1.2976		138	46.39	3,257,771	5,632,470	
2001/07		0.80	0.9615	0.9615		138	46.39	3,278,907	5,686,566	
2002/01	29,709	0.75	1.0301	1.0301		138	50.88	3,332,051	5,745,078	
2002/07		0.75	0.8337	0.8337		138	50.88	3,351,326	5,792,964	
2003/01		0.70	1.3271	1.3271		138	50.88	3,380,128	5,869,830	
2003/07		0.70	1.1664	1.1664		138	51.39	3,405,915	5,938,278	
2004/01		0.65	1.1103	1.1103		138	51.39	3,428,882	6,004,242	
2004/07		0.65	0.8378	0.8378		138	51.39	3,446,330	6,054,612	
2005/01	21,853	0.60	0.8595	0.8595		138	55.16	3,485,956	6,106,638	
2005/07		0.60	0.7364	0.7364		138	55.16	3,501,357	6,151,626	
2006/01		0.55	0.9068	0.9068		138	55.55	3,518,818	6,207,378	
2006/07		0.55	0.8133	0.8133		138	55.55	3,534,558	6,257,886	
2007/01		0.50	1.0133	1.0133		138	54.99	3,552,464	6,321,228	



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

**0 325279-00 - 2015/01**

**207.60**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07		0.50	1.1050	1.1050		138	54.99	3,572,088	6,391,056	
2008/01		0.45	0.8556	0.8556		138	53.13	3,585,373	6,445,704	
2008/07		0.45	0.6104	0.6104		138	53.13	3,594,887	6,485,034	
2009/01		0.40	1.3268	1.3268		138	50.49	3,612,401	6,571,146	
2009/07		0.40	0.6841	0.6841		138	50.49	3,621,474	6,616,134	
2010/01		0.35	0.8643	0.8643		138	49.24	3,631,282	6,673,266	
2010/07		0.35	0.7107	0.7107		138	49.24	3,639,367	6,720,738	
2011/01		0.30	0.9198	0.9198		138	50.56	3,648,597	6,782,562	
2011/07		0.30	0.9028	0.9028		138	50.56	3,657,680	6,843,834	
2012/01		0.25	0.3865	0.3865		138	50.56	3,660,928	6,870,330	
2012/07		0.25	0.9417	0.9417		138	46.33	3,668,187	6,935,052	
2013/01		0.20	0.4901	0.4901		138	46.33	3,671,215	6,969,000	
2013/07		0.20	0.6196	0.6196		138	46.99	3,675,101	7,012,194	
2014/01		0.15	0.8564	0.8564		138	47.89	3,679,213	7,072,224	
2014/07		0.15	1.2383	1.2383		138	47.89	3,685,162	7,159,854	
2015/01		0.10	0.7571	0.7571		138	47.89	3,687,591	7,214,088	

**Message Code:**

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325287-00 - 2015/01**

**215.84**

**Heartland Health Care Center of South Jacksonville**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3648 UNIVERSITY BLVD S</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>117</b>	Superior: <b>0</b>
<b>JACKSONVILLE, FL 32216</b>	Days in CR <b>365</b>	Maximum: <b>42,705</b>	Standard: <b>243</b>
County: <b>Duval [16]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>42,705</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,555</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>19,629</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>12,189</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>30.81532%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.62381%</b>	Cost: <b>1.03938564</b>
Open Date: <b>11/01/1981</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>11/01/1981</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>07/01/1980</b>	Low Occupancy Adjustment Factor:	<b>118.27643%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>205630</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	550,200	956,961	622,744	167,233	10,003	2,307,141	
1a	Audit Adjustments							
2	Cost Per Diem	45.1391	78.5102	51.0907	13.7200	0.8207	189.2807	
3	Cost Per Diem Inflated	46.9169	80.6200	53.1029				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>46.9169</b>	<b>80.6200</b>	<b>53.1029</b>	<b>13.7200</b>	<b>0.8207</b>	<b>195.1805</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	65.0904		52.2722				
7	Provider Target Rate	<b>67.4741</b>		<b>54.1865</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>46.9169</b>	<b>80.6200</b>	<b>53.1029</b>	<b>13.6500</b>	<b>0.8207</b>	<b>195.1105</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>46.9169</b>	<b>80.6200</b>	<b>53.1029</b>	<b>13.6500</b>	<b>0.8207</b>	<b>195.1105</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 325287-00 - 2015/01**

**215.84**

Rate Semester 01/01/2015 through 08/31/2015

**Heartland Health Care Center of South Jacksonville**

**FRVS**

FRVS Status as of this Semester

**On Payback FRV**

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information Amount: Type: <60% of Base: Interest Rate: Chase Rate: Amortization Rate: Interest Only: Yearly Payment:	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
<b>1981/07</b>	<b>1,521,100.00</b>	80% Capital(1): <b>3,969,178</b>	<b>11.5515</b>
<b>4,961,472</b>	<b>Fixed</b>	20% ROE(2): <b>992,294</b>	<b>0.5755</b>
<b>2,155,422</b>	<b>False</b>	Insurance Cost(3): <b>27,884</b>	<b>0.7049</b>
<b>0.9000</b>	<b>9.5000%</b>	Taxes Cost(3): <b>66,997</b>	<b>1.6938</b>
<b>0.022290</b>	<b>13.0000%</b>	Home Office(3): <b>26,172</b>	<b>0.6617</b>
	<b>9.5000%</b>	Replacement(3&4): <b>481,928</b>	<b>0.0000</b>
	<b>False</b>	<b>Total FRVS PD:</b>	<b>15.1874</b>
	<b>443,975</b>		

- (1) 80% Capital (\$3,969,178) amortized at 9.5000 % for 20 years Principal & Interest of \$443,975 divided by annual available days (42705) divided by Occup. Adj. (0.90) = \$11.5515
- (2) 20% ROE (\$992,294) times the ROE factor (0.022290) divided by annual available days (42705) divided by Occup. Adj. (0.90) = \$0.5755
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

<b>Per Bed Standard Determination</b>	Used Per Bed Standard:	28,500
Comparison Date: <b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed <b>89</b>	Effective PBS Limitation	2,536,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>46.9169</b>	<b>46.9169</b>	<b>0.8162</b>	<b>46.1007</b>
Direct Care	<b>80.6200</b>	<b>80.6200</b>	<b>1.4026</b>	<b>79.2174</b>
Indirect Care	<b>53.1029</b>	<b>53.1029</b>	<b>0.9239</b>	<b>52.1790</b>
Property	<b>13.6500</b>	<b>15.1874</b>	<b>0.2375</b>	<b>13.4125</b>
ROE	<b>0.8207</b>		<b>0.0143</b>	<b>0.8064</b>
ROE Adjustment				
Quality Assess-Medicaid Share				<b>14.2226</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>195.1105</b>	<b>195.8272</b>	<b>3.3945</b>	<b>215.8411</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 325287-00 - 2015/01**

**215.84**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	2,101,841	0.00	2.5888	2.5888		89	43.39	2,101,841	2,149,261	
1982/01		0.10	2.6760	2.6760		89	43.39	2,106,278	2,206,844	
1982/07		0.10	2.2977	2.2977		89	36.91	2,109,526	2,257,485	
1983/04		0.20	2.6288	2.6288		89	36.91	2,116,970	2,316,848	
1983/07		0.20	3.9578	3.0000	0.9578	89	36.91	2,125,494	2,408,518	
1984/01		0.30	2.2530	2.2530		89	36.91	2,135,135	2,439,757	
1984/07		0.30	1.9179	1.9179		89	37.84	2,143,587	2,486,571	
1985/01		0.40	1.1471	1.1471		89	37.84	2,150,353	2,515,051	
1985/10		0.40	0.8522	0.8522		89	38.03	2,155,422	2,536,500	
1986/01		0.50	0.8299	0.8299		89	38.03	2,161,607	2,557,593	
1986/07		0.50	0.2974	0.2974		89	31.92	2,163,472	2,552,698	
1987/01		0.60	1.0091	1.0091		89	31.92	2,171,075	2,598,355	
1987/07		0.60	0.9007	0.9007		89	30.34	2,177,547	2,618,647	
1988/01		0.70	0.9007	0.9007		89	39.49	2,187,405	2,639,918	
1988/07		0.70	0.5899	0.5899		89	39.49	2,193,890	2,638,494	
1989/01		0.80	0.5899	0.5899		89	37.73	2,200,992	2,654,069	
1989/07		0.80	0.5899	0.5899		89	37.73	2,208,117	2,672,047	
1990/01		0.90	0.5899	0.5899		89	39.21	2,216,474	2,685,486	
1990/07		0.90	0.5899	0.5899		89	39.21	2,224,863	2,701,328	
1991/01		1.00	0.5899	0.5899		89	48.66	2,236,475	2,717,170	
1991/07		1.00	1.4932	1.4932		89	48.66	2,266,021	2,757,754	
1992/01	935,394	1.00	2.0117	2.0117		120	54.48	3,246,570	3,793,080	
1992/07		1.00	1.8152	1.8152		120	54.48	3,304,945	3,861,960	
1993/01		1.00	1.7710	1.7710		120	49.28	3,357,388	3,930,360	
1993/07		1.00	1.5329	1.5329		120	49.28	3,403,501	3,990,600	
1994/01		1.00	1.6983	1.6983		120	40.83	3,446,411	4,058,400	
1994/07		1.00	1.5991	1.5991		120	40.83	3,487,324	4,123,320	
1995/01		1.00	1.5812	1.5812		120	35.37	3,522,785	4,188,480	
1995/07		1.00	1.5250	1.5250		120	35.37	3,557,333	4,252,320	
1996/01		1.00	1.7228	1.7228		120	35.37	3,596,745	4,325,640	



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**0 325287-00 - 2015/01**

**215.84**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		120	42.56	3,633,745	4,383,120	
1997/01		1.00	1.4109	1.4109		120	42.56	3,673,418	4,444,920	
1997/07		1.00	1.0917	1.0917		120	50.15	3,709,984	4,493,400	
1998/01		1.00	1.1663	1.1663		120	50.15	3,749,438	4,545,840	
1998/07		1.00	1.0794	1.0794		120	57.11	3,789,909	4,594,920	
1999/01		1.00	1.4499	1.4499		120	68.90	3,844,859	4,661,520	
1999/07		1.00	1.2299	1.2299		120	68.90	3,892,147	4,718,880	
2000/01		1.00	1.3356	1.3356		120	73.35	3,944,131	4,781,880	
2000/07		1.00	1.1129	1.1129		120	73.35	3,988,025	4,835,040	
2001/01		1.00	1.2976	1.2976		120	65.97	4,039,774	4,897,800	
2001/07		1.00	0.9615	0.9615		120	65.97	4,078,616	4,944,840	
2002/01		0.95	1.0301	1.0301		117	60.80	4,118,529	4,870,827	
2002/07		0.95	0.8337	0.8337		117	60.80	4,151,148	4,911,426	
2003/01		0.90	1.3271	1.3271		117	61.48	4,200,729	4,976,595	
2003/07		0.90	1.1664	1.1664		117	61.48	4,244,828	5,034,627	
2004/01		0.85	1.1103	1.1103		117	61.48	4,284,891	5,090,553	
2004/07		0.85	0.8378	0.8378		117	61.48	4,315,404	5,133,258	
2005/01		0.80	0.8595	0.8595		117	48.93	4,341,802	5,177,367	
2005/07		0.80	0.7364	0.7364		117	48.93	4,364,557	5,215,509	
2006/01		0.75	0.9068	0.9068		117	38.57	4,385,373	5,262,777	
2006/07		0.75	0.8133	0.8133		117	38.57	4,404,133	5,305,599	
2007/01	50,931	0.70	1.0133	1.0133		117	40.43	4,478,027	5,359,302	
2007/07		0.70	1.1050	1.1050		117	40.43	4,503,489	5,418,504	
2008/01		0.65	0.8556	0.8556		117	42.31	4,522,755	5,464,836	
2008/07		0.65	0.6104	0.6104		117	42.31	4,536,561	5,498,181	
2009/01	266,135	0.60	1.3268	1.3268		117	42.28	4,830,459	5,571,189	
2009/07		0.60	0.6841	0.6841		117	42.28	4,845,702	5,609,331	
2010/01		0.55	0.8643	0.8643		117	37.44	4,861,384	5,657,769	
2010/07		0.55	0.7107	0.7107		117	37.44	4,874,320	5,698,017	
2011/01		0.50	0.9198	0.9198		117	35.21	4,888,671	5,750,433	



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 325287-00 - 2015/01**

**215.84**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		117	35.21	4,902,798	5,802,381	
2012/01		0.45	0.3865	0.3865		117	36.25	4,908,417	5,824,845	
2012/07		0.45	0.9417	0.9417		117	36.25	4,922,127	5,879,718	
2013/01		0.40	0.4901	0.4901		117	33.74	4,928,045	5,908,500	
2013/07		0.40	0.6196	0.6196		117	33.74	4,935,536	5,945,121	
2014/01		0.35	0.8564	0.8564		117	29.81	4,943,553	5,996,016	
2014/07		0.35	1.2383	1.2383		117	29.81	4,955,166	6,070,311	
2015/01		0.30	0.7571	0.7571		117	30.82	4,961,472	6,116,292	

**Message Code:**

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 325287053120140601201309292014100606





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325295-00 - 2015/01**

**222.73**

**Heartland of Brooksville**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>575 LAMAR AVE</b>	<b>9/1/2013-8/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>BROOKSVILLE, FL 34601</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Hernando [27]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>3</b>	Last Used: <b>2015/01</b>	Total Patient: <b>33,337</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,322</b>	Inflation
Current Class <b>North Large</b>	Initial CR? <b>False</b>	Medicaid: <b>24,088</b>	FY Index: <b>1.32975299</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>72.25605%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>76.11187%</b>	Cost: <b>1.03148401</b>
Open Date: <b>01/01/1988</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1988</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22466610</b>
Entered Medicaid <b>01/01/1988</b>	Low Occupancy Adjustment Factor:	<b>97.19143%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02435677</b>
Previous Med # <b>211575</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,330,726	1,819,303	1,115,973	276,289	18,930	5,561,221	
1a	Audit Adjustments							
2	Cost Per Diem	96.7588	75.5273	46.3290	11.4700	0.7859	230.8710	
3	Cost Per Diem Inflated	99.8052	77.3669	47.7876				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>99.8052</b>	<b>77.3669</b>	<b>47.7876</b>	<b>11.4700</b>	<b>0.7859</b>	<b>237.2156</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.5148		52.2722				
7	Provider Target Rate	<b>71.0239</b>		<b>54.1865</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>51.5678</b>	<b>96.4319</b>	<b>64.7435</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	<b>52.1499</b>		<b>61.6580</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>51.5678</b>	<b>77.3669</b>	<b>47.7876</b>	<b>11.4700</b>	<b>0.7859</b>	<b>188.9782</b>	
12/13	Medical Adjustment Rate		1.9371	1.1965				
14	Prospective Per Diem 11	<b>51.5678</b>	<b>79.3040</b>	<b>48.9841</b>	<b>11.4700</b>	<b>0.7859</b>	<b>192.1118</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**Heartland of Brooksville**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/01/1988	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,000,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,721,602	10.3099
RS to Start Calcs:	1988/01	<60% of Base:	False	20% ROE(2):	1,180,401	0.6893
Indexed Asset Value	5,902,003	Interest Rate:	6.0150%	Insurance Cost(3):	21,699	0.6509
FRVS Base Asset:	3,530,760	Chase Rate:	8.5000%	Taxes Cost(3):	79,821	2.3944
Occup Adj Factor	0.9000	Amortization Rate:	6.0150%	Home Office(3):	17,618	0.5285
ROE Factor	0.023020	Interest Only:	False	Replacement(3&4):	119,185	0.0000
		Yearly Payment:	406,415	Total FRVS PD:		14.5730

- (1) 80% Capital (\$4,721,602) amortized at 6.0150 % for 20 years Principal & Interest of \$406,415 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.3099
- (2) 20% ROE (\$1,180,401) times the ROE factor (0.023020) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6893
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,530,760

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	79.3040	79.3040	1.3797	77.9243
Indirect Care	48.9841	48.9841	0.8522	48.1319
Property	11.4700	14.5730	0.2535	14.3195
ROE	0.7859	0.3688	0.0064	0.3624
ROE Adjustment	-0.3688	-0.3688	-0.0064	-0.3624
Quality Assess-Medicaid Share				21.7778
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>191.7430</b>	<b>194.4289</b>	<b>3.3826</b>	<b>222.7266</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	3,559,822	0.00	0.9007	0.9007		120	48.24	3,530,760	3,530,760	1
1988/07		0.10	0.5899	0.5899		120	48.24	3,532,587	3,557,520	
1989/01		0.10	0.5899	0.5899		120	48.24	3,534,415	3,578,520	
1989/07		0.20	0.5899	0.5899		120	48.24	3,538,073	3,602,760	
1990/01		0.20	0.5899	0.5899		120	48.24	3,541,735	3,620,880	
1990/07		0.30	0.5899	0.5899		120	48.24	3,547,233	3,642,240	
1991/01		0.30	0.5899	0.5899		120	48.24	3,552,740	3,663,600	
1991/07		0.40	1.4932	1.4932		120	51.55	3,572,629	3,718,320	
1992/01		0.40	2.0117	2.0117		120	61.27	3,601,378	3,793,080	
1992/07		0.50	1.8152	1.8152		120	61.27	3,634,064	3,861,960	
1993/01		0.50	1.7710	1.7710		120	61.27	3,666,244	3,930,360	
1993/07		0.60	1.5329	1.5329		120	59.61	3,699,962	3,990,600	
1994/01		0.60	1.6983	1.6983		120	59.61	3,737,665	4,058,400	
1994/07	22,085	0.70	1.5991	1.5991		120	61.76	3,801,589	4,123,320	
1995/01		0.70	1.5812	1.5812		120	61.76	3,843,665	4,188,480	
1995/07	107,419	0.80	1.5250	1.5250		120	72.65	3,997,977	4,252,320	
1996/01		0.80	1.7228	1.7228		120	72.65	4,053,077	4,325,640	
1996/07	27,065	0.90	1.3294	1.3294		120	68.56	4,128,637	4,383,120	
1997/01		0.90	1.4109	1.4109		120	68.56	4,181,062	4,444,920	
1997/07		1.00	1.0917	1.0917		120	71.84	4,226,707	4,493,400	
1998/01		1.00	1.1663	1.1663		120	71.84	4,276,003	4,545,840	
1998/07	18,011	1.00	1.0794	1.0794		120	74.57	4,340,169	4,594,920	
1999/01		1.00	1.4499	1.4499		120	74.57	4,403,097	4,661,520	
1999/07	42,323	1.00	1.2299	1.2299		120	75.75	4,499,574	4,718,880	
2000/01		1.00	1.3356	1.3356		120	75.75	4,559,670	4,781,880	
2000/07		1.00	1.1129	1.1129		120	72.05	4,610,415	4,835,040	
2001/01		1.00	1.2976	1.2976		120	64.57	4,670,240	4,897,800	
2001/07		1.00	0.9615	0.9615		120	64.57	4,715,144	4,944,840	
2002/01		1.00	1.0301	1.0301		120	61.81	4,763,715	4,995,720	
2002/07		1.00	0.8337	0.8337		120	61.81	4,803,430	5,037,360	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		120	61.81	4,867,176	5,104,200	
2003/07	19,864	1.00	1.1664	1.1664		120	58.63	4,943,811	5,163,720	
2004/01		1.00	1.1103	1.1103		120	58.63	4,998,702	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.63	5,040,581	5,264,880	
2005/01		1.00	0.8595	0.8595		120	61.06	5,083,905	5,310,120	
2005/07		1.00	0.7364	0.7364		120	61.06	5,121,343	5,349,240	
2006/01	25,540	1.00	0.9068	0.9068		120	60.78	5,193,323	5,397,720	
2006/07		1.00	0.8133	0.8133		120	60.78	5,235,560	5,441,640	
2007/01		1.00	1.0133	1.0133		120	64.53	5,288,612	5,496,720	
2007/07		1.00	1.1050	1.1050		120	64.53	5,347,051	5,557,440	
2008/01		1.00	0.8556	0.8556		120	60.41	5,392,800	5,604,960	
2008/07		0.95	0.6104	0.6104		120	60.41	5,424,073	5,639,160	
2009/01		0.95	1.3268	1.3268		120	60.41	5,492,443	5,714,040	
2009/07		0.90	0.6841	0.6841		120	65.53	5,526,260	5,753,160	
2010/01		0.90	0.8643	0.8643		120	63.43	5,569,249	5,802,840	
2010/07		0.85	0.7107	0.7107		120	63.43	5,602,893	5,844,120	
2011/01		0.85	0.9198	0.9198		120	64.49	5,646,696	5,897,880	
2011/07		0.80	0.9028	0.9028		120	64.49	5,687,476	5,951,160	
2012/01		0.80	0.3865	0.3865		120	64.49	5,705,062	5,974,200	
2012/07		0.75	0.9417	0.9417		120	69.72	5,745,357	6,030,480	
2013/01		0.75	0.4901	0.4901		120	69.72	5,766,477	6,060,000	
2013/07		0.70	0.6196	0.6196		120	71.45	5,791,486	6,097,560	
2014/01		0.70	0.8564	0.8564		120	71.78	5,826,206	6,149,760	
2014/07		0.65	1.2383	1.2383		120	71.78	5,873,101	6,225,960	
2015/01		0.65	0.7571	0.7571		120	72.26	5,902,003	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation



**Florida Agency for Health Care Administration**  
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**Heartland Health Care Center- Boynton Beach**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3600 OLD BOYNTON ROAD</b>	<b>7/1/2013-6/30/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>BOYNTON BEACH , FL</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
<b>33436</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
County: <b>Palm Beach [50]</b>	Last Used: <b>2015/01</b>	Total Patient: <b>41,433</b>	Total: <b>243</b>
Region: <b>South</b> Area: <b>9</b>	<b>Unaudited</b>	Medicare: <b>6,754</b>	Inflation
Control: <b>Proprietary : Corporation</b>	Initial CR? <b>False</b>	Medicaid: <b>25,544</b>	FY Index: <b>1.32215372</b>
Current Class <b>South Large</b>	Medical Utilization		Semester Index: <b>1.37161894</b>
Class at 1/94: <b>South Large</b>	Occupancy:	<b>61.65134%</b>	Cost: <b>1.03741261</b>
Operating Ex > <b>18 months</b>	Statewide Low Occupancy Threshold:	<b>94.59589%</b>	Target: <b>1.02563464</b>
Open Date: <b>05/03/1991</b>	Medicaid Low Occupancy Threshold:	<b>78.31130%</b>	DC FY Index: <b>1.22300000</b>
Acquired Date: <b>05/03/1991</b>	Low Occupancy Adjustment Factor:	<b>41.41010%</b>	DC Sem Index: <b>1.25449501</b>
Entered Medicaid <b>01/16/1992</b>	Weighted Low Occ Adjustment Factor:	<b>120.79469%</b>	DC Inflation: <b>1.02575226</b>
Med # Active Date: <b>12/20/2007</b>		<b>100.00000%</b>	PS Target: <b>1.03662091</b>
Previous Med # <b>204200</b>			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,453,825	1,753,664	866,092	316,746	14,339	4,404,666	
1a	Audit Adjustments							
2	Cost Per Diem	56.9145	68.6527	33.9059	12.4000	0.5613	172.4344	
3	Cost Per Diem Inflated	59.0438	70.4207	35.1744				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>59.0438</b>	<b>70.4207</b>	<b>35.1744</b>	<b>12.4000</b>	<b>0.5613</b>	<b>177.6002</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.6412		56.6225				
7	Provider Target Rate	<b>70.1183</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>70.4207</b>	<b>35.1744</b>	<b>12.4000</b>	<b>0.5613</b>	<b>175.2983</b>	
12/13	Medical Adjustment Rate		0.9231	0.4611				
14	Prospective Per Diem 11	<b>56.7419</b>	<b>71.3438</b>	<b>35.6355</b>	<b>12.4000</b>	<b>0.5613</b>	<b>176.6825</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**Heartland Health Care Center- Boynton Beach**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	01/16/1992	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,162,414 8.8946
RS to Start Calcs:	1991/01	<60% of Base:	True	20% ROE(2):	1,040,604 0.5995
Indexed Asset Value	5,203,018	Interest Rate:	8.5000%	Insurance Cost(3):	30,682 0.7405
FRVS Base Asset:	3,642,240	Chase Rate:	8.5000%	Taxes Cost(3):	112,733 2.7209
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	19,887 0.4800
ROE Factor	0.022710	Interest Only:	True	Replacement(3&4):	79,607 0.0000
		Yearly Payment:	350,627	Total FRVS PD:	13.4355

- (1) 80% Capital (\$4,162,414) amortized at 8.5000 % for 20 years Interest of \$350,627 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.8946
- (2) 20% ROE (\$1,040,604) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5995
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	07/01/1990	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,642,240

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	71.3438	71.3438	1.2412	70.1026
Indirect Care	35.6355	35.6355	0.6200	35.0155
Property	12.4000	13.4355	0.2337	13.2018
ROE	0.5613			
ROE Adjustment				
Quality Assess-Medicaid Share				22.7555
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>176.6825</b>	<b>177.1567</b>	<b>3.0821</b>	<b>206.7326</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	7,142,762	0.00	0.5899	0.5899		120		3,642,240	3,642,240	1
1991/07		0.10	1.4932	1.4932		120		3,642,240	3,718,320	
1992/01		0.10	2.0117	2.0117		120	17.84	3,642,240	3,793,080	
1992/07		0.20	1.8152	1.8152		120	17.84	3,642,240	3,861,960	
1993/01		0.20	1.7710	1.7710		120	17.84	3,642,240	3,930,360	
1993/07		0.30	1.5329	1.5329		120	17.84	3,642,240	3,990,600	
1994/01		0.30	1.6983	1.6983		120	17.84	3,642,240	4,058,400	
1994/07		0.40	1.5991	1.5991		120	17.84	3,642,240	4,123,320	
1995/01	26,665	0.40	1.5812	1.5812		120	34.87	3,683,511	4,188,480	
1995/07		0.50	1.5250	1.5250		120	34.87	3,701,318	4,252,320	
1996/01		0.50	1.7228	1.7228		120	39.36	3,724,135	4,325,640	
1996/07		0.60	1.3294	1.3294		120	39.36	3,745,392	4,383,120	
1997/01		0.60	1.4109	1.4109		120	36.27	3,766,300	4,444,920	
1997/07		0.70	1.0917	1.0917		120	36.27	3,785,280	4,493,400	
1998/01		0.70	1.1663	1.1663		120	37.36	3,806,272	4,545,840	
1998/07		0.80	1.0794	1.0794		120	37.36	3,828,598	4,594,920	
1999/01	37,804	0.80	1.4499	1.4499		120	43.94	3,901,880	4,661,520	
1999/07		0.90	1.2299	1.2299		120	43.94	3,936,385	4,718,880	
2000/01		0.90	1.3356	1.3356		120	51.54	3,980,724	4,781,880	
2000/07		1.00	1.1129	1.1129		120	51.54	4,022,239	4,835,040	
2001/01		1.00	1.2976	1.2976		120	52.08	4,071,661	4,897,800	
2001/07		1.00	0.9615	0.9615		120	52.08	4,071,661	4,944,840	5
2002/01		1.00	1.0301	1.0301		120	59.98	4,151,056	4,995,720	
2002/07		1.00	0.8337	0.8337		120	59.98	4,151,056	5,037,360	5
2003/01		1.00	1.3271	1.3271		120	59.98	4,241,211	5,104,200	
2003/07		1.00	1.1664	1.1664		120	58.73	4,290,680	5,163,720	
2004/01		1.00	1.1103	1.1103		120	58.73	4,338,319	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.73	4,374,665	5,264,880	
2005/01		1.00	0.8595	0.8595		120	62.58	4,412,265	5,310,120	
2005/07		1.00	0.7364	0.7364		120	62.58	4,444,757	5,349,240	



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0 325309-00 - 2015/01

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01	28,886	1.00	0.9068	0.9068		120	61.43	4,513,948	5,397,720	
2006/07		1.00	0.8133	0.8133		120	61.43	4,550,660	5,441,640	
2007/01		1.00	1.0133	1.0133		120	58.86	4,596,772	5,496,720	
2007/07		1.00	1.1050	1.1050		120	58.86	4,647,566	5,557,440	
2008/01		1.00	0.8556	0.8556		120	58.86	4,687,331	5,604,960	
2008/07		1.00	0.6104	0.6104		120	60.56	4,715,942	5,639,160	
2009/01		1.00	1.3268	1.3268		120	59.61	4,778,513	5,714,040	
2009/07		1.00	0.6841	0.6841		120	59.61	4,811,203	5,753,160	
2010/01		1.00	0.8643	0.8643		120	59.61	4,811,203	5,802,840	5
2010/07		1.00	0.7107	0.7107		120	58.10	4,887,275	5,844,120	
2011/01		1.00	0.9198	0.9198		120	64.04	4,932,228	5,897,880	
2011/07		0.95	0.9028	0.9028		120	64.04	4,974,532	5,951,160	
2012/01		0.95	0.3865	0.3865		120	64.04	4,992,798	5,974,200	
2012/07		0.90	0.9417	0.9417		120	62.05	5,035,112	6,030,480	
2013/01		0.90	0.4901	0.4901		120	58.18	5,057,322	6,060,000	
2013/07		0.85	0.6196	0.6196		120	58.18	5,083,959	6,097,560	
2014/01		0.85	0.8564	0.8564		120	58.18	5,120,965	6,149,760	
2014/07		0.80	1.2383	1.2383		120	58.83	5,171,693	6,225,960	
2015/01		0.80	0.7571	0.7571		120	61.65	5,203,018	6,273,120	

**Message Code:**

- |                                    |
|------------------------------------|
| 1 Per Bed Standard Limitation      |
| 5 Uncorrected Licensure Deficiency |





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325325-00 - 2015/01**

**217.67**

**Heartland Health Care Center-Ft. Myers**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1600 MATTHEW DRIVE</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>FORT MYERS, FL 33907</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Lee [36]</b>	First Used : <b>2014/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,048</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>17,573</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>14,411</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>35.98432%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.43379%</b>	Cost: <b>1.04757614</b>
Open Date: <b>10/29/1990</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/29/1990</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>04/25/1991</b>	Low Occupancy Adjustment Factor:	<b>116.75683%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>203491</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,175,395	1,179,898	589,856	224,667	53,663	3,223,479	
1a	Audit Adjustments							
2	Cost Per Diem	81.5623	81.8748	40.9310	15.5900	3.7237	223.6818	
3	Cost Per Diem Inflated	85.4427	84.7805	42.8783				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>85.4427</b>	<b>84.7805</b>	<b>42.8783</b>	<b>15.5900</b>	<b>3.7237</b>	<b>232.4152</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	69.9712		56.6225				
7	Provider Target Rate	<b>72.5336</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>84.7805</b>	<b>42.8783</b>	<b>13.6500</b>	<b>3.7237</b>	<b>201.7744</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>56.7419</b>	<b>84.7805</b>	<b>42.8783</b>	<b>13.6500</b>	<b>3.7237</b>	<b>201.7744</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 325325-00 - 2015/01**

**217.67**

Rate Semester 01/01/2015 through 08/31/2015

**Heartland Health Care Center-Ft. Myers**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	04/25/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>5,500,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1990/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>3,657,281</b>	<b>7.9859</b>
Indexed Asset Value	<b>4,571,601</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>914,320</b>	<b>0.3866</b>
FRVS Base Asset:	<b>2,715,660</b>	Interest Rate:	<b>6.0150%</b>	Insurance Cost(3):	<b>24,590</b>	<b>0.6140</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>95,350</b>	<b>2.3809</b>
ROE Factor	<b>0.016670</b>	Amortization Rate:	<b>6.0150%</b>	Home Office(3):	<b>26,112</b>	<b>0.6520</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>280,276</b>	<b>0.0000</b>
		Yearly Payment:	<b>314,803</b>	Total FRVS PD:		<b>12.0194</b>

- (1) 80% Capital (\$3,657,281) amortized at 6.0150 % for 20 years Principal & Interest of \$314,803 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.9859
- (2) 20% ROE (\$914,320) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3866
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	<b>01/01/1990</b>	Current RS PBS:	52,276
Comparison Bed	<b>90</b>	Effective PBS Limitation	2,715,660

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>56.7419</b>	<b>56.7419</b>	<b>0.9872</b>	<b>55.7547</b>
Direct Care	<b>84.7805</b>	<b>84.7805</b>	<b>1.4750</b>	<b>83.3055</b>
Indirect Care	<b>42.8783</b>	<b>42.8783</b>	<b>0.7460</b>	<b>42.1323</b>
Property	<b>13.6500</b>	<b>12.0194</b>	<b>0.2091</b>	<b>11.8103</b>
ROE	<b>3.7237</b>	<b>0.0679</b>	<b>0.0012</b>	<b>0.0667</b>
ROE Adjustment	<b>-0.0679</b>	<b>-0.0679</b>	<b>-0.0012</b>	<b>-0.0667</b>
Quality Assess-Medicaid Share				<b>14.7623</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>201.7065</b>	<b>196.4201</b>	<b>3.4173</b>	<b>217.6676</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

**0 325325-00 - 2015/01**

**217.67**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	5,427,242	0.00	0.5899	0.5899		90	31.84	2,715,660	2,715,660	1
1991/01		0.10	0.5899	0.5899		108	20.23	2,715,660	3,297,240	
1991/07	549,540	0.10	1.4932	1.4932		108	20.23	3,265,200	3,346,488	
1992/01		0.20	2.0117	2.0117		108	20.23	3,265,200	3,413,772	
1992/07		0.20	1.8152	1.8152		108	20.23	3,265,200	3,475,764	
1993/01		0.30	1.7710	1.7710		108	20.23	3,265,200	3,537,324	
1993/07		0.30	1.5329	1.5329		108	20.23	3,265,200	3,591,540	
1994/01	69,312	0.40	1.6983	1.6983		120	28.63	3,346,058	4,058,400	
1994/07		0.40	1.5991	1.5991		120	28.63	3,357,198	4,123,320	
1995/01		0.50	1.5812	1.5812		116	34.41	3,373,804	4,048,864	
1995/07		0.50	1.5250	1.5250		116	34.41	3,389,899	4,110,576	
1996/01		0.60	1.7228	1.7228		120	35.72	3,389,899	4,325,640	5
1996/07		0.60	1.3294	1.3294		120	35.72	3,430,335	4,383,120	
1997/01	50,690	0.70	1.4109	1.4109		120	37.80	3,504,308	4,444,920	
1997/07		0.70	1.0917	1.0917		120	37.80	3,522,713	4,493,400	
1998/01		0.80	1.1663	1.1663		120	39.45	3,546,288	4,545,840	
1998/07		0.80	1.0794	1.0794		120	39.45	3,568,252	4,594,920	
1999/01		0.90	1.4499	1.4499		120	38.59	3,600,922	4,661,520	
1999/07		0.90	1.2299	1.2299		120	38.59	3,628,888	4,718,880	
2000/01	22,921	1.00	1.3356	1.3356		120	37.89	3,685,199	4,781,880	
2000/07		1.00	1.1129	1.1129		120	37.89	3,713,453	4,835,040	
2001/01	22,925	1.00	1.2976	1.2976		120	37.27	3,769,030	4,897,800	
2001/07		1.00	0.9615	0.9615		120	37.27	3,793,587	4,944,840	
2002/01	45,881	1.00	1.0301	1.0301		120	41.66	3,869,068	4,995,720	
2002/07		1.00	0.8337	0.8337		120	41.66	3,893,501	5,037,360	
2003/01		1.00	1.3271	1.3271		120	41.66	3,932,639	5,104,200	
2003/07		1.00	1.1664	1.1664		120	40.45	3,966,375	5,163,720	
2004/01		1.00	1.1103	1.1103		120	40.45	3,998,763	5,221,080	
2004/07		1.00	0.8378	0.8378		120	40.45	4,023,402	5,264,880	
2005/01		1.00	0.8595	0.8595		120	43.15	4,050,532	5,310,120	



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0 325325-00 - 2015/01

217.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		120	43.15	4,073,934	5,349,240	
2006/01	72,323	1.00	0.9068	0.9068		120	40.95	4,173,762	5,397,720	
2006/07		1.00	0.8133	0.8133		120	40.95	4,199,036	5,441,640	
2007/01		1.00	1.0133	1.0133		120	31.98	4,223,776	5,496,720	
2007/07		1.00	1.1050	1.1050		120	31.98	4,250,914	5,557,440	
2008/01		1.00	0.8556	0.8556		120	31.69	4,271,870	5,604,960	
2008/07		1.00	0.6104	0.6104		120	31.69	4,286,894	5,639,160	
2009/01		1.00	1.3268	1.3268		120	31.69	4,319,666	5,714,040	
2009/07		1.00	0.6841	0.6841		120	36.41	4,339,229	5,753,160	
2010/01		1.00	0.8643	0.8643		120	39.59	4,366,225	5,802,840	
2010/07		1.00	0.7107	0.7107		120	39.59	4,388,562	5,844,120	
2011/01		0.95	0.9198	0.9198		120	39.57	4,416,151	5,897,880	
2011/07		0.95	0.9028	0.9028		120	39.57	4,443,402	5,951,160	
2012/01		0.90	0.3865	0.3865		120	39.57	4,454,524	5,974,200	
2012/07		0.90	0.9417	0.9417		120	35.20	4,478,685	6,030,480	
2013/01		0.85	0.4901	0.4901		120	35.20	4,490,626	6,060,000	
2013/07		0.85	0.6196	0.6196		120	33.81	4,505,166	6,097,560	
2014/01		0.80	0.8564	0.8564		120	35.98	4,525,357	6,149,760	
2014/07		0.80	1.2383	1.2383		120	35.98	4,554,683	6,225,960	
2015/01		0.75	0.7571	0.7571		120	35.98	4,571,601	6,273,120	

**Message Code:**

- |                                    |
|------------------------------------|
| 1 Per Bed Standard Limitation      |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325333-00 - 2015/01**

**198.92**

**Heartland Health Care Center- Lauderhill**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2599 NW 55TH AVE</b>	<b>8/1/2012-7/31/2013</b>	Number of Beds: <b>109</b>	Superior: <b>0</b>
<b>LAUDERHILL, FL 33313</b>	Days in CR <b>365</b>	Maximum: <b>39,785</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>39,785</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>37,272</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>6,885</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>26,549</b>	FY Index: <b>1.30228922</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>71.23041%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.68355%</b>	Cost: <b>1.05323681</b>
Open Date: <b>04/13/1989</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/13/1989</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.20949917</b>
Entered Medicaid <b>12/27/1989</b>	Low Occupancy Adjustment Factor:	<b>119.62967%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03720204</b>
Previous Med # <b>201570</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,111,641	1,773,312	970,092	393,722	20,815	4,269,582	
1a	Audit Adjustments							
2	Cost Per Diem	41.8713	66.7939	36.5397	14.8300	0.7840	160.8189	
3	Cost Per Diem Inflated	44.1004	69.2788	38.4850				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.1004</b>	<b>69.2788</b>	<b>38.4850</b>	<b>14.8300</b>	<b>0.7840</b>	<b>167.4782</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	70.8562		56.6225				
7	Provider Target Rate	<b>73.4510</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.1004</b>	<b>69.2788</b>	<b>38.4850</b>	<b>13.6500</b>	<b>0.7840</b>	<b>166.2982</b>	
12/13	Medical Adjustment Rate		1.6547	0.9192				
14	Prospective Per Diem 11	<b>44.1004</b>	<b>70.9335</b>	<b>39.4042</b>	<b>13.6500</b>	<b>0.7840</b>	<b>168.8721</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 325333-00 - 2015/01**

**198.92**

Rate Semester 01/01/2015 through 08/31/2015

**Heartland Health Care Center- Lauderdale**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	12/27/1989	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	<b>4,050,000.00</b>	Total Amount	Per Diem
RS to Start Calcs:	<b>1989/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>3,838,974 9.2285</b>
Indexed Asset Value	<b>4,798,717</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>959,743 0.4021</b>
FRVS Base Asset:	<b>2,519,910</b>	Interest Rate:	<b>6.0150%</b>	Insurance Cost(3):	<b>19,616 0.5263</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>150,022 4.0251</b>
ROE Factor	<b>0.015000</b>	Amortization Rate:	<b>6.0150%</b>	Home Office(3):	<b>19,419 0.5210</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>171,840 0.0000</b>
		Yearly Payment:	<b>330,442</b>	Total FRVS PD:	<b>14.7030</b>

- (1) 80% Capital (\$3,838,974) amortized at 6.0150 % for 20 years Principal & Interest of \$330,442 divided by annual available days (39785) divided by Occup. Adj. (0.90) = \$9.2285
- (2) 20% ROE (\$959,743) times the ROE factor (0.015000) divided by annual available days (39785) divided by Occup. Adj. (0.90) = \$0.4021
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,646
Comparison Date:	<b>07/01/1988</b>	Current RS PBS:	52,276
Comparison Bed	<b>85</b>	Effective PBS Limitation	2,519,910

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.1004</b>	<b>44.1004</b>	<b>0.7672</b>	<b>43.3332</b>
Direct Care	<b>70.9335</b>	<b>70.9335</b>	<b>1.2341</b>	<b>69.6994</b>
Indirect Care	<b>39.4042</b>	<b>39.4042</b>	<b>0.6855</b>	<b>38.7187</b>
Property	<b>13.6500</b>	<b>14.7030</b>	<b>0.2558</b>	<b>14.4472</b>
ROE	<b>0.7840</b>			
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.8218</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>168.8721</b>	<b>169.1411</b>	<b>2.9426</b>	<b>198.9228</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 7/31/2013

**0 325333-00 - 2015/01**

**198.92**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	4,826,484	0.00	0.5899	0.5899		85		2,519,910	2,519,910	1
1989/07		0.10	0.5899	0.5899		85	8.52	2,519,910	2,551,955	
1990/01		0.10	0.5899	0.5899		85	8.52	2,519,910	2,564,790	
1990/07		0.20	0.5899	0.5899		85	8.52	2,519,910	2,579,920	
1991/01		0.20	0.5899	0.5899		85	8.52	2,519,910	2,595,050	5
1991/07		0.30	1.4932	1.4932		85	8.52	2,519,910	2,633,810	5
1992/01		0.30	2.0117	2.0117		85	8.52	2,519,910	2,686,765	5
1992/07		0.40	1.8152	1.8152		85	30.15	2,529,940	2,735,555	
1993/01		0.40	1.7710	1.7710		85	30.15	2,539,765	2,784,005	
1993/07	18,842	0.50	1.5329	1.5329		85	38.19	2,572,124	2,826,675	
1994/01		0.50	1.6983	1.6983		85	38.19	2,587,291	2,874,700	
1994/07	13,110	0.60	1.5991	1.5991		85	37.93	2,617,521	2,920,685	
1995/01	47,437	0.60	1.5812	1.5812		85	34.43	2,680,503	2,966,840	
1995/07		0.70	1.5250	1.5250		85	34.43	2,698,416	3,012,060	
1996/01	545,012	0.70	1.7228	1.7228		109	32.18	3,262,469	3,929,123	
1996/07		0.80	1.3294	1.3294		109	32.18	3,282,770	3,981,334	
1997/01		0.80	1.4109	1.4109		109	39.94	3,309,677	4,037,469	
1997/07		0.90	1.0917	1.0917		109	39.94	3,333,291	4,081,505	
1998/01		0.90	1.1663	1.1663		109	39.94	3,358,700	4,129,138	
1998/07	28,676	1.00	1.0794	1.0794		109	48.45	3,419,312	4,173,719	
1999/01	31,774	1.00	1.4499	1.4499		109	44.84	3,491,504	4,234,214	
1999/07		1.00	1.2299	1.2299		109	44.84	3,526,513	4,286,316	
2000/01		1.00	1.3356	1.3356		109	44.84	3,564,912	4,343,541	
2000/07		1.00	1.1129	1.1129		109	55.43	3,604,586	4,391,828	
2001/01	24,795	1.00	1.2976	1.2976		109	57.79	3,676,154	4,448,835	
2001/07		1.00	0.9615	0.9615		109	57.79	3,711,500	4,491,563	
2002/01	15,999	1.00	1.0301	1.0301		109	52.45	3,763,959	4,537,779	
2002/07		1.00	0.8337	0.8337		109	52.45	3,793,884	4,575,602	
2003/01		1.00	1.3271	1.3271		109	52.45	3,841,898	4,636,315	
2003/07		1.00	1.1664	1.1664		109	59.79	3,886,710	4,690,379	



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198.92

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		109	59.79	3,929,864	4,742,481	
2004/07		1.00	0.8378	0.8378		109	59.79	3,962,788	4,782,266	
2005/01	19,575	1.00	0.8595	0.8595		109	70.67	4,016,423	4,823,359	
2005/07		1.00	0.7364	0.7364		109	70.67	4,046,000	4,858,893	
2006/01	116,191	1.00	0.9068	0.9068		109	64.79	4,198,880	4,902,929	
2006/07		1.00	0.8133	0.8133		109	64.79	4,233,029	4,942,823	
2007/01		1.00	1.0133	1.0133		109	62.89	4,275,922	4,992,854	
2007/07		1.00	1.1050	1.1050		109	62.89	4,323,171	5,048,008	
2008/01		1.00	0.8556	0.8556		109	67.87	4,360,160	5,091,172	
2008/07		1.00	0.6104	0.6104		109	67.87	4,386,774	5,122,237	
2009/01		1.00	1.3268	1.3268		109	71.86	4,444,978	5,190,253	
2009/07		0.95	0.6841	0.6841		109	71.86	4,473,866	5,225,787	
2010/01		0.95	0.8643	0.8643		109	71.04	4,510,601	5,270,913	
2010/07		0.90	0.7107	0.7107		109	71.04	4,539,451	5,308,409	
2011/01		0.90	0.9198	0.9198		109	72.11	4,577,029	5,357,241	
2011/07		0.85	0.9028	0.9028		109	72.11	4,612,153	5,405,637	
2012/01		0.85	0.3865	0.3865		109	72.11	4,627,304	5,426,565	
2012/07		0.80	0.9417	0.9417		109	70.82	4,662,166	5,477,686	
2013/01		0.80	0.4901	0.4901		109	72.88	4,680,446	5,504,500	
2013/07		0.75	0.6196	0.6196		109	72.88	4,702,196	5,538,617	
2014/01		0.75	0.8564	0.8564		109	72.88	4,732,398	5,586,032	
2014/07		0.70	1.2383	1.2383		109	71.23	4,773,418	5,655,247	
2015/01		0.70	0.7571	0.7571		109	71.23	4,798,717	5,698,084	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325341-00 - 2015/01**

**220.98**

**Heartland Health Care Center-Prosperity Oaks**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>11375 PROSPERITY FARMS ROAD</b>	<b>10/1/2013-9/30/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PALM BEACH GARDENS , FL 33410</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>36,913</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>13,837</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>18,817</b>	FY Index: <b>1.33356899</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>50.97662%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>84.27626%</b>	Cost: <b>1.02853242</b>
Open Date: <b>09/09/1991</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/09/1991</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22550000</b>
Entered Medicaid <b>07/07/1992</b>	Low Occupancy Adjustment Factor:	<b>107.61699%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02365974</b>
Previous Med # <b>205061</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	872,187	1,559,248	935,005	310,669	28,102	3,705,211	
1a	Audit Adjustments							
2	Cost Per Diem	46.3510	82.8638	49.6894	16.5100	1.4934	196.9076	
3	Cost Per Diem Inflated	47.6735	84.8243	51.1072				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>47.6735</b>	<b>84.8243</b>	<b>51.1072</b>	<b>16.5100</b>	<b>1.4934</b>	<b>201.6084</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	72.4004		56.6225				
7	Provider Target Rate	<b>75.0518</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>47.6735</b>	<b>84.8243</b>	<b>51.1072</b>	<b>13.6500</b>	<b>1.4934</b>	<b>198.7484</b>	
12/13	Medical Adjustment Rate		0.0932	0.0562				
14	Prospective Per Diem 11	<b>47.6735</b>	<b>84.9175</b>	<b>51.1634</b>	<b>13.6500</b>	<b>1.4934</b>	<b>198.8978</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**220.98**

Rate Semester 01/01/2015 through 08/31/2015

**Heartland Health Care Center-Prosperity Oaks**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS: <b>07/07/1992</b>		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>5,000,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1991/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>3,984,926</b>	<b>8.7013</b>
Indexed Asset Value	<b>4,981,157</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>996,231</b>	<b>0.5765</b>
FRVS Base Asset:	<b>3,663,600</b>	Interest Rate:	<b>6.0150%</b>	Insurance Cost(3):	<b>27,095</b>	<b>0.7340</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>111,560</b>	<b>3.0222</b>
ROE Factor	<b>0.022810</b>	Amortization Rate:	<b>6.0150%</b>	Home Office(3):	<b>23,017</b>	<b>0.6235</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>185,441</b>	<b>0.0000</b>
		Yearly Payment:	<b>343,005</b>	Total FRVS PD:		<b>13.6575</b>

- (1) 80% Capital (\$3,984,926) amortized at 6.0150 % for 20 years Principal & Interest of \$343,005 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.7013
- (2) 20% ROE (\$996,231) times the ROE factor (0.022810) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5765
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	<b>01/01/1991</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,663,600

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>47.6735</b>	<b>47.6735</b>	<b>0.8294</b>	<b>46.8441</b>
Direct Care	<b>84.9175</b>	<b>84.9175</b>	<b>1.4774</b>	<b>83.4401</b>
Indirect Care	<b>51.1634</b>	<b>51.1634</b>	<b>0.8901</b>	<b>50.2733</b>
Property	<b>13.6500</b>	<b>13.6575</b>	<b>0.2376</b>	<b>13.4199</b>
ROE	<b>1.4934</b>			
ROE Adjustment				
Quality Assess-Medicaid Share				<b>17.1023</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>198.8978</b>	<b>197.4119</b>	<b>3.4345</b>	<b>220.9822</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 325341-00 - 2015/01**

**220.98**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07	6,945,744	0.00	1.4932	1.4932		120		3,663,600	3,663,600	1
1992/01		0.10	2.0117	2.0117		120	4.15	3,663,600	3,793,080	
1992/07		0.10	1.8152	1.8152		120	4.15	3,663,600	3,861,960	
1993/01		0.20	1.7710	1.7710		120	4.15	3,663,600	3,930,360	
1993/07		0.20	1.5329	1.5329		120	4.15	3,663,600	3,990,600	
1994/01		0.30	1.6983	1.6983		120	4.15	3,663,600	4,058,400	
1994/07		0.30	1.5991	1.5991		120	4.15	3,663,600	4,123,320	
1995/01		0.40	1.5812	1.5812		120	11.44	3,663,600	4,188,480	
1995/07		0.40	1.5250	1.5250		120	11.44	3,663,600	4,252,320	
1996/01		0.50	1.7228	1.7228		120	33.77	3,682,977	4,325,640	
1996/07		0.50	1.3294	1.3294		120	32.16	3,697,292	4,383,120	
1997/01		0.60	1.4109	1.4109		120	32.16	3,715,593	4,444,920	
1997/07		0.60	1.0917	1.0917		120	32.16	3,729,824	4,493,400	
1998/01		0.70	1.1663	1.1663		120	32.44	3,747,784	4,545,840	
1998/07		0.70	1.0794	1.0794		120	34.82	3,765,712	4,594,920	
1999/01		0.80	1.4499	1.4499		120	34.82	3,793,364	4,661,520	
1999/07		0.80	1.2299	1.2299		120	34.82	3,816,993	4,718,880	
2000/01	59,259	0.90	1.3356	1.3356		120	34.30	3,904,865	4,781,880	
2000/07		0.90	1.1129	1.1129		120	34.30	3,929,256	4,835,040	
2001/01		1.00	1.2976	1.2976		120	31.68	3,958,624	4,897,800	
2001/07		1.00	0.9615	0.9615		120	31.68	3,980,548	4,944,840	
2002/01		1.00	1.0301	1.0301		120	44.11	4,013,433	4,995,720	
2002/07		1.00	0.8337	0.8337		120	44.11	4,040,268	5,037,360	
2003/01		1.00	1.3271	1.3271		120	44.11	4,083,270	5,104,200	
2003/07		1.00	1.1664	1.1664		120	43.39	4,120,844	5,163,720	
2004/01		1.00	1.1103	1.1103		120	43.39	4,156,940	5,221,080	
2004/07		1.00	0.8378	0.8378		120	42.64	4,183,940	5,264,880	
2005/01	69,134	1.00	0.8595	0.8595		120	40.81	4,279,757	5,310,120	
2005/07		1.00	0.7364	0.7364		120	40.81	4,303,142	5,349,240	
2006/01		1.00	0.9068	0.9068		120	40.81	4,332,096	5,397,720	



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**0 325341-00 - 2015/01**

**220.98**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07	67,334	1.00	0.8133	0.8133		120	42.76	4,426,822	5,441,640	
2007/01		1.00	1.0133	1.0133		120	44.50	4,463,115	5,496,720	
2007/07		1.00	1.1050	1.1050		120	44.50	4,503,017	5,557,440	
2008/01		1.00	0.8556	0.8556		120	51.68	4,539,219	5,604,960	
2008/07		1.00	0.6104	0.6104		120	51.68	4,565,254	5,639,160	
2009/01		1.00	1.3268	1.3268		120	43.67	4,613,348	5,714,040	
2009/07		1.00	0.6841	0.6841		120	43.67	4,638,407	5,753,160	
2010/01		1.00	0.8643	0.8643		120	43.67	4,670,238	5,802,840	
2010/07		1.00	0.7107	0.7107		120	48.84	4,699,712	5,844,120	
2011/01		1.00	0.9198	0.9198		120	48.84	4,738,098	5,897,880	
2011/07		1.00	0.9028	0.9028		120	50.56	4,777,420	5,951,160	
2012/01		0.95	0.3865	0.3865		120	50.56	4,793,547	5,974,200	
2012/07		0.95	0.9417	0.9417		120	49.31	4,831,994	6,030,480	
2013/01		0.90	0.4901	0.4901		120	49.31	4,851,103	6,060,000	
2013/07		0.90	0.6196	0.6196		120	51.75	4,876,554	6,097,560	
2014/01		0.85	0.8564	0.8564		120	48.46	4,907,830	6,149,760	
2014/07		0.85	1.2383	1.2383		120	48.46	4,953,347	6,225,960	
2015/01		0.80	0.7571	0.7571		120	50.98	4,981,157	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325350-00 - 2015/01**

**221.84**

**Heartland of Tamarac**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>5901 NW 79TH AVENUE</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>151</b>	Superior: <b>0</b>
<b>TAMARAC, FL 33321</b>	Days in CR <b>365</b>	Maximum: <b>55,115</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2014/07</b>	Max Annualized: <b>55,115</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>50,527</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>18,924</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>23,604</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>46.71562%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.67559%</b>	Cost: <b>1.04757614</b>
Open Date: <b>05/01/1988</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>07/01/1988</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>07/07/1988</b>	Low Occupancy Adjustment Factor:	<b>117.06560%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>212857</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,339,207	1,815,663	1,048,370	345,563	25,428	4,574,231	
1a	Audit Adjustments							
2	Cost Per Diem	56.7364	76.9218	44.4149	14.6400	1.0773	193.7904	
3	Cost Per Diem Inflated	59.4357	79.6517	46.5280				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>59.4357</b>	<b>79.6517</b>	<b>46.5280</b>	<b>14.6400</b>	<b>1.0773</b>	<b>201.3327</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	73.9928		56.6225				
7	Provider Target Rate	<b>76.7025</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>79.6517</b>	<b>46.5280</b>	<b>13.6500</b>	<b>1.0773</b>	<b>197.6489</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>56.7419</b>	<b>79.6517</b>	<b>46.5280</b>	<b>13.6500</b>	<b>1.0773</b>	<b>197.6489</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 325350-00 - 2015/01**

**221.84**

Rate Semester 01/01/2015 through 08/31/2015

**Heartland of Tamarac**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/07/1988	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	1,952,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	5,337,622	9.3482
RS to Start Calcs:	1988/07	<60% of Base:	False	20% ROE(2):	1,334,406	0.4484
Indexed Asset Value	6,672,028	Interest Rate:	6.1300%	Insurance Cost(3):	34,958	0.6919
FRVS Base Asset:	2,971,723	Chase Rate:	7.7500%	Taxes Cost(3):	169,563	3.3559
Occup Adj Factor	0.9000	Amortization Rate:	6.1300%	Home Office(3):	30,082	0.5954
ROE Factor	0.016670	Interest Only:	False	Replacement(3&4):	426,873	0.0000
		Yearly Payment:	463,701	Total FRVS PD:		14.4398

- (1) 80% Capital (\$5,337,622) amortized at 6.1300 % for 20 years Principal & Interest of \$463,701 divided by annual available days (55115) divided by Occup. Adj. (0.90) = \$9.3482  
 (2) 20% ROE (\$1,334,406) times the ROE factor (0.016670) divided by annual available days (55115) divided by Occup. Adj. (0.90) = \$0.4484  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	52,276
Comparison Bed	101	Effective PBS Limitation	2,971,723

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	79.6517	79.6517	1.3857	78.2660
Indirect Care	46.5280	46.5280	0.8095	45.7185
Property	13.6500	14.4398	0.2512	14.1886
ROE	1.0773			
ROE Adjustment				
Quality Assess-Medicaid Share				18.0104
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>197.6489</b>	<b>197.3614</b>	<b>3.4336</b>	<b>221.8407</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

**0 325350-00 - 2015/01**

**221.84**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	3,938,651	0.00	0.9007	0.9007		101	40.86	2,971,723	2,971,723	1
1988/07		0.10	0.5899	0.5899		101	17.24	2,971,723	2,994,246	
1989/01		0.10	0.5899	0.5899		101	17.24	2,971,723	3,011,921	
1989/07		0.20	0.5899	0.5899		101	17.24	2,971,723	3,032,323	
1990/01		0.20	0.5899	0.5899		101	17.24	2,971,723	3,047,574	5
1990/07		0.30	0.5899	0.5899		101	17.24	2,971,723	3,065,552	5
1991/01		0.30	0.5899	0.5899		101	17.24	2,971,723	3,083,530	5
1991/07	17,946	0.40	1.4932	1.4932		101	42.17	3,003,278	3,129,586	
1992/01		0.40	2.0117	2.0117		101	42.17	3,021,808	3,192,509	
1992/07		0.50	1.8152	1.8152		101	42.17	3,042,836	3,250,483	
1993/01	31,100	0.50	1.7710	1.7710		101	39.30	3,093,189	3,308,053	
1993/07		0.60	1.5329	1.5329		101	39.30	3,113,516	3,358,755	
1994/01	16,733	0.60	1.6983	1.6983		101	36.76	3,151,454	3,415,820	
1994/07		0.70	1.5991	1.5991		101	36.76	3,175,032	3,470,461	
1995/01	46,428	0.70	1.5812	1.5812		101	31.62	3,241,663	3,525,304	
1995/07		0.80	1.5250	1.5250		101	31.62	3,264,400	3,579,036	
1996/01		0.80	1.7228	1.7228		101	31.62	3,290,265	3,640,747	
1996/07		0.90	1.3294	1.3294		101	31.62	3,312,898	3,689,126	
1997/01	1,745,200	0.90	1.4109	1.4109		151	29.43	5,080,608	5,593,191	
1997/07		1.00	1.0917	1.0917		151	29.43	5,110,287	5,654,195	
1998/01		1.00	1.1663	1.1663		151	35.08	5,148,302	5,720,182	
1998/07		1.00	1.0794	1.0794		151	35.08	5,183,746	5,781,941	
1999/01	25,680	1.00	1.4499	1.4499		151	34.98	5,257,227	5,865,746	
1999/07		1.00	1.2299	1.2299		151	34.98	5,298,350	5,937,924	
2000/01		1.00	1.3356	1.3356		151	49.46	5,361,987	6,017,199	
2000/07		1.00	1.1129	1.1129		151	49.46	5,415,650	6,084,092	
2001/01		1.00	1.2976	1.2976		151	49.87	5,479,369	6,163,065	
2001/07		1.00	0.9615	0.9615		151	49.87	5,527,139	6,222,257	
2002/01		1.00	1.0301	1.0301		151	48.44	5,577,283	6,286,281	
2002/07		1.00	0.8337	0.8337		151	48.44	5,618,235	6,338,678	



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**0 325350-00 - 2015/01**

**221.84**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		151	48.44	5,683,902	6,422,785	
2003/07		1.00	1.1664	1.1664		151	52.91	5,747,680	6,497,681	
2004/01		1.00	1.1103	1.1103		151	52.91	5,809,071	6,569,859	
2004/07		1.00	0.8378	0.8378		151	51.49	5,854,633	6,624,974	
2005/01		1.00	0.8595	0.8595		151	48.35	5,898,869	6,681,901	
2005/07		1.00	0.7364	0.7364		151	48.35	5,937,056	6,731,127	
2006/01		1.00	0.9068	0.9068		151	46.26	5,982,338	6,792,131	
2006/07		1.00	0.8133	0.8133		151	46.26	6,023,261	6,847,397	
2007/01		1.00	1.0133	1.0133		151	43.79	6,071,855	6,916,706	
2007/07		1.00	1.1050	1.1050		151	43.79	6,125,274	6,993,112	
2008/01		1.00	0.8556	0.8556		151	47.51	6,170,545	7,052,908	
2008/07		0.95	0.6104	0.6104		151	47.51	6,201,455	7,095,943	
2009/01		0.95	1.3268	1.3268		151	47.51	6,268,979	7,190,167	
2009/07		0.90	0.6841	0.6841		151	49.36	6,303,619	7,239,393	
2010/01		0.90	0.8643	0.8643		151	49.36	6,347,626	7,301,907	
2010/07		0.85	0.7107	0.7107		151	45.28	6,379,195	7,353,851	
2011/01		0.85	0.9198	0.9198		151	49.02	6,423,645	7,421,499	
2011/07		0.80	0.9028	0.9028		151	49.02	6,464,993	7,488,543	
2012/01		0.80	0.3865	0.3865		151	49.02	6,482,809	7,517,535	
2012/07		0.75	0.9417	0.9417		151	47.11	6,522,029	7,588,354	
2013/01		0.75	0.4901	0.4901		151	47.11	6,542,565	7,625,500	
2013/07		0.70	0.6196	0.6196		151	45.93	6,566,261	7,672,763	
2014/01		0.70	0.8564	0.8564		151	45.93	6,599,134	7,738,448	
2014/07		0.65	1.2383	1.2383		151	46.72	6,644,254	7,834,333	
2015/01		0.65	0.7571	0.7571		151	46.72	6,672,028	7,893,676	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 325368-00 - 2015/01**

**201.77**

**ManorCare Health Services (Boca Raton)**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>375 NW 51ST STREET</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>180</b>	Superior: <b>0</b>
<b>BOCA RATON, FL 33431</b>	Days in CR <b>365</b>	Maximum: <b>65,700</b>	Standard: <b>243</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>61,251</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>10,953</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>42,359</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>69.15642%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>93.22831%</b>	Cost: <b>1.03938564</b>
Open Date: <b>09/01/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/01/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>09/01/1984</b>	Low Occupancy Adjustment Factor:	<b>119.04835%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>309770</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,548,999	3,023,493	1,784,061	863,700	65,062	7,285,315	
1a	Audit Adjustments							
2	Cost Per Diem	36.5684	71.3778	42.1176	20.3900	1.5360	171.9898	
3	Cost Per Diem Inflated	38.0087	73.2959	43.7764				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>38.0087</b>	<b>73.2959</b>	<b>43.7764</b>	<b>20.3900</b>	<b>1.5360</b>	<b>177.0070</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	74.5034		56.6225				
7	Provider Target Rate	<b>77.2318</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>38.0087</b>	<b>73.2959</b>	<b>43.7764</b>	<b>13.6500</b>	<b>1.5360</b>	<b>170.2670</b>	
12/13	Medical Adjustment Rate		1.5796	0.9434				
14	Prospective Per Diem 11	<b>38.0087</b>	<b>74.8755</b>	<b>44.7198</b>	<b>13.6500</b>	<b>1.5360</b>	<b>172.7900</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 325368-00 - 2015/01**

**201.77**

Rate Semester 01/01/2015 through 08/31/2015

**ManorCare Health Services (Boca Raton)**

**FRVS**

FRVS Status as of this Semester

**Not on FRVS**

Began FRVS:		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>3,600,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1984/07</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>6,088,714</b>	<b>9.7290</b>
Indexed Asset Value	<b>7,610,892</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,522,178</b>	<b>0.5738</b>
FRVS Base Asset:	<b>3,420,000</b>	Interest Rate:	<b>7.2000%</b>	Insurance Cost(3):	<b>48,804</b>	<b>0.7968</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.0000%</b>	Taxes Cost(3):	<b>169,499</b>	<b>2.7673</b>
ROE Factor	<b>0.022290</b>	Amortization Rate:	<b>7.2000%</b>	Home Office(3):	<b>33,184</b>	<b>0.5418</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>131,790</b>	<b>0.0000</b>
		Yearly Payment:	<b>575,273</b>	Total FRVS PD:		<b>14.4087</b>

- (1) 80% Capital (\$6,088,714) amortized at 7.2000 % for 20 years Principal & Interest of \$575,273 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$9.7290
- (2) 20% ROE (\$1,522,178) times the ROE factor (0.022290) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.5738
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>38.0087</b>	<b>38.0087</b>	<b>0.6613</b>	<b>37.3474</b>
Direct Care	<b>74.8755</b>	<b>74.8755</b>	<b>1.3027</b>	<b>73.5728</b>
Indirect Care	<b>44.7198</b>	<b>44.7198</b>	<b>0.7780</b>	<b>43.9418</b>
Property	<b>13.6500</b>	<b>14.4087</b>	<b>0.2375</b>	<b>13.4125</b>
ROE	<b>1.5360</b>		<b>0.0267</b>	<b>1.5093</b>
ROE Adjustment				
Quality Assess-Medicaid Share				<b>22.0830</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>172.7900</b>	<b>172.0127</b>	<b>3.0062</b>	<b>201.7693</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 325368-00 - 2015/01**

**201.77**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	4,505,133	0.00	1.9179	1.9179		120	9.60	4,505,133	3,352,680	
1985/01	174,136	0.10	1.1471	1.1471		120	9.60	4,679,269	3,391,080	
1985/10		0.10	0.8522	0.8522		120	9.60	3,420,000	3,420,000	1
1986/01		0.20	0.8299	0.8299		120	9.60	3,420,000	3,448,440	
1986/07		0.20	0.2974	0.2974		120	9.60	3,420,000	3,441,840	
1987/01		0.30	1.0091	1.0091		120	9.60	3,420,000	3,503,400	
1987/07		0.30	0.9007	0.9007		120	22.11	3,420,000	3,530,760	
1988/01	37,054	0.40	0.9007	0.9007		120	24.15	3,457,054	3,559,440	
1988/07		0.40	0.5899	0.5899		120	24.15	3,457,054	3,557,520	
1989/01		0.50	0.5899	0.5899		120	22.61	3,457,054	3,578,520	
1989/07		0.50	0.5899	0.5899		120	22.61	3,457,054	3,602,760	
1990/01		0.60	0.5899	0.5899		120	22.61	3,457,054	3,620,880	
1990/07		0.60	0.5899	0.5899		120	28.17	3,463,320	3,642,240	
1991/01		0.70	0.5899	0.5899		120	31.66	3,471,552	3,663,600	
1991/07		0.70	1.4932	1.4932		120	31.66	3,492,439	3,718,320	
1992/01	900,690	0.80	2.0117	2.0117		150	35.28	4,429,183	4,741,350	
1992/07		0.80	1.8152	1.8152		150	35.28	4,470,442	4,827,450	
1993/01	929,580	0.90	1.7710	1.7710		180	32.16	5,441,686	5,895,540	
1993/07		0.90	1.5329	1.5329		180	32.16	5,485,584	5,985,900	
1994/01		1.00	1.6983	1.6983		180	32.16	5,540,058	6,087,600	
1994/07		1.00	1.5991	1.5991		180	24.61	5,540,058	6,184,980	
1995/01		1.00	1.5812	1.5812		180	28.94	5,586,151	6,282,720	
1995/07		1.00	1.5250	1.5250		180	28.94	5,630,976	6,378,480	
1996/01		1.00	1.7228	1.7228		180	28.94	5,630,976	6,488,460	5
1996/07		1.00	1.3294	1.3294		180	33.76	5,728,387	6,574,680	
1997/01		1.00	1.4109	1.4109		180	33.76	5,777,997	6,667,380	
1997/07		1.00	1.0917	1.0917		180	35.14	5,818,298	6,740,100	
1998/01		1.00	1.1663	1.1663		180	43.59	5,872,079	6,818,760	
1998/07		1.00	1.0794	1.0794		180	43.59	5,922,313	6,892,380	
1999/01		1.00	1.4499	1.4499		180	38.64	5,982,639	6,992,280	



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 325368-00 - 2015/01**

**201.77**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		180	38.64	6,034,333	7,078,320	
2000/01		1.00	1.3356	1.3356		180	38.64	6,090,954	7,172,820	
2000/07		1.00	1.1129	1.1129		180	44.06	6,145,257	7,252,560	
2001/01		1.00	1.2976	1.2976		180	52.14	6,220,851	7,346,700	
2001/07		1.00	0.9615	0.9615		180	52.14	6,277,554	7,417,260	
2002/01		1.00	1.0301	1.0301		180	61.40	6,342,219	7,493,580	
2002/07		1.00	0.8337	0.8337		180	61.40	6,395,094	7,556,040	
2003/01		1.00	1.3271	1.3271		180	61.40	6,479,963	7,656,300	
2003/07		1.00	1.1664	1.1664		180	65.81	6,555,545	7,745,580	
2004/01		1.00	1.1103	1.1103		180	65.81	6,628,331	7,831,620	
2004/07		1.00	0.8378	0.8378		180	65.81	6,683,863	7,897,320	
2005/01	27,165	0.95	0.8595	0.8595		180	61.70	6,765,602	7,965,180	
2005/07		0.95	0.7364	0.7364		180	61.70	6,812,934	8,023,860	
2006/01		0.90	0.9068	0.9068		180	61.03	6,868,534	8,096,580	
2006/07		0.90	0.8133	0.8133		180	61.03	6,918,812	8,162,460	
2007/01		0.85	1.0133	1.0133		180	61.11	6,978,404	8,245,080	
2007/07		0.85	1.1050	1.1050		180	61.11	7,043,952	8,336,160	
2008/01		0.80	0.8556	0.8556		180	61.19	7,092,168	8,407,440	
2008/07		0.80	0.6104	0.6104		180	61.19	7,126,799	8,458,740	
2009/01		0.75	1.3268	1.3268		180	62.49	7,197,718	8,571,060	
2009/07		0.75	0.6841	0.6841		180	62.49	7,234,649	8,629,740	
2010/01		0.70	0.8643	0.8643		180	62.03	7,278,419	8,704,260	
2010/07		0.70	0.7107	0.7107		180	62.03	7,314,629	8,766,180	
2011/01		0.65	0.9198	0.9198		180	61.78	7,358,363	8,846,820	
2011/07		0.65	0.9028	0.9028		180	61.78	7,401,542	8,926,740	
2012/01		0.60	0.3865	0.3865		180	68.55	7,418,706	8,961,300	
2012/07		0.60	0.9417	0.9417		180	68.55	7,460,622	9,045,720	
2013/01		0.55	0.4901	0.4901		180	69.48	7,480,736	9,090,000	
2013/07		0.55	0.6196	0.6196		180	69.48	7,506,230	9,146,340	
2014/01		0.50	0.8564	0.8564		180	67.04	7,538,372	9,224,640	



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0 325368-00 - 2015/01

201.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		180	67.04	7,585,050	9,338,940	
2015/01		0.45	0.7571	0.7571		180	69.16	7,610,892	9,409,680	

**Message Code:**

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 325368053120140601201309122014095937



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325376-00 - 2015/01**

**225.87**

**ManorCare Health Services-Boynton Beach**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3001 SOUTH CONGRESS AVENUE</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>180</b>	Superior: <b>0</b>
<b>BOYNTON BEACH, FL 33426</b>	Days in CR <b>365</b>	Maximum: <b>65,700</b>	Standard: <b>243</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>51,364</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>15,072</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>30,790</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>59.94471%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>78.17960%</b>	Cost: <b>1.03938564</b>
Open Date: <b>03/01/1985</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>03/01/1985</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>03/01/1985</b>	Low Occupancy Adjustment Factor:	<b>99.83183%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>310182</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,680,023	2,437,954	1,343,866	604,408	42,110	6,108,361	
1a	Audit Adjustments							
2	Cost Per Diem	54.5639	79.1801	43.6462	19.6300	1.3677	198.3879	
3	Cost Per Diem Inflated	56.7129	81.3079	45.3652				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>56.7129</b>	<b>81.3079</b>	<b>45.3652</b>	<b>19.6300</b>	<b>1.3677</b>	<b>204.3837</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	71.6562		56.6225				
7	Provider Target Rate	<b>74.2803</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7129</b>	<b>81.3079</b>	<b>45.3652</b>	<b>13.6500</b>	<b>1.3677</b>	<b>198.4037</b>	
12/13	Medical Adjustment Rate		0.9097	0.5075				
14	Prospective Per Diem 11	<b>56.7129</b>	<b>82.2176</b>	<b>45.8727</b>	<b>13.6500</b>	<b>1.3677</b>	<b>199.8209</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**ManorCare Health Services-Boynton Beach**

**FRVS**

FRVS Status as of this Semester

**On Payback FRV**

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
<b>1985/01</b>	<b>4,116,079.00</b>	Type: <b>Variable</b>	80% Capital(1): <b>6,462,758</b>	<b>10.1057</b>	
<b>8,078,447</b>	<60% of Base: <b>False</b>	20% ROE(2): <b>1,615,689</b>	<b>0.6091</b>		
<b>3,420,000</b>	Interest Rate: <b>6.9200%</b>	Insurance Cost(3): <b>35,093</b>	<b>0.6832</b>		
<b>0.9000</b>	Chase Rate: <b>13.0000%</b>	Taxes Cost(3): <b>181,302</b>	<b>3.5297</b>		
<b>0.022290</b>	Amortization Rate: <b>6.9200%</b>	Home Office(3): <b>31,119</b>	<b>0.6059</b>		
	Interest Only: <b>False</b>	Replacement(3&4): <b>104,638</b>	<b>0.0000</b>		
	Yearly Payment: <b>597,550</b>	Total FRVS PD:	<b>15.5336</b>		

- (1) 80% Capital (\$6,462,758) amortized at 6.9200 % for 20 years Principal & Interest of \$597,550 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$10.1057
- (2) 20% ROE (\$1,615,689) times the ROE factor (0.022290) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.6091
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>56.7129</b>	<b>56.7129</b>	<b>0.9867</b>	<b>55.7262</b>
Direct Care	<b>82.2176</b>	<b>82.2176</b>	<b>1.4304</b>	<b>80.7872</b>
Indirect Care	<b>45.8727</b>	<b>45.8727</b>	<b>0.7981</b>	<b>45.0746</b>
Property	<b>13.6500</b>	<b>15.5336</b>	<b>0.2375</b>	<b>13.4125</b>
ROE	<b>1.3677</b>		<b>0.0238</b>	<b>1.3439</b>
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.6232</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>199.8209</b>	<b>200.3368</b>	<b>3.4765</b>	<b>225.8701</b>

**Medicaid Trend Adjustment**



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**225.87**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	4,758,588	0.00	1.1471	1.1471		120	26.10	4,758,588	3,391,080	
1985/10		0.10	0.8522	0.8522		120	26.10	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	9.84	3,420,000	3,448,440	
1986/07		0.20	0.2974	0.2974		120	26.10	3,420,966	3,441,840	
1987/01	23,156	0.20	1.0091	1.0091		120	26.10	3,447,398	3,503,400	
1987/07		0.30	0.9007	0.9007		120	26.10	3,451,818	3,530,760	
1988/01		0.30	0.9007	0.9007		120	22.61	3,451,818	3,559,440	
1988/07		0.40	0.5899	0.5899		120	22.61	3,451,818	3,557,520	
1989/01		0.40	0.5899	0.5899		120	25.06	3,455,530	3,578,520	
1989/07		0.50	0.5899	0.5899		120	25.06	3,460,175	3,602,760	
1990/01		0.50	0.5899	0.5899		120	25.06	3,464,826	3,620,880	
1990/07	1,778,760	0.60	0.5899	0.5899		180	29.06	5,250,065	5,463,360	
1991/01		0.60	0.5899	0.5899		180	32.29	5,260,973	5,495,400	
1991/07		0.70	1.4932	1.4932		180	32.29	5,293,256	5,577,480	
1992/01		0.70	2.0117	2.0117		180	31.03	5,335,310	5,689,620	
1992/07		0.80	1.8152	1.8152		180	31.03	5,379,022	5,792,940	
1993/01		0.80	1.7710	1.7710		180	31.03	5,422,018	5,895,540	
1993/07		0.90	1.5329	1.5329		180	35.63	5,470,476	5,985,900	
1994/01		0.90	1.6983	1.6983		180	31.48	5,518,335	6,087,600	
1994/07		1.00	1.5991	1.5991		180	31.48	5,568,842	6,184,980	
1995/01		1.00	1.5812	1.5812		180	31.31	5,618,969	6,282,720	
1995/07		1.00	1.5250	1.5250		180	31.31	5,667,750	6,378,480	
1996/01		1.00	1.7228	1.7228		180	31.31	5,723,336	6,488,460	
1996/07		1.00	1.3294	1.3294		180	31.52	5,766,940	6,574,680	
1997/01		1.00	1.4109	1.4109		180	31.52	5,813,570	6,667,380	
1997/07		1.00	1.0917	1.0917		180	33.19	5,851,869	6,740,100	
1998/01		1.00	1.1663	1.1663		180	33.19	5,893,055	6,818,760	
1998/07		1.00	1.0794	1.0794		180	35.95	5,934,633	6,892,380	
1999/01		1.00	1.4499	1.4499		180	40.50	5,997,994	6,992,280	
1999/07		1.00	1.2299	1.2299		180	40.50	6,052,315	7,078,320	





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**0 325376-00 - 2015/01**

**225.87**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		180	46.77	6,121,054	7,172,820	
2000/07		1.00	1.1129	1.1129		180	46.77	6,178,982	7,252,560	
2001/01		1.00	1.2976	1.2976		180	51.22	6,253,650	7,346,700	
2001/07		1.00	0.9615	0.9615		180	51.22	6,309,646	7,417,260	
2002/01	54,031	1.00	1.0301	1.0301		180	54.71	6,428,330	7,493,580	
2002/07		1.00	0.8337	0.8337		180	54.71	6,481,640	7,556,040	
2003/01		1.00	1.3271	1.3271		180	54.71	6,567,204	7,656,300	
2003/07	31,262	1.00	1.1664	1.1664		180	54.33	6,674,133	7,745,580	
2004/01		1.00	1.1103	1.1103		180	54.33	6,747,333	7,831,620	
2004/07		1.00	0.8378	0.8378		180	54.33	6,803,174	7,897,320	
2005/01		1.00	0.8595	0.8595		180	55.34	6,861,647	7,965,180	
2005/07		0.95	0.7364	0.7364		180	55.34	6,909,651	8,023,860	
2006/01		0.95	0.9068	0.9068		180	52.44	6,966,407	8,096,580	
2006/07		0.90	0.8133	0.8133		180	52.44	7,015,028	8,162,460	
2007/01		0.90	1.0133	1.0133		180	55.03	7,079,005	8,245,080	
2007/07		0.85	1.1050	1.1050		180	55.03	7,145,498	8,336,160	
2008/01		0.85	0.8556	0.8556		180	53.07	7,195,644	8,407,440	
2008/07		0.80	0.6104	0.6104		180	53.07	7,229,547	8,458,740	
2009/01		0.80	1.3268	1.3268		180	52.45	7,302,724	8,571,060	
2009/07		0.75	0.6841	0.6841		180	52.45	7,338,457	8,629,740	
2010/01	350,820	0.75	0.8643	0.8643		180	49.86	7,732,399	8,704,260	
2010/07		0.70	0.7107	0.7107		180	49.86	7,767,273	8,766,180	
2011/01		0.70	0.9198	0.9198		180	52.91	7,815,386	8,846,820	
2011/07		0.65	0.9028	0.9028		180	52.91	7,859,504	8,926,740	
2012/01		0.65	0.3865	0.3865		180	50.29	7,877,556	8,961,300	
2012/07		0.60	0.9417	0.9417		180	50.29	7,918,253	9,045,720	
2013/01		0.60	0.4901	0.4901		180	47.87	7,938,522	9,090,000	
2013/07		0.55	0.6196	0.6196		180	47.87	7,962,069	9,146,340	
2014/01		0.55	0.8564	0.8564		180	54.29	7,999,086	9,224,640	
2014/07		0.50	1.2383	1.2383		180	54.29	8,047,977	9,338,940	



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0 325376-00 - 2015/01

225.87

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		180	59.94	8,078,447	9,409,680	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 325376053120140601201309122014102325



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325384-00 - 2015/01**

**218.45**

**ManorCare Health Services**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>13881 EAGLE RIDGE DRIVE</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>FORT MYERS, FL 33912</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Lee [36]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,395</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>17,943</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>16,056</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>40.75644%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.94292%</b>	Cost: <b>1.03938564</b>
Open Date: <b>12/16/1999</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/16/1999</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>05/01/2000</b>	Low Occupancy Adjustment Factor:	<b>114.85305%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>310174</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	986,934	1,246,653	731,490	198,773	39,690	3,203,540	
1a	Audit Adjustments							
2	Cost Per Diem	61.4682	77.6441	45.5587	12.3800	2.4720	199.5230	
3	Cost Per Diem Inflated	63.8892	79.7306	47.3531				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>63.8892</b>	<b>79.7306</b>	<b>47.3531</b>	<b>12.3800</b>	<b>2.4720</b>	<b>205.8249</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	72.8169		56.8622				
7	Provider Target Rate	<b>75.4835</b>		<b>58.9445</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>79.7306</b>	<b>47.3531</b>	<b>12.3800</b>	<b>2.4720</b>	<b>198.6776</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>56.7419</b>	<b>79.7306</b>	<b>47.3531</b>	<b>12.3800</b>	<b>2.4720</b>	<b>198.6776</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



**Florida Agency for Health Care Administration**  
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 Computation of Nursing Home Medicaid Reimbursement Rate

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**218.45**

Rate Semester 01/01/2015 through 08/31/2015

**ManorCare Health Services**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	05/01/2000	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,302,864	9.7409
RS to Start Calcs:	1999/07	<60% of Base:	True	20% ROE(2):	1,075,716	0.6083
Indexed Asset Value	5,378,580	Interest Rate:	9.0000%	Insurance Cost(3):	35,105	0.8911
FRVS Base Asset:	0	Chase Rate:	9.0000%	Taxes Cost(3):	89,423	2.2699
Occup Adj Factor	0.9000	Amortization Rate:	9.0000%	Home Office(3):	26,274	0.6669
ROE Factor	0.022290	Interest Only:	True	Replacement(3&4):	184,226	0.0000
		Yearly Payment:	383,988	Total FRVS PD:		14.1771

- (1) 80% Capital (\$4,302,864) amortized at 9.0000 % for 20 years Interest of \$383,988 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.7409
- (2) 20% ROE (\$1,075,716) times the ROE factor (0.022290) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6083
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	01/01/1999	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,661,520

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	79.7306	79.7306	1.3871	78.3435
Indirect Care	47.3531	47.3531	0.8238	46.5293
Property	12.3800	14.1771	0.2466	13.9305
ROE	2.4720			
ROE Adjustment				
Quality Assess-Medicaid Share				13.9871
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>198.6776</b>	<b>198.0027</b>	<b>3.4447</b>	<b>218.4476</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 325384-00 - 2015/01**

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01	8,496,197	0.00	1.3356	1.3356		120	48.01	4,661,520	4,661,520	1
2000/07		0.10	1.1129	1.1129		120	48.01	4,666,049	4,835,040	
2001/01		0.10	1.2976	1.2976		120	48.01	4,671,336	4,897,800	
2001/07		0.20	0.9615	0.9615		120	48.01	4,679,177	4,944,840	
2002/01		0.20	1.0301	1.0301		120	48.01	4,687,591	4,995,720	
2002/07		0.30	0.8337	0.8337		120	48.01	4,697,825	5,037,360	
2003/01	41,181	0.30	1.3271	1.3271		120	46.16	4,754,702	5,104,200	
2003/07		0.40	1.1664	1.1664		120	46.16	4,773,322	5,163,720	
2004/01		0.40	1.1103	1.1103		120	48.81	4,792,135	5,221,080	
2004/07		0.50	0.8378	0.8378		120	48.81	4,809,950	5,264,880	
2005/01		0.50	0.8595	0.8595		120	51.82	4,829,428	5,310,120	
2005/07		0.60	0.7364	0.7364		120	51.82	4,849,531	5,349,240	
2006/01		0.60	0.9068	0.9068		120	50.92	4,873,960	5,397,720	
2006/07		0.70	0.8133	0.8133		120	50.92	4,899,649	5,441,640	
2007/01	22,548	0.70	1.0133	1.0133		120	43.81	4,949,880	5,496,720	
2007/07		0.80	1.1050	1.1050		120	43.81	4,984,734	5,557,440	
2008/01		0.80	0.8556	0.8556		120	40.58	5,009,909	5,604,960	
2008/07		0.90	0.6104	0.6104		120	40.58	5,030,217	5,639,160	
2009/01		0.90	1.3268	1.3268		120	35.76	5,069,271	5,714,040	
2009/07		1.00	0.6841	0.6841		120	35.76	5,091,819	5,753,160	
2010/01		1.00	0.8643	0.8643		120	33.97	5,119,000	5,802,840	
2010/07		1.00	0.7107	0.7107		120	33.97	5,141,470	5,844,120	
2011/01		1.00	0.9198	0.9198		120	33.87	5,170,593	5,897,880	
2011/07		1.00	0.9028	0.9028		120	33.87	5,199,339	5,951,160	
2012/01		1.00	0.3865	0.3865		120	28.75	5,209,843	5,974,200	
2012/07		1.00	0.9417	0.9417		120	28.75	5,235,489	6,030,480	
2013/01		1.00	0.4901	0.4901		120	36.69	5,252,606	6,060,000	
2013/07		1.00	0.6196	0.6196		120	36.69	5,274,317	6,097,560	
2014/01		1.00	0.8564	0.8564		120	36.84	5,304,572	6,149,760	
2014/07		1.00	1.2383	1.2383		120	36.84	5,348,570	6,225,960	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		1.00	0.7571	0.7571		120	40.76	5,378,580	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 325384053120140601201309252014162715



**Florida Agency for Health Care Administration**  
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**0 325422-00 - 2015/01**

**243.17**

**Manor Care @ Lely Palms**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>6135 RATTLESNAKE HAMMOCK ROAD NAPLES, FL 34113</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>117</b>	Superior: <b>0</b>
County: <b>Collier [11]</b>	Days in CR <b>365</b>	Maximum: <b>42,705</b>	Standard: <b>243</b>
Region: <b>South</b> Area: <b>8</b>	First Used : <b>2014/01</b>	Max Annualized: <b>42,705</b>	Conditional: <b>0</b>
Control: <b>Proprietary : Corporation</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,624</b>	Total: <b>243</b>
Current Class <b>South Large</b>	<b>Unaudited</b>	Medicare: <b>19,768</b>	Inflation
Class at 1/94: <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>16,344</b>	FY Index: <b>1.30932625</b>
Operating Ex > <b>18 months</b>	Medical Utilization	<b>41.24773%</b>	Semester Index: <b>1.37161894</b>
Open Date: <b>05/26/1984</b>	Occupancy:	<b>92.78539%</b>	Cost: <b>1.04757614</b>
Acquired Date: <b>05/26/1984</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Entered Medicaid <b>05/26/1984</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Med # Active Date: <b>12/20/2007</b>	Low Occupancy Adjustment Factor:	<b>118.48276%</b>	DC Sem Index: <b>1.25449501</b>
Previous Med # <b>319368</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	947,785	1,470,554	918,338	336,523	24,685	3,697,885
1a	Audit Adjustments						
2	Cost Per Diem	57.9898	89.9752	56.1881	20.5900	1.5103	226.2534
3	Cost Per Diem Inflated	60.7487	93.1683	58.8613			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>60.7487</b>	<b>93.1683</b>	<b>58.8613</b>	<b>20.5900</b>	<b>1.5103</b>	<b>234.8786</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	82.2999		56.6225			
7	Provider Target Rate	<b>85.3138</b>		<b>58.6961</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>93.1683</b>	<b>58.6961</b>	<b>13.6500</b>	<b>1.5103</b>	<b>223.7666</b>
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	<b>56.7419</b>	<b>93.1683</b>	<b>58.6961</b>	<b>13.6500</b>	<b>1.5103</b>	<b>223.7666</b>
15	Inflated Usual & Customary Charge						0.00
		Usual and Customary Limitations not applied after 7/1/2002.					



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Rate Semester 01/01/2015 through 08/31/2015

**Manor Care @ Lely Palms**

**FRVS**

FRVS Status as of this Semester

**On Payback FRV**

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
	<b>0.00</b>	<b>None</b>	80% Capital(1):	<b>4,364,426</b>	<b>9.8495</b>
		<b>True</b>	20% ROE(2):	<b>1,091,107</b>	<b>0.4732</b>
	<b>8.7500%</b>		Insurance Cost(3):	<b>26,488</b>	<b>0.6685</b>
	<b>8.7500%</b>		Taxes Cost(3):	<b>38,434</b>	<b>0.9700</b>
	<b>8.7500%</b>		Home Office(3):	<b>25,046</b>	<b>0.6321</b>
	<b>True</b>		Replacement(3&4):	<b>180,020</b>	<b>0.0000</b>
	<b>378,561</b>		Total FRVS PD:		<b>12.5933</b>

- (1) 80% Capital (\$4,364,426) amortized at 8.7500 % for 20 years Interest of \$378,561 divided by annual available days (42705) divided by Occup. Adj. (0.90) = \$9.8495
- (2) 20% ROE (\$1,091,107) times the ROE factor (0.016670) divided by annual available days (42705) divided by Occup. Adj. (0.90) = \$0.4732
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>97</b>	Effective PBS Limitation	2,764,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>56.7419</b>	<b>56.7419</b>	<b>0.9872</b>	<b>55.7547</b>
Direct Care	<b>93.1683</b>	<b>93.1683</b>	<b>1.6209</b>	<b>91.5474</b>
Indirect Care	<b>58.6961</b>	<b>58.6961</b>	<b>1.0212</b>	<b>57.6749</b>
Property	<b>13.6500</b>	<b>12.5933</b>	<b>0.2375</b>	<b>13.4125</b>
ROE	<b>1.5103</b>		<b>0.0263</b>	<b>1.4840</b>
ROE Adjustment				
Quality Assess-Medicaid Share				<b>13.3984</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>223.7666</b>	<b>221.1996</b>	<b>3.8931</b>	<b>243.1744</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

**0 325422-00 - 2015/01**

**243.17**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	3,726,807	0.00	1.2952	1.2952		97	47.41	3,726,807	2,659,061	
1984/07	62,736	0.10	1.9179	1.9179		97	47.41	3,795,705	2,710,083	
1985/01	9,176	0.10	1.1471	1.1471		97	47.41	3,808,634	2,741,123	
1985/10		0.20	0.8522	0.8522		97	47.41	2,764,500	2,764,500	1
1986/01		0.20	0.8299	0.8299		97	50.99	2,768,754	2,787,489	
1986/07		0.30	0.2974	0.2974		97	50.99	2,771,044	2,782,154	
1987/01		0.30	1.0091	1.0091		97	50.99	2,778,820	2,831,915	
1987/07		0.40	0.9007	0.9007		97	41.44	2,786,364	2,854,031	
1988/01	13,874	0.40	0.9007	0.9007		97	41.44	2,807,802	2,877,214	
1988/07		0.50	0.5899	0.5899		97	41.44	2,814,043	2,875,662	
1989/01		0.50	0.5899	0.5899		97	41.44	2,814,043	2,892,637	5
1989/07		0.60	0.5899	0.5899		97	41.44	2,820,298	2,912,231	5
1990/01		0.60	0.5899	0.5899		97	41.44	2,835,358	2,926,878	
1990/07		0.70	0.5899	0.5899		97	41.44	2,844,179	2,944,144	
1991/01		0.70	0.5899	0.5899		97	45.08	2,844,179	2,961,410	5
1991/07		0.80	1.4932	1.4932		97	45.08	2,881,747	3,005,642	
1992/01	34,595	0.80	2.0117	2.0117		97	48.84	2,957,526	3,066,073	
1992/07		0.90	1.8152	1.8152		97	48.84	3,000,432	3,121,751	
1993/01		0.90	1.7710	1.7710		97	42.03	3,036,978	3,177,041	
1993/07		1.00	1.5329	1.5329		97	42.03	3,072,554	3,225,735	
1994/01	41,410	1.00	1.6983	1.6983		97	43.84	3,155,557	3,280,540	
1994/07		1.00	1.5991	1.5991		97	43.84	3,195,779	3,333,017	
1995/01	26,531	1.00	1.5812	1.5812		97	37.60	3,256,855	3,385,688	
1995/07		1.00	1.5250	1.5250		97	46.64	3,298,973	3,437,292	
1996/01	51,196	1.00	1.7228	1.7228		97	46.64	3,398,365	3,496,559	
1996/07		1.00	1.3294	1.3294		97	46.64	3,436,676	3,543,022	
1997/01		1.00	1.4109	1.4109		97	46.64	3,477,794	3,592,977	
1997/07		1.00	1.0917	1.0917		97	46.64	3,509,990	3,632,165	
1998/01		1.00	1.1663	1.1663		97	46.64	3,544,705	3,674,554	
1998/07	740,820	1.00	1.0794	1.0794		117	44.95	4,316,795	4,480,047	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		117	44.95	4,367,947	4,544,982	
1999/07		1.00	1.2299	1.2299		117	50.93	4,417,693	4,600,908	
2000/01		1.00	1.3356	1.3356		117	50.93	4,472,330	4,662,333	
2000/07	42,360	1.00	1.1129	1.1129		117	45.76	4,556,101	4,714,164	
2001/01		1.00	1.2976	1.2976		117	45.76	4,605,289	4,775,355	
2001/07		1.00	0.9615	0.9615		117	45.76	4,642,130	4,821,219	
2002/01	13,033	1.00	1.0301	1.0301		117	47.29	4,696,278	4,870,827	
2002/07		1.00	0.8337	0.8337		117	47.29	4,729,942	4,911,426	
2003/01		1.00	1.3271	1.3271		117	47.29	4,783,914	4,976,595	
2003/07	21,655	1.00	1.1664	1.1664		117	46.44	4,852,684	5,034,627	
2004/01		1.00	1.1103	1.1103		117	46.44	4,898,178	5,090,553	
2004/07		0.95	0.8378	0.8378		117	49.30	4,933,122	5,133,258	
2005/01		0.95	0.8595	0.8595		117	45.89	4,966,729	5,177,367	
2005/07		0.90	0.7364	0.7364		117	45.89	4,994,196	5,215,509	
2006/01		0.90	0.9068	0.9068		117	44.60	5,027,247	5,262,777	
2006/07		0.85	0.8133	0.8133		117	44.60	5,055,429	5,305,599	
2007/01		0.85	1.0133	1.0133		117	48.34	5,093,699	5,359,302	
2007/07		0.80	1.1050	1.1050		117	48.34	5,133,275	5,418,504	
2008/01		0.80	0.8556	0.8556		117	46.26	5,162,829	5,464,836	
2008/07		0.75	0.6104	0.6104		117	46.26	5,182,709	5,498,181	
2009/01		0.75	1.3268	1.3268		117	46.26	5,226,087	5,571,189	
2009/07		0.70	0.6841	0.6841		117	42.57	5,245,458	5,609,331	
2010/01		0.70	0.8643	0.8643		117	42.57	5,270,021	5,657,769	
2010/07		0.65	0.7107	0.7107		117	44.86	5,289,880	5,698,017	
2011/01		0.65	0.9198	0.9198		117	46.02	5,316,344	5,750,433	
2011/07		0.60	0.9028	0.9028		117	46.02	5,340,441	5,802,381	
2012/01		0.60	0.3865	0.3865		117	46.02	5,350,803	5,824,845	
2012/07		0.55	0.9417	0.9417		117	47.62	5,374,796	5,879,718	
2013/01		0.55	0.4901	0.4901		117	47.62	5,387,342	5,908,500	
2013/07		0.50	0.6196	0.6196		117	47.10	5,401,635	5,945,121	



Florida Agency for Health Care Administration  
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Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

0 325422-00 - 2015/01

243.17

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		117	41.25	5,418,982	5,996,016	
2014/07		0.45	1.2383	1.2383		117	41.25	5,441,628	6,070,311	
2015/01		0.45	0.7571	0.7571		117	41.25	5,455,533	6,116,292	

**Message Code:**

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 325422093020131001201210292013131719



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325449-00 - 2015/01**

**227.91**

**Manor Care Nursing and Rehabilitation Center**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3601 LAKEWOOD BLVD</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>NAPLES, FL 34112</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Collier [11]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>35,023</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>11,092</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>21,498</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>61.38252%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>79.96119%</b>	Cost: <b>1.03938564</b>
Open Date: <b>04/01/1983</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>04/01/1983</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>04/01/1983</b>	Low Occupancy Adjustment Factor:	<b>102.10684%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>309958</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,080,885	1,800,334	1,047,971	240,563	7,119	4,176,872
1a	Audit Adjustments						
2	Cost Per Diem	50.2784	83.7443	48.7474	11.1900	0.3311	194.2912
3	Cost Per Diem Inflated	52.2586	85.9948	50.6673			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>52.2586</b>	<b>85.9948</b>	<b>50.6673</b>	<b>11.1900</b>	<b>0.3311</b>	<b>200.4418</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.8530		56.6225			
7	Provider Target Rate	<b>75.5209</b>		<b>58.6961</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	<b>52.2586</b>	<b>85.9948</b>	<b>50.6673</b>	<b>11.1900</b>	<b>0.3311</b>	<b>200.4418</b>
12/13	Medical Adjustment Rate		1.1012	0.6488			
14	Prospective Per Diem 11	<b>52.2586</b>	<b>87.0960</b>	<b>51.3161</b>	<b>11.1900</b>	<b>0.3311</b>	<b>202.1918</b>
15	Inflated Usual & Customary Charge						0.00
Usual and Customary Limitations not applied after 7/1/2002.							



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 325449-00 - 2015/01**

**227.91**

Rate Semester 01/01/2015 through 08/31/2015

**Manor Care Nursing and Rehabilitation Center**

**FRVS**

FRVS Status as of this Semester

**On Payback FRV**

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
	<b>3,000,000.00</b>	Type: <b>Variable</b>	80% Capital(1): <b>4,814,191</b>	<b>9.3111</b>	
		<60% of Base: <b>False</b>	20% ROE(2): <b>1,203,548</b>	<b>0.6805</b>	
		Interest Rate: <b>4.5500%</b>	Insurance Cost(3): <b>27,885</b>	<b>0.7962</b>	
		Chase Rate: <b>8.0000%</b>	Taxes Cost(3): <b>27,335</b>	<b>0.7805</b>	
		Amortization Rate: <b>4.5500%</b>	Home Office(3): <b>24,023</b>	<b>0.6859</b>	
		Interest Only: <b>False</b>	Replacement(3&4): <b>733,375</b>	<b>0.0000</b>	
		Yearly Payment: <b>367,044</b>	Total FRVS PD:	<b>12.2542</b>	

- (1) 80% Capital (\$4,814,191) amortized at 4.5500 % for 20 years Principal & Interest of \$367,044 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.3111
- (2) 20% ROE (\$1,203,548) times the ROE factor (0.022290) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6805
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>52.2586</b>	<b>52.2586</b>	<b>0.9092</b>	<b>51.3494</b>
Direct Care	<b>87.0960</b>	<b>87.0960</b>	<b>1.5153</b>	<b>85.5807</b>
Indirect Care	<b>51.3161</b>	<b>51.3161</b>	<b>0.8928</b>	<b>50.4233</b>
Property	<b>11.1900</b>	<b>12.2542</b>	<b>0.1947</b>	<b>10.9953</b>
ROE	<b>0.3311</b>		<b>0.0058</b>	<b>0.3253</b>
ROE Adjustment				
Quality Assess-Medicaid Share				<b>19.3382</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>202.1918</b>	<b>202.9249</b>	<b>3.5178</b>	<b>227.9147</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 325449-00 - 2015/01**

**227.91**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	3,423,859	0.00	2.6288	2.6288		120	0.80	3,423,859	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	0.80	3,423,859	3,247,440	
1984/01	34,788	0.10	2.2530	2.2530		120	15.76	3,458,647	3,289,560	
1984/07		0.20	1.9179	1.9179		120	15.76	3,458,647	3,352,680	
1985/01		0.20	1.1471	1.1471		120	15.76	3,458,647	3,391,080	
1985/10		0.30	0.8522	0.8522		120	15.76	3,420,000	3,420,000	1
1986/01		0.30	0.8299	0.8299		120	15.76	3,420,000	3,448,440	
1986/07		0.40	0.2974	0.2974		120	27.27	3,422,018	3,441,840	
1987/01		0.40	1.0091	1.0091		120	27.27	3,428,866	3,503,400	
1987/07		0.50	0.9007	0.9007		120	37.83	3,439,488	3,530,760	
1988/01	13,026	0.50	0.9007	0.9007		120	41.84	3,464,299	3,559,440	
1988/07		0.60	0.5899	0.5899		120	41.84	3,473,626	3,557,520	
1989/01		0.60	0.5899	0.5899		120	51.13	3,485,054	3,578,520	
1989/07		0.70	0.5899	0.5899		120	51.13	3,498,431	3,602,760	
1990/01		0.70	0.5899	0.5899		120	49.52	3,511,437	3,620,880	
1990/07		0.80	0.5899	0.5899		120	49.52	3,511,437	3,642,240	5
1991/01		0.80	0.5899	0.5899		120	43.65	3,539,563	3,663,600	
1991/07		0.90	1.4932	1.4932		120	43.65	3,577,315	3,718,320	
1992/01		0.90	2.0117	2.0117		120	49.32	3,635,394	3,793,080	
1992/07		1.00	1.8152	1.8152		120	49.32	3,694,569	3,861,960	
1993/01		1.00	1.7710	1.7710		120	49.32	3,753,243	3,930,360	
1993/07	1,622,927	1.00	1.5329	1.5329		120	47.92	5,426,297	3,990,600	
1994/01		1.00	1.6983	1.6983		120	47.92	5,506,589	4,058,400	
1994/07		1.00	1.5991	1.5991		120	41.64	5,573,255	4,123,320	
1995/01		1.00	1.5812	1.5812		120	37.28	5,632,987	4,188,480	
1995/07		1.00	1.5250	1.5250		120	37.28	5,691,214	4,252,320	
1996/01		1.00	1.7228	1.7228		120	37.28	5,757,673	4,325,640	
1996/07		1.00	1.3294	1.3294		120	42.23	5,757,673	4,383,120	3
1997/01		1.00	1.4109	1.4109		120	42.23	5,757,673	4,444,920	3
1997/07		1.00	1.0917	1.0917		120	39.27	5,757,673	4,493,400	3



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**0 325449-00 - 2015/01**

**227.91**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	39.27	5,757,673	4,545,840	3
1998/07		1.00	1.0794	1.0794		120	39.12	5,757,673	4,594,920	3
1999/01		1.00	1.4499	1.4499		120	46.41	5,757,673	4,661,520	3
1999/07		1.00	1.2299	1.2299		120	46.41	5,757,673	4,718,880	3
2000/01		1.00	1.3356	1.3356		120	46.41	5,757,673	4,781,880	3
2000/07		1.00	1.1129	1.1129		120	58.20	5,757,673	4,835,040	3
2001/01		1.00	1.2976	1.2976		120	59.76	5,757,673	4,897,800	3
2001/07		1.00	0.9615	0.9615		120	59.76	5,757,673	4,944,840	3
2002/01		1.00	1.0301	1.0301		120	65.60	5,757,673	4,995,720	3
2002/07		1.00	0.8337	0.8337		120	65.60	5,757,673	5,037,360	3
2003/01		1.00	1.3271	1.3271		120	65.60	5,757,673	5,104,200	3
2003/07		0.95	1.1664	1.1664		120	64.98	5,757,673	5,163,720	3
2004/01		0.95	1.1103	1.1103		120	64.98	5,757,673	5,221,080	3
2004/07		0.90	0.8378	0.8378		120	64.98	5,757,673	5,264,880	3
2005/01		0.90	0.8595	0.8595		120	59.55	5,757,673	5,310,120	3
2005/07		0.85	0.7364	0.7364		120	59.55	5,757,673	5,349,240	3
2006/01		0.85	0.9068	0.9068		120	56.49	5,757,673	5,397,720	3
2006/07		0.80	0.8133	0.8133		120	56.49	5,757,673	5,441,640	3
2007/01		0.80	1.0133	1.0133		120	50.99	5,757,673	5,496,720	3
2007/07		0.75	1.1050	1.1050		120	50.99	5,757,673	5,557,440	3
2008/01		0.75	0.8556	0.8556		120	57.60	5,757,673	5,604,960	3
2008/07		0.70	0.6104	0.6104		120	57.60	5,757,673	5,639,160	3
2009/01		0.70	1.3268	1.3268		120	51.39	5,757,673	5,714,040	3
2009/07		0.65	0.6841	0.6841		120	51.39	5,757,673	5,753,160	3
2010/01		0.65	0.8643	0.8643		120	56.11	5,790,020	5,802,840	
2010/07		0.60	0.7107	0.7107		120	56.11	5,814,709	5,844,120	
2011/01		0.60	0.9198	0.9198		120	59.84	5,846,800	5,897,880	
2011/07		0.55	0.9028	0.9028		120	59.84	5,875,829	5,951,160	
2012/01		0.55	0.3865	0.3865		120	60.71	5,888,321	5,974,200	
2012/07		0.50	0.9417	0.9417		120	60.71	5,916,049	6,030,480	



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0 325449-00 - 2015/01

227.91

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	55.67	5,930,549	6,060,000	
2013/07		0.45	0.6196	0.6196		120	55.67	5,947,083	6,097,560	
2014/01		0.45	0.8564	0.8564		120	56.40	5,970,003	6,149,760	
2014/07		0.40	1.2383	1.2383		120	56.40	5,999,572	6,225,960	
2015/01		0.40	0.7571	0.7571		120	61.38	6,017,739	6,273,120	

**Message Code:**

- 1 Per Bed Standard Limitation
- 3 Index Cost Limitation - January 1996
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 325449053120140601201309242014124154





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325457-00 - 2015/01**

**223.18**

**ManorCare Health Services (Plantation)**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>6931 W SUNRISE BLVD</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>PLANTATION, FL 33313</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Broward [6]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>10</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,544</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>17,522</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>16,704</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>41.19968%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.56621%</b>	Cost: <b>1.03938564</b>
Open Date: <b>09/01/1985</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/01/1985</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>09/01/1985</b>	Low Occupancy Adjustment Factor:	<b>118.20288%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>309940</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,487,579	1,267,064	825,985	305,182	20,113	3,905,923	
1a	Audit Adjustments							
2	Cost Per Diem	89.0553	75.8540	49.4483	18.2700	1.2041	233.8317	
3	Cost Per Diem Inflated	92.5628	77.8924	51.3959				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>92.5628</b>	<b>77.8924</b>	<b>51.3959</b>	<b>18.2700</b>	<b>1.2041</b>	<b>241.3252</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	85.2372		56.6225				
7	Provider Target Rate	<b>88.3587</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>77.8924</b>	<b>51.3959</b>	<b>13.6500</b>	<b>1.2041</b>	<b>200.8843</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>56.7419</b>	<b>77.8924</b>	<b>51.3959</b>	<b>13.6500</b>	<b>1.2041</b>	<b>200.8843</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 325457-00 - 2015/01**

**223.18**

Rate Semester 01/01/2015 through 08/31/2015

**ManorCare Health Services (Plantation)**

**FRVS**

FRVS Status as of this Semester

**On Payback FRV**

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
	<b>4,000,000.00</b>	Type: <b>Variable</b>	80% Capital(1): <b>3,867,467</b>	<b>9.9945</b>	
		<60% of Base: <b>False</b>	20% ROE(2): <b>966,867</b>	<b>0.5467</b>	
		Interest Rate: <b>8.2000%</b>	Insurance Cost(3): <b>36,713</b>	<b>0.9055</b>	
		Chase Rate: <b>13.0000%</b>	Taxes Cost(3): <b>81,123</b>	<b>2.0009</b>	
		Amortization Rate: <b>8.2000%</b>	Home Office(3): <b>26,726</b>	<b>0.6592</b>	
		Interest Only: <b>False</b>	Replacement(3&4): <b>142,707</b>	<b>0.0000</b>	
		Yearly Payment: <b>393,985</b>	Total FRVS PD:	<b>14.1068</b>	

- (1) 80% Capital (\$3,867,467) amortized at 8.2000 % for 20 years Principal & Interest of \$393,985 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.9945
- (2) 20% ROE (\$966,867) times the ROE factor (0.022290) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5467
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>56.7419</b>	<b>56.7419</b>	<b>0.9872</b>	<b>55.7547</b>
Direct Care	<b>77.8924</b>	<b>77.8924</b>	<b>1.3551</b>	<b>76.5373</b>
Indirect Care	<b>51.3959</b>	<b>51.3959</b>	<b>0.8942</b>	<b>50.5017</b>
Property	<b>13.6500</b>	<b>14.1068</b>	<b>0.2375</b>	<b>13.4125</b>
ROE	<b>1.2041</b>		<b>0.0209</b>	<b>1.1832</b>
ROE Adjustment				
Quality Assess-Medicaid Share				<b>15.8845</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>200.8843</b>	<b>200.1370</b>	<b>3.4949</b>	<b>223.1764</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
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**0 325457-00 - 2015/01**

**223.18**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	5,507,037	0.00	0.8522	0.8522		120	19.02	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	27.50	3,421,419	3,448,440	
1986/07		0.10	0.2974	0.2974		120	27.50	3,421,927	3,441,840	
1987/01		0.20	1.0091	1.0091		120	27.50	3,425,380	3,503,400	
1987/07		0.20	0.9007	0.9007		120	27.50	3,428,465	3,530,760	
1988/01		0.30	0.9007	0.9007		120	32.18	3,433,885	3,559,440	
1988/07		0.30	0.5899	0.5899		120	32.18	3,437,441	3,557,520	
1989/01		0.40	0.5899	0.5899		120	39.32	3,443,241	3,578,520	
1989/07		0.40	0.5899	0.5899		120	39.32	3,449,050	3,602,760	
1990/01	13,241	0.50	0.5899	0.5899		120	42.45	3,470,144	3,620,880	
1990/07		0.50	0.5899	0.5899		120	42.45	3,478,045	3,642,240	
1991/01		0.60	0.5899	0.5899		120	41.45	3,478,045	3,663,600	5
1991/07		0.60	1.4932	1.4932		120	41.45	3,487,321	3,718,320	5
1992/01		0.70	2.0117	2.0117		120	47.50	3,510,867	3,793,080	5
1992/07		0.70	1.8152	1.8152		120	47.50	3,553,565	3,861,960	5
1993/01		0.80	1.7710	1.7710		120	47.50	3,636,519	3,930,360	
1993/07		0.80	1.5329	1.5329		120	47.52	3,636,519	3,990,600	5
1994/01		0.90	1.6983	1.6983		120	36.37	3,675,049	4,058,400	5
1994/07		0.90	1.5991	1.5991		120	36.37	3,712,195	4,123,320	5
1995/01		1.00	1.5812	1.5812		120	32.67	3,782,722	4,188,480	
1995/07		1.00	1.5250	1.5250		120	32.67	3,816,988	4,252,320	
1996/01		1.00	1.7228	1.7228		120	32.67	3,856,049	4,325,640	
1996/07	21,756	1.00	1.3294	1.3294		120	31.47	3,907,136	4,383,120	
1997/01		1.00	1.4109	1.4109		120	31.47	3,938,678	4,444,920	
1997/07		1.00	1.0917	1.0917		120	24.13	3,938,678	4,493,400	
1998/01		1.00	1.1663	1.1663		120	24.13	3,938,678	4,545,840	
1998/07		1.00	1.0794	1.0794		120	25.84	3,958,652	4,594,920	
1999/01		1.00	1.4499	1.4499		120	28.00	3,987,872	4,661,520	
1999/07		1.00	1.2299	1.2299		120	28.00	4,012,841	4,718,880	
2000/01		1.00	1.3356	1.3356		120	28.00	4,040,126	4,781,880	



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**223.18**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		120	40.11	4,072,916	4,835,040	
2001/01		1.00	1.2976	1.2976		120	39.58	4,110,949	4,897,800	
2001/07		1.00	0.9615	0.9615		120	39.58	4,139,394	4,944,840	
2002/01		1.00	1.0301	1.0301		120	41.95	4,171,917	4,995,720	
2002/07		1.00	0.8337	0.8337		120	41.95	4,171,917	5,037,360	5
2003/01		1.00	1.3271	1.3271		120	41.95	4,240,943	5,104,200	
2003/07		1.00	1.1664	1.1664		120	44.32	4,280,804	5,163,720	
2004/01		1.00	1.1103	1.1103		120	44.32	4,319,104	5,221,080	
2004/07		1.00	0.8378	0.8378		120	44.32	4,348,263	5,264,880	
2005/01		1.00	0.8595	0.8595		120	45.78	4,379,371	5,310,120	
2005/07		1.00	0.7364	0.7364		120	45.78	4,406,214	5,349,240	
2006/01		0.95	0.9068	0.9068		120	43.35	4,436,133	5,397,720	
2006/07		0.95	0.8133	0.8133		120	43.35	4,463,147	5,441,640	
2007/01		0.90	1.0133	1.0133		120	40.28	4,492,957	5,496,720	
2007/07		0.90	1.1050	1.1050		120	40.28	4,525,681	5,557,440	
2008/01		0.85	0.8556	0.8556		120	39.85	4,549,530	5,604,960	
2008/07		0.85	0.6104	0.6104		120	39.85	4,566,631	5,639,160	
2009/01		0.80	1.3268	1.3268		120	43.87	4,605,293	5,714,040	
2009/07		0.80	0.6841	0.6841		120	43.87	4,625,397	5,753,160	
2010/01		0.75	0.8643	0.8643		120	46.05	4,650,500	5,802,840	
2010/07		0.75	0.7107	0.7107		120	46.05	4,671,254	5,844,120	
2011/01		0.70	0.9198	0.9198		120	43.38	4,694,978	5,897,880	
2011/07		0.70	0.9028	0.9028		120	43.38	4,718,381	5,951,160	
2012/01		0.65	0.3865	0.3865		120	47.03	4,728,516	5,974,200	
2012/07		0.65	0.9417	0.9417		120	47.03	4,753,265	6,030,480	
2013/01		0.60	0.4901	0.4901		120	41.81	4,763,892	6,060,000	
2013/07		0.60	0.6196	0.6196		120	41.81	4,777,356	6,097,560	
2014/01		0.55	0.8564	0.8564		120	43.18	4,795,022	6,149,760	
2014/07		0.55	1.2383	1.2383		120	43.18	4,820,662	6,225,960	
2015/01		0.50	0.7571	0.7571		120	41.20	4,834,334	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 325457053120140601201309122014154744



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**0 325465-00 - 2015/01**

**232.51**

**ManorCare Health Services-Sarasota**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>5511 SWIFT ROAD</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>178</b>	Superior: <b>0</b>
<b>SARASOTA , FL 34231</b>	Days in CR <b>365</b>	Maximum: <b>64,970</b>	Standard: <b>243</b>
County: <b>Sarasota [58]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>64,970</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>58,310</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>12,802</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>34,980</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>South Large</b>	Medical Utilization		Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>59.98971%</b>	Cost: <b>1.03938564</b>
Open Date: <b>12/01/1983</b>	Statewide Low Occupancy Threshold:	<b>89.74911%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>12/01/1983</b>	Medicaid Low Occupancy Threshold:	<b>78.31130%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>09/01/1985</b>	Low Occupancy Adjustment Factor:	<b>41.41010%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>114.60557%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>310832</b>		<b>100.00000%</b>	PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,965,557	3,092,186	1,345,859	555,133	41,443	7,000,178	
1a	Audit Adjustments							
2	Cost Per Diem	56.1909	88.3987	38.4751	15.8700	1.1848	200.1195	
3	Cost Per Diem Inflated	58.4040	90.7742	39.9905				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>58.4040</b>	<b>90.7742</b>	<b>39.9905</b>	<b>15.8700</b>	<b>1.1848</b>	<b>206.2235</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.2546		56.6225				
7	Provider Target Rate	<b>66.6077</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>90.7742</b>	<b>39.9905</b>	<b>13.6500</b>	<b>1.1848</b>	<b>202.3414</b>	
12/13	Medical Adjustment Rate		1.0202	0.4494				
14	Prospective Per Diem 11	<b>56.7419</b>	<b>91.7944</b>	<b>40.4399</b>	<b>13.6500</b>	<b>1.1848</b>	<b>203.8110</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

**ManorCare Health Services-Sarasota**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	12/01/1996	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,390,000.00	Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed	80% Capital(1):	5,679,543 12.4300
Indexed Asset Value	7,099,429	<60% of Base:	False	20% ROE(2):	1,419,886 0.5413
FRVS Base Asset:	3,420,000	Interest Rate:	11.5000%	Insurance Cost(3):	34,174 0.5861
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	60,611 1.0395
ROE Factor	0.022290	Amortization Rate:	11.5000%	Home Office(3):	33,621 0.5766
		Interest Only:	False	Replacement(3&4):	249,652 0.0000
		Yearly Payment:	726,820	Total FRVS PD:	15.1735

- (1) 80% Capital (\$5,679,543) amortized at 11.5000 % for 20 years Principal & Interest of \$726,820 divided by annual available days (64970) divided by Occup. Adj. (0.90) = \$12.4300
- (2) 20% ROE (\$1,419,886) times the ROE factor (0.022290) divided by annual available days (64970) divided by Occup. Adj. (0.90) = \$0.5413
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	91.7944	91.7944	1.5970	90.1974
Indirect Care	40.4399	40.4399	0.7036	39.7363
Property	13.6500	15.1735	0.2640	14.9095
ROE	1.1848	0.5326	0.0093	0.5233
ROE Adjustment	-0.5326	-0.5326	-0.0093	-0.5233
Quality Assess-Medicaid Share				22.0078
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>203.2784</b>	<b>204.1497</b>	<b>3.5518</b>	<b>232.5082</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	3,994,239	0.00	3.9578	3.0000	0.9578	120	8.12	3,994,239	3,247,440	
1984/01		0.10	2.2530	2.2530		120	8.12	3,994,239	3,289,560	
1984/07	177,174	0.10	1.9179	1.9179		120	8.12	4,171,413	3,352,680	
1985/01	9,842	0.20	1.1471	1.1471		120	8.12	4,181,255	3,391,080	
1985/10		0.20	0.8522	0.8522		120	8.12	3,420,000	3,420,000	1
1986/01		0.30	0.8299	0.8299		120	6.94	3,420,000	3,448,440	
1986/07		0.30	0.2974	0.2974		120	6.94	3,420,000	3,441,840	
1987/01		0.40	1.0091	1.0091		120	6.94	3,420,000	3,503,400	
1987/07		0.40	0.9007	0.9007		120	6.94	3,420,000	3,530,760	
1988/01		0.50	0.9007	0.9007		120	15.32	3,420,000	3,559,440	
1988/07		0.50	0.5899	0.5899		120	15.32	3,420,000	3,557,520	
1989/01		0.60	0.5899	0.5899		120	24.84	3,420,000	3,578,520	
1989/07		0.60	0.5899	0.5899		120	24.84	3,420,000	3,602,760	
1990/01		0.70	0.5899	0.5899		120	24.84	3,420,000	3,620,880	
1990/07		0.70	0.5899	0.5899		120	22.00	3,420,000	3,642,240	
1991/01		0.80	0.5899	0.5899		120	21.34	3,420,000	3,663,600	
1991/07		0.80	1.4932	1.4932		120	21.34	3,420,000	3,718,320	
1992/01		0.90	2.0117	2.0117		120	25.88	3,449,136	3,793,080	
1992/07		0.90	1.8152	1.8152		120	25.88	3,449,136	3,861,960	5
1993/01		1.00	1.7710	1.7710		120	25.88	3,475,651	3,930,360	5
1993/07		1.00	1.5329	1.5329		120	23.73	3,504,615	3,990,600	5
1994/01		1.00	1.6983	1.6983		120	20.36	3,504,615	4,058,400	
1994/07		1.00	1.5991	1.5991		120	20.36	3,504,615	4,123,320	
1995/01	1,230,435	1.00	1.5812	1.5812		157	24.71	4,735,050	5,479,928	
1995/07		1.00	1.5250	1.5250		157	24.71	4,735,050	5,563,452	5
1996/01	29,590	1.00	1.7228	1.7228		157	24.27	4,764,640	5,659,379	5
1996/07		1.00	1.3294	1.3294		157	24.27	4,764,640	5,734,582	
1997/01		1.00	1.4109	1.4109		157	24.27	4,764,640	5,815,437	
1997/07	732,984	1.00	1.0917	1.0917		178	32.74	5,528,587	6,665,210	
1998/01		1.00	1.1663	1.1663		178	32.74	5,566,970	6,742,996	





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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		178	41.36	5,612,158	6,815,798	
1999/01		1.00	1.4499	1.4499		178	44.56	5,678,083	6,914,588	
1999/07		1.00	1.2299	1.2299		178	44.56	5,734,662	6,999,672	
2000/01		1.00	1.3356	1.3356		178	49.97	5,804,249	7,093,122	
2000/07		1.00	1.1129	1.1129		178	49.97	5,862,937	7,171,976	
2001/01		1.00	1.2976	1.2976		178	51.19	5,933,744	7,265,070	
2001/07		1.00	0.9615	0.9615		178	51.19	5,986,845	7,334,846	
2002/01		1.00	1.0301	1.0301		178	54.64	6,048,112	7,410,318	
2002/07		1.00	0.8337	0.8337		178	54.64	6,098,205	7,472,084	
2003/01		1.00	1.3271	1.3271		178	59.84	6,179,134	7,571,230	
2003/07		1.00	1.1664	1.1664		178	59.84	6,251,207	7,659,518	
2004/01		0.95	1.1103	1.1103		178	59.84	6,317,145	7,744,602	
2004/07		0.95	0.8378	0.8378		178	59.84	6,367,423	7,809,572	
2005/01		0.90	0.8595	0.8595		178	56.13	6,416,681	7,876,678	
2005/07		0.90	0.7364	0.7364		178	56.13	6,459,211	7,934,706	
2006/01		0.85	0.9068	0.9068		178	52.14	6,506,410	8,006,618	
2006/07		0.85	0.8133	0.8133		178	52.14	6,549,050	8,071,766	
2007/01		0.80	1.0133	1.0133		178	52.97	6,600,177	8,153,468	
2007/07		0.80	1.1050	1.1050		178	52.97	6,656,369	8,243,536	
2008/01		0.75	0.8556	0.8556		178	45.32	6,691,565	8,314,024	
2008/07		0.75	0.6104	0.6104		178	45.32	6,716,807	8,364,754	
2009/01		0.70	1.3268	1.3268		178	50.12	6,773,657	8,475,826	
2009/07		0.70	0.6841	0.6841		178	50.12	6,803,218	8,533,854	
2010/01		0.65	0.8643	0.8643		178	47.18	6,836,004	8,607,546	
2010/07		0.65	0.7107	0.7107		178	47.18	6,863,096	8,668,778	
2011/01		0.60	0.9198	0.9198		178	48.46	6,896,469	8,748,522	
2011/07		0.60	0.9028	0.9028		178	48.46	6,929,385	8,827,554	
2012/01		0.55	0.3865	0.3865		178	48.94	6,942,494	8,861,730	
2012/07		0.55	0.9417	0.9417		178	48.94	6,974,488	8,945,212	
2013/01		0.50	0.4901	0.4901		178	52.89	6,990,927	8,989,000	



Florida Agency for Health Care Administration  
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Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

0 325465-00 - 2015/01

232.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		178	52.89	7,011,754	9,044,714	
2014/01		0.45	0.8564	0.8564		178	57.38	7,038,777	9,122,144	
2014/07		0.45	1.2383	1.2383		178	57.38	7,077,997	9,235,174	
2015/01		0.40	0.7571	0.7571		178	59.99	7,099,429	9,305,128	

**Message Code:**

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 325465053120140601201308252014104604



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325473-00 - 2015/01**

**222.06**

**Manor Care Health Services**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1450 EAST VENICE AVENUE</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>129</b>	Superior: <b>0</b>
<b>VENICE, FL 34292</b>	Days in CR <b>365</b>	Maximum: <b>47,085</b>	Standard: <b>243</b>
County: <b>Sarasota [58]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>47,085</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>35,726</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>13,261</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>13,152</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>36.81353%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>75.87554%</b>	Cost: <b>1.03938564</b>
Open Date: <b>06/05/1997</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>06/05/1997</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>06/05/1997</b>	Low Occupancy Adjustment Factor:	<b>96.88964%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>309788</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	568,090	1,144,145	640,974	200,042	6,332	2,559,583	
1a	Audit Adjustments							
2	Cost Per Diem	43.1942	86.9940	48.7359	15.2100	0.4814	194.6155	
3	Cost Per Diem Inflated	44.8954	89.3318	50.6554				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.8954</b>	<b>89.3318</b>	<b>50.6554</b>	<b>15.2100</b>	<b>0.4814</b>	<b>200.5740</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.5968		56.6225				
7	Provider Target Rate	<b>70.0723</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.8954</b>	<b>89.3318</b>	<b>50.6554</b>	<b>13.6500</b>	<b>0.4814</b>	<b>199.0140</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>44.8954</b>	<b>89.3318</b>	<b>50.6554</b>	<b>13.6500</b>	<b>0.4814</b>	<b>199.0140</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 325473-00 - 2015/01**

**222.06**

Rate Semester 01/01/2015 through 08/31/2015

**Manor Care Health Services**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/05/1997	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,558,942	9.0623
RS to Start Calcs:	1997/01	<60% of Base:	True	20% ROE(2):	1,139,736	0.5995
Indexed Asset Value	5,698,678	Interest Rate:	8.5000%	Insurance Cost(3):	36,118	1.0110
FRVS Base Asset:	4,711,854	Chase Rate:	8.5000%	Taxes Cost(3):	98,629	2.7607
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	24,346	0.6815
ROE Factor	0.022290	Interest Only:	True	Replacement(3&4):	233,966	0.0000
		Yearly Payment:	384,029	Total FRVS PD:		14.1150

- (1) 80% Capital (\$4,558,942) amortized at 8.5000 % for 20 years Interest of \$384,029 divided by annual available days (47085) divided by Occup. Adj. (0.90) = \$9.0623
- (2) 20% ROE (\$1,139,736) times the ROE factor (0.022290) divided by annual available days (47085) divided by Occup. Adj. (0.90) = \$0.5995
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,526
Comparison Date:	07/01/1996	Current RS PBS:	52,276
Comparison Bed	129	Effective PBS Limitation	4,711,854

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.8954	44.8954	0.7811	44.1143
Direct Care	89.3318	89.3318	1.5542	87.7776
Indirect Care	50.6554	50.6554	0.8813	49.7741
Property	13.6500	14.1150	0.2456	13.8694
ROE	0.4814	0.2291	0.0040	0.2251
ROE Adjustment	-0.2291	-0.2291	-0.0040	-0.2251
Quality Assess-Medicaid Share				16.6253
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>198.7849</b>	<b>198.9976</b>	<b>3.4622</b>	<b>222.0632</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 325473-00 - 2015/01**

**222.06**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	7,486,400	0.00	1.4109	1.4109		129	25.95	4,711,854	4,711,854	1
1997/07		0.10	1.0917	1.0917		129	25.95	4,714,282	4,830,405	
1998/01		0.10	1.1663	1.1663		129	25.95	4,716,876	4,886,778	
1998/07		0.20	1.0794	1.0794		129	25.95	4,721,681	4,939,539	
1999/01		0.20	1.4499	1.4499		129	25.95	4,728,142	5,011,134	
1999/07		0.30	1.2299	1.2299		129	25.95	4,736,374	5,072,796	
2000/01		0.30	1.3356	1.3356		129	40.74	4,750,432	5,140,521	
2000/07		0.40	1.1129	1.1129		129	40.74	4,766,098	5,197,668	
2001/01		0.40	1.2976	1.2976		129	47.20	4,787,326	5,265,135	
2001/07		0.50	0.9615	0.9615		129	47.20	4,807,079	5,315,703	
2002/01		0.50	1.0301	1.0301		129	46.39	4,827,964	5,370,399	
2002/07		0.60	0.8337	0.8337		129	46.39	4,848,333	5,415,162	
2003/01		0.60	1.3271	1.3271		129	44.70	4,879,710	5,487,015	
2003/07		0.70	1.1664	1.1664		129	44.70	4,912,091	5,550,999	
2004/01		0.70	1.1103	1.1103		129	44.70	4,943,118	5,612,661	
2004/07		0.80	0.8378	0.8378		129	44.70	4,970,043	5,659,746	
2005/01		0.80	0.8595	0.8595		129	41.75	4,995,984	5,708,379	
2005/07		0.90	0.7364	0.7364		129	41.75	5,021,120	5,750,433	
2006/01	21,809	0.90	0.9068	0.9068		129	40.09	5,072,798	5,802,549	
2006/07		1.00	0.8133	0.8133		129	40.09	5,102,871	5,849,763	
2007/01		1.00	1.0133	1.0133		129	38.35	5,138,925	5,908,974	
2007/07		1.00	1.1050	1.1050		129	38.35	5,178,520	5,974,248	
2008/01		1.00	0.8556	0.8556		129	37.32	5,208,585	6,025,332	
2008/07		1.00	0.6104	0.6104		129	37.32	5,230,158	6,062,097	
2009/01		1.00	1.3268	1.3268		129	37.88	5,277,951	6,142,593	
2009/07		1.00	0.6841	0.6841		129	37.88	5,302,819	6,184,647	
2010/01		1.00	0.8643	0.8643		129	37.90	5,334,402	6,238,053	
2010/07		1.00	0.7107	0.7107		129	37.90	5,360,527	6,282,429	
2011/01		1.00	0.9198	0.9198		129	36.81	5,393,526	6,340,221	
2011/07		1.00	0.9028	0.9028		129	36.81	5,426,115	6,397,497	



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 325473-00 - 2015/01**

**222.06**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01	72,440	1.00	0.3865	0.3865		129	37.98	5,513,037	6,422,265	
2012/07		1.00	0.9417	0.9417		129	37.98	5,548,888	6,482,766	
2013/01		1.00	0.4901	0.4901		129	39.86	5,568,597	6,514,500	
2013/07		1.00	0.6196	0.6196		129	39.86	5,593,602	6,554,877	
2014/01		1.00	0.8564	0.8564		129	35.72	5,624,713	6,610,992	
2014/07		1.00	1.2383	1.2383		129	35.72	5,669,948	6,692,907	
2015/01		1.00	0.7571	0.7571		129	36.81	5,698,678	6,743,604	

**Message Code:**

1 Per Bed Standard Limitation



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325481-00 - 2015/01**

**216.58**

**ManorCare Health Services-West Palm Beach**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2300 VILLAGE BLVD</b>	<b>10/1/2013-9/30/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>WEST PALM BEACH , FL</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
<b>33409</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
County: <b>Palm Beach [50]</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,150</b>	Total: <b>243</b>
Region: <b>South</b> Area: <b>9</b>	<b>Unaudited</b>	Medicare: <b>14,760</b>	Inflation
Control: <b>Proprietary : Corporation</b>	Initial CR? <b>False</b>	Medicaid: <b>19,546</b>	FY Index: <b>1.33356899</b>
Current Class <b>South Large</b>	Medical Utilization		Semester Index: <b>1.37161894</b>
Class at 1/94: <b>South Large</b>	Occupancy:	<b>49.92593%</b>	Cost: <b>1.02853242</b>
Operating Ex > <b>18 months</b>	Statewide Low Occupancy Threshold:	<b>89.38356%</b>	Target: <b>1.02563464</b>
Open Date: <b>06/01/1996</b>	Medicaid Low Occupancy Threshold:	<b>78.31130%</b>	DC FY Index: <b>1.22550000</b>
Acquired Date: <b>06/01/1996</b>	Low Occupancy Adjustment Factor:	<b>41.41010%</b>	DC Sem Index: <b>1.25449501</b>
Entered Medicaid <b>06/01/1996</b>	Weighted Low Occ Adjustment Factor:	<b>114.13878%</b>	DC Inflation: <b>1.02365974</b>
Med # Active Date: <b>12/20/2007</b>		<b>100.00000%</b>	PS Target: <b>1.03662091</b>
Previous Med # <b>309931</b>			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,944,590	1,392,736	932,323	274,621	35,504	4,579,774	
1a	Audit Adjustments							
2	Cost Per Diem	99.4879	71.2543	47.6989	14.0500	1.8164	234.3075	
3	Cost Per Diem Inflated	102.3265	72.9402	49.0599				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>102.3265</b>	<b>72.9402</b>	<b>49.0599</b>	<b>14.0500</b>	<b>1.8164</b>	<b>240.1930</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	75.5657		59.0819				
7	Provider Target Rate	<b>78.3330</b>		<b>61.2455</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>56.7419</b>	<b>72.9402</b>	<b>49.0599</b>	<b>13.6500</b>	<b>1.8164</b>	<b>194.2084</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>56.7419</b>	<b>72.9402</b>	<b>49.0599</b>	<b>13.6500</b>	<b>1.8164</b>	<b>194.2084</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 325481-00 - 2015/01**

**216.58**

Rate Semester 01/01/2015 through 08/31/2015

**ManorCare Health Services-West Palm Beach**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	06/01/1996	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1996/01	Type:	None	80% Capital(1):	4,218,326 8.7465
Indexed Asset Value	5,272,908	<60% of Base:	True	20% ROE(2):	1,054,582 0.6102
FRVS Base Asset:	4,252,320	Interest Rate:	8.2500%	Insurance Cost(3):	32,756 0.8367
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	141,936 3.6254
ROE Factor	0.022810	Amortization Rate:	8.2500%	Home Office(3):	23,692 0.6052
		Interest Only:	True	Replacement(3&4):	216,391 0.0000
		Yearly Payment:	344,789	Total FRVS PD:	14.4240

- (1) 80% Capital (\$4,218,326) amortized at 8.2500 % for 20 years Interest of \$344,789 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.7465
- (2) 20% ROE (\$1,054,582) times the ROE factor (0.022810) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6102
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	35,436
Comparison Date:	07/01/1995	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,252,320

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	72.9402	72.9402	1.2690	71.6712
Indirect Care	49.0599	49.0599	0.8535	48.2064
Property	13.6500	14.4240	0.2509	14.1731
ROE	1.8164	0.8976	0.0156	0.8820
ROE Adjustment	-0.8976	-0.8976	-0.0156	-0.8820
Quality Assess-Medicaid Share				16.8704
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>193.3108</b>	<b>193.1660</b>	<b>3.3606</b>	<b>216.5783</b>

**Medicaid Trend Adjustment**





Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2014

**0 325481-00 - 2015/01**

**216.58**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01	7,653,784	0.00	1.7228	1.7228		120	12.06	4,252,320	4,252,320	1
1996/07		0.10	1.3294	1.3294		120	12.06	4,252,320	4,383,120	
1997/01		0.10	1.4109	1.4109		120	12.06	4,252,320	4,444,920	
1997/07		0.20	1.0917	1.0917		120	12.06	4,252,320	4,493,400	
1998/01		0.20	1.1663	1.1663		120	12.06	4,252,320	4,545,840	
1998/07	57,137	0.30	1.0794	1.0794		120	30.81	4,309,457	4,594,920	5
1999/01		0.30	1.4499	1.4499		120	30.81	4,327,690	4,661,520	
1999/07		0.40	1.2299	1.2299		120	39.45	4,342,962	4,718,880	
2000/01		0.40	1.3356	1.3356		120	39.45	4,359,603	4,781,880	
2000/07		0.50	1.1129	1.1129		120	47.98	4,380,768	4,835,040	
2001/01		0.50	1.2976	1.2976		120	47.98	4,405,563	4,897,800	
2001/07		0.60	0.9615	0.9615		120	45.94	4,426,792	4,944,840	
2002/01		0.60	1.0301	1.0301		120	40.59	4,446,985	4,995,720	
2002/07		0.70	0.8337	0.8337		120	40.59	4,466,138	5,037,360	
2003/01		0.70	1.3271	1.3271		120	40.59	4,496,758	5,104,200	
2003/07		0.80	1.1664	1.1664		120	42.03	4,528,822	5,163,720	
2004/01		0.80	1.1103	1.1103		120	42.03	4,559,561	5,221,080	
2004/07		0.90	0.8378	0.8378		120	42.03	4,585,833	5,264,880	
2005/01		0.90	0.8595	0.8595		120	43.05	4,613,601	5,310,120	
2005/07		1.00	0.7364	0.7364		120	43.05	4,640,194	5,349,240	
2006/01		1.00	0.9068	0.9068		120	37.14	4,668,608	5,397,720	
2006/07		1.00	0.8133	0.8133		120	37.14	4,694,248	5,441,640	
2007/01		1.00	1.0133	1.0133		120	37.77	4,726,913	5,496,720	
2007/07		1.00	1.1050	1.1050		120	37.77	4,762,782	5,557,440	
2008/01		1.00	0.8556	0.8556		120	41.87	4,793,804	5,604,960	
2008/07		1.00	0.6104	0.6104		120	41.87	4,816,080	5,639,160	
2009/01		1.00	1.3268	1.3268		120	41.87	4,864,725	5,714,040	
2009/07		1.00	0.6841	0.6841		120	42.16	4,890,235	5,753,160	
2010/01		1.00	0.8643	0.8643		120	41.97	4,922,488	5,802,840	
2010/07		1.00	0.7107	0.7107		120	41.97	4,949,184	5,844,120	



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**0 325481-00 - 2015/01**

**216.58**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		1.00	0.9198	0.9198		120	41.97	4,983,922	5,897,880	
2011/07		1.00	0.9028	0.9028		120	47.48	5,022,765	5,951,160	
2012/01		1.00	0.3865	0.3865		120	47.48	5,039,524	5,974,200	
2012/07		1.00	0.9417	0.9417		120	52.11	5,084,488	6,030,480	
2013/01		1.00	0.4901	0.4901		120	52.11	5,108,098	6,060,000	
2013/07		1.00	0.6196	0.6196		120	52.09	5,138,073	6,097,560	
2014/01		1.00	0.8564	0.8564		120	52.09	5,179,747	6,149,760	
2014/07		1.00	1.2383	1.2383		120	49.02	5,236,914	6,225,960	
2015/01		1.00	0.7571	0.7571		120	49.93	5,272,908	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 325490-00 - 2015/01**

**227.90**

**Heartland Health Care Center-North Sarasota**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3250 12TH ST</b>	<b>9/1/2013-8/31/2014</b>	Number of Beds: <b>87</b>	Superior: <b>0</b>
<b>SARASOTA, FL 34237</b>	Days in CR <b>365</b>	Maximum: <b>31,755</b>	Standard: <b>243</b>
County: <b>Sarasota [58]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>31,755</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>8</b>	Last Used: <b>2015/01</b>	Total Patient: <b>28,403</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>7,076</b>	Inflation
Current Class <b>South Small</b>	Initial CR? <b>False</b>	Medicaid: <b>18,784</b>	FY Index: <b>1.32975299</b>
Class at 1/94: <b>South Small</b>	Medical Utilization	<b>66.13386%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>89.44418%</b>	Cost: <b>1.03148401</b>
Open Date: <b>10/01/1969</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>10/01/1969</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22466610</b>
Entered Medicaid <b>05/01/1970</b>	Low Occupancy Adjustment Factor:	<b>114.21619%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02435677</b>
Previous Med # <b>309923</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	804,325	1,689,023	914,999	203,243	4,178	3,615,768	
1a	Audit Adjustments							
2	Cost Per Diem	42.8197	89.9182	48.7116	10.8200	0.2224	192.4919	
3	Cost Per Diem Inflated	44.1678	92.1083	50.2452				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>44.1678</b>	<b>92.1083</b>	<b>50.2452</b>	<b>10.8200</b>	<b>0.2224</b>	<b>197.5637</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	73.7243		69.1600				
7	Provider Target Rate	<b>76.4242</b>		<b>71.6927</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>62.1716</b>	<b>107.6155</b>	<b>90.5155</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	<b>70.0751</b>		<b>82.3953</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>44.1678</b>	<b>92.1083</b>	<b>50.2452</b>	<b>10.8200</b>	<b>0.2224</b>	<b>197.5637</b>	
12/13	Medical Adjustment Rate		1.6718	0.9120				
14	Prospective Per Diem 11	<b>44.1678</b>	<b>93.7801</b>	<b>51.1572</b>	<b>10.8200</b>	<b>0.2224</b>	<b>200.1475</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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**0 325490-00 - 2015/01**

**227.90**

Rate Semester 01/01/2015 through 08/31/2015

**Heartland Health Care Center-North Sarasota**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>825,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1971/07</b>	Type:	<b>Fixed</b>	80% Capital(1):	<b>1,774,792</b>	<b>7.7207</b>
Indexed Asset Value	<b>2,218,490</b>	<60% of Base:	<b>True</b>	20% ROE(2):	<b>443,698</b>	<b>0.3574</b>
FRVS Base Asset:	<b>1,731,265</b>	Interest Rate:	<b>8.5000%</b>	Insurance Cost(3):	<b>18,180</b>	<b>0.6401</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>12.5000%</b>	Taxes Cost(3):	<b>51,632</b>	<b>1.8178</b>
ROE Factor	<b>0.023020</b>	Amortization Rate:	<b>12.5000%</b>	Home Office(3):	<b>16,762</b>	<b>0.5901</b>
		Interest Only:	<b>True</b>	Replacement(3&4):	<b>68,365</b>	<b>0.0000</b>
		Yearly Payment:	<b>220,655</b>	Total FRVS PD:		<b>11.1261</b>

(1) 80% Capital (\$1,774,792) amortized at 12.5000 % for 20 years Interest of \$220,655 divided by annual available days (31755) divided by Occup. Adj. (0.90) = \$7.7207

(2) 20% ROE (\$443,698) times the ROE factor (0.023020) divided by annual available days (31755) divided by Occup. Adj. (0.90) = \$0.3574

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	<b>07/01/1985</b>	Current RS PBS:	52,276
Comparison Bed	<b>147</b>	Effective PBS Limitation	4,189,500

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>44.1678</b>	<b>44.1678</b>	<b>0.7684</b>	<b>43.3994</b>
Direct Care	<b>93.7801</b>	<b>93.7801</b>	<b>1.6315</b>	<b>92.1486</b>
Indirect Care	<b>51.1572</b>	<b>51.1572</b>	<b>0.8900</b>	<b>50.2672</b>
Property	<b>10.8200</b>	<b>11.1261</b>	<b>0.1936</b>	<b>10.9325</b>
ROE	<b>0.2224</b>	<b>0.1379</b>	<b>0.0024</b>	<b>0.1355</b>
ROE Adjustment	<b>-0.1379</b>	<b>-0.1379</b>	<b>-0.0024</b>	<b>-0.1355</b>
Quality Assess-Medicaid Share				<b>21.2465</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>200.0096</b>	<b>200.2312</b>	<b>3.4835</b>	<b>227.8967</b>

**Medicaid Trend Adjustment**



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	984,249	0.00				147	100.00	984,249	1,508,367	
1972/01		0.10	3.9787	3.0000	0.9787	147	100.00	987,202	1,568,343	
1972/07		0.10	5.9113	3.0000	2.9113	147	100.00	990,164	1,645,665	
1973/01		0.20	8.0622	3.0000	5.0622	147	100.00	996,105	1,730,484	
1973/07		0.20	10.7186	3.0000	7.7186	147	100.00	1,002,082	1,828,386	
1974/01		0.30	12.9457	3.0000	9.9457	147	100.00	1,011,101	1,923,936	
1974/07		0.30	13.0494	3.0000	10.0494	147	100.00	1,020,201	1,983,618	
1975/01		0.40	13.1399	3.0000	10.1399	147	100.00	1,032,443	2,044,917	
1975/07		0.40	14.2033	3.0000	11.2033	147	100.00	1,044,832	2,128,119	
1976/01		0.50	15.2478	3.0000	12.2478	147	100.00	1,060,504	2,214,114	
1976/07		0.50	15.7330	3.0000	12.7330	147	100.00	1,076,412	2,291,289	
1977/01		0.60	16.4836	3.0000	13.4836	147	100.00	1,095,787	2,377,284	
1977/07		0.60	18.5412	3.0000	15.5412	147	100.00	1,115,511	2,497,383	
1978/01		0.70	20.2809	3.0000	17.2809	147	100.00	1,138,937	2,615,865	
1978/07		0.70	22.8203	3.0000	19.8203	147	100.00	1,162,855	2,760,660	
1979/01		0.80	24.9476	3.0000	21.9476	147	100.00	1,190,764	2,902,221	
1979/07		0.80	26.1458	3.0000	23.1458	147	100.00	1,219,342	3,024,084	
1980/01		0.90	29.3115	3.0000	26.3115	147	80.37	1,252,264	3,210,627	
1980/07		0.90	30.1222	3.0000	27.1222	147	80.37	1,286,075	3,332,931	
1981/01		1.00	30.9462	3.0000	27.9462	147	83.26	1,324,657	3,460,380	
1981/07		1.00	30.5350	3.0000	27.5350	147	83.26	1,364,397	3,549,903	
1982/01		1.00	30.2110	3.0000	27.2110	147	77.68	1,405,329	3,645,012	
1982/07		1.00	29.5087	3.0000	26.5087	147	77.68	1,447,489	3,728,655	
1983/04		1.00	29.1375	3.0000	26.1375	147	74.24	1,490,914	3,826,704	
1983/07		1.00	30.0953	3.0000	27.0953	147	74.24	1,535,641	3,978,114	
1984/01	788	1.00	28.3905	3.0000	25.3905	147	80.22	1,582,498	4,029,711	
1984/07		1.00	27.3084	3.0000	24.3084	147	80.22	1,629,973	4,107,033	
1985/01	1,968	1.00	25.4555	3.0000	22.4555	147	74.24	1,680,840	4,154,073	
1985/10		1.00	23.3077	3.0000	20.3077	147	79.85	1,731,265	4,189,500	
1986/01		1.00	21.1376	3.0000	18.1376	147	79.85	1,783,203	4,224,339	



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**227.90**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	147	76.40	1,836,699	4,216,254	
1987/01		1.00	16.4441	3.0000	13.4441	147	76.40	1,891,800	4,291,665	
1987/07		1.00	14.3448	3.0000	11.3448	147	78.21	1,948,554	4,325,181	
1988/01		1.00	12.2455	3.0000	9.2455	147	80.33	2,007,011	4,360,314	
1988/07		1.00	9.8354	3.0000	6.8354	147	80.33	2,067,221	4,357,962	
1989/01	178,617	1.00	7.4253	3.0000	4.4253	147	83.01	2,307,855	4,383,687	
1989/07		1.00	5.0152	3.0000	2.0152	147	83.01	2,377,091	4,413,381	
1990/01		1.00	2.6051	2.6051		147	76.34	2,439,017	4,435,578	
1990/07		1.00	0.5899	0.5899		147	76.34	2,453,405	4,461,744	
1991/01		1.00	0.5899	0.5899		147	70.21	2,467,878	4,487,910	
1991/07		1.00	1.4932	1.4932		147	70.21	2,504,728	4,554,942	
1992/01	150,329	0.95	2.0117	2.0117		147	70.21	2,702,925	4,646,523	
1992/07		0.95	1.8152	1.8152		147	64.36	2,749,534	4,730,901	
1993/01		0.90	1.7710	1.7710		147	64.36	2,793,359	4,814,691	
1993/07	207,593	0.90	1.5329	1.5329		147	59.22	3,039,489	4,888,485	
1994/01	49,424	0.85	1.6983	1.6983		147	58.41	3,132,791	4,971,540	
1994/07		0.85	1.5991	1.5991		147	58.41	3,175,372	5,051,067	
1995/01	(1,292,623)	0.80	1.5812	1.5812		87	53.48	1,921,807	3,036,648	
1995/07		0.80	1.5250	1.5250		87	53.48	1,944,605	3,082,932	
1996/01		0.75	1.7228	1.7228		87	47.91	1,966,492	3,136,089	
1996/07		0.75	1.3294	1.3294		87	47.91	1,983,572	3,177,762	
1997/01		0.70	1.4109	1.4109		87	47.91	2,000,636	3,222,567	
1997/07		0.70	1.0917	1.0917		87	47.91	2,013,954	3,257,715	
1998/01		0.65	1.1663	1.1663		87	40.98	2,025,330	3,295,734	
1998/07		0.65	1.0794	1.0794		87	41.09	2,035,946	3,331,317	
1999/01		0.60	1.4499	1.4499		87	41.09	2,049,177	3,379,602	
1999/07	45,391	0.60	1.2299	1.2299		87	40.03	2,105,573	3,421,188	
2000/01		0.55	1.3356	1.3356		87	40.03	2,116,831	3,466,863	
2000/07		0.55	1.1129	1.1129		87	37.30	2,125,618	3,505,404	
2001/01		0.50	1.2976	1.2976		87	36.74	2,134,830	3,550,905	



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**0 325490-00 - 2015/01**

**227.90**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		87	36.74	2,141,687	3,585,009	
2002/01		0.45	1.0301	1.0301		87	36.08	2,148,199	3,621,897	
2002/07		0.45	0.8337	0.8337		87	36.08	2,153,486	3,652,086	
2003/01		0.40	1.3271	1.3271		87	36.08	2,160,985	3,700,545	
2003/07		0.40	1.1664	1.1664		87	38.14	2,167,977	3,743,697	
2004/01		0.35	1.1103	1.1103		87	38.14	2,173,819	3,785,283	
2004/07		0.35	0.8378	0.8378		87	45.03	2,179,037	3,817,038	
2005/01		0.30	0.8595	0.8595		87	57.18	2,184,657	3,849,837	
2005/07		0.30	0.7364	0.7364		87	57.18	2,189,483	3,878,199	
2006/01		0.25	0.9068	0.9068		87	57.18	2,194,447	3,913,347	
2006/07		0.25	0.8133	0.8133		87	56.46	2,198,908	3,945,189	
2007/01		0.20	1.0133	1.0133		87	52.64	2,203,174	3,985,122	
2007/07		0.20	1.1050	1.1050		87	52.64	2,207,834	4,029,144	
2008/01		0.15	0.8556	0.8556		87	52.64	2,210,545	4,063,596	
2008/07		0.15	0.6104	0.6104		87	51.64	2,212,446	4,088,391	
2009/01		0.10	1.3268	1.3268		87	53.45	2,215,299	4,142,679	
2009/07		0.10	0.6841	0.6841		87	53.45	2,216,772	4,171,041	
2010/01		0.05	0.8643	0.8643		87	53.45	2,217,703	4,207,059	
2010/07		0.05	0.7107	0.7107		87	59.25	2,218,490	4,236,987	
2011/01		0.00	0.9198	0.9198		87	56.92	2,218,490	4,275,963	
2011/07		0.00	0.9028	0.9028		87	56.92	2,218,490	4,314,591	
2012/01		0.00	0.3865	0.3865		87	56.92	2,218,490	4,331,295	
2012/07		0.00	0.9417	0.9417		87	61.88	2,218,490	4,372,098	
2013/01		0.00	0.4901	0.4901		87	61.88	2,218,490	4,393,500	
2013/07		0.00	0.6196	0.6196		87	60.28	2,218,490	4,420,731	
2014/01		0.00	0.8564	0.8564		87	60.98	2,218,490	4,458,576	
2014/07		0.00	1.2383	1.2383		87	60.98	2,218,490	4,513,821	
2015/01		0.00	0.7571	0.7571		87	66.13	2,218,490	4,548,012	

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 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325520-00 - 2015/01**

**192.72**

**ManorCare Health Services (Delray Beach)**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>16200 JOG ROAD</b>	<b>5/1/2013-4/30/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>DELRAY BEACH, FL 33446</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Palm Beach [50]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>South</b> Area: <b>9</b>	Last Used: <b>2015/01</b>	Total Patient: <b>40,666</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>20,775</b>	Inflation
Current Class <b>South Large</b>	Initial CR? <b>False</b>	Medicaid: <b>17,147</b>	FY Index: <b>1.31713889</b>
Class at 1/94: <b>South Large</b>	Medical Utilization	<b>42.16545%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>92.84475%</b>	Cost: <b>1.04136242</b>
Open Date: <b>02/17/1999</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>02/17/1999</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22033188</b>
Entered Medicaid <b>02/17/1999</b>	Low Occupancy Adjustment Factor:	<b>118.55856%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02799495</b>
Previous Med # <b>309761</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	674,818	1,211,146	753,218	395,410	30,800	3,065,392	
1a	Audit Adjustments							
2	Cost Per Diem	39.3549	70.6331	43.9271	23.0600	1.7962	178.7713	
3	Cost Per Diem Inflated	40.9827	72.6105	45.7440				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>40.9827</b>	<b>72.6105</b>	<b>45.7440</b>	<b>23.0600</b>	<b>1.7962</b>	<b>184.1934</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.9438		56.6225				
7	Provider Target Rate	<b>71.4686</b>		<b>58.6961</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>56.7419</b>	<b>99.8648</b>	<b>70.5379</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	<b>58.0184</b>		<b>65.5807</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>40.9827</b>	<b>72.6105</b>	<b>45.7440</b>	<b>13.6500</b>	<b>1.7962</b>	<b>174.7834</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>40.9827</b>	<b>72.6105</b>	<b>45.7440</b>	<b>13.6500</b>	<b>1.7962</b>	<b>174.7834</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate

**0 325520-00 - 2015/01**

**192.72**

Rate Semester 01/01/2015 through 08/31/2015

**ManorCare Health Services (Delray Beach)**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/17/1999	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,345,661	8.4595
RS to Start Calcs:	1999/01	<60% of Base:	True	20% ROE(2):	1,086,415	0.5914
Indexed Asset Value	5,432,076	Interest Rate:	7.7500%	Insurance Cost(3):	38,118	0.9373
FRVS Base Asset:	4,594,920	Chase Rate:	7.7500%	Taxes Cost(3):	127,987	3.1473
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	28,338	0.6968
ROE Factor	0.021460	Interest Only:	True	Replacement(3&4):	115,517	0.0000
		Yearly Payment:	333,474	Total FRVS PD:		13.8323

- (1) 80% Capital (\$4,345,661) amortized at 7.7500 % for 20 years Interest of \$333,474 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.4595
- (2) 20% ROE (\$1,086,415) times the ROE factor (0.021460) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5914
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,291
Comparison Date:	07/01/1998	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,594,920

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.9827	40.9827	0.7130	40.2697
Direct Care	72.6105	72.6105	1.2632	71.3473
Indirect Care	45.7440	45.7440	0.7958	44.9482
Property	13.6500	13.8323	0.2406	13.5917
ROE	1.7962			
ROE Adjustment				
Quality Assess-Medicaid Share				12.6648
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>174.7834</b>	<b>173.1695</b>	<b>3.0126</b>	<b>192.7242</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 4/30/2014

**0 325520-00 - 2015/01**

**192.72**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01	8,028,490	0.00	1.4499	1.4499		120	30.13	4,594,920	4,594,920	1
1999/07	11,449	0.10	1.2299	1.2299		120	30.13	4,609,465	4,718,880	
2000/01	22,728	0.10	1.3356	1.3356		120	30.13	4,635,567	4,781,880	
2000/07		0.20	1.1129	1.1129		120	30.13	4,641,220	4,835,040	
2001/01		0.20	1.2976	1.2976		120	30.13	4,647,818	4,897,800	
2001/07		0.30	0.9615	0.9615		120	30.13	4,655,164	4,944,840	
2002/01		0.30	1.0301	1.0301		120	41.05	4,665,900	4,995,720	
2002/07		0.40	0.8337	0.8337		120	41.05	4,677,514	5,037,360	
2003/01	30,567	0.40	1.3271	1.3271		120	38.55	4,725,483	5,104,200	
2003/07		0.50	1.1664	1.1664		120	38.55	4,744,799	5,163,720	
2004/01		0.50	1.1103	1.1103		120	38.55	4,763,263	5,221,080	
2004/07		0.60	0.8378	0.8378		120	38.55	4,780,046	5,264,880	
2005/01	79,152	0.60	0.8595	0.8595		120	41.65	4,877,865	5,310,120	
2005/07		0.70	0.7364	0.7364		120	41.65	4,896,907	5,349,240	
2006/01		0.70	0.9068	0.9068		120	38.91	4,918,899	5,397,720	
2006/07		0.80	0.8133	0.8133		120	38.91	4,941,539	5,441,640	
2007/01		0.80	1.0133	1.0133		120	35.73	4,967,561	5,496,720	
2007/07		0.90	1.1050	1.1050		120	35.73	4,999,655	5,557,440	
2008/01		0.90	0.8556	0.8556		120	34.47	5,023,782	5,604,960	
2008/07		1.00	0.6104	0.6104		120	34.47	5,043,001	5,639,160	
2009/01		1.00	1.3268	1.3268		120	33.28	5,083,488	5,714,040	
2009/07		1.00	0.6841	0.6841		120	33.28	5,104,531	5,753,160	
2010/01		1.00	0.8643	0.8643		120	39.83	5,136,481	5,802,840	
2010/07		1.00	0.7107	0.7107		120	39.83	5,162,917	5,844,120	
2011/01		1.00	0.9198	0.9198		120	38.21	5,195,909	5,897,880	
2011/07		1.00	0.9028	0.9028		120	38.21	5,228,498	5,951,160	
2012/01		1.00	0.3865	0.3865		120	40.11	5,243,235	5,974,200	
2012/07		1.00	0.9417	0.9417		120	40.11	5,279,243	6,030,480	
2013/01		1.00	0.4901	0.4901		120	37.00	5,296,649	6,060,000	
2013/07		1.00	0.6196	0.6196		120	37.00	5,318,727	6,097,560	



Florida Agency for Health Care Administration  
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Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 4/30/2014

0 325520-00 - 2015/01

192.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		1.00	0.8564	0.8564		120	40.33	5,352,127	6,149,760	
2014/07		1.00	1.2383	1.2383		120	40.33	5,400,725	6,225,960	
2015/01		1.00	0.7571	0.7571		120	42.17	5,432,076	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 325520043020140501201309122014142452



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325678-00 - 2015/01**

**225.13**

**ManorCare Health Services-Carrollwood**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>3030 BEARSS AVE</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>TAMPA, FL 33618</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Hillsborough [29]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>6</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,934</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>20,657</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>12,736</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>31.89262%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.17352%</b>	Cost: <b>1.03938564</b>
Open Date: <b>05/18/1990</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/18/1990</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>07/20/1990</b>	Low Occupancy Adjustment Factor:	<b>116.42448%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>319350</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	841,163	1,038,854	661,305	237,526	21,068	2,799,916	
1a	Audit Adjustments							
2	Cost Per Diem	66.0461	81.5683	51.9241	18.6500	1.6542	219.8427	
3	Cost Per Diem Inflated	68.6474	83.7603	53.9692				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>68.6474</b>	<b>83.7603</b>	<b>53.9692</b>	<b>18.6500</b>	<b>1.6542</b>	<b>226.6811</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.6101		61.9202				
7	Provider Target Rate	<b>71.1227</b>		<b>64.1878</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>54.1549</b>	<b>83.7603</b>	<b>53.9692</b>	<b>13.6500</b>	<b>1.6542</b>	<b>207.1886</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>54.1549</b>	<b>83.7603</b>	<b>53.9692</b>	<b>13.6500</b>	<b>1.6542</b>	<b>207.1886</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 325678-00 - 2015/01**

**225.13**

Rate Semester 01/01/2015 through 08/31/2015

**ManorCare Health Services-Carrollwood**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	07/20/1990	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,135,213 10.4120
RS to Start Calcs:	1990/01	<60% of Base:	True	20% ROE(2):	1,033,803 0.5846
Indexed Asset Value	5,169,016	Interest Rate:	10.0000%	Insurance Cost(3):	19,986 0.5005
FRVS Base Asset:	3,602,760	Chase Rate:	10.0000%	Taxes Cost(3):	82,753 2.0722
Occup Adj Factor	0.9000	Amortization Rate:	10.0000%	Home Office(3):	28,945 0.7248
ROE Factor	0.022290	Interest Only:	True	Replacement(3&4):	322,168 0.0000
		Yearly Payment:	410,442	Total FRVS PD:	14.2941

- (1) 80% Capital (\$4,135,213) amortized at 10.0000 % for 20 years Interest of \$410,442 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.4120
- (2) 20% ROE (\$1,033,803) times the ROE factor (0.022290) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5846
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,023
Comparison Date:	07/01/1989	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,602,760

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	83.7603	83.7603	1.4572	82.3031
Indirect Care	53.9692	53.9692	0.9389	53.0303
Property	13.6500	14.2941	0.2487	14.0454
ROE	1.6542	0.8230	0.0143	0.8087
ROE Adjustment	-0.8230	-0.8230	-0.0143	-0.8087
Quality Assess-Medicaid Share				12.6398
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>206.3656</b>	<b>206.1785</b>	<b>3.5870</b>	<b>225.1338</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 325678-00 - 2015/01**

**225.13**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	6,532,236	0.00	0.5899	0.5899		120		3,602,760	3,602,760	1
1990/07		0.10	0.5899	0.5899		120	13.82	3,602,760	3,642,240	
1991/01		0.10	0.5899	0.5899		120	13.82	3,602,760	3,663,600	
1991/07		0.20	1.4932	1.4932		120	13.82	3,602,760	3,718,320	
1992/01		0.20	2.0117	2.0117		120	13.82	3,602,760	3,793,080	
1992/07		0.30	1.8152	1.8152		120	13.82	3,602,760	3,861,960	
1993/01		0.30	1.7710	1.7710		120	17.87	3,602,760	3,930,360	
1993/07		0.40	1.5329	1.5329		120	17.87	3,602,760	3,990,600	
1994/01		0.40	1.6983	1.6983		120	17.87	3,602,760	4,058,400	
1994/07	442,609	0.50	1.5991	1.5991		120	18.22	4,045,369	4,123,320	
1995/01		0.50	1.5812	1.5812		120	26.00	4,060,488	4,188,480	
1995/07		0.60	1.5250	1.5250		120	26.00	4,078,051	4,252,320	
1996/01		0.60	1.7228	1.7228		120	26.00	4,097,979	4,325,640	
1996/07	19,994	0.70	1.3294	1.3294		120	27.85	4,137,284	4,383,120	
1997/01		0.70	1.4109	1.4109		120	30.47	4,159,920	4,444,920	
1997/07		0.80	1.0917	1.0917		120	30.47	4,180,048	4,493,400	
1998/01		0.80	1.1663	1.1663		120	31.81	4,202,604	4,545,840	
1998/07		0.90	1.0794	1.0794		120	31.81	4,226,218	4,594,920	
1999/01		0.90	1.4499	1.4499		120	32.48	4,226,218	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	32.48	4,289,717	4,718,880	
2000/01		1.00	1.3356	1.3356		120	32.48	4,323,551	4,781,880	
2000/07		1.00	1.1129	1.1129		120	39.72	4,358,300	4,835,040	
2001/01		1.00	1.2976	1.2976		120	44.44	4,403,995	4,897,800	
2001/07		1.00	0.9615	0.9615		120	44.44	4,438,209	4,944,840	
2002/01		1.00	1.0301	1.0301		120	50.73	4,480,378	4,995,720	
2002/07		1.00	0.8337	0.8337		120	50.73	4,514,831	5,037,360	
2003/01		1.00	1.3271	1.3271		120	51.80	4,571,261	5,104,200	
2003/07		1.00	1.1664	1.1664		120	51.80	4,621,478	5,163,720	
2004/01		1.00	1.1103	1.1103		120	51.80	4,669,805	5,221,080	
2004/07		1.00	0.8378	0.8378		120	51.80	4,706,652	5,264,880	



Florida Agency for Health Care Administration  
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

0 325678-00 - 2015/01

225.13

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		1.00	0.8595	0.8595		120	41.91	4,706,652	5,310,120	5
2005/07		1.00	0.7364	0.7364		120	41.91	4,764,062	5,349,240	
2006/01		1.00	0.9068	0.9068		120	31.02	4,788,427	5,397,720	
2006/07		1.00	0.8133	0.8133		120	31.02	4,810,392	5,441,640	
2007/01		1.00	1.0133	1.0133		120	28.53	4,835,677	5,496,720	
2007/07		1.00	1.1050	1.1050		120	28.53	4,863,395	5,557,440	
2008/01		1.00	0.8556	0.8556		120	26.78	4,883,656	5,604,960	
2008/07		1.00	0.6104	0.6104		120	26.78	4,898,171	5,639,160	
2009/01		1.00	1.3268	1.3268		120	28.06	4,931,327	5,714,040	
2009/07		1.00	0.6841	0.6841		120	28.06	4,948,538	5,753,160	
2010/01		1.00	0.8643	0.8643		120	33.66	4,974,713	5,802,840	
2010/07		0.95	0.7107	0.7107		120	33.66	4,995,270	5,844,120	
2011/01		0.95	0.9198	0.9198		120	30.08	5,019,142	5,897,880	
2011/07		0.90	0.9028	0.9028		120	30.08	5,041,445	5,951,160	
2012/01		0.90	0.3865	0.3865		120	30.72	5,051,241	5,974,200	
2012/07		0.85	0.9417	0.9417		120	30.72	5,073,823	6,030,480	
2013/01		0.85	0.4901	0.4901		120	32.58	5,086,344	6,060,000	
2013/07		0.80	0.6196	0.6196		120	32.58	5,101,279	6,097,560	
2014/01		0.80	0.8564	0.8564		120	33.84	5,122,782	6,149,760	
2014/07		0.75	1.2383	1.2383		120	33.84	5,152,054	6,225,960	
2015/01		0.75	0.7571	0.7571		120	31.89	5,169,016	6,273,120	

**Message Code:**

- |   |
|---|
| 1 Per Bed Standard Limitation<br>5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325686-00 - 2015/01**

**210.00**

**Manor-Care Health Services-Dunedin**

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>870 PATRICIA AVE</b>	<b>10/1/2013-9/30/2014</b>	Number of Beds: <b>120</b>	Superior: <b>243</b>
<b>DUNEDIN, FL 34698</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>0</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>39,447</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>13,719</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>20,829</b>	FY Index: <b>1.33356899</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>52.80249%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>90.06164%</b>	Cost: <b>1.02853242</b>
Open Date: <b>04/18/1983</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>05/01/1996</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22550000</b>
Entered Medicaid <b>05/01/1996</b>	Low Occupancy Adjustment Factor:	<b>115.00465%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02365974</b>
Previous Med # <b>310191</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	994,642	1,638,846	927,151	394,918	30,449	3,986,006
1a	Audit Adjustments						
2	Cost Per Diem	47.7527	78.6810	44.5125	18.9600	1.4619	191.3681
3	Cost Per Diem Inflated	49.1152	80.5426	45.7825			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	<b>49.1152</b>	<b>80.5426</b>	<b>45.7825</b>	<b>18.9600</b>	<b>1.4619</b>	<b>195.8622</b>
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.3559		56.2976			
7	Provider Target Rate	<b>72.9324</b>		<b>58.3593</b>			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	<b>49.1152</b>	<b>80.5426</b>	<b>45.7825</b>	<b>13.6500</b>	<b>1.4619</b>	<b>190.5522</b>
12/13	Medical Adjustment Rate		0.2539	0.1443			
14	Prospective Per Diem 11	<b>49.1152</b>	<b>80.7965</b>	<b>45.9268</b>	<b>13.6500</b>	<b>1.4619</b>	<b>190.9504</b>
15	Inflated Usual & Customary Charge						0.00
		Usual and Customary Limitations not applied after 7/1/2002.					





Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 325686-00 - 2015/01**

**210.00**

Rate Semester 01/01/2015 through 08/31/2015

**Manor-Care Health Services-Dunedin**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	05/01/1996	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1996/01	Type:	None	80% Capital(1):	3,088,090 6.4030
Indexed Asset Value	3,860,113	<60% of Base:	True	20% ROE(2):	772,023 0.4467
FRVS Base Asset:	3,043,800	Interest Rate:	8.2500%	Insurance Cost(3):	31,000 0.7859
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	65,254 1.6542
ROE Factor	0.022810	Amortization Rate:	8.2500%	Home Office(3):	23,593 0.5981
		Interest Only:	True	Replacement(3&4):	197,169 0.0000
		Yearly Payment:	252,408	Total FRVS PD:	9.8879

(1) 80% Capital (\$3,088,090) amortized at 8.2500 % for 20 years Interest of \$252,408 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.4030

(2) 20% ROE (\$772,023) times the ROE factor (0.022810) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4467

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	25,365
Comparison Date:	07/01/1982	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,043,800

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.1152	49.1152	0.8545	48.2607
Direct Care	80.7965	80.7965	1.4057	79.3908
Indirect Care	45.9268	45.9268	0.7990	45.1278
Property	13.6500	9.8879	0.1720	9.7159
ROE	1.4619	0.7399	0.0129	0.7270
ROE Adjustment	-0.7399	-0.7399	-0.0129	-0.7270
Quality Assess-Medicaid Share				17.6003
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>190.2105</b>	<b>185.7264</b>	<b>3.2312</b>	<b>209.9980</b>

Medicaid Trend Adjustment



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2014

**0 325686-00 - 2015/01**

**210.00**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01	4,435,156	0.00	1.7228	1.7228		120	2.71	3,043,800	3,043,800	1
1996/07		0.10	1.3294	1.3294		120	2.71	3,043,800	4,383,120	
1997/01		0.10	1.4109	1.4109		120	2.71	3,043,800	4,444,920	
1997/07		0.20	1.0917	1.0917		120	2.71	3,043,800	4,493,400	
1998/01		0.20	1.1663	1.1663		120	2.71	3,043,800	4,545,840	
1998/07		0.30	1.0794	1.0794		120	22.47	3,043,800	4,594,920	
1999/01		0.30	1.4499	1.4499		120	22.47	3,043,800	4,661,520	
1999/07		0.40	1.2299	1.2299		120	22.47	3,043,800	4,718,880	
2000/01		0.40	1.3356	1.3356		120	22.47	3,043,800	4,781,880	
2000/07	48,413	0.50	1.1129	1.1129		120	32.37	3,102,182	4,835,040	
2001/01		0.50	1.2976	1.2976		120	32.37	3,114,028	4,897,800	
2001/07		0.60	0.9615	0.9615		120	32.09	3,124,510	4,944,840	
2002/01		0.60	1.0301	1.0301		120	38.71	3,138,103	4,995,720	
2002/07		0.70	0.8337	0.8337		120	38.71	3,150,993	5,037,360	
2003/01		0.70	1.3271	1.3271		120	38.71	3,171,596	5,104,200	
2003/07	33,739	0.80	1.1664	1.1664		120	39.14	3,226,395	5,163,720	
2004/01		0.80	1.1103	1.1103		120	39.14	3,246,788	5,221,080	
2004/07		0.90	0.8378	0.8378		120	39.14	3,264,209	5,264,880	
2005/01		0.90	0.8595	0.8595		120	41.87	3,283,433	5,310,120	
2005/07		1.00	0.7364	0.7364		120	41.87	3,301,840	5,349,240	
2006/01		1.00	0.9068	0.9068		120	45.72	3,326,729	5,397,720	
2006/07		1.00	0.8133	0.8133		120	45.72	3,349,220	5,441,640	
2007/01		1.00	1.0133	1.0133		120	45.37	3,377,215	5,496,720	
2007/07		1.00	1.1050	1.1050		120	45.37	3,407,999	5,557,440	
2008/01		1.00	0.8556	0.8556		120	39.21	3,428,787	5,604,960	
2008/07		1.00	0.6104	0.6104		120	39.21	3,443,708	5,639,160	
2009/01		1.00	1.3268	1.3268		120	39.21	3,476,282	5,714,040	
2009/07		1.00	0.6841	0.6841		120	37.45	3,492,475	5,753,160	
2010/01		1.00	0.8643	0.8643		120	43.80	3,516,514	5,802,840	
2010/07		1.00	0.7107	0.7107		120	43.80	3,536,417	5,844,120	



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2014

**0 325686-00 - 2015/01**

**210.00**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		1.00	0.9198	0.9198		120	43.80	3,562,321	5,897,880	
2011/07		1.00	0.9028	0.9028		120	46.95	3,589,774	5,951,160	
2012/01		1.00	0.3865	0.3865		120	46.95	3,601,618	5,974,200	
2012/07		1.00	0.9417	0.9417		120	48.02	3,631,230	6,030,480	
2013/01	94,637	1.00	0.4901	0.4901		120	49.81	3,741,984	6,060,000	
2013/07		1.00	0.6196	0.6196		120	49.81	3,762,981	6,097,560	
2014/01		1.00	0.8564	0.8564		120	49.81	3,792,166	6,149,760	
2014/07		1.00	1.2383	1.2383		120	46.96	3,832,260	6,225,960	
2015/01		1.00	0.7571	0.7571		120	52.80	3,860,113	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 325694-00 - 2015/01**

**190.23**

**ManorCare Health Services-Palm Harbor**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>2851 TAMPA RD</b>	<b>6/1/2013-5/31/2014</b>	Number of Beds: <b>180</b>	Superior: <b>243</b>
<b>PALM HARBOR, FL 34684</b>	Days in CR <b>365</b>	Maximum: <b>65,700</b>	Standard: <b>0</b>
County: <b>Pinellas [52]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>65,700</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>60,295</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>21,507</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>27,221</b>	FY Index: <b>1.31964392</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>45.14636%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>91.77321%</b>	Cost: <b>1.03938564</b>
Open Date: <b>09/28/1990</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>09/28/1990</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22166521</b>
Entered Medicaid <b>09/28/1990</b>	Low Occupancy Adjustment Factor:	<b>117.19025%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02687299</b>
Previous Med # <b>310395</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	922,633	1,983,896	1,108,203	364,489	33,145	4,412,366	
1a	Audit Adjustments							
2	Cost Per Diem	33.8942	72.8811	40.7113	13.3900	1.2176	162.0942	
3	Cost Per Diem Inflated	35.2291	74.8396	42.3147				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>35.2291</b>	<b>74.8396</b>	<b>42.3147</b>	<b>13.3900</b>	<b>1.2176</b>	<b>166.9910</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	62.9518		54.4474				
7	Provider Target Rate	<b>65.2572</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>35.2291</b>	<b>74.8396</b>	<b>42.3147</b>	<b>13.3900</b>	<b>1.2176</b>	<b>166.9910</b>	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	<b>35.2291</b>	<b>74.8396</b>	<b>42.3147</b>	<b>13.3900</b>	<b>1.2176</b>	<b>166.9910</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**0 325694-00 - 2015/01**

**190.23**

Rate Semester 01/01/2015 through 08/31/2015

**ManorCare Health Services-Palm Harbor**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	09/28/1990	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	None	80% Capital(1):	5,731,353 9.6206
Indexed Asset Value	7,164,191	<60% of Base:	True	20% ROE(2):	1,432,838 0.5401
FRVS Base Asset:	5,431,320	Interest Rate:	10.0000%	Insurance Cost(3):	46,985 0.7793
Occup Adj Factor	0.9000	Chase Rate:	10.0000%	Taxes Cost(3):	108,335 1.7967
ROE Factor	0.022290	Amortization Rate:	10.0000%	Home Office(3):	35,681 0.5918
		Interest Only:	True	Replacement(3&4):	139,577 0.0000
		Yearly Payment:	568,867	Total FRVS PD:	13.3285

- (1) 80% Capital (\$5,731,353) amortized at 10.0000 % for 20 years Interest of \$568,867 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$9.6206
- (2) 20% ROE (\$1,432,838) times the ROE factor (0.022290) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.5401
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	01/01/1990	Current RS PBS:	52,276
Comparison Bed	180	Effective PBS Limitation	5,431,320

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	35.2291	35.2291	0.6129	34.6162
Direct Care	74.8396	74.8396	1.3020	73.5376
Indirect Care	42.3147	42.3147	0.7362	41.5785
Property	13.3900	13.3285	0.2319	13.0966
ROE	1.2176	0.5705	0.0099	0.5606
ROE Adjustment	-0.5705	-0.5705	-0.0099	-0.5606
Quality Assess-Medicaid Share				17.5007
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>166.4205</b>	<b>165.7119</b>	<b>2.8830</b>	<b>190.2321</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 5/31/2014

**0 325694-00 - 2015/01**

**190.23**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	8,213,026	0.00	0.5899	0.5899		180	4.22	5,431,320	5,431,320	1
1991/01		0.10	0.5899	0.5899		180	4.22	5,431,320	5,495,400	
1991/07		0.10	1.4932	1.4932		180	4.22	5,431,320	5,577,480	
1992/01		0.20	2.0117	2.0117		180	4.22	5,431,320	5,689,620	
1992/07		0.20	1.8152	1.8152		180	4.22	5,431,320	5,792,940	
1993/01		0.30	1.7710	1.7710		180	18.06	5,431,320	5,895,540	
1993/07		0.30	1.5329	1.5329		180	18.06	5,431,320	5,985,900	
1994/01		0.40	1.6983	1.6983		180	27.42	5,449,714	6,087,600	
1994/07		0.40	1.5991	1.5991		180	27.42	5,467,091	6,184,980	
1995/01		0.50	1.5812	1.5812		180	35.55	5,495,029	6,282,720	
1995/07		0.50	1.5250	1.5250		180	35.55	5,522,111	6,378,480	
1996/01		0.60	1.7228	1.7228		180	35.55	5,559,007	6,488,460	
1996/07		0.60	1.3294	1.3294		180	41.55	5,592,503	6,574,680	
1997/01		0.70	1.4109	1.4109		180	41.55	5,634,228	6,667,380	
1997/07		0.70	1.0917	1.0917		180	40.16	5,665,667	6,740,100	
1998/01		0.80	1.1663	1.1663		180	39.82	5,703,938	6,818,760	
1998/07		0.80	1.0794	1.0794		180	39.82	5,739,598	6,892,380	
1999/01		0.90	1.4499	1.4499		180	41.90	5,796,655	6,992,280	
1999/07		0.90	1.2299	1.2299		180	41.90	5,845,536	7,078,320	
2000/01		1.00	1.3356	1.3356		180	46.73	5,911,870	7,172,820	
2000/07		1.00	1.1129	1.1129		180	46.73	5,967,770	7,252,560	
2001/01		1.00	1.2976	1.2976		180	49.76	6,037,830	7,346,700	
2001/07		1.00	0.9615	0.9615		180	49.76	6,090,353	7,417,260	
2002/01		1.00	1.0301	1.0301		180	41.10	6,137,234	7,493,580	
2002/07		1.00	0.8337	0.8337		180	41.10	6,175,469	7,556,040	
2003/01		1.00	1.3271	1.3271		180	41.10	6,236,711	7,656,300	
2003/07		1.00	1.1664	1.1664		180	39.16	6,288,505	7,745,580	
2004/01		1.00	1.1103	1.1103		180	39.16	6,338,218	7,831,620	
2004/07		1.00	0.8378	0.8378		180	39.16	6,376,026	7,897,320	
2005/01		1.00	0.8595	0.8595		180	40.90	6,416,779	7,965,180	



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0 325694-00 - 2015/01

190.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		180	40.90	6,451,918	8,023,860	
2006/01		1.00	0.9068	0.9068		180	33.76	6,487,830	8,096,580	
2006/07		1.00	0.8133	0.8133		180	33.76	6,520,218	8,162,460	
2007/01		1.00	1.0133	1.0133		180	31.35	6,557,878	8,245,080	
2007/07		1.00	1.1050	1.1050		180	31.35	6,599,183	8,336,160	
2008/01		1.00	0.8556	0.8556		180	36.85	6,637,013	8,407,440	
2008/07		1.00	0.6104	0.6104		180	36.85	6,664,156	8,458,740	
2009/01		1.00	1.3268	1.3268		180	38.37	6,725,841	8,571,060	
2009/07		1.00	0.6841	0.6841		180	38.37	6,757,940	8,629,740	
2010/01		1.00	0.8643	0.8643		180	36.71	6,796,925	8,704,260	
2010/07		1.00	0.7107	0.7107		180	36.71	6,829,167	8,766,180	
2011/01		0.95	0.9198	0.9198		180	38.11	6,870,515	8,846,820	
2011/07		0.95	0.9028	0.9028		180	38.11	6,911,347	8,926,740	
2012/01		0.90	0.3865	0.3865		180	43.14	6,930,207	8,961,300	
2012/07		0.90	0.9417	0.9417		180	43.14	6,976,275	9,045,720	
2013/01		0.85	0.4901	0.4901		180	45.58	7,000,360	9,090,000	
2013/07		0.85	0.6196	0.6196		180	45.58	7,030,916	9,146,340	
2014/01		0.80	0.8564	0.8564		180	46.54	7,071,676	9,224,640	
2014/07		0.80	1.2383	1.2383		180	46.54	7,130,953	9,338,940	
2015/01		0.75	0.7571	0.7571		180	45.15	7,164,191	9,409,680	

**Message Code:**

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration  
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 Rate Semester 01/01/2015 through 08/31/2015

**0 325708-00 - 2015/01**

**214.22**

**Heartland of Zephyrhills**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Proprietary : Corporation    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>38220 HENRY DR</b>	<b>10/1/2012-9/30/2013</b>	Number of Beds: <b>120</b>	Superior: <b>0</b>
<b>ZEPHYRHILLS, FL 33540</b>	Days in CR <b>365</b>	Maximum: <b>43,800</b>	Standard: <b>243</b>
County: <b>Pasco [51]</b>	First Used : <b>2014/01</b>	Max Annualized: <b>43,800</b>	Conditional: <b>0</b>
Region: <b>Central</b> Area: <b>5</b>	Last Used: <b>2015/01</b>	Total Patient: <b>38,474</b>	Total: <b>243</b>
Control: <b>Proprietary : Corporation</b>	<b>Unaudited</b>	Medicare: <b>12,372</b>	Inflation
Current Class <b>Central Large</b>	Initial CR? <b>False</b>	Medicaid: <b>22,856</b>	FY Index: <b>1.30932625</b>
Class at 1/94: <b>North Large</b>	Medical Utilization	<b>59.40635%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>87.84018%</b>	Cost: <b>1.04757614</b>
Open Date: <b>01/25/1988</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/25/1988</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.21150000</b>
Entered Medicaid <b>02/04/1988</b>	Low Occupancy Adjustment Factor:	<b>112.16795%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>12/20/2007</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.03548907</b>
Previous Med # <b>211834</b>			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,331,729	1,652,756	993,742	255,073	18,195	4,251,495	
1a	Audit Adjustments							
2	Cost Per Diem	58.2661	72.3117	43.4784	11.1600	0.7961	186.0123	
3	Cost Per Diem Inflated	61.0382	74.8780	45.5469				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>61.0382</b>	<b>74.8780</b>	<b>45.5469</b>	<b>11.1600</b>	<b>0.7961</b>	<b>193.4192</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.6983		54.4474				
7	Provider Target Rate	<b>66.0310</b>		<b>56.4413</b>				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>54.1549</b>	<b>98.1484</b>	<b>67.6407</b>	<b>13.6500</b>			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	<b>55.0843</b>		<b>63.5578</b>				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	<b>54.1549</b>	<b>74.8780</b>	<b>45.5469</b>	<b>11.1600</b>	<b>0.7961</b>	<b>186.5359</b>	
12/13	Medical Adjustment Rate		0.7924	0.4820				
14	Prospective Per Diem 11	<b>54.1549</b>	<b>75.6704</b>	<b>46.0289</b>	<b>11.1600</b>	<b>0.7961</b>	<b>187.8103</b>	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00





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 Computation of Nursing Home Medicaid Reimbursement Rate

**0 325708-00 - 2015/01**

**214.22**

Rate Semester 01/01/2015 through 08/31/2015

**Heartland of Zephyrhills**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	02/04/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	<b>4,000,000.00</b>		Total Amount	Per Diem
RS to Start Calcs:	<b>1988/01</b>	Type:	<b>Variable</b>	80% Capital(1):	<b>4,591,184</b>	<b>10.0251</b>
Indexed Asset Value	<b>5,738,980</b>	<60% of Base:	<b>False</b>	20% ROE(2):	<b>1,147,796</b>	<b>0.4854</b>
FRVS Base Asset:	<b>3,530,760</b>	Interest Rate:	<b>6.0150%</b>	Insurance Cost(3):	<b>23,192</b>	<b>0.6028</b>
Occup Adj Factor	<b>0.9000</b>	Chase Rate:	<b>8.5000%</b>	Taxes Cost(3):	<b>53,486</b>	<b>1.3902</b>
ROE Factor	<b>0.016670</b>	Amortization Rate:	<b>6.0150%</b>	Home Office(3):	<b>22,786</b>	<b>0.5922</b>
		Interest Only:	<b>False</b>	Replacement(3&4):	<b>224,585</b>	<b>0.0000</b>
		Yearly Payment:	<b>395,189</b>	Total FRVS PD:		<b>13.0957</b>

- (1) 80% Capital (\$4,591,184) amortized at 6.0150 % for 20 years Principal & Interest of \$395,189 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.0251  
 (2) 20% ROE (\$1,147,796) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4854  
 (3) Pass-throughs: Cost divided by Total Patient Days  
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	<b>07/01/1987</b>	Current RS PBS:	52,276
Comparison Bed	<b>120</b>	Effective PBS Limitation	3,530,760

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	<b>54.1549</b>	<b>54.1549</b>	<b>0.9422</b>	<b>53.2127</b>
Direct Care	<b>75.6704</b>	<b>75.6704</b>	<b>1.3165</b>	<b>74.3539</b>
Indirect Care	<b>46.0289</b>	<b>46.0289</b>	<b>0.8008</b>	<b>45.2281</b>
Property	<b>11.1600</b>	<b>13.0957</b>	<b>0.2278</b>	<b>12.8679</b>
ROE	<b>0.7961</b>	<b>0.3706</b>	<b>0.0064</b>	<b>0.3642</b>
ROE Adjustment	<b>-0.3706</b>	<b>-0.3706</b>	<b>-0.0064</b>	<b>-0.3642</b>
Quality Assess-Medicaid Share				<b>18.6545</b>
Supplemental Rate Add-on				<b>9.9025</b>
<b>Totals</b>	<b>187.4397</b>	<b>188.9499</b>	<b>3.2873</b>	<b>214.2196</b>

**Medicaid Trend Adjustment**



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**214.22**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	3,591,318	0.00	0.9007	0.9007		120	48.89	3,530,760	3,530,760	1
1988/07		0.10	0.5899	0.5899		120	48.89	3,532,612	3,557,520	
1989/01		0.10	0.5899	0.5899		120	48.89	3,534,465	3,578,520	
1989/07		0.20	0.5899	0.5899		120	48.89	3,538,172	3,602,760	
1990/01		0.20	0.5899	0.5899		120	48.89	3,541,883	3,620,880	
1990/07		0.30	0.5899	0.5899		120	48.89	3,547,456	3,642,240	
1991/01		0.30	0.5899	0.5899		120	48.89	3,553,037	3,663,600	
1991/07		0.40	1.4932	1.4932		120	48.89	3,571,902	3,718,320	
1992/01		0.40	2.0117	2.0117		120	47.61	3,596,783	3,793,080	
1992/07		0.50	1.8152	1.8152		120	53.08	3,628,288	3,861,960	
1993/01		0.50	1.7710	1.7710		120	53.08	3,659,295	3,930,360	
1993/07	25,632	0.60	1.5329	1.5329		120	53.54	3,717,688	3,990,600	
1994/01		0.60	1.6983	1.6983		120	53.54	3,754,566	4,058,400	
1994/07		0.70	1.5991	1.5991		120	52.51	3,794,692	4,123,320	
1995/01		0.70	1.5812	1.5812		120	52.51	3,834,790	4,188,480	
1995/07		0.80	1.5250	1.5250		120	55.48	3,881,574	4,252,320	
1996/01		0.80	1.7228	1.7228		120	55.48	3,935,070	4,325,640	
1996/07	23,897	0.90	1.3294	1.3294		120	55.73	4,006,050	4,383,120	
1997/01		0.90	1.4109	1.4109		120	55.73	4,056,919	4,444,920	
1997/07		1.00	1.0917	1.0917		120	57.07	4,101,208	4,493,400	
1998/01		1.00	1.1663	1.1663		120	57.07	4,149,040	4,545,840	
1998/07	31,147	1.00	1.0794	1.0794		120	64.69	4,224,972	4,594,920	
1999/01		1.00	1.4499	1.4499		120	64.69	4,286,230	4,661,520	
1999/07		1.00	1.2299	1.2299		120	64.69	4,338,946	4,718,880	
2000/01	35,077	1.00	1.3356	1.3356		120	66.19	4,431,974	4,781,880	
2000/07	20,130	1.00	1.1129	1.1129		120	68.91	4,501,427	4,835,040	
2001/01		1.00	1.2976	1.2976		120	68.91	4,559,838	4,897,800	
2001/07	23,231	1.00	0.9615	0.9615		120	65.09	4,626,912	4,944,840	
2002/01		1.00	1.0301	1.0301		120	59.90	4,674,574	4,995,720	
2002/07		1.00	0.8337	0.8337		120	59.90	4,713,546	5,037,360	



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214.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		120	59.90	4,776,099	5,104,200	
2003/07		1.00	1.1664	1.1664		120	60.69	4,831,807	5,163,720	
2004/01		1.00	1.1103	1.1103		120	60.69	4,885,455	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.22	4,926,385	5,264,880	
2005/01		1.00	0.8595	0.8595		120	64.79	4,968,727	5,310,120	
2005/07		1.00	0.7364	0.7364		120	64.79	5,005,317	5,349,240	
2006/01		1.00	0.9068	0.9068		120	64.79	5,050,705	5,397,720	
2006/07		1.00	0.8133	0.8133		120	62.37	5,091,782	5,441,640	
2007/01		1.00	1.0133	1.0133		120	56.91	5,143,377	5,496,720	
2007/07		1.00	1.1050	1.1050		120	56.91	5,200,211	5,557,440	
2008/01		1.00	0.8556	0.8556		120	54.76	5,244,510	5,604,960	
2008/07		0.95	0.6104	0.6104		120	54.76	5,274,790	5,639,160	
2009/01		0.95	1.3268	1.3268		120	54.76	5,340,989	5,714,040	
2009/07		0.90	0.6841	0.6841		120	54.72	5,373,706	5,753,160	
2010/01		0.90	0.8643	0.8643		120	57.17	5,415,508	5,802,840	
2010/07		0.85	0.7107	0.7107		120	57.17	5,448,223	5,844,120	
2011/01		0.85	0.9198	0.9198		120	57.17	5,490,817	5,897,880	
2011/07		0.80	0.9028	0.9028		120	54.91	5,530,407	5,951,160	
2012/01		0.80	0.3865	0.3865		120	54.91	5,547,479	5,974,200	
2012/07		0.75	0.9417	0.9417		120	58.30	5,586,661	6,030,480	
2013/01		0.75	0.4901	0.4901		120	60.04	5,607,198	6,060,000	
2013/07		0.70	0.6196	0.6196		120	60.04	5,631,516	6,097,560	
2014/01		0.70	0.8564	0.8564		120	59.41	5,665,277	6,149,760	
2014/07		0.65	1.2383	1.2383		120	59.41	5,710,877	6,225,960	
2015/01		0.65	0.7571	0.7571		120	59.41	5,738,980	6,273,120	

**Message Code:**

1 Per Bed Standard Limitation



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 01/01/2015 through 08/31/2015

**0 326011-00 - 2015/01**

**260.09**

**Moosehaven, Inc.**

Type of Cost Report: Prospective    Type of Cost: Actual    Type of Rate: Prospective  
 Type of Ownership: Nonprofit : Other    CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
<b>1701 Park Avenue</b>	<b>5/1/2013-4/30/2014</b>	Number of Beds: <b>54</b>	Superior: <b>0</b>
<b>ORANGE PARK, FL 32073</b>	Days in CR <b>365</b>	Maximum: <b>18,054</b>	Standard: <b>243</b>
County: <b>Clay [10]</b>	First Used : <b>2015/01</b>	Max Annualized: <b>19,710</b>	Conditional: <b>0</b>
Region: <b>North</b> Area: <b>4</b>	Last Used: <b>2015/01</b>	Total Patient: <b>12,232</b>	Total: <b>243</b>
Control: <b>Nonprofit : Other</b>	<b>Unaudited</b>	Medicare: <b>1,209</b>	Inflation
Current Class <b>North Small</b>	Initial CR? <b>False</b>	Medicaid: <b>7,994</b>	FY Index: <b>1.31713889</b>
Class at 1/94: <b>North Small</b>	Medical Utilization	<b>65.35317%</b>	Semester Index: <b>1.37161894</b>
Operating Ex > <b>18 months</b>	Occupancy:	<b>67.75230%</b>	Cost: <b>1.04136242</b>
Open Date: <b>01/01/1922</b>	Statewide Low Occupancy Threshold:	<b>78.31130%</b>	Target: <b>1.02563464</b>
Acquired Date: <b>01/01/1922</b>	Medicaid Low Occupancy Threshold:	<b>41.41010%</b>	DC FY Index: <b>1.22033188</b>
Entered Medicaid <b>04/17/2008</b>	Low Occupancy Adjustment Factor:	<b>86.51663%</b>	DC Sem Index: <b>1.25449501</b>
Med # Active Date: <b>04/17/2008</b>	Weighted Low Occ Adjustment Factor:	<b>100.00000%</b>	DC Inflation: <b>1.02799495</b>
Previous Med #			PS Target: <b>1.03662091</b>

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	545,591	911,362	707,443	141,814		2,306,210	
1a	Audit Adjustments							
2	Cost Per Diem	68.2501	114.0058	88.4967	17.7401		288.4927	
3	Cost Per Diem Inflated	71.0731	117.1974	92.1571				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	<b>71.0731</b>	<b>117.1974</b>	<b>92.1571</b>	<b>17.7401</b>		<b>298.1677</b>	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	71.1482		100.7318				
7	Provider Target Rate	<b>73.7537</b>		<b>104.4207</b>				
7a	Interim Adjustment				1.6576			
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	<b>57.4318</b>	<b>96.7541</b>	<b>74.4105</b>	<b>15.3076</b>			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	<b>55.8134</b>		<b>67.8397</b>				
10a	New Provider Target Limitation	<b>58.1760</b>		<b>68.7776</b>				
10b	Base for line 10a	56.1208		66.3479				
11	Lesser of 5,7,8,10, 10a	<b>55.8134</b>	<b>96.7541</b>	<b>67.8397</b>	<b>15.3076</b>		<b>235.7148</b>	
12/13	Medical Adjustment Rate		1.6712	1.1717				
14	Prospective Per Diem 11	<b>55.8134</b>	<b>98.4253</b>	<b>69.0114</b>	<b>15.3076</b>		<b>238.5577</b>	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration  
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**0 326011-00 - 2015/01**

**260.09**

Rate Semester 01/01/2015 through 08/31/2015

**Moosehaven, Inc.**

**FRVS**

FRVS Status as of this Semester

**On FRVS**

Began FRVS:	04/17/2008	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	785,554	3.5981
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	196,389	0.2516
Indexed Asset Value	981,943	Interest Rate:	0.0000%	Insurance Cost(3):	27,380	2.2384
FRVS Base Asset:	0	Chase Rate:	7.7500%	Taxes Cost(3):	2,022	0.1653
Occup Adj Factor	0.8500	Amortization Rate:	7.7500%	Home Office(3):	0	0.0000
ROE Factor	0.021460	Interest Only:	True	Replacement(3&4):	166,587	0.0000
		Yearly Payment:	60,281	Total FRVS PD:		6.2534

(1) 80% Capital (\$785,554) amortized at 7.7500 % for 20 years Interest of \$60,281 divided by annual available days (19710) divided by Occup. Adj. (0.85) = \$3.5981

(2) 20% ROE (\$196,389) times the ROE factor (0.021460) divided by annual available days (19710) divided by Occup. Adj. (0.85) = \$0.2516

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	10,669
Comparison Date:	01/01/1972	Current RS PBS:	52,276
Comparison Bed	36	Effective PBS Limitation	384,084

**Comparison of Reimbursement under Cost vs. FRVS**

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.8134	55.8134	0.9710	54.8424
Direct Care	98.4253	98.4253	1.7124	96.7129
Indirect Care	69.0114	69.0114	1.2006	67.8108
Property	15.3076	6.2534	0.1088	6.1446
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.6738
Supplemental Rate Add-on				9.9025
<b>Totals</b>	<b>238.5577</b>	<b>229.5035</b>	<b>3.9928</b>	<b>260.0870</b>

**Medicaid Trend Adjustment**



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate  
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 4/30/2014

**0 326011-00 - 2015/01**

**260.09**

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01	5,088,730	0.00	0.8556	0.8556		36	76.02	384,084	384,084	1
2008/07		0.10	0.6104	0.6104		36	76.02	384,318	1,691,748	
2009/01		0.10	1.3268	1.3268		36	76.02	384,828	1,714,212	
2009/07		0.20	0.6841	0.6841		36	76.02	385,354	1,725,948	
2010/01		0.20	0.8643	0.8643		36	76.02	386,020	1,740,852	
2010/07		0.30	0.7107	0.7107		36	76.02	386,843	1,753,236	
2011/01	31,362	0.30	0.9198	0.9198		36	62.83	419,272	1,769,364	
2011/07		0.40	0.9028	0.9028		36	62.83	420,786	1,785,348	
2012/01	14,231	0.40	0.3865	0.3865		36	53.81	435,653	1,792,260	
2012/07		0.50	0.9417	0.9417		36	53.81	437,660	1,809,144	
2013/01	9,110	0.50	0.4901	0.4901		36	58.90	447,843	1,818,000	
2013/07		0.60	0.6196	0.6196		36	58.90	449,508	1,829,268	
2014/01	184,703	0.60	0.8564	0.8564		36	47.77	636,217	1,844,928	
2014/07		0.70	1.2383	1.2383		36	47.77	641,007	1,867,788	
2015/01	337,539	0.70	0.7571	0.7571		54	65.35	981,943	2,822,904	

**Message Code:**

1 Per Bed Standard Limitation