

**State of Florida Agency for Health Care Administration**  
**Medicaid Program Finance**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2014 Through 06/30/2015**

Provider Name: Santa Rosa County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279676

Cost Reporting Period: 07/01/2012 Through 06/30/2013

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,563,092.00
2. Total Non-Allowable Costs	\$2,789,186.00
3. Total Overhead Costs	\$1,159,500.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$5,511,778.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,653,533.40
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,159,500.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$1,563,092.00
2. Total Non-Allowable Costs	\$2,789,186.00
3. Sum of Lines B1 and B2	\$4,352,278.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3591
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$416,376.45
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$1,979,468.45
2. Total CHD Visits	16,379
3. CHD Rate Per Visit (C1 divided by C2)	\$120.85
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.03834
2. CHD Prospective Rate (C3 Multiplied by D1)	125.48
3. Medicaid Trend Adjustment	14.01
4. Final Prospective Rate - Effective Date: 7/1/2014	111.47