



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2018 through 09/30/2019

0 032049-00 - 2018/10

286.29

Clyde E Lassen State Veterans Nursing Home

Zip Code:	32092
Region:	North
Beds:	120
Cost Report:	7/1/16 - 6/30/17
Total Patient Days:	43,635
Medicaid Days:	11,822
Medicaid Utilization:	27.09293%

	Inflation
Direct Care	1.06148843
Cost	1.06852131
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,935,083	569,145	657,370	3,161,598
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	163.6849	48.1428	55.6057	267.4334
3: Inflated Cost Per Diem (Line 2 x Inflation):	173.7496	51.4416	59.4159	284.6071
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	140.8346	46.0059	59.1879	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	140.8346	46.0059	59.1879	246.0284
10: Medicaid Adjustment Rate:	0.0000	0.0000		0.0000
11: Prospective Rate (Line 9 + Line 10):	140.8346	46.0059	59.1879	246.0284

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	8	8	0.82	56,161	19.9082

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	2,672	0.0612

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.8911
16: Medicaid Trend Adjustment:	(4.5961)
17: Final Rate (Sum of Line 11 through Line 16):	286.2928



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2018 through 09/30/2019

0 201006-00 - 2018/10

285.50

Memorial Manor

Zip Code:	33025
Region:	South
Beds:	120
Cost Report:	5/1/16 - 4/30/17
Total Patient Days:	42,566
Medicaid Days:	16,030
Medicaid Utilization:	37.65916%

	Inflation
Direct Care	1.06530204
Cost	1.07356935
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,624,388	767,264	1,102,400	4,494,052
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	163.7173	47.8642	68.7711	280.3526
3: Inflated Cost Per Diem (Line 2 x Inflation):	174.4084	51.3855	73.8305	299.6244
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	155.6657	51.4302	66.3194	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	155.6657	51.3855	66.3194	273.3706
10: Medicaid Adjustment Rate:	0.0000	0.0000		0.0000
11: Prospective Rate (Line 9 + Line 10):	155.6657	51.3855	66.3194	273.3706

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	29	10	0.82	34,179	15.1774

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	84,057	1.9747

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	0.0000
16: Medicaid Trend Adjustment:	(5.0199)

17: Final Rate (Sum of Line 11 through Line 16): **285.5028**



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2018 through 09/30/2019

0 202533-00 - 2018/10

262.56

Rohr Home, The

Zip Code:	33830
Region:	North
Beds:	60
Cost Report:	10/1/16 - 9/30/17
Total Patient Days:	18,819
Medicaid Days:	13,106
Medicaid Utilization:	69.64238%

	Inflation
Direct Care	1.05560939
Cost	1.06055293
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,564,221	517,985	924,349	3,006,555
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	119.3515	39.5228	70.5287	229.4030
3: Inflated Cost Per Diem (Line 2 x Inflation):	125.9886	41.9160	74.7994	242.7040
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	140.8346	46.0059	59.1879	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	125.9886	41.9160	59.1879	227.0925
10: Medicaid Adjustment Rate:	2.7841	0.9262		3.7103
11: Prospective Rate (Line 9 + Line 10):	128.7727	42.8422	59.1879	230.8028

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	58	23	0.84	19,188	13.2703

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	0	0.0000

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	22.7052
16: Medicaid Trend Adjustment:	(4.2173)

17: Final Rate (Sum of Line 11 through Line 16): **262.5610**



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2018 through 09/30/2019

0 203475-00 - 2018/10
240.03

Marianna Health and Rehabilitation Center

Zip Code:	32446
Region:	North
Beds:	180
Cost Report:	1/1/16 - 12/31/16
Total Patient Days:	56,050
Medicaid Days:	39,708
Medicaid Utilization:	70.84389%

	Inflation
Direct Care	1.07420128
Cost	1.08327815
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	4,791,160	776,595	1,806,750	7,374,505
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	120.6598	19.5577	45.5009	185.7184
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.6129	21.1864	49.2901	200.0894
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	140.8346	46.0059	59.1879	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	129.6129	21.1864	49.2901	200.0894
10: Medicaid Adjustment Rate:	3.0393	0.4968		3.5361
11: Prospective Rate (Line 9 + Line 10):	132.6522	21.6832	49.2901	203.6255

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	48	14	0.83	76,695	18.5467

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	17,690	0.3156

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	21.3830
16: Medicaid Trend Adjustment:	(3.8443)

17: Final Rate (Sum of Line 11 through Line 16): **240.0266**



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2018 through 09/30/2019

0 203670-00 - 2018/10

271.66

Jackson Memorial Perdue Medical Center

Zip Code:	33157
Region:	South
Beds:	163
Cost Report:	10/1/16 - 9/30/17
Total Patient Days:	52,013
Medicaid Days:	33,804
Medicaid Utilization:	64.99144%

	Inflation
Direct Care	1.05560939
Cost	1.06055293
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	5,511,851	1,356,949	2,292,368	9,161,169
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	163.0532	40.1417	67.8135	271.0084
3: Inflated Cost Per Diem (Line 2 x Inflation):	172.1205	42.5724	71.9198	286.6127
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	155.6657	51.4302	66.3194	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	155.6657	42.5724	66.3194	264.5575
10: Medicaid Adjustment Rate:	2.6254	0.7180		3.3434
11: Prospective Rate (Line 9 + Line 10):	158.2911	43.2904	66.3194	267.9009

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	48	40	0.82	51,700	8.5334

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	0	0.0000

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	0.0000
16: Medicaid Trend Adjustment:	(4.7764)

17: Final Rate (Sum of Line 11 through Line 16): **271.6578**



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2018 through 09/30/2019

0 204161-00 - 2018/10

270.58

Jackson Memorial Long Term Care Center

Zip Code:	33142
Region:	South
Beds:	180
Cost Report:	10/1/16 - 9/30/17
Total Patient Days:	63,127
Medicaid Days:	38,278
Medicaid Utilization:	60.63649%

	Inflation
Direct Care	1.05560939
Cost	1.06055293
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	6,131,910	1,650,622	2,248,333	10,030,865
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	160.1941	43.1220	58.7370	262.0531
3: Inflated Cost Per Diem (Line 2 x Inflation):	169.1024	45.7332	62.2937	277.1293
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	155.6657	51.4302	66.3194	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	155.6657	45.7332	62.2937	263.6926
10: Medicaid Adjustment Rate:	1.5514	0.4558		2.0072
11: Prospective Rate (Line 9 + Line 10):	157.2171	46.1890	62.2937	265.6998

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	53	40	0.82	77,248	9.6358

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	0	0.0000

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	0.0000
16: Medicaid Trend Adjustment:	(4.7575)

17: Final Rate (Sum of Line 11 through Line 16): **270.5781**



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2018 through 09/30/2019

0 210889-00 - 2018/10
278.69

Emory L. Bennett Memorial

Zip Code:	32117
Region:	North
Beds:	120
Cost Report:	7/1/16 - 6/30/17
Total Patient Days:	42,876
Medicaid Days:	15,562
Medicaid Utilization:	36.29536%

	Inflation
Direct Care	1.06148843
Cost	1.06852131
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,057,633	798,984	809,691	3,666,308
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	132.2216	51.3420	52.0300	235.5936
3: Inflated Cost Per Diem (Line 2 x Inflation):	140.3517	54.8600	55.5952	250.8069
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	140.8346	46.0059	59.1879	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	140.3517	46.0059	55.5952	241.9528
10: Medicaid Adjustment Rate:	0.0000	0.0000		0.0000
11: Prospective Rate (Line 9 + Line 10):	140.3517	46.0059	55.5952	241.9528

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	25	4	0.84	26,235	16.8738

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	1,920	0.0448

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.2961
16: Medicaid Trend Adjustment:	(4.4730)

17: Final Rate (Sum of Line 11 through Line 16): **278.6945**



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2018 through 09/30/2019

0 210951-00 - 2018/10

281.31

Sabal Palms Health Care Center

Zip Code:	33771
Region:	North
Beds:	47
Cost Report:	1/1/16 - 12/31/16
Total Patient Days:	15,981
Medicaid Days:	15,981
Medicaid Utilization:	100.00000%

	Inflation
Direct Care	1.07420128
Cost	1.08327815
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	3,499,008	855,332	1,065,924	5,420,264
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	218.9480	53.5218	66.6994	339.1692
3: Inflated Cost Per Diem (Line 2 x Inflation):	235.1942	57.9790	72.2540	365.4272
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	140.8346	46.0059	59.1879	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	140.8346	46.0059	59.1879	246.0284
10: Medicaid Adjustment Rate:	6.3376	2.0849		8.4225
11: Prospective Rate (Line 9 + Line 10):	147.1722	48.0908	59.1879	254.4509

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	28	12	0.85	120,602	21.1797

	Total	Per Diem
13: Taxes:	73,681	4.6105
14: Insurance:	31,181	1.9511

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	3.9984
16: Medicaid Trend Adjustment:	(4.8759)

17: Final Rate (Sum of Line 11 through Line 16): **281.3146**



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2018 through 09/30/2019

0 211052-00 - 2018/10

287.87

W. Frank Wells Nursing Home

Zip Code:	32063
Region:	North
Beds:	68
Cost Report:	10/1/16 - 9/30/17
Total Patient Days:	18,039
Medicaid Days:	15,779
Medicaid Utilization:	87.47159%

	Inflation
Direct Care	1.05560939
Cost	1.06055293
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,723,184	803,702	1,337,112	4,863,998
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	172.5828	50.9349	84.7400	308.2577
3: Inflated Cost Per Diem (Line 2 x Inflation):	182.1800	54.0192	89.8713	326.0705
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	140.8346	46.0059	59.1879	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	140.8346	46.0059	59.1879	246.0284
10: Medicaid Adjustment Rate:	5.9370	1.9394		7.8764
11: Prospective Rate (Line 9 + Line 10):	146.7716	47.9453	59.1879	253.9048

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	50	15	0.82	18,628	15.0794

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	0	0.0000

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	23.5341
16: Medicaid Trend Adjustment:	(4.6477)

17: Final Rate (Sum of Line 11 through Line 16): **287.8706**



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2018 through 09/30/2019

0 212032-00 - 2018/10
296.43

E.J. Healey Rehab and Nursing Center

Zip Code:	33418
Region:	South
Beds:	120
Cost Report:	10/1/16 - 9/30/17
Total Patient Days:	43,404
Medicaid Days:	31,157
Medicaid Utilization:	71.78371%

	Inflation
Direct Care	1.05560939
Cost	1.06055293
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	6,729,876	2,106,524	4,133,983	12,970,383
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	215.9988	67.6100	132.6823	416.2911
3: Inflated Cost Per Diem (Line 2 x Inflation):	228.0104	71.7040	140.7166	440.4310
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	155.6657	51.4302	66.3194	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	155.6657	51.4302	66.3194	273.4153
10: Medicaid Adjustment Rate:	3.8148	1.2604		5.0752
11: Prospective Rate (Line 9 + Line 10):	159.4805	52.6906	66.3194	278.4905

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	6	5	0.81	81,767	22.0095

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	49,521	1.1409

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	0.0000
16: Medicaid Trend Adjustment:	(5.2120)

17: Final Rate (Sum of Line 11 through Line 16): **296.4289**



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2018 through 09/30/2019

0 214914-00 - 2018/10

275.56

Baldomero Lopez Memorial Veterans N. H.

Zip Code:	34639
Region:	North
Beds:	120
Cost Report:	7/1/16 - 6/30/17
Total Patient Days:	43,626
Medicaid Days:	14,861
Medicaid Utilization:	34.06455%

	Inflation
Direct Care	1.06148843
Cost	1.06852131
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,066,137	801,028	712,973	3,580,138
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	139.0308	53.9014	47.9761	240.9083
3: Inflated Cost Per Diem (Line 2 x Inflation):	147.5796	57.5948	51.2635	256.4379
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	140.8346	46.0059	59.1879	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	140.8346	46.0059	51.2635	238.1040
10: Medicaid Adjustment Rate:	0.0000	0.0000		0.0000
11: Prospective Rate (Line 9 + Line 10):	140.8346	46.0059	51.2635	238.1040

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	19	4	0.84	25,290	16.5837

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	2,020	0.0463

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	25.2239
16: Medicaid Trend Adjustment:	(4.4015)

17: Final Rate (Sum of Line 11 through Line 16): **275.5564**



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2018 through 09/30/2019

0 226017-00 - 2018/10

318.58

Plantation Nursing & Rehabilitation Center

Zip Code:	33317
Region:	South
Beds:	100
Cost Report:	3/1/17 - 12/31/17
Total Patient Days:	19,943
Medicaid Days:	19,489
Medicaid Utilization:	97.72351%

	Inflation
Direct Care	1.04669681
Cost	1.05124375
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	7,377,648	1,233,691	1,141,861	9,753,199
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	378.5544	63.3019	58.5900	500.4463
3: Inflated Cost Per Diem (Line 2 x Inflation):	396.2317	66.5457	61.5924	524.3698
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	155.6657	51.4302	66.3194	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	155.6657	51.4302	61.5924	268.6883
10: Medicaid Adjustment Rate:	7.0050	2.3307		9.3357
11: Prospective Rate (Line 9 + Line 10):	162.6707	53.7609	61.5924	278.0240

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	50	1	0.82	47,341	18.7452

	Total	Per Diem
13: Taxes:	39,573	1.9843
14: Insurance:	76,219	3.8218

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	21.2331
16: Medicaid Trend Adjustment:	(5.2281)

17: Final Rate (Sum of Line 11 through Line 16): **318.5803**



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2018 through 09/30/2019

0 229849-00 - 2018/10

298.09

Alexander Nininger State Veterans' N. Home

Zip Code:	33025
Region:	South
Beds:	120
Cost Report:	7/1/16 - 6/30/17
Total Patient Days:	42,173
Medicaid Days:	10,651
Medicaid Utilization:	25.25550%

	Inflation
Direct Care	1.06148843
Cost	1.06852131
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,789,111	578,098	564,380	2,931,588
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	167.9758	54.2764	52.9885	275.2407
3: Inflated Cost Per Diem (Line 2 x Inflation):	178.3044	57.9955	56.6193	292.9192
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	155.6657	51.4302	66.3194	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	155.6657	51.4302	56.6193	263.7152
10: Medicaid Adjustment Rate:	0.0000	0.0000		0.0000
11: Prospective Rate (Line 9 + Line 10):	155.6657	51.4302	56.6193	263.7152

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	17	15	0.82	24,535	14.0951

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	8,729	0.2070

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.8795
16: Medicaid Trend Adjustment:	(4.8038)
17: Final Rate (Sum of Line 11 through Line 16):	298.0929



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0 260355-00 - 2018/10

250.23

Sarasota Memorial Nursing & Rehabilitation Facility

Zip Code:	34238
Region:	North
Beds:	120
Cost Report:	10/1/16 - 9/30/17
Total Patient Days:	37,226
Medicaid Days:	14,565
Medicaid Utilization:	39.12588%

	Inflation
Direct Care	1.05560939
Cost	1.06055293
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,258,831	519,064	617,416	3,395,311
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	155.0863	35.6377	42.3904	233.1144
3: Inflated Cost Per Diem (Line 2 x Inflation):	163.7106	37.7957	44.9573	246.4636
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	140.8346	46.0059	59.1879	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	140.8346	37.7957	44.9573	223.5876
10: Medicaid Adjustment Rate:	0.0000	0.0000		0.0000
11: Prospective Rate (Line 9 + Line 10):	140.8346	37.7957	44.9573	223.5876

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	31	14	0.85	38,898	15.8463

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	0	0.0000

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	14.9307
16: Medicaid Trend Adjustment:	(4.1371)

17: Final Rate (Sum of Line 11 through Line 16): **250.2274**



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0 264491-00 - 2018/10
275.74

Clifford Chester Sims State Veteran's Nursing Home

Zip Code:	32404
Region:	North
Beds:	120
Cost Report:	7/1/16 - 6/30/17
Total Patient Days:	42,963
Medicaid Days:	10,366
Medicaid Utilization:	24.12774%

	Inflation
Direct Care	1.06148843
Cost	1.06852131
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,403,612	566,143	530,325	2,500,079
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	135.4054	54.6154	51.1600	241.1808
3: Inflated Cost Per Diem (Line 2 x Inflation):	143.7313	58.3577	54.6656	256.7546
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	140.8346	46.0059	59.1879	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	140.8346	46.0059	54.6656	241.5061
10: Medicaid Adjustment Rate:	0.0000	0.0000		0.0000
11: Prospective Rate (Line 9 + Line 10):	140.8346	46.0059	54.6656	241.5061

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	15	13	0.83	31,686	14.4734

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	5,340	0.1243

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.0663
16: Medicaid Trend Adjustment:	(4.4252)
17: Final Rate (Sum of Line 11 through Line 16):	275.7449



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0 269492-00 - 2018/10

277.22

Douglas Jacobson State Veterans Nursing Home

Zip Code:	33954
Region:	North
Beds:	120
Cost Report:	7/1/16 - 6/30/17
Total Patient Days:	41,993
Medicaid Days:	16,105
Medicaid Utilization:	38.35163%

	Inflation
Direct Care	1.06148843
Cost	1.06852131
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,290,609	880,255	825,921	3,996,784
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	142.2297	54.6572	51.2835	248.1704
3: Inflated Cost Per Diem (Line 2 x Inflation):	150.9752	58.4024	54.7975	264.1751
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	140.8346	46.0059	59.1879	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	140.8346	46.0059	54.7975	241.6380
10: Medicaid Adjustment Rate:	0.0000	0.0000		0.0000
11: Prospective Rate (Line 9 + Line 10):	140.8346	46.0059	54.7975	241.6380

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	14	13	0.82	31,592	14.6471

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	5,692	0.1355

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	25.2257
16: Medicaid Trend Adjustment:	(4.4306)

17: Final Rate (Sum of Line 11 through Line 16): **277.2156**



Florida Agency for Health Care Administration
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0 312789-00 - 2018/10

271.67

Children's Comprehensive Care Center, Inc.

Zip Code:	33060
Region:	South
Beds:	36
Cost Report:	8/1/16 - 7/31/17
Total Patient Days:	11,404
Medicaid Days:	10,915
Medicaid Utilization:	95.71203%

	Inflation
Direct Care	1.05952512
Cost	1.06585855
PS Target	1.00000000

2018 Cost per Square Foot: \$222.05

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,392,328	490,174	758,912	2,641,413
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	127.5609	44.9083	69.5293	241.9985
3: Inflated Cost Per Diem (Line 2 x Inflation):	135.1540	47.8659	74.1084	257.1283
4: Prior Semester: Provider Target Base:				
5: Provider Target Rate (Line 4 x PS Target):				
6: Cost Based Class Ceiling:	155.6657	51.4302	66.3194	
7: Prior Semester: Class Ceiling Target Base:				
8: Target Rate Class Ceiling:				
9: Lesser of Line 3, Line 5, and Line 6:	135.1540	47.8659	66.3194	249.3393
10: Medicaid Adjustment Rate:	6.0819	2.1540		8.2359
11: Prospective Rate (Line 9 + Line 10):	141.2359	50.0199	66.3194	257.5752

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	30	14	0.82	12,391	15.3413

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	40,249	3.5294

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	0.0000
16: Medicaid Trend Adjustment:	(4.7766)

17: Final Rate (Sum of Line 11 through Line 16): **271.6692**