



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 07/01/2020 through 09/30/2020

0 032049-00 - 2019/10

269.33

**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%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.09546071</b>
<b>Cost</b>	<b>1.10177905</b>
<b>PS Target</b>	<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,935,086	568,167	657,488	3,160,741
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	163.6852	48.0601	55.6157	267.3610
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>179.3107</b>	<b>52.9516</b>	<b>61.2762</b>	<b>293.5385</b>
4: Prior Semester: Provider Target Base:	0.0000	51.4416	59.4159	110.8575
5: Provider Target Rate (Line 4 x PS Target):	0.0000	54.4471	62.8873	<b>117.3345</b>
6: Cost Based Class Ceiling:	<b>137.4353</b>	<b>47.6881</b>	<b>61.9577</b>	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	<b>109.4960</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>137.4353</b>	<b>47.6881</b>	<b>61.2762</b>	<b>246.3996</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>137.4353</b>	<b>47.6881</b>	<b>61.2762</b>	<b>246.3996</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	9	9	0.83	56,161	20.2292

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.5738
16: Medicaid Trend Adjustment:	(25.5428)
17: Sum of Line 11 through Line 16:	265.7210
18: Percentage Rate Increase (1.3585% of Line 17):	3.6099
19: Final Rate (Sum of Line 17 and Line 18):	269.3310



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<b>0 201006-00 - 2019/10</b>
<b>259.03</b>

**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%

<b>Inflation</b>	<b>1.09939636</b>
<b>Direct Care Cost</b>	<b>1.10698421</b>
<b>PS Target</b>	<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,624,388	683,848	1,078,748	4,386,984
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	163.7173	42.6605	67.2956	273.6734
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>179.9902</b>	<b>47.2245</b>	<b>74.4952</b>	<b>301.7099</b>
4: Prior Semester: Provider Target Base:	0.0000	51.3855	73.8305	125.2160
5: Provider Target Rate (Line 4 x PS Target):	0.0000	54.3878	78.1441	<b>132.5319</b>
6: Cost Based Class Ceiling:	<b>151.9376</b>	<b>52.3998</b>	<b>66.3138</b>	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	<b>122.5654</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>151.9376</b>	<b>47.2245</b>	<b>66.3138</b>	<b>265.4759</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>151.9376</b>	<b>47.2245</b>	<b>66.3138</b>	<b>265.4759</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	30	11	0.84	34,179	<b>15.5691</b>

	Total	Per Diem
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	67,427	<b>1.5841</b>

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	<b>0.0000</b>
16: Medicaid Trend Adjustment:	<b>(27.0694)</b>
17: Sum of Line 11 through Line 16:	<b>255.5597</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.4719</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>259.0316</b>



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 Rate Semester 07/01/2020 through 09/30/2020

0 202533-00 - 2019/10

254.28

**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%

	<b>Inflation</b>
<b>Direct Care</b>	<b>1.08939351</b>
<b>Cost</b>	<b>1.09356266</b>
<b>PS Target</b>	<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,553,792	528,452	914,519	2,996,764
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	118.5558	40.3214	69.7787	228.6559
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>129.1539</b>	<b>44.0940</b>	<b>76.3074</b>	<b>249.5553</b>
4: Prior Semester: Provider Target Base:	0.0000	41.9160	74.7994	116.7154
5: Provider Target Rate (Line 4 x PS Target):	0.0000	44.3650	79.1696	<b>123.5346</b>
6: Cost Based Class Ceiling:	<b>137.4353</b>	<b>47.6881</b>	<b>61.9577</b>	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	<b>109.4960</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>129.1539</b>	<b>44.0940</b>	<b>61.6086</b>	<b>234.8565</b>
10: Medicaid Adjustment Rate:	2.8540	0.9744	0.0000	3.8284
11: Prospective Rate (Line 9 + Line 10):	<b>132.0079</b>	<b>45.0684</b>	<b>61.6086</b>	<b>238.6849</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	59	23	0.84	19,188	13.5377

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	22.8078
16: Medicaid Trend Adjustment:	(24.1572)
17: Sum of Line 11 through Line 16:	250.8731
18: Percentage Rate Increase (1.3585% of Line 17):	3.4082
19: Final Rate (Sum of Line 17 and Line 18):	254.2814



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0 203475-00 - 2019/10

231.90

**Marianna Health and Rehabilitation Center**

Zip Code:	32447
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%

	<b>Inflation</b>
<b>Direct Care</b>	<b>1.10858042</b>
<b>Cost</b>	<b>1.11699519</b>
<b>PS Target</b>	<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	4,791,160	776,594	1,794,044	7,361,798
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	120.6598	19.5576	45.1809	185.3983
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>133.7611</b>	<b>21.8457</b>	<b>50.4668</b>	<b>206.0736</b>
4: Prior Semester: Provider Target Base:	0.0000	21.1864	49.2901	70.4765
5: Provider Target Rate (Line 4 x PS Target):	0.0000	22.4242	52.1699	<b>74.5942</b>
6: Cost Based Class Ceiling:	<b>137.4353</b>	<b>47.6881</b>	<b>61.9577</b>	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	<b>109.4960</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>133.7611</b>	<b>21.8457</b>	<b>50.4668</b>	<b>206.0736</b>
10: Medicaid Adjustment Rate:	3.1366	0.5123	0.0000	3.6489
11: Prospective Rate (Line 9 + Line 10):	<b>136.8977</b>	<b>22.3580</b>	<b>50.4668</b>	<b>209.7225</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	49	12	0.83	76,695	<b>19.5704</b>

	Total	Per Diem
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	17,690	<b>0.3156</b>

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	<b>21.1741</b>
16: Medicaid Trend Adjustment:	<b>(21.9912)</b>
17: Sum of Line 11 through Line 16:	<b>228.7913</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.1082</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>231.8996</b>



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0 203670-00 - 2019/10

247.21

**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%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.08939351</b>
<b>Cost</b>	<b>1.09356266</b>
<b>PS Target</b>	<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	5,538,091	1,224,600	2,151,613	8,914,304
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	163.8295	36.2265	63.6497	263.7057
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>178.4748</b>	<b>39.6159</b>	<b>69.6049</b>	<b>287.6956</b>
4: Prior Semester: Provider Target Base:	0.0000	42.5724	71.9198	114.4922
5: Provider Target Rate (Line 4 x PS Target):	0.0000	45.0597	76.1218	<b>121.1815</b>
6: Cost Based Class Ceiling:	<b>151.9376</b>	<b>52.3998</b>	<b>66.3138</b>	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	<b>122.5654</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>151.9376</b>	<b>39.6159</b>	<b>66.3138</b>	<b>257.8673</b>
10: Medicaid Adjustment Rate:	2.3519	0.6132	0.0000	2.9651
11: Prospective Rate (Line 9 + Line 10):	<b>154.2895</b>	<b>40.2291</b>	<b>66.3138</b>	<b>260.8324</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	49	49	0.84	51,700	<b>8.8996</b>

	Total	Per Diem
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	0	<b>0.0000</b>

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	<b>0.0000</b>
16: Medicaid Trend Adjustment:	<b>(25.8342)</b>
17: Sum of Line 11 through Line 16:	<b>243.8978</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.3134</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>247.2113</b>



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**0 204161-00 - 2019/10**

**248.45**

**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%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.08939351</b>
<b>Cost</b>	<b>1.09356266</b>
<b>PS Target</b>	<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
1: Total Cost:	6,138,847	1,577,059	2,158,762	9,874,668
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	160.3753	41.2001	56.3969	257.9723
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>174.7118</b>	<b>45.0549</b>	<b>61.6735</b>	<b>281.4402</b>
4: Prior Semester: Provider Target Base:	0.0000	45.7332	62.2937	108.0269
5: Provider Target Rate (Line 4 x PS Target):	0.0000	48.4052	65.9333	<b>114.3385</b>
6: Cost Based Class Ceiling:	<b>151.9376</b>	<b>52.3998</b>	<b>66.3138</b>	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	<b>122.5654</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>151.9376</b>	<b>45.0549</b>	<b>61.6735</b>	<b>258.6660</b>
10: Medicaid Adjustment Rate:	1.8181	0.5391	0.0000	2.3572
11: Prospective Rate (Line 9 + Line 10):	<b>153.7557</b>	<b>45.5940</b>	<b>61.6735</b>	<b>261.0232</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	54	54	0.84	77,248	<b>10.0564</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	0	<b>0.0000</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>0.0000</b>
16: Medicaid Trend Adjustment:	<b>(25.9632)</b>
17: Sum of Line 11 through Line 16:	<b>245.1163</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.3300</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>248.4464</b>



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<b>0 210889-00 - 2019/10</b>
<b>262.30</b>

**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%

<b>Inflation</b>
<b>Direct Care</b>
<b>Cost</b>
<b>PS Target</b>

<b>1.09546071</b>
<b>1.10177906</b>
<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
1: Total Cost:	2,057,630	797,681	806,734	3,662,045
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	132.2214	51.2583	51.8400	235.3197
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>144.8433</b>	<b>56.4753</b>	<b>57.1162</b>	<b>258.4348</b>
4: Prior Semester: Provider Target Base:	0.0000	54.8600	55.5952	110.4552
5: Provider Target Rate (Line 4 x PS Target):	0.0000	58.0653	58.8434	<b>116.9087</b>
6: Cost Based Class Ceiling:	<b>137.4353</b>	<b>47.6881</b>	<b>61.9577</b>	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	<b>109.4960</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>137.4353</b>	<b>47.6881</b>	<b>57.1162</b>	<b>242.2396</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>137.4353</b>	<b>47.6881</b>	<b>57.1162</b>	<b>242.2396</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	26	5	0.85	26,235	<b>17.1438</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	1,920	<b>0.0448</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>24.2029</b>
16: Medicaid Trend Adjustment:	<b>(24.8473)</b>
17: Sum of Line 11 through Line 16:	<b>258.7838</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.5157</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>262.2994</b>



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<b>0 210951-00 - 2019/10</b>
<b>263.56</b>

**Sabal Palms Health Care Center**

Zip Code:	34641
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%

<b>Inflation</b>
<b>Direct Care</b>
<b>Cost</b>
<b>PS Target</b>

<b>1.10858042</b>
<b>1.11699519</b>
<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
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):	<b>242.7215</b>	<b>59.7836</b>	<b>74.5029</b>	<b>377.0080</b>
4: Prior Semester: Provider Target Base:	0.0000	57.9790	72.2540	130.2330
5: Provider Target Rate (Line 4 x PS Target):	0.0000	61.3665	76.4755	<b>137.8420</b>
6: Cost Based Class Ceiling:	<b>137.4353</b>	<b>47.6881</b>	<b>61.9577</b>	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	<b>109.4960</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>137.4353</b>	<b>47.6881</b>	<b>61.6086</b>	<b>246.7320</b>
10: Medicaid Adjustment Rate:	6.1846	2.1460	0.0000	8.3306
11: Prospective Rate (Line 9 + Line 10):	<b>143.6199</b>	<b>49.8341</b>	<b>61.6086</b>	<b>255.0625</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	29	13	0.85	120,602	<b>21.3766</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	73,681	<b>4.6105</b>
14: Insurance:	31,181	<b>1.9511</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>4.1284</b>
16: Medicaid Trend Adjustment:	<b>(27.1050)</b>
17: Sum of Line 11 through Line 16:	<b>260.0242</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.5325</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>263.5566</b>





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<b>0 211052-00 - 2019/10</b>
<b>269.39</b>

**W. Frank Wells Nursing Home**

Zip Code:	32063
Region:	North
Beds:	68
Cost Report:	10/1/16-9/30/17
Total Patient Days:	18,192
Medicaid Days:	15,286
Medicaid Utilization:	84.02595%

	<b>Inflation</b>
<b>Direct Care</b>	<b>1.08939351</b>
<b>Cost</b>	<b>1.09356266</b>
<b>PS Target</b>	<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
1: Total Cost:	2,615,818	712,136	1,263,388	4,591,342
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	171.1251	46.5875	82.6500	300.3626
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>186.4226</b>	<b>50.9464</b>	<b>90.3830</b>	<b>327.7520</b>
4: Prior Semester: Provider Target Base:	0.0000	54.0192	89.8713	143.8905
5: Provider Target Rate (Line 4 x PS Target):	0.0000	57.1753	95.1221	<b>152.2975</b>
6: Cost Based Class Ceiling:	<b>137.4353</b>	<b>47.6881</b>	<b>61.9577</b>	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	<b>109.4960</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>137.4353</b>	<b>47.6881</b>	<b>61.6086</b>	<b>246.7320</b>
10: Medicaid Adjustment Rate:	5.2609	1.8255	0.0000	7.0864
11: Prospective Rate (Line 9 + Line 10):	<b>142.6962</b>	<b>49.5136</b>	<b>61.6086</b>	<b>253.8184</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	51	15	0.83	18,628	<b>15.5511</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	12,071	<b>0.6635</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>21.6099</b>
16: Medicaid Trend Adjustment:	<b>(25.8630)</b>
17: Sum of Line 11 through Line 16:	<b>265.7798</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.6107</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>269.3906</b>



Florida Agency for Health Care Administration  
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<b>0 212032-00 - 2019/10</b>
<b>274.21</b>

**E.J. Healey Rehab and Nursing Center**

Zip Code:	33407
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%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.08939351</b>
<b>Cost</b>	<b>1.09356266</b>
<b>PS Target</b>	<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
1: Total Cost:	6,089,396	2,743,773	4,097,994	12,931,163
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	195.4423	88.0628	131.5272	415.0323
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>212.9136</b>	<b>96.3022</b>	<b>143.8332</b>	<b>453.0490</b>
4: Prior Semester: Provider Target Base:	0.0000	71.7040	140.7166	212.4206
5: Provider Target Rate (Line 4 x PS Target):	0.0000	75.8934	148.9381	<b>224.8315</b>
6: Cost Based Class Ceiling:	<b>151.9376</b>	<b>52.3998</b>	<b>66.3138</b>	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	<b>122.5654</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>151.9376</b>	<b>52.3998</b>	<b>66.3138</b>	<b>270.6513</b>
10: Medicaid Adjustment Rate:	3.7235	1.2841	0.0000	5.0076
11: Prospective Rate (Line 9 + Line 10):	<b>155.6611</b>	<b>53.6840</b>	<b>66.3138</b>	<b>275.6589</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	7	6	0.82	81,767	<b>22.3857</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	49,521	<b>1.1409</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>0.0000</b>
16: Medicaid Trend Adjustment:	<b>(28.6551)</b>
17: Sum of Line 11 through Line 16:	<b>270.5304</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.6753</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>274.2056</b>



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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 07/01/2020 through 09/30/2020

0 214914-00 - 2019/10

258.40

**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%

	<b>Inflation</b>
<b>Direct Care</b>	<b>1.09546071</b>
<b>Cost</b>	<b>1.10177905</b>
<b>PS Target</b>	<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,066,137	795,186	712,823	3,574,146
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	139.0308	53.5082	47.9660	240.5050
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>152.3028</b>	<b>58.9542</b>	<b>52.8479</b>	<b>264.1049</b>
4: Prior Semester: Provider Target Base:	0.0000	57.5948	51.2635	108.8583
5: Provider Target Rate (Line 4 x PS Target):	0.0000	60.9598	54.2586	<b>115.2185</b>
6: Cost Based Class Ceiling:	<b>137.4353</b>	<b>47.6881</b>	<b>61.9577</b>	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	<b>109.4960</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>137.4353</b>	<b>47.6881</b>	<b>52.8479</b>	<b>237.9713</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>137.4353</b>	<b>47.6881</b>	<b>52.8479</b>	<b>237.9713</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	20	5	0.85	25,290	<b>16.8490</b>

	Total	Per Diem
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	2,020	<b>0.0463</b>

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	<b>24.4792</b>
16: Medicaid Trend Adjustment:	<b>(24.4104)</b>
17: Sum of Line 11 through Line 16:	<b>254.9354</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.4634</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>258.3988</b>



Florida Agency for Health Care Administration  
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<b>0 226017-00 - 2019/10</b>
<b>298.35</b>

**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%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.08020722</b>
<b>Cost</b>	<b>1.08401912</b>
<b>PS Target</b>	<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
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):	<b>408.9172</b>	<b>68.6205</b>	<b>63.5127</b>	<b>541.0504</b>
4: Prior Semester: Provider Target Base:	0.0000	66.5457	61.5924	128.1381
5: Provider Target Rate (Line 4 x PS Target):	0.0000	70.4337	65.1910	<b>135.6247</b>
6: Cost Based Class Ceiling:	<b>151.9376</b>	<b>52.3998</b>	<b>66.3138</b>	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	<b>122.5654</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>151.9376</b>	<b>52.3998</b>	<b>63.5127</b>	<b>267.8501</b>
10: Medicaid Adjustment Rate:	6.8372	2.3580	0.0000	9.1952
11: Prospective Rate (Line 9 + Line 10):	<b>158.7748</b>	<b>54.7578</b>	<b>63.5127</b>	<b>277.0453</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	51	1	0.84	47,341	<b>19.5399</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	39,573	<b>1.9843</b>
14: Insurance:	76,219	<b>3.8218</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>20.9218</b>
16: Medicaid Trend Adjustment:	<b>(28.9622)</b>
17: Sum of Line 11 through Line 16:	<b>294.3509</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.9989</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>298.3498</b>



Florida Agency for Health Care Administration  
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 Rate Semester 07/01/2020 through 09/30/2020

<b>0 229849-00 - 2019/10</b>
<b>275.33</b>

**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%

<b>Inflation</b>
<b>Direct Care</b>
<b>Cost</b>
<b>PS Target</b>

<b>1.09546071</b>
<b>1.10177905</b>
<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
1: Total Cost:	1,841,972	486,715	544,932	2,873,619
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	172.9389	45.6967	51.1625	269.7981
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>189.4478</b>	<b>50.3477</b>	<b>56.3698</b>	<b>296.1653</b>
4: Prior Semester: Provider Target Base:	0.0000	57.9955	56.6193	114.6148
5: Provider Target Rate (Line 4 x PS Target):	0.0000	61.3840	59.9273	<b>121.3113</b>
6: Cost Based Class Ceiling:	<b>151.9376</b>	<b>52.3998</b>	<b>66.3138</b>	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	<b>122.5654</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>151.9376</b>	<b>50.3477</b>	<b>56.3698</b>	<b>258.6551</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>151.9376</b>	<b>50.3477</b>	<b>56.3698</b>	<b>258.6551</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	18	16	0.84	24,535	<b>14.4391</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	8,729	<b>0.2070</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>24.5138</b>
16: Medicaid Trend Adjustment:	<b>(26.1760)</b>
17: Sum of Line 11 through Line 16:	<b>271.6389</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.6903</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>275.3293</b>



Florida Agency for Health Care Administration  
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 Rate Semester 07/01/2020 through 09/30/2020

<b>0 260355-00 - 2019/10</b>
<b>233.57</b>

**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%

<b>Inflation</b>
<b>Direct Care</b>
<b>Cost</b>
<b>PS Target</b>

<b>1.08939351</b>
<b>1.09356266</b>
<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
1: Total Cost:	2,258,413	518,592	631,871	3,408,876
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	155.0576	35.6054	43.3828	234.0458
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>168.9187</b>	<b>38.9367</b>	<b>47.4418</b>	<b>255.2972</b>
4: Prior Semester: Provider Target Base:	0.0000	37.7957	44.9573	82.7530
5: Provider Target Rate (Line 4 x PS Target):	0.0000	40.0040	47.5840	<b>87.5879</b>
6: Cost Based Class Ceiling:	<b>137.4353</b>	<b>47.6881</b>	<b>61.9577</b>	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	<b>109.4960</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>137.4353</b>	<b>38.9367</b>	<b>47.4418</b>	<b>223.8138</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>137.4353</b>	<b>38.9367</b>	<b>47.4418</b>	<b>223.8138</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	32	15	0.85	38,898	<b>15.8895</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	0	<b>0.0000</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>13.6897</b>
16: Medicaid Trend Adjustment:	<b>(22.9581)</b>
17: Sum of Line 11 through Line 16:	<b>230.4349</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.1305</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>233.5654</b>



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<b>0 264491-00 - 2019/10</b>
<b>258.87</b>

**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%

<b>Inflation</b>
<b>Direct Care</b>
<b>Cost</b>
<b>PS Target</b>

<b>1.09546071</b>
<b>1.10177905</b>
<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
1: Total Cost:	1,403,618	556,448	530,325	2,490,391
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	135.4059	53.6801	51.1600	240.2460
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>148.3318</b>	<b>59.1436</b>	<b>56.3670</b>	<b>263.8424</b>
4: Prior Semester: Provider Target Base:	0.0000	58.3577	54.6656	113.0233
5: Provider Target Rate (Line 4 x PS Target):	0.0000	61.7673	57.8595	<b>119.6268</b>
6: Cost Based Class Ceiling:	<b>137.4353</b>	<b>47.6881</b>	<b>61.9577</b>	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	<b>109.4960</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>137.4353</b>	<b>47.6881</b>	<b>56.3670</b>	<b>241.4904</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>137.4353</b>	<b>47.6881</b>	<b>56.3670</b>	<b>241.4904</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	16	14	0.83	31,686	<b>14.5164</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	5,340	<b>0.1243</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>23.8042</b>
16: Medicaid Trend Adjustment:	<b>(24.5315)</b>
17: Sum of Line 11 through Line 16:	<b>255.4037</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.4698</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>258.8735</b>



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0 269492-00 - 2019/10

260.17

**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%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.09546071</b>
<b>Cost</b>	<b>1.10177905</b>
<b>PS Target</b>	<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,260,752	902,066	832,226	3,995,043
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	140.3758	56.0115	51.6750	248.0623
3: Inflated Cost Per Diem (Line 2 x Inflation):	<b>153.7762</b>	<b>61.7123</b>	<b>56.9344</b>	<b>272.4229</b>
4: Prior Semester: Provider Target Base:	0.0000	58.4024	54.7975	113.1999
5: Provider Target Rate (Line 4 x PS Target):	0.0000	61.8146	57.9991	<b>119.8137</b>
6: Cost Based Class Ceiling:	<b>137.4353</b>	<b>47.6881</b>	<b>61.9577</b>	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	<b>109.4960</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>137.4353</b>	<b>47.6881</b>	<b>56.9344</b>	<b>242.0578</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>137.4353</b>	<b>47.6881</b>	<b>56.9344</b>	<b>242.0578</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	15	14	0.84	31,592	<b>15.0132</b>

	Total	Per Diem
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	5,692	<b>0.1355</b>

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	<b>24.1126</b>
16: Medicaid Trend Adjustment:	<b>(24.6345)</b>
17: Sum of Line 11 through Line 16:	<b>256.6845</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.4872</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>260.1718</b>





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<b>0 312789-00 - 2019/10</b>
<b>260.28</b>

**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%

<b>Inflation</b>
<b>Direct Care</b>
<b>Cost</b>
<b>PS Target</b>

<b>1.09343456</b>
<b>1.09903341</b>
<b>1.05842611</b>

2019 Cost per Square Foot: \$ 227.00

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
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):	<b>139.4795</b>	<b>49.3557</b>	<b>76.4150</b>	<b>265.2502</b>
4: Prior Semester: Provider Target Base:	0.0000	47.8659	74.1084	121.9743
5: Provider Target Rate (Line 4 x PS Target):	0.0000	50.6625	78.4383	<b>129.1008</b>
6: Cost Based Class Ceiling:	<b>151.9376</b>	<b>52.3998</b>	<b>66.3138</b>	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	<b>122.5654</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>139.4795</b>	<b>49.3557</b>	<b>66.3138</b>	<b>255.1490</b>
10: Medicaid Adjustment Rate:	6.2766	2.2210	0.0000	8.4976
11: Prospective Rate (Line 9 + Line 10):	<b>145.7561</b>	<b>51.5767</b>	<b>66.3138</b>	<b>263.6466</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	31	11	0.84	12,391	<b>16.8116</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	40,249	<b>3.5294</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>0.0000</b>
16: Medicaid Trend Adjustment:	<b>(27.1995)</b>
17: Sum of Line 11 through Line 16:	<b>256.7881</b>
18: Percentage Rate Increase (1.3585% of Line 17):	<b>3.4886</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>260.2767</b>