



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

000169300 - 2018/07

RI: 272.03

NM: 0.00

St. Augustine Center for Living

Ownership:Private

Incentive Rating: Ineligible from 03/30/2018 - 04/30/2018 Days Eligible: 333 of 365

Eligibility Factor : 91.23%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2015	11/30/2016	Unaudited Costs	201707
Prior Cost Report	12/1/2014	11/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	49.402	158.303	207.705	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02125443	50.452	161.667	212.120	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02975620	50.872	163.013	213.886	0.000	0.000	0.000
4.Current Period Cost	47.774	150.547	198.321	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.099	12.466		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	47.774	150.547	198.321	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.549	6.233	7.782	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.777	4.516	9.294	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 91.23%	1.414	4.120	5.534	0.000	0.000	0.000
10.Final Incentive	1.414	4.120	5.534	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	49.187	154.668	203.855	0.000	0.000	0.000
12.Plus: Property Rate Component			25.253			0.000
13.Plus: ROE/Use Rate			0.647			0.000
14.Total Current Period Base			229.754			0.000
15.Prospective Rate: Line 11 x Inflation 1.07213749	52.735	165.825	218.561	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	52.735	165.825	218.561	0.000	0.000	0.000
19.Property Rate Component			25.253			0.000
20.ROE Component + ROE Interim Component			0.647			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>244.46</b>			<b>0.00</b>
23.Medicaid Days		21,959			0	
24.Resident Days		21,959			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			5.36			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>272.03</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

001069500 - 2018/07

RI: 419.96

NM: 502.83

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Miner North

Ownership:Private

Incentive Rating: Ineligible from 06/29/2017 - 09/07/2017 Days Eligible: 294 of 365

Eligibility Factor : 80.55%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2016	5/31/2017	Unaudited Costs	201707
Prior Cost Report	6/1/2015	5/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	124.840	176.484	301.325	124.840	250.718	375.558
2.Inflate Line 1 by Inflation Factor 1.02435914	127.881	180.783	308.665	127.881	256.825	384.706
3.Line 1 X 1.4000 X Inflation Factor 1.03410280	129.097	182.503	311.601	129.097	259.268	388.366
4.Current Period Cost	128.951	193.304	322.255	128.951	279.518	408.469
5.Incentive Basis (line 3 - line 4)	0.146	0.000		0.146	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	128.951	182.503	311.454	128.951	259.268	388.219
7.Incentive Line 5 x Oper 50% Res 50%	0.073	0.000	0.073	0.073	0.000	0.073
8.Incentive - Line 4 x Oper 10% Res 3%	12.895	0.000	12.895	12.895	0.000	12.895
9.Incentive - Min of Line 7,8 x Eligibility factor 80.55%	0.059	0.000	0.059	0.059	0.000	0.059
10.Final Incentive	0.059	0.000	0.059	0.059	0.000	0.059
11.Current Period Base: (line 6 + line 10)	129.010	182.503	311.513	129.010	259.268	388.278
12.Plus: Property Rate Component			56.009			56.009
13.Plus: ROE/Use Rate			3.815			3.815
14.Total Current Period Base			371.336			448.101
15.Prospective Rate: Line 11 x Inflation 1.05822240	136.521	193.129	329.650	136.521	274.363	410.885
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	136.521	193.129	329.650	136.521	274.363	410.885
19.Property Rate Component			56.009			56.009
20.ROE Component + ROE Interim Component			3.815			3.815
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>389.47</b>			<b>470.71</b>
23.Medicaid Days		816			7,561	
24.Resident Days		816			7,561	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			8.28			9.91
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>419.96</b>			<b>502.83</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

001071000 - 2018/07

RI: 384.39

NM: 464.72

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Miner South

Ownership:Private

Incentive Rating: Ineligible from 04/19/2018 - 04/30/2018 Days Eligible: 353 of 365

Eligibility Factor : 96.71%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2016	5/31/2017	Unaudited Costs	201707
Prior Cost Report	6/1/2015	5/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	116.083	155.543	271.626	116.083	227.503	343.586
2.Inflate Line 1 by Inflation Factor 1.02435914	118.911	159.332	278.243	118.911	233.045	351.956
3.Line 1 X 1.4000 X Inflation Factor 1.03410280	120.042	160.848	280.889	120.042	235.262	355.304
4.Current Period Cost	121.941	174.866	296.807	121.941	253.871	375.813
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	120.042	160.848	280.889	120.042	235.262	355.304
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 96.71%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	120.042	160.848	280.889	120.042	235.262	355.304
12.Plus: Property Rate Component			53.874			53.874
13.Plus: ROE/Use Rate			3.485			3.485
14.Total Current Period Base			338.247			412.662
15.Prospective Rate: Line 11 x Inflation 1.05822240	127.031	170.213	297.243	127.031	248.959	375.990
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	127.031	170.213	297.243	127.031	248.959	375.990
19.Property Rate Component			53.874			53.874
20.ROE Component + ROE Interim Component			3.485			3.485
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>354.60</b>			<b>433.35</b>
23.Medicaid Days			1,095			7,665
24.Resident Days			1,095			7,665
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.57			9.16
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>384.39</b>			<b>464.72</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012037000 - 2018/07

RI: 385.51

NM: 453.00

**Bayview (Mentor)**

Ownership: Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	103.648	263.951	367.598	103.648	337.259	440.907
2.Inflate Line 1 by Inflation Factor 1.02308615	106.041	270.044	376.085	106.041	345.045	451.086
3.Line 1 X 1.4000 X Inflation Factor 1.03232061	106.998	272.482	379.479	106.998	348.160	455.157
4.Current Period Cost	85.617	211.435	297.051	85.617	271.111	356.728
5.Incentive Basis (line 3 - line 4)	21.381	61.047		21.381	77.049	
6.Allowed Current Period Costs (Min of line 3 or 4)	85.617	211.435	297.051	85.617	271.111	356.728
7.Incentive Line 5 x Oper 50% Res 50%	10.690	30.523	41.214	10.690	38.524	49.215
8.Incentive - Line 4 x Oper 10% Res 3%	8.562	6.343	14.905	8.562	8.133	16.695
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	8.562	6.343	14.905	8.562	8.133	16.695
10.Final Incentive	8.562	6.343	14.905	8.562	8.133	16.695
11.Current Period Base: (line 6 + line 10)	94.178	217.778	311.956	94.178	279.244	373.423
12.Plus: Property Rate Component			14.372			14.372
13.Plus: ROE/Use Rate			5.569			5.569
14.Total Current Period Base			331.896			393.363
15.Prospective Rate: Line 11 x Inflation 1.07631746	101.366	234.398	335.764	101.366	300.555	401.921
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	101.366	234.398	335.764	101.366	300.555	401.921
19.Property Rate Component			14.372			14.372
20.ROE Component + ROE Interim Component			5.569			5.569
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>355.70</b>			<b>421.86</b>
23.Medicaid Days		1,164			903	
24.Resident Days		1,164			903	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.60			8.93
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>385.51</b>			<b>453.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012038000 - 2018/07

RI: 356.19

NM: 416.66

Seaview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	92.735	226.339	319.073	92.735	286.718	379.453
2.Inflate Line 1 by Inflation Factor 1.02308615	94.876	231.564	326.439	94.876	293.337	388.213
3.Line 1 X 1.4000 X Inflation Factor 1.03232061	95.732	233.654	329.386	95.732	295.985	391.717
4.Current Period Cost	88.750	190.584	279.334	88.750	244.054	332.804
5.Incentive Basis (line 3 - line 4)	6.982	43.070		6.982	51.931	
6.Allowed Current Period Costs (Min of line 3 or 4)	88.750	190.584	279.334	88.750	244.054	332.804
7.Incentive Line 5 x Oper 50% Res 50%	3.491	21.535	25.026	3.491	25.965	29.456
8.Incentive - Line 4 x Oper 10% Res 3%	8.875	5.718	14.593	8.875	7.322	16.197
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.491	5.718	9.209	3.491	7.322	10.813
10.Final Incentive	3.491	5.718	9.209	3.491	7.322	10.813
11.Current Period Base: (line 6 + line 10)	92.241	196.302	288.543	92.241	251.376	343.617
12.Plus: Property Rate Component			12.062			12.062
13.Plus: ROE/Use Rate			4.339			4.339
14.Total Current Period Base			304.945			360.018
15.Prospective Rate: Line 11 x Inflation 1.07631746	99.281	211.283	310.564	99.281	270.560	369.841
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	99.281	211.283	310.564	99.281	270.560	369.841
19.Property Rate Component			12.062			12.062
20.ROE Component + ROE Interim Component			4.339			4.339
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>326.97</b>			<b>386.24</b>
23.Medicaid Days		1,464			732	
24.Resident Days		1,464			732	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.02			8.21
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>356.19</b>			<b>416.66</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012040300 - 2018/07

RI: 381.49

NM: 432.85

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Gulfview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201404
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	87.433	212.578	300.011	87.433	259.361	346.794
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	87.433	212.578	300.011	87.433	259.361	346.794
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	87.433	212.578	300.011	87.433	259.361	346.794
12.Plus: Property Rate Component			24.006			24.006
13.Plus: ROE/Use Rate			4.848			4.848
14.Total Current Period Base			328.865			375.648
15.Prospective Rate: Line 11 x Inflation 1.07631746	94.106	228.802	322.907	94.106	279.155	373.260
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	94.106	228.802	322.907	94.106	279.155	373.260
19.Property Rate Component			24.006			24.006
20.ROE Component + ROE Interim Component			4.848			4.848
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>351.76</b>			<b>402.11</b>
23.Medicaid Days			366			1,830
24.Resident Days			366			1,830
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.52			8.53
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>381.49</b>			<b>432.85</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012073200 - 2018/07

RI: 356.42

NM: 0.00

Suffridge Drive Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201707
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	38.178	243.608	281.786	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.178	243.608	281.786	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	38.178	243.608	281.786	0.000	0.000	0.000
12.Plus: Property Rate Component			23.598			0.000
13.Plus: ROE/Use Rate			0.880			0.000
14.Total Current Period Base			306.264			0.000
15.Prospective Rate: Line 11 x Inflation 1.07426331	41.013	261.699	302.713	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	41.013	261.699	302.713	0.000	0.000	0.000
19.Property Rate Component			23.598			0.000
20.ROE Component + ROE Interim Component			0.880			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>327.19</b>			<b>0.00</b>
23.Medicaid Days			1,830			0
24.Resident Days			1,830			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			7.02			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>356.42</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012074200 - 2018/07

RI: 360.66

NM: 397.06

**Coletta Drive Group Home (SH of F)**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	114.190	180.627	294.817	114.190	212.968	327.158
2.Inflate Line 1 by Inflation Factor 1.02938192	117.545	185.934	303.479	117.545	219.226	336.771
3.Line 1 X 1.4000 X Inflation Factor 1.04113469	118.887	188.057	306.944	118.887	221.728	340.616
4.Current Period Cost	105.780	166.286	272.066	105.780	198.531	304.311
5.Incentive Basis (line 3 - line 4)	13.107	21.771		13.107	23.197	
6.Allowed Current Period Costs (Min of line 3 or 4)	105.780	166.286	272.066	105.780	198.531	304.311
7.Incentive Line 5 x Oper 50% Res 50%	6.554	10.885	17.439	6.554	11.599	18.152
8.Incentive - Line 4 x Oper 10% Res 3%	10.578	4.989	15.567	10.578	5.956	16.534
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.554	4.989	11.542	6.554	5.956	12.510
10.Final Incentive	6.554	4.989	11.542	6.554	5.956	12.510
11.Current Period Base: (line 6 + line 10)	112.333	171.275	283.608	112.333	204.487	316.821
12.Plus: Property Rate Component			25.326			25.326
13.Plus: ROE/Use Rate			1.350			1.350
14.Total Current Period Base			310.284			343.497
15.Prospective Rate: Line 11 x Inflation 1.07426331	120.676	183.994	304.670	120.676	219.673	340.349
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	120.676	183.994	304.670	120.676	219.673	340.349
19.Property Rate Component			25.326			25.326
20.ROE Component + ROE Interim Component			1.350			1.350
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>331.35</b>			<b>367.02</b>
23.Medicaid Days		1,537			366	
24.Resident Days		1,537			366	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.11			7.82
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>360.66</b>			<b>397.06</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012074800 - 2018/07

RI: 229.04

NM: 260.71

Spring Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201707
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	22.766	146.795	169.561	22.766	175.696	198.463
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	22.766	146.795	169.561	22.766	175.696	198.463
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	22.766	146.795	169.561	22.766	175.696	198.463
12.Plus: Property Rate Component			19.316			19.316
13.Plus: ROE/Use Rate			0.843			0.843
14.Total Current Period Base			189.720			218.622
15.Prospective Rate: Line 11 x Inflation 1.07426331	24.457	157.696	182.153	24.457	188.744	213.201
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	24.457	157.696	182.153	24.457	188.744	213.201
19.Property Rate Component			19.316			19.316
20.ROE Component + ROE Interim Component			0.843			0.843
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>202.31</b>			<b>233.36</b>
23.Medicaid Days			1,098			1,098
24.Resident Days			1,098			1,098
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			4.51			5.14
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>229.04</b>			<b>260.71</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012075300 - 2018/07

RI: 256.90

NM: 288.56

Walnut Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201707
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	25.702	155.876	181.579	25.702	184.765	210.467
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	25.702	155.876	181.579	25.702	184.765	210.467
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	25.702	155.876	181.579	25.702	184.765	210.467
12.Plus: Property Rate Component			33.271			33.271
13.Plus: ROE/Use Rate			1.291			1.291
14.Total Current Period Base			216.140			245.029
15.Prospective Rate: Line 11 x Inflation 1.07426331	27.611	167.452	195.063	27.611	198.486	226.097
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	27.611	167.452	195.063	27.611	198.486	226.097
19.Property Rate Component			33.271			33.271
20.ROE Component + ROE Interim Component			1.291			1.291
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>229.63</b>			<b>260.66</b>
23.Medicaid Days		1,464			732	
24.Resident Days		1,464			732	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.06			5.69
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>256.90</b>			<b>288.56</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012075700 - 2018/07

RI: 245.23

NM: 278.92

**Bessent Road Group Home (SH of F)**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201707
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	22.465	160.158	182.622	22.465	190.900	213.364
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	22.465	160.158	182.622	22.465	190.900	213.364
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	22.465	160.158	182.622	22.465	190.900	213.364
12.Plus: Property Rate Component			21.284			21.284
13.Plus: ROE/Use Rate			0.718			0.718
14.Total Current Period Base			204.624			235.366
15.Prospective Rate: Line 11 x Inflation 1.07426331	24.133	172.052	196.184	24.133	205.077	229.210
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	24.133	172.052	196.184	24.133	205.077	229.210
19.Property Rate Component			21.284			21.284
20.ROE Component + ROE Interim Component			0.718			0.718
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>218.19</b>			<b>251.21</b>
23.Medicaid Days			1,830			366
24.Resident Days			1,830			366
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			4.83			5.50
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>245.23</b>			<b>278.92</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012075900 - 2018/07

RI: 299.95

NM: 336.15

Frederick Avenue Group Home (SH of F)

Ownership:Private

Incentive Rating: Ineligible from 05/03/2017 - 05/30/2017 Days Eligible: 337 of 365

Eligibility Factor : 92.33%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201707
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	35.476	197.384	232.860	35.476	230.419	265.894
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	35.476	197.384	232.860	35.476	230.419	265.894
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 92.33%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	35.476	197.384	232.860	35.476	230.419	265.894
12.Plus: Property Rate Component			21.315			21.315
13.Plus: ROE/Use Rate			0.362			0.362
14.Total Current Period Base			254.536			287.571
15.Prospective Rate: Line 11 x Inflation 1.07426331	38.110	212.042	250.152	38.110	247.530	285.641
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	38.110	212.042	250.152	38.110	247.530	285.641
19.Property Rate Component			21.315			21.315
20.ROE Component + ROE Interim Component			0.362			0.362
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>271.83</b>			<b>307.32</b>
23.Medicaid Days			1,830			366
24.Resident Days			1,830			366
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.91			6.62
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>299.95</b>			<b>336.15</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012373500 - 2018/07

RI: 276.96

NM: 311.07

107th Place Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201707
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	35.412	174.416	209.828	35.412	205.545	240.958
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	35.412	174.416	209.828	35.412	205.545	240.958
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	35.412	174.416	209.828	35.412	205.545	240.958
12.Plus: Property Rate Component			23.430			23.430
13.Plus: ROE/Use Rate			0.453			0.453
14.Total Current Period Base			233.711			264.841
15.Prospective Rate: Line 11 x Inflation 1.07426331	38.042	187.368	225.410	38.042	220.810	258.852
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	38.042	187.368	225.410	38.042	220.810	258.852
19.Property Rate Component			23.430			23.430
20.ROE Component + ROE Interim Component			0.453			0.453
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>249.29</b>			<b>282.74</b>
23.Medicaid Days		1,446			684	
24.Resident Days		1,446			684	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.46			6.13
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>276.96</b>			<b>311.07</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012374200 - 2018/07

RI: 340.33

NM: 0.00

Second Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201707
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	33.263	230.937	264.200	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	33.263	230.937	264.200	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	33.263	230.937	264.200	0.000	0.000	0.000
12.Plus: Property Rate Component			26.523			0.000
13.Plus: ROE/Use Rate			1.070			0.000
14.Total Current Period Base			291.792			0.000
15.Prospective Rate: Line 11 x Inflation 1.07426331	35.733	248.087	283.820	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	35.733	248.087	283.820	0.000	0.000	0.000
19.Property Rate Component			26.523			0.000
20.ROE Component + ROE Interim Component			1.070			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>311.41</b>			<b>0.00</b>
23.Medicaid Days			1,736			0
24.Resident Days			1,736			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			6.71			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>340.33</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012374400 - 2018/07

RI: 270.47

NM: 0.00

Rosewood Avenue Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201707
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	29.896	176.699	206.595	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	29.896	176.699	206.595	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	29.896	176.699	206.595	0.000	0.000	0.000
12.Plus: Property Rate Component			19.937			0.000
13.Plus: ROE/Use Rate			1.052			0.000
14.Total Current Period Base			227.584			0.000
15.Prospective Rate: Line 11 x Inflation 1.07426331	32.116	189.821	221.937	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	32.116	189.821	221.937	0.000	0.000	0.000
19.Property Rate Component			19.937			0.000
20.ROE Component + ROE Interim Component			1.052			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>242.93</b>			<b>0.00</b>
23.Medicaid Days			2,196			0
24.Resident Days			2,196			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			5.33			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>270.47</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012375400 - 2018/07

RI: 291.48

NM: 327.02

19th Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201707
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	21.907	198.556	220.463	21.907	230.992	252.899
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	21.907	198.556	220.463	21.907	230.992	252.899
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	21.907	198.556	220.463	21.907	230.992	252.899
12.Plus: Property Rate Component			25.448			25.448
13.Plus: ROE/Use Rate			1.241			1.241
14.Total Current Period Base			247.152			279.588
15.Prospective Rate: Line 11 x Inflation 1.07426331	23.534	213.301	236.835	23.534	248.146	271.680
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	23.534	213.301	236.835	23.534	248.146	271.680
19.Property Rate Component			25.448			25.448
20.ROE Component + ROE Interim Component			1.241			1.241
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>263.52</b>			<b>298.37</b>
23.Medicaid Days			1,325			702
24.Resident Days			1,325			702
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.74			6.44
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>291.48</b>			<b>327.02</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012386400 - 2018/07

RI: 271.04

NM: 0.00

Tunis Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201707
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	22.530	185.686	208.216	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	22.530	185.686	208.216	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	22.530	185.686	208.216	0.000	0.000	0.000
12.Plus: Property Rate Component			19.032			0.000
13.Plus: ROE/Use Rate			0.778			0.000
14.Total Current Period Base			228.026			0.000
15.Prospective Rate: Line 11 x Inflation 1.07426331	24.203	199.476	223.679	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	24.203	199.476	223.679	0.000	0.000	0.000
19.Property Rate Component			19.032			0.000
20.ROE Component + ROE Interim Component			0.778			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>243.49</b>			<b>0.00</b>
23.Medicaid Days			2,196			0
24.Resident Days			2,196			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			5.34			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>271.04</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012390800 - 2018/07

RI: 394.62

NM: 0.00

Plaza Oval Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	122.390	197.520	319.910	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02938192	125.986	203.323	329.309	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04113469	127.424	205.645	333.069	0.000	0.000	0.000
4.Current Period Cost	109.040	192.713	301.753	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	18.384	12.932		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	109.040	192.713	301.753	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	9.192	6.466	15.658	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	10.904	5.781	16.685	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.192	5.781	14.974	0.000	0.000	0.000
10.Final Incentive	9.192	5.781	14.974	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	118.232	198.494	316.726	0.000	0.000	0.000
12.Plus: Property Rate Component			22.899			0.000
13.Plus: ROE/Use Rate			1.483			0.000
14.Total Current Period Base			341.108			0.000
15.Prospective Rate: Line 11 x Inflation 1.07426331	127.012	213.235	340.247	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	127.012	213.235	340.247	0.000	0.000	0.000
19.Property Rate Component			22.899			0.000
20.ROE Component + ROE Interim Component			1.483			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>364.63</b>			<b>0.00</b>
23.Medicaid Days		1,856			0	
24.Resident Days		1,856			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			7.78			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>394.62</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012392700 - 2018/07

RI: 371.44

NM: 412.77

**Claudia Drive Group Home (SH of F)**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201707
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	69.625	219.938	289.562	69.625	257.649	327.274
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	69.625	219.938	289.562	69.625	257.649	327.274
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	69.625	219.938	289.562	69.625	257.649	327.274
12.Plus: Property Rate Component			29.612			29.612
13.Plus: ROE/Use Rate			1.232			1.232
14.Total Current Period Base			320.407			358.118
15.Prospective Rate: Line 11 x Inflation 1.07426331	74.795	236.271	311.066	74.795	276.783	351.578
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.795	236.271	311.066	74.795	276.783	351.578
19.Property Rate Component			29.612			29.612
20.ROE Component + ROE Interim Component			1.232			1.232
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>341.91</b>			<b>382.42</b>
23.Medicaid Days			1,128			561
24.Resident Days			1,128			561
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.32			8.13
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>371.44</b>			<b>412.77</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

012410100 - 2018/07

RI: 269.23

NM: 0.00

High Desert Court Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201707
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	21.393	185.580	206.973	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	21.393	185.580	206.973	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	21.393	185.580	206.973	0.000	0.000	0.000
12.Plus: Property Rate Component			18.410			0.000
13.Plus: ROE/Use Rate			0.966			0.000
14.Total Current Period Base			226.349			0.000
15.Prospective Rate: Line 11 x Inflation 1.07426331	22.982	199.362	222.343	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	22.982	199.362	222.343	0.000	0.000	0.000
19.Property Rate Component			18.410			0.000
20.ROE Component + ROE Interim Component			0.966			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>241.72</b>			<b>0.00</b>
23.Medicaid Days			2,166			0
24.Resident Days			2,166			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			5.31			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>269.23</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

015979000 - 2018/07

RI: 340.79

NM: 424.47

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Log Cabin Enterprises, Inc. (Sunrise)

Ownership:Private

Incentive Rating: Ineligible from 04/17/2018 - 04/30/2018 Days Eligible: 351 of 365

Eligibility Factor : 96.16%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	71.682	205.099	276.781	71.682	280.213	351.895
2.Inflate Line 1 by Inflation Factor 1.02488470	73.466	210.202	283.668	73.466	287.186	360.652
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	74.179	212.244	286.423	74.179	289.975	364.154
4.Current Period Cost	74.461	201.624	276.085	74.461	279.291	353.752
5.Incentive Basis (line 3 - line 4)	0.000	10.620		0.000	10.684	
6.Allowed Current Period Costs (Min of line 3 or 4)	74.179	201.624	275.803	74.179	279.291	353.470
7.Incentive Line 5 x Oper 50% Res 50%	0.000	5.310	5.310	0.000	5.342	5.342
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.049	6.049	0.000	8.379	8.379
9.Incentive - Min of Line 7,8 x Eligibility factor 96.16%	0.000	5.106	5.106	0.000	5.137	5.137
10.Final Incentive	0.000	5.106	5.106	0.000	5.137	5.137
11.Current Period Base: (line 6 + line 10)	74.179	206.730	280.909	74.179	284.428	358.608
12.Plus: Property Rate Component			11.940			11.940
13.Plus: ROE/Use Rate			3.329			3.329
14.Total Current Period Base			296.178			373.876
15.Prospective Rate: Line 11 x Inflation 1.05583510	78.321	218.273	296.594	78.321	300.309	378.630
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	78.321	218.273	296.594	78.321	300.309	378.630
19.Property Rate Component			11.940			11.940
20.ROE Component + ROE Interim Component			3.329			3.329
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>311.86</b>			<b>393.90</b>
23.Medicaid Days		25,448			17,863	
24.Resident Days		25,448			17,863	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.72			8.36
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>340.79</b>			<b>424.47</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028000300 - 2018/07

RI: 304.50

NM: 0.00

Sandy Park Development Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2016	12/31/2016	Unaudited Costs	201707
Prior Cost Report	1/1/2015	12/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	61.323	186.752	248.075	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02178821	62.659	190.821	253.480	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03050349	63.193	192.448	255.642	0.000	0.000	0.000
4.Current Period Cost	57.673	185.002	242.676	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	5.520	7.446		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	57.673	185.002	242.676	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.760	3.723	6.483	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	5.767	5.550	11.317	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.760	3.723	6.483	0.000	0.000	0.000
10.Final Incentive	2.760	3.723	6.483	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	60.433	188.725	249.159	0.000	0.000	0.000
12.Plus: Property Rate Component			9.704			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			258.862			0.000
15.Prospective Rate: Line 11 x Inflation 1.06994062	64.660	201.925	266.585	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	64.660	201.925	266.585	0.000	0.000	0.000
19.Property Rate Component			9.704			0.000
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>276.29</b>			<b>0.00</b>
23.Medicaid Days		23,263			0	
24.Resident Days		23,263			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			6.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>304.50</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028018601 - 2018/07

RI: 372.21

NM: 475.70

St. Petersburg Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	91.580	222.709	314.289	91.580	326.827	418.407
2.Inflate Line 1 by Inflation Factor 1.02488470	93.859	228.251	322.110	93.859	334.960	428.819
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	94.770	230.468	325.238	94.770	338.213	432.984
4.Current Period Cost	85.653	212.013	297.666	85.653	305.298	390.951
5.Incentive Basis (line 3 - line 4)	9.118	18.455		9.118	32.915	
6.Allowed Current Period Costs (Min of line 3 or 4)	85.653	212.013	297.666	85.653	305.298	390.951
7.Incentive Line 5 x Oper 50% Res 50%	4.559	9.227	13.786	4.559	16.458	21.016
8.Incentive - Line 4 x Oper 10% Res 3%	8.565	6.360	14.926	8.565	9.159	17.724
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.559	6.360	10.919	4.559	9.159	13.718
10.Final Incentive	4.559	6.360	10.919	4.559	9.159	13.718
11.Current Period Base: (line 6 + line 10)	90.212	218.373	308.585	90.212	314.457	404.669
12.Plus: Property Rate Component			14.987			14.987
13.Plus: ROE/Use Rate			1.867			1.867
14.Total Current Period Base			325.439			421.523
15.Prospective Rate: Line 11 x Inflation 1.05583510	95.249	230.566	325.815	95.249	332.015	427.264
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	95.249	230.566	325.815	95.249	332.015	427.264
19.Property Rate Component			14.987			14.987
20.ROE Component + ROE Interim Component			1.867			1.867
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>342.67</b>			<b>444.12</b>
23.Medicaid Days			1,416			6,625
24.Resident Days			1,416			6,625
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.33			9.37
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>372.21</b>			<b>475.70</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028019401 - 2018/07

RI: 466.42

NM: 596.01

Laurel Hill Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	126.399	273.695	400.094	126.399	411.541	537.940
2.Inflate Line 1 by Inflation Factor 1.02615155	129.704	280.853	410.557	129.704	422.303	552.008
3.Line 1 X 1.4000 X Inflation Factor 1.03661217	131.026	283.716	414.742	131.026	426.608	557.635
4.Current Period Cost	140.593	300.724	441.318	140.593	393.041	533.635
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	33.567	
6.Allowed Current Period Costs (Min of line 3 or 4)	131.026	283.716	414.742	131.026	393.041	524.068
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	16.784	16.784
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	11.791	11.791
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	11.791	11.791
10.Final Incentive	0.000	0.000	0.000	0.000	11.791	11.791
11.Current Period Base: (line 6 + line 10)	131.026	283.716	414.742	131.026	404.833	535.859
12.Plus: Property Rate Component			0.000			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			414.742			535.859
15.Prospective Rate: Line 11 x Inflation 1.04888743	137.432	297.586	435.018	137.432	424.624	562.056
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	137.432	297.586	435.018	137.432	424.624	562.056
19.Property Rate Component			0.000			0.000
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>435.02</b>			<b>562.06</b>
23.Medicaid Days			0			8,258
24.Resident Days			0			8,258
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			9.19			11.74
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>466.42</b>			<b>596.01</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028020801 - 2018/07

RI: 362.97

NM: 488.54

McCauley Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.484	219.893	289.377	69.484	331.251	400.735
2.Inflate Line 1 by Inflation Factor 1.02488470	71.213	225.365	296.578	71.213	339.494	410.707
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	71.905	227.554	299.458	71.905	342.792	414.696
4.Current Period Cost	72.563	224.845	297.408	72.563	347.874	420.437
5.Incentive Basis (line 3 - line 4)	0.000	2.709		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.905	224.845	296.749	71.905	342.792	414.696
7.Incentive Line 5 x Oper 50% Res 50%	0.000	1.354	1.354	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.745	6.745	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.354	1.354	0.000	0.000	0.000
10.Final Incentive	0.000	1.354	1.354	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	71.905	226.199	298.104	71.905	342.792	414.696
12.Plus: Property Rate Component			12.490			12.490
13.Plus: ROE/Use Rate			1.917			1.917
14.Total Current Period Base			312.511			429.103
15.Prospective Rate: Line 11 x Inflation 1.05583510	75.919	238.829	314.748	75.919	361.932	437.851
16.Interim Rate Component: *	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	75.919	238.829	314.748	75.919	361.932	437.851
19.Property Rate Component			12.490			12.490
20.ROE Component + ROE Interim Component *			1.917			1.917
21.Plus: Property Interim Rate Component *			4.450			4.450
<b>22.Final Per Diem</b>			<b>333.61</b>			<b>456.71</b>
23.Medicaid Days			2,156			5,945
24.Resident Days			2,156			5,945
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.15			9.63
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>362.97</b>			<b>488.54</b>

\* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028028301 - 2018/07

RI: 354.42

NM: 452.96

Greentree Court Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	72.933	214.287	287.219	72.933	301.691	374.623
2.Inflate Line 1 by Inflation Factor 1.02488470	74.748	219.619	294.366	74.748	309.198	383.946
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	75.473	221.752	297.225	75.473	312.201	387.675
4.Current Period Cost	77.730	217.910	295.640	77.730	310.443	388.173
5.Incentive Basis (line 3 - line 4)	0.000	3.842		0.000	1.758	
6.Allowed Current Period Costs (Min of line 3 or 4)	75.473	217.910	293.384	75.473	310.443	385.916
7.Incentive Line 5 x Oper 50% Res 50%	0.000	1.921	1.921	0.000	0.879	0.879
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.537	6.537	0.000	9.313	9.313
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.921	1.921	0.000	0.879	0.879
10.Final Incentive	0.000	1.921	1.921	0.000	0.879	0.879
11.Current Period Base: (line 6 + line 10)	75.473	219.831	295.305	75.473	311.322	386.795
12.Plus: Property Rate Component			12.454			12.454
13.Plus: ROE/Use Rate			0.981			0.981
14.Total Current Period Base			308.740			400.231
15.Prospective Rate: Line 11 x Inflation 1.05583510	79.688	232.105	311.793	79.688	328.705	408.392
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	79.688	232.105	311.793	79.688	328.705	408.392
19.Property Rate Component			12.454			12.454
20.ROE Component + ROE Interim Component			0.981			0.981
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>325.23</b>			<b>421.83</b>
23.Medicaid Days		2,565			5,519	
24.Resident Days		2,565			5,519	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.98			8.93
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>354.42</b>			<b>452.96</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028029101 - 2018/07

RI: 370.74

NM: 511.51

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Mahan Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	71.351	231.040	302.391	71.351	356.478	427.829
2.Inflate Line 1 by Inflation Factor 1.02488470	73.126	236.789	309.915	73.126	365.349	438.475
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	73.836	239.089	312.925	73.836	368.897	442.734
4.Current Period Cost	68.121	237.300	305.421	68.121	368.932	437.053
5.Incentive Basis (line 3 - line 4)	5.716	1.788		5.716	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	68.121	237.300	305.421	68.121	368.897	437.018
7.Incentive Line 5 x Oper 50% Res 50%	2.858	0.894	3.752	2.858	0.000	2.858
8.Incentive - Line 4 x Oper 10% Res 3%	6.812	7.119	13.931	6.812	0.000	6.812
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.858	0.894	3.752	2.858	0.000	2.858
10.Final Incentive	2.858	0.894	3.752	2.858	0.000	2.858
11.Current Period Base: (line 6 + line 10)	70.979	238.195	309.173	70.979	368.897	439.876
12.Plus: Property Rate Component			13.068			13.068
13.Plus: ROE/Use Rate			1.718			1.718
14.Total Current Period Base			323.959			454.662
15.Prospective Rate: Line 11 x Inflation 1.05583510	74.942	251.494	326.436	74.942	389.494	464.436
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.942	251.494	326.436	74.942	389.494	464.436
19.Property Rate Component			13.068			13.068
20.ROE Component + ROE Interim Component			1.718			1.718
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>341.22</b>			<b>479.22</b>
23.Medicaid Days			3,745			4,610
24.Resident Days			3,745			4,610
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.31			10.08
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>370.74</b>			<b>511.51</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028030501 - 2018/07

RI: 258.78

NM: 309.53

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Lake City Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	68.437	131.513	199.951	68.437	177.044	245.481
2.Inflate Line 1 by Inflation Factor 1.02488470	70.140	134.786	204.926	70.140	181.450	251.590
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	70.822	136.095	206.916	70.822	183.212	254.034
4.Current Period Cost	71.602	142.139	213.742	71.602	194.494	266.097
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	70.822	136.095	206.916	70.822	183.212	254.034
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	70.822	136.095	206.916	70.822	183.212	254.034
12.Plus: Property Rate Component			12.999			12.999
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			219.915			267.032
15.Prospective Rate: Line 11 x Inflation 1.05583510	74.776	143.694	218.470	74.776	193.442	268.218
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.776	143.694	218.470	74.776	193.442	268.218
19.Property Rate Component			12.999			12.999
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>231.47</b>			<b>281.22</b>
23.Medicaid Days			0			8,283
24.Resident Days			0			8,283
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.10			6.10
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>258.78</b>			<b>309.53</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028031301 - 2018/07

RI: 334.56

NM: 428.63

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Bayshore Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	67.517	209.116	276.634	67.517	291.603	359.120
2.Inflate Line 1 by Inflation Factor 1.02488470	69.197	214.320	283.517	69.197	298.859	368.056
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	69.869	216.402	286.271	69.869	301.762	371.631
4.Current Period Cost	70.079	201.648	271.726	70.079	288.311	358.390
5.Incentive Basis (line 3 - line 4)	0.000	14.754		0.000	13.450	
6.Allowed Current Period Costs (Min of line 3 or 4)	69.869	201.648	271.517	69.869	288.311	358.180
7.Incentive Line 5 x Oper 50% Res 50%	0.000	7.377	7.377	0.000	6.725	6.725
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.049	6.049	0.000	8.649	8.649
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.049	6.049	0.000	6.725	6.725
10.Final Incentive	0.000	6.049	6.049	0.000	6.725	6.725
11.Current Period Base: (line 6 + line 10)	69.869	207.697	277.566	69.869	295.036	364.906
12.Plus: Property Rate Component			11.188			11.188
13.Plus: ROE/Use Rate			1.507			1.507
14.Total Current Period Base			290.262			377.601
15.Prospective Rate: Line 11 x Inflation 1.05583510	73.770	219.294	293.064	73.770	311.510	385.280
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	73.770	219.294	293.064	73.770	311.510	385.280
19.Property Rate Component			11.188			11.188
20.ROE Component + ROE Interim Component			1.507			1.507
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>305.76</b>			<b>397.98</b>
23.Medicaid Days			28			8,438
24.Resident Days			28			8,438
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.59			8.45
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>334.56</b>			<b>428.63</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028032101 - 2018/07

RI: 273.72

NM: 330.26

Gainesville 39th Avenue Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	68.626	147.806	216.432	68.626	198.533	267.159
2.Inflate Line 1 by Inflation Factor 1.02488470	70.334	151.484	221.818	70.334	203.473	273.807
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	71.017	152.955	223.972	71.017	205.449	276.466
4.Current Period Cost	77.341	176.001	253.342	77.341	225.093	302.434
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.017	152.955	223.972	71.017	205.449	276.466
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	71.017	152.955	223.972	71.017	205.449	276.466
12.Plus: Property Rate Component			9.640			9.640
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			233.613			286.107
15.Prospective Rate: Line 11 x Inflation 1.05583510	74.982	161.496	236.478	74.982	216.921	291.903
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.982	161.496	236.478	74.982	216.921	291.903
19.Property Rate Component			9.640			9.640
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>246.12</b>			<b>301.54</b>
23.Medicaid Days			0			7,380
24.Resident Days			0			7,380
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.39			6.51
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>273.72</b>			<b>330.26</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028035600 - 2018/07

RI: 355.96

NM: 551.06

**PARC Center Apartments**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	62.186	224.879	287.065	62.186	400.779	462.965
2.Inflate Line 1 by Inflation Factor 1.02615155	63.813	230.760	294.573	63.813	411.260	475.072
3.Line 1 X 1.4000 X Inflation Factor 1.03661217	64.463	233.112	297.575	64.463	415.452	479.915
4.Current Period Cost	74.723	275.611	350.334	74.723	474.208	548.930
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	64.463	233.112	297.575	64.463	415.452	479.915
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	64.463	233.112	297.575	64.463	415.452	479.915
12.Plus: Property Rate Component			13.703			13.703
13.Plus: ROE/Use Rate			0.912			0.912
14.Total Current Period Base			312.190			494.530
15.Prospective Rate: Line 11 x Inflation 1.04888743	67.615	244.509	312.123	67.615	435.762	503.377
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	67.615	244.509	312.123	67.615	435.762	503.377
19.Property Rate Component			13.703			13.703
20.ROE Component + ROE Interim Component			0.912			0.912
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>326.74</b>			<b>517.99</b>
23.Medicaid Days			13,478			3,610
24.Resident Days			13,478			3,610
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.01			10.86
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>355.96</b>			<b>551.06</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028036401 - 2018/07

RI: 527.73

NM: 676.69

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

**Skipper Road Cluster**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	126.736	308.071	434.807	126.736	449.525	576.261
2.Inflate Line 1 by Inflation Factor 1.02615155	130.051	316.127	446.178	130.051	461.281	591.331
3.Line 1 X 1.4000 X Inflation Factor 1.03661217	131.376	319.350	450.726	131.376	465.983	597.359
4.Current Period Cost	130.200	341.932	472.132	130.200	451.163	581.364
5.Incentive Basis (line 3 - line 4)	1.176	0.000		1.176	14.820	
6.Allowed Current Period Costs (Min of line 3 or 4)	130.200	319.350	449.550	130.200	451.163	581.364
7.Incentive Line 5 x Oper 50% Res 50%	0.588	0.000	0.588	0.588	7.410	7.998
8.Incentive - Line 4 x Oper 10% Res 3%	13.020	0.000	13.020	13.020	13.535	26.555
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.588	0.000	0.588	0.588	7.410	7.998
10.Final Incentive	0.588	0.000	0.588	0.588	7.410	7.998
11.Current Period Base: (line 6 + line 10)	130.788	319.350	450.138	130.788	458.573	589.362
12.Plus: Property Rate Component			19.192			19.192
13.Plus: ROE/Use Rate			3.782			3.782
14.Total Current Period Base			473.112			612.335
15.Prospective Rate: Line 11 x Inflation 1.04888743	137.182	334.962	472.144	137.182	480.992	618.174
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	137.182	334.962	472.144	137.182	480.992	618.174
19.Property Rate Component			19.192			19.192
20.ROE Component + ROE Interim Component			3.782			3.782
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>495.12</b>			<b>641.15</b>
23.Medicaid Days			0			8,279
24.Resident Days			0			8,279
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			10.40			13.33
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>527.73</b>			<b>676.69</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028037201 - 2018/07

RI: 334.97

NM: 420.86

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

**Pembroke Pines Cluster**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	77.537	193.500	271.037	77.537	270.553	348.090
2.Inflate Line 1 by Inflation Factor 1.02488470	79.466	198.315	277.781	79.466	277.286	356.752
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	80.238	200.241	280.479	80.238	279.979	360.217
4.Current Period Cost	81.726	202.992	284.718	81.726	296.906	378.632
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	80.238	200.241	280.479	80.238	279.979	360.217
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	80.238	200.241	280.479	80.238	279.979	360.217
12.Plus: Property Rate Component			10.024			10.024
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			290.504			370.241
15.Prospective Rate: Line 11 x Inflation 1.05583510	84.718	211.422	296.140	84.718	295.611	380.329
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	84.718	211.422	296.140	84.718	295.611	380.329
19.Property Rate Component			10.024			10.024
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>306.16</b>			<b>390.35</b>
23.Medicaid Days			0			7,924
24.Resident Days			0			7,924
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.60			8.29
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>334.97</b>			<b>420.86</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028038101 - 2018/07

RI: 258.73

NM: 312.33

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Ocala Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	76.653	127.781	204.434	76.653	175.869	252.522
2.Inflate Line 1 by Inflation Factor 1.02488470	78.560	130.961	209.521	78.560	180.246	258.806
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	79.323	132.233	211.556	79.323	181.996	261.320
4.Current Period Cost	73.292	134.643	207.935	73.292	185.213	258.505
5.Incentive Basis (line 3 - line 4)	6.031	0.000		6.031	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	73.292	132.233	205.525	73.292	181.996	255.289
7.Incentive Line 5 x Oper 50% Res 50%	3.015	0.000	3.015	3.015	0.000	3.015
8.Incentive - Line 4 x Oper 10% Res 3%	7.329	0.000	7.329	7.329	0.000	7.329
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.015	0.000	3.015	3.015	0.000	3.015
10.Final Incentive	3.015	0.000	3.015	3.015	0.000	3.015
11.Current Period Base: (line 6 + line 10)	76.308	132.233	208.540	76.308	181.996	258.304
12.Plus: Property Rate Component			11.236			11.236
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			219.776			269.540
15.Prospective Rate: Line 11 x Inflation 1.05583510	80.568	139.616	220.184	80.568	192.158	272.727
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	80.568	139.616	220.184	80.568	192.158	272.727
19.Property Rate Component			11.236			11.236
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>231.42</b>			<b>283.96</b>
23.Medicaid Days			0			8,584
24.Resident Days			0			8,584
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.10			6.15
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>258.73</b>			<b>312.33</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028040201 - 2018/07

RI: 531.07

NM: 670.82

Williams Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	120.969	311.756	432.725	120.969	442.663	563.632
2.Inflate Line 1 by Inflation Factor 1.02615155	124.132	319.909	444.041	124.132	454.239	578.371
3.Line 1 X 1.4000 X Inflation Factor 1.03661217	125.398	323.170	448.568	125.398	458.869	584.267
4.Current Period Cost	130.593	336.167	466.760	130.593	448.688	579.281
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	10.182	
6.Allowed Current Period Costs (Min of line 3 or 4)	125.398	323.170	448.568	125.398	448.688	574.086
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	5.091	5.091
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	13.461	13.461
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	5.091	5.091
10.Final Incentive	0.000	0.000	0.000	0.000	5.091	5.091
11.Current Period Base: (line 6 + line 10)	125.398	323.170	448.568	125.398	453.779	579.177
12.Plus: Property Rate Component			24.314			24.314
13.Plus: ROE/Use Rate			3.586			3.586
14.Total Current Period Base			476.468			607.077
15.Prospective Rate: Line 11 x Inflation 1.04888743	131.528	338.969	470.497	131.528	475.963	607.491
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	131.528	338.969	470.497	131.528	475.963	607.491
19.Property Rate Component			24.314			24.314
20.ROE Component + ROE Interim Component			3.586			3.586
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>498.40</b>			<b>635.39</b>
23.Medicaid Days		365			7,092	
24.Resident Days		365			7,092	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			10.46			13.22
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>531.07</b>			<b>670.82</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028041101 - 2018/07

RI: 419.60

NM: 524.82

MCP 80th Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	93.339	223.884	317.223	93.339	319.319	412.658
2.Inflate Line 1 by Inflation Factor 1.02488470	95.662	229.455	325.117	95.662	327.265	422.926
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	96.591	231.684	328.275	96.591	330.443	427.034
4.Current Period Cost	96.678	233.467	330.145	96.678	328.308	424.987
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	2.135	
6.Allowed Current Period Costs (Min of line 3 or 4)	96.591	231.684	328.275	96.591	328.308	424.899
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	1.068	1.068
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	9.849	9.849
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	1.068	1.068
10.Final Incentive	0.000	0.000	0.000	0.000	1.068	1.068
11.Current Period Base: (line 6 + line 10)	96.591	231.684	328.275	96.591	329.376	425.966
12.Plus: Property Rate Component			39.633			39.633
13.Plus: ROE/Use Rate			2.888			2.888
14.Total Current Period Base			370.795			468.487
15.Prospective Rate: Line 11 x Inflation 1.05583510	101.984	244.620	346.604	101.984	347.767	449.750
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	101.984	244.620	346.604	101.984	347.767	449.750
19.Property Rate Component			39.633			39.633
20.ROE Component + ROE Interim Component			2.888			2.888
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>389.12</b>			<b>492.27</b>
23.Medicaid Days			0			8,676
24.Resident Days			0			8,676
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			8.27			10.34
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>419.60</b>			<b>524.82</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028045301 - 2018/07

RI: 444.84

NM: 555.45

**MCP Braddock**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	94.114	248.090	342.204	94.114	346.562	440.675
2.Inflate Line 1 by Inflation Factor 1.02488470	96.456	254.264	350.719	96.456	355.186	451.641
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	97.392	256.733	354.125	97.392	358.635	456.028
4.Current Period Cost	101.908	252.675	354.582	101.908	356.169	458.077
5.Incentive Basis (line 3 - line 4)	0.000	4.058		0.000	2.466	
6.Allowed Current Period Costs (Min of line 3 or 4)	97.392	252.675	350.067	97.392	356.169	453.561
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.029	2.029	0.000	1.233	1.233
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.580	7.580	0.000	10.685	10.685
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.029	2.029	0.000	1.233	1.233
10.Final Incentive	0.000	2.029	2.029	0.000	1.233	1.233
11.Current Period Base: (line 6 + line 10)	97.392	254.704	352.096	97.392	357.402	454.795
12.Plus: Property Rate Component			39.690			39.690
13.Plus: ROE/Use Rate			2.419			2.419
14.Total Current Period Base			394.205			496.903
15.Prospective Rate: Line 11 x Inflation 1.05583510	102.830	268.925	371.756	102.830	377.358	480.188
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	102.830	268.925	371.756	102.830	377.358	480.188
19.Property Rate Component			39.690			39.690
20.ROE Component + ROE Interim Component			2.419			2.419
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>413.86</b>			<b>522.30</b>
23.Medicaid Days			0			8,630
24.Resident Days			0			8,630
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			8.77			10.94
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>444.84</b>			<b>555.45</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028046101 - 2018/07

RI: 440.02

NM: 547.07

MCP 2nd Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	92.497	242.510	335.007	92.497	338.555	431.052
2.Inflate Line 1 by Inflation Factor 1.02488470	94.799	248.545	343.343	94.799	346.980	441.778
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	95.719	250.959	346.678	95.719	350.350	446.069
4.Current Period Cost	97.050	255.558	352.608	97.050	362.607	459.657
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	95.719	250.959	346.678	95.719	350.350	446.069
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	95.719	250.959	346.678	95.719	350.350	446.069
12.Plus: Property Rate Component			40.256			40.256
13.Plus: ROE/Use Rate			2.847			2.847
14.Total Current Period Base			389.781			489.172
15.Prospective Rate: Line 11 x Inflation 1.05583510	101.064	264.971	366.035	101.064	369.912	470.975
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	101.064	264.971	366.035	101.064	369.912	470.975
19.Property Rate Component			40.256			40.256
20.ROE Component + ROE Interim Component			2.847			2.847
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>409.14</b>			<b>514.08</b>
23.Medicaid Days			0			8,434
24.Resident Days			0			8,434
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			8.67			10.78
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>440.02</b>			<b>547.07</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028048801 - 2018/07

RI: 423.58

NM: 535.30

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

MCP Sunset

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	91.745	230.645	322.390	91.745	330.879	422.624
2.Inflate Line 1 by Inflation Factor 1.02488470	94.028	236.385	330.413	94.028	339.113	433.141
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	94.941	238.681	333.622	94.941	342.406	437.347
4.Current Period Cost	98.125	250.904	349.029	98.125	350.171	448.296
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.941	238.681	333.622	94.941	342.406	437.347
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	94.941	238.681	333.622	94.941	342.406	437.347
12.Plus: Property Rate Component			37.926			37.926
13.Plus: ROE/Use Rate			2.848			2.848
14.Total Current Period Base			374.396			478.121
15.Prospective Rate: Line 11 x Inflation 1.05583510	100.242	252.008	352.250	100.242	361.524	461.767
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	100.242	252.008	352.250	100.242	361.524	461.767
19.Property Rate Component			37.926			37.926
20.ROE Component + ROE Interim Component			2.848			2.848
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>393.02</b>			<b>502.54</b>
23.Medicaid Days			0			8,667
24.Resident Days			0			8,667
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			8.35			10.55
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>423.58</b>			<b>535.30</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028049601 - 2018/07

RI: 368.84

NM: 497.75

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Dorchester Cluster (Sunrise)

Ownership:Private

Incentive Rating: Ineligible from 06/30/2017 - 07/13/2017 Days Eligible: 351 of 365

Eligibility Factor : 96.16%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	70.781	225.746	296.527	70.781	341.402	412.183
2.Inflate Line 1 by Inflation Factor 1.02488470	72.542	231.364	303.905	72.542	349.898	422.440
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	73.246	233.611	306.857	73.246	353.296	426.543
4.Current Period Cost	70.550	234.980	305.530	70.550	360.982	431.532
5.Incentive Basis (line 3 - line 4)	2.696	0.000		2.696	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	70.550	233.611	304.160	70.550	353.296	423.846
7.Incentive Line 5 x Oper 50% Res 50%	1.348	0.000	1.348	1.348	0.000	1.348
8.Incentive - Line 4 x Oper 10% Res 3%	7.055	0.000	7.055	7.055	0.000	7.055
9.Incentive - Min of Line 7,8 x Eligibility factor 96.16%	1.297	0.000	1.297	1.297	0.000	1.297
10.Final Incentive	1.297	0.000	1.297	1.297	0.000	1.297
11.Current Period Base: (line 6 + line 10)	71.846	233.611	305.457	71.846	353.296	425.143
12.Plus: Property Rate Component			15.458			15.458
13.Plus: ROE/Use Rate			1.390			1.390
14.Total Current Period Base			322.304			441.990
15.Prospective Rate: Line 11 x Inflation 1.05583510	75.858	246.654	322.512	75.858	373.023	448.881
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	75.858	246.654	322.512	75.858	373.023	448.881
19.Property Rate Component			15.458			15.458
20.ROE Component + ROE Interim Component			1.390			1.390
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>339.36</b>			<b>465.73</b>
23.Medicaid Days		2,565			5,519	
24.Resident Days		2,565			5,519	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.27			9.81
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>368.84</b>			<b>497.75</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028059300 - 2018/07

RI: 261.87

NM: 0.00

146th Place Grp Home #10 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.324	161.023	202.347	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	42.352	165.030	207.382	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	42.763	166.633	209.397	0.000	0.000	0.000
4.Current Period Cost	39.122	168.367	207.489	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.641	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	39.122	166.633	205.756	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.821	0.000	1.821	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.912	0.000	3.912	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.821	0.000	1.821	0.000	0.000	0.000
10.Final Incentive	1.821	0.000	1.821	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	40.943	166.633	207.576	0.000	0.000	0.000
12.Plus: Property Rate Component			14.895			0.000
13.Plus: ROE/Use Rate			0.438			0.000
14.Total Current Period Base			222.909			0.000
15.Prospective Rate: Line 11 x Inflation 1.05583510	43.229	175.937	219.166	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	43.229	175.937	219.166	0.000	0.000	0.000
19.Property Rate Component			14.895			0.000
20.ROE Component + ROE Interim Component			0.438			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>234.50</b>			<b>0.00</b>
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			5.16			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>261.87</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028062300 - 2018/07

RI: 258.54

NM: 303.08

119th Street Grp Home #11 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.772	162.708	203.481	40.772	202.665	243.437
2.Inflate Line 1 by Inflation Factor 1.02488470	41.787	166.757	208.544	41.787	207.708	249.495
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	42.193	168.377	210.570	42.193	209.725	251.918
4.Current Period Cost	39.122	172.181	211.303	39.122	213.968	253.090
5.Incentive Basis (line 3 - line 4)	3.071	0.000		3.071	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	39.122	168.377	207.499	39.122	209.725	248.847
7.Incentive Line 5 x Oper 50% Res 50%	1.535	0.000	1.535	1.535	0.000	1.535
8.Incentive - Line 4 x Oper 10% Res 3%	3.912	0.000	3.912	3.912	0.000	3.912
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.535	0.000	1.535	1.535	0.000	1.535
10.Final Incentive	1.535	0.000	1.535	1.535	0.000	1.535
11.Current Period Base: (line 6 + line 10)	40.657	168.377	209.034	40.657	209.725	250.382
12.Plus: Property Rate Component			10.090			10.090
13.Plus: ROE/Use Rate			0.443			0.443
14.Total Current Period Base			219.566			260.914
15.Prospective Rate: Line 11 x Inflation 1.05583510	42.927	177.778	220.706	42.927	221.435	264.362
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	42.927	177.778	220.706	42.927	221.435	264.362
19.Property Rate Component			10.090			10.090
20.ROE Component + ROE Interim Component			0.443			0.443
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>231.24</b>			<b>274.89</b>
23.Medicaid Days		1,460			730	
24.Resident Days		1,460			730	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.09			5.97
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>258.54</b>			<b>303.08</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028065800 - 2018/07

RI: 267.45

NM: 0.00

22nd Street Grp Home #6 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	44.456	159.471	203.927	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	45.562	163.440	209.002	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	46.004	165.027	211.031	0.000	0.000	0.000
4.Current Period Cost	53.933	181.070	235.003	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	46.004	165.027	211.031	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	46.004	165.027	211.031	0.000	0.000	0.000
12.Plus: Property Rate Component			16.793			0.000
13.Plus: ROE/Use Rate			0.366			0.000
14.Total Current Period Base			228.190			0.000
15.Prospective Rate: Line 11 x Inflation 1.05583510	48.573	174.241	222.814	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	48.573	174.241	222.814	0.000	0.000	0.000
19.Property Rate Component			16.793			0.000
20.ROE Component + ROE Interim Component			0.366			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>239.97</b>			<b>0.00</b>
23.Medicaid Days		1,930			0	
24.Resident Days		1,930			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			5.27			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>267.45</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028427100 - 2018/07

RI: 275.49

NM: 360.23

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Fern Park Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	3/1/2016	2/28/2017	Unaudited Costs	201707
Prior Cost Report	3/1/2015	2/29/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	61.516	147.209	208.725	61.516	223.767	285.283
2.Inflate Line 1 by Inflation Factor 1.02284452	62.921	150.572	213.493	62.921	228.879	291.800
3.Line 1 X 1.4000 X Inflation Factor 1.03198233	63.483	151.917	215.400	63.483	230.923	294.406
4.Current Period Cost	65.243	147.670	212.913	65.243	224.620	289.862
5.Incentive Basis (line 3 - line 4)	0.000	4.247		0.000	6.304	
6.Allowed Current Period Costs (Min of line 3 or 4)	63.483	147.670	211.153	63.483	224.620	288.103
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.124	2.124	0.000	3.152	3.152
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.430	4.430	0.000	6.739	6.739
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.124	2.124	0.000	3.152	3.152
10.Final Incentive	0.000	2.124	2.124	0.000	3.152	3.152
11.Current Period Base: (line 6 + line 10)	63.483	149.793	213.277	63.483	227.771	291.255
12.Plus: Property Rate Component			20.520			20.520
13.Plus: ROE/Use Rate			0.119			0.119
14.Total Current Period Base			233.916			311.894
15.Prospective Rate: Line 11 x Inflation 1.06532545	67.630	159.579	227.209	67.630	242.651	310.281
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	67.630	159.579	227.209	67.630	242.651	310.281
19.Property Rate Component			20.520			20.520
20.ROE Component + ROE Interim Component			0.119			0.119
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>247.85</b>			<b>330.92</b>
23.Medicaid Days			4,015			18,964
24.Resident Days			4,015			18,964
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.43			7.10
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>275.49</b>			<b>360.23</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028500500 - 2018/07

RI: 237.35

NM: 0.00

**Naranja Group Home (Sunrise)**

Ownership: Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	34.177	146.091	180.267	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	35.027	149.726	184.753	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	35.367	151.180	186.548	0.000	0.000	0.000
4.Current Period Cost	38.480	184.097	222.577	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	35.367	151.180	186.548	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	35.367	151.180	186.548	0.000	0.000	0.000
12.Plus: Property Rate Component			12.416			0.000
13.Plus: ROE/Use Rate			1.081			0.000
14.Total Current Period Base			200.045			0.000
15.Prospective Rate: Line 11 x Inflation 1.05583510	37.342	159.621	196.963	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	37.342	159.621	196.963	0.000	0.000	0.000
19.Property Rate Component			12.416			0.000
20.ROE Component + ROE Interim Component			1.081			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>210.46</b>			<b>0.00</b>
23.Medicaid Days		3,931			0	
24.Resident Days		3,931			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			4.68			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>237.35</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028505600 - 2018/07

RI: 346.83

NM: 526.50

**PARC Cottage**

Ownership:Private

Incentive Rating: Ineligible from 03/08/2018 - 03/16/2018 Days Eligible: 356 of 365

Eligibility Factor : 97.53%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	67.682	214.622	282.304	67.682	376.611	444.293
2.Inflate Line 1 by Inflation Factor 1.02615155	69.452	220.235	289.686	69.452	386.460	455.912
3.Line 1 X 1.4000 X Inflation Factor 1.03661217	70.160	222.480	292.639	70.160	390.399	460.559
4.Current Period Cost	73.617	243.435	317.052	73.617	424.930	498.547
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	70.160	222.480	292.639	70.160	390.399	460.559
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 97.53%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	70.160	222.480	292.639	70.160	390.399	460.559
12.Plus: Property Rate Component			9.814			9.814
13.Plus: ROE/Use Rate			1.030			1.030
14.Total Current Period Base			303.483			471.403
15.Prospective Rate: Line 11 x Inflation 1.04888743	73.590	233.356	306.946	73.590	409.485	483.075
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	73.590	233.356	306.946	73.590	409.485	483.075
19.Property Rate Component			9.814			9.814
20.ROE Component + ROE Interim Component			1.030			1.030
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>317.79</b>			<b>493.92</b>
23.Medicaid Days			3,285			2,555
24.Resident Days			3,285			2,555
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.83			10.37
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>346.83</b>			<b>526.50</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028512900 - 2018/07

RI: 293.66

NM: 0.00

**MACtown, Inc.**

Ownership: Private

Incentive Rating: Ineligible from 06/23/2017 - 07/23/2017 Days Eligible: 334 of 365

Eligibility Factor : 91.51%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2014	9/30/2015	Unaudited Costs	201607
Prior Cost Report	10/1/2013	9/30/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	36.209	192.354	228.563	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01900338	36.897	196.009	232.906	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02660473	37.172	197.471	234.643	0.000	0.000	0.000
4.Current Period Cost	41.412	191.353	232.765	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	6.118		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	37.172	191.353	228.525	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	3.059	3.059	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.741	5.741	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 91.51%	0.000	2.799	2.799	0.000	0.000	0.000
10.Final Incentive	0.000	2.799	2.799	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	37.172	194.152	231.325	0.000	0.000	0.000
12.Plus: Property Rate Component			11.063			0.000
13.Plus: ROE/Use Rate			0.571			0.000
14.Total Current Period Base			242.959			0.000
15.Prospective Rate: Line 11 x Inflation 1.09816235	40.821	213.211	254.032	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	40.821	213.211	254.032	0.000	0.000	0.000
19.Property Rate Component			11.063			0.000
20.ROE Component + ROE Interim Component			0.571			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>265.67</b>			<b>0.00</b>
23.Medicaid Days		20,276			0	
24.Resident Days		20,276			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			5.79			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>293.66</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028513700 - 2018/07

RI: 312.45

NM: 380.41

New Horizons of NW Florida, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201707
Prior Cost Report	10/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	86.540	167.786	254.326	86.540	225.002	311.542
2.Inflate Line 1 by Inflation Factor 1.02029595	88.297	171.191	259.488	88.297	229.569	317.865
3.Line 1 X 1.4000 X Inflation Factor 1.02841433	88.999	172.553	261.553	88.999	231.395	320.394
4.Current Period Cost	99.986	163.910	263.895	99.986	228.872	328.858
5.Incentive Basis (line 3 - line 4)	0.000	8.644		0.000	2.523	
6.Allowed Current Period Costs (Min of line 3 or 4)	88.999	163.910	252.909	88.999	228.872	317.871
7.Incentive Line 5 x Oper 50% Res 50%	0.000	4.322	4.322	0.000	1.262	1.262
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.917	4.917	0.000	6.866	6.866
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.322	4.322	0.000	1.262	1.262
10.Final Incentive	0.000	4.322	4.322	0.000	1.262	1.262
11.Current Period Base: (line 6 + line 10)	88.999	168.232	257.231	88.999	230.134	319.133
12.Plus: Property Rate Component			5.491			5.491
13.Plus: ROE/Use Rate			1.728			1.728
14.Total Current Period Base			264.450			326.352
15.Prospective Rate: Line 11 x Inflation 1.07631746	95.791	181.071	276.862	95.791	247.697	343.488
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	95.791	181.071	276.862	95.791	247.697	343.488
19.Property Rate Component			5.491			5.491
20.ROE Component + ROE Interim Component			1.728			1.728
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>284.08</b>			<b>350.71</b>
23.Medicaid Days			3,264			7,625
24.Resident Days			3,264			7,625
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.16			7.50
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>312.45</b>			<b>380.41</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028519600 - 2018/07

RI: 368.26

NM: 0.00

**BARC Housing, Inc.**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	96.326	206.138	302.464	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02615155	98.845	211.528	310.373	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03661217	99.853	213.685	313.537	0.000	0.000	0.000
4.Current Period Cost	88.518	222.728	311.246	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	11.335	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	88.518	213.685	302.203	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	5.667	0.000	5.667	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	8.852	0.000	8.852	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.667	0.000	5.667	0.000	0.000	0.000
10.Final Incentive	5.667	0.000	5.667	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	94.185	213.685	307.870	0.000	0.000	0.000
12.Plus: Property Rate Component			15.216			0.000
13.Plus: ROE/Use Rate			0.657			0.000
14.Total Current Period Base			323.743			0.000
15.Prospective Rate: Line 11 x Inflation 1.04888743	98.790	224.131	322.921	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	98.790	224.131	322.921	0.000	0.000	0.000
19.Property Rate Component			15.216			0.000
20.ROE Component + ROE Interim Component			0.657			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>338.79</b>			<b>0.00</b>
23.Medicaid Days		13,121			0	
24.Resident Days		13,121			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			7.26			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>368.26</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028520000 - 2018/07

RI: 259.58

NM: 352.41

Pensacola Care, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	58.073	143.439	201.512	58.073	228.607	286.680
2.Inflate Line 1 by Inflation Factor 1.02615155	59.592	147.190	206.782	59.592	234.585	294.177
3.Line 1 X 1.4000 X Inflation Factor 1.03661217	60.199	148.691	208.890	60.199	236.976	297.176
4.Current Period Cost	61.774	145.607	207.381	61.774	230.847	292.621
5.Incentive Basis (line 3 - line 4)	0.000	3.084		0.000	6.129	
6.Allowed Current Period Costs (Min of line 3 or 4)	60.199	145.607	205.806	60.199	230.847	291.046
7.Incentive Line 5 x Oper 50% Res 50%	0.000	1.542	1.542	0.000	3.065	3.065
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.368	4.368	0.000	6.925	6.925
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.542	1.542	0.000	3.065	3.065
10.Final Incentive	0.000	1.542	1.542	0.000	3.065	3.065
11.Current Period Base: (line 6 + line 10)	60.199	147.149	207.348	60.199	233.912	294.111
12.Plus: Property Rate Component			14.622			14.622
13.Plus: ROE/Use Rate			0.145			0.145
14.Total Current Period Base			222.114			308.877
15.Prospective Rate: Line 11 x Inflation 1.04888743	63.142	154.342	217.484	63.142	245.347	308.489
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	63.142	154.342	217.484	63.142	245.347	308.489
19.Property Rate Component			14.622			14.622
20.ROE Component + ROE Interim Component			0.145			0.145
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>232.25</b>			<b>323.26</b>
23.Medicaid Days		10,969			11,739	
24.Resident Days		10,969			11,739	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.11			6.94
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>259.58</b>			<b>352.41</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028521800 - 2018/07

RI: 309.91

NM: 403.10

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Ann Storck Center, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	71.791	180.926	252.716	71.791	264.952	336.743
2.Inflate Line 1 by Inflation Factor 1.02615155	73.668	185.657	259.325	73.668	271.881	345.549
3.Line 1 X 1.4000 X Inflation Factor 1.03661217	74.419	187.550	261.968	74.419	274.653	349.071
4.Current Period Cost	64.278	191.182	255.460	64.278	275.323	339.601
5.Incentive Basis (line 3 - line 4)	10.141	0.000		10.141	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	64.278	187.550	251.828	64.278	274.653	338.931
7.Incentive Line 5 x Oper 50% Res 50%	5.070	0.000	5.070	5.070	0.000	5.070
8.Incentive - Line 4 x Oper 10% Res 3%	6.428	0.000	6.428	6.428	0.000	6.428
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.070	0.000	5.070	5.070	0.000	5.070
10.Final Incentive	5.070	0.000	5.070	5.070	0.000	5.070
11.Current Period Base: (line 6 + line 10)	69.349	187.550	256.898	69.349	274.653	344.001
12.Plus: Property Rate Component			12.132			12.132
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			269.030			356.133
15.Prospective Rate: Line 11 x Inflation 1.04888743	72.739	196.718	269.457	72.739	288.080	360.818
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	72.739	196.718	269.457	72.739	288.080	360.818
19.Property Rate Component			12.132			12.132
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>281.59</b>			<b>372.95</b>
23.Medicaid Days			152			16,486
24.Resident Days			152			16,486
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.11			7.94
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>309.91</b>			<b>403.10</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028522600 - 2018/07

RI: 283.50

NM: 378.80

Tallahassee Developmental Center

Ownership:Private

Incentive Rating: Ineligible from 02/01/2018 - 03/02/2018 Days Eligible: 335 of 365

Eligibility Factor : 91.78%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201607
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	59.231	154.472	213.703	59.231	236.085	295.316
2.Inflate Line 1 by Inflation Factor 1.02308615	60.599	158.038	218.637	60.599	241.535	302.134
3.Line 1 X 1.4000 X Inflation Factor 1.03232061	61.146	159.464	220.610	61.146	243.715	304.861
4.Current Period Cost	60.376	154.763	215.139	60.376	244.644	305.020
5.Incentive Basis (line 3 - line 4)	0.770	4.702		0.770	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	60.376	154.763	215.139	60.376	243.715	304.091
7.Incentive Line 5 x Oper 50% Res 50%	0.385	2.351	2.736	0.385	0.000	0.385
8.Incentive - Line 4 x Oper 10% Res 3%	6.038	4.643	10.681	6.038	0.000	6.038
9.Incentive - Min of Line 7,8 x Eligibility factor 91.78%	0.353	2.158	2.511	0.353	0.000	0.353
10.Final Incentive	0.353	2.158	2.511	0.353	0.000	0.353
11.Current Period Base: (line 6 + line 10)	60.729	156.920	217.650	60.729	243.715	304.444
12.Plus: Property Rate Component			19.651			19.651
13.Plus: ROE/Use Rate			1.795			1.795
14.Total Current Period Base			239.096			325.890
15.Prospective Rate: Line 11 x Inflation 1.07631746	65.364	168.896	234.260	65.364	262.315	327.679
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	65.364	168.896	234.260	65.364	262.315	327.679
19.Property Rate Component			19.651			19.651
20.ROE Component + ROE Interim Component			1.795			1.795
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>255.71</b>			<b>349.12</b>
23.Medicaid Days			7,345			13,709
24.Resident Days			7,345			13,709
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.59			7.46
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>283.50</b>			<b>378.80</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028524200 - 2018/07

RI: 265.15

NM: 370.74

**Ft. Walton Beach Developmental Ctr.**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	56.419	153.023	209.442	56.419	251.045	307.464
2.Inflate Line 1 by Inflation Factor 1.04984143	59.231	160.650	219.881	59.231	263.558	322.788
3.Line 1 X 1.4000 X Inflation Factor 1.06977800	60.355	163.701	224.056	60.355	268.563	328.918
4.Current Period Cost	59.154	150.048	209.202	59.154	245.855	305.009
5.Incentive Basis (line 3 - line 4)	1.201	13.653		1.201	22.708	
6.Allowed Current Period Costs (Min of line 3 or 4)	59.154	150.048	209.202	59.154	245.855	305.009
7.Incentive Line 5 x Oper 50% Res 50%	0.601	6.826	7.427	0.601	11.354	11.955
8.Incentive - Line 4 x Oper 10% Res 3%	5.915	4.501	10.417	5.915	7.376	13.291
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.601	4.501	5.102	0.601	7.376	7.976
10.Final Incentive	0.601	4.501	5.102	0.601	7.376	7.976
11.Current Period Base: (line 6 + line 10)	59.755	154.549	214.304	59.755	253.230	312.985
12.Plus: Property Rate Component			10.585			10.585
13.Plus: ROE/Use Rate			2.354			2.354
14.Total Current Period Base			227.243			325.924
15.Prospective Rate: Line 11 x Inflation 1.04888743	62.676	162.105	224.781	62.676	265.610	328.286
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	62.676	162.105	224.781	62.676	265.610	328.286
19.Property Rate Component			10.585			10.585
20.ROE Component + ROE Interim Component			2.354			2.354
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>237.72</b>			<b>341.23</b>
23.Medicaid Days		12,230			9,614	
24.Resident Days		12,230			9,614	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.22			7.31
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>265.15</b>			<b>370.74</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028526900 - 2018/07

RI: 268.87

NM: 358.01

**Panama City Developmental Center**

Ownership: Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	62.622	147.201	209.824	62.622	227.792	290.414
2.Inflate Line 1 by Inflation Factor 1.02615155	64.260	151.051	215.311	64.260	233.749	298.009
3.Line 1 X 1.4000 X Inflation Factor 1.03661217	64.915	152.591	217.506	64.915	236.131	301.047
4.Current Period Cost	66.397	147.430	213.827	66.397	230.497	296.894
5.Incentive Basis (line 3 - line 4)	0.000	5.161		0.000	5.634	
6.Allowed Current Period Costs (Min of line 3 or 4)	64.915	147.430	212.345	64.915	230.497	295.413
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.580	2.580	0.000	2.817	2.817
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.423	4.423	0.000	6.915	6.915
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.580	2.580	0.000	2.817	2.817
10.Final Incentive	0.000	2.580	2.580	0.000	2.817	2.817
11.Current Period Base: (line 6 + line 10)	64.915	150.010	214.925	64.915	233.314	298.230
12.Plus: Property Rate Component			15.261			15.261
13.Plus: ROE/Use Rate			0.671			0.671
14.Total Current Period Base			230.857			314.161
15.Prospective Rate: Line 11 x Inflation 1.04888743	68.089	157.344	225.433	68.089	244.721	312.809
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	68.089	157.344	225.433	68.089	244.721	312.809
19.Property Rate Component			15.261			15.261
20.ROE Component + ROE Interim Component			0.671			0.671
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>241.36</b>			<b>328.74</b>
23.Medicaid Days		4,865			15,897	
24.Resident Days		4,865			15,897	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.30			7.05
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>268.87</b>			<b>358.01</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028530700 - 2018/07

RI: 241.61

NM: 323.16

Hillsborough County Developmental Ctr

Ownership:Private

Incentive Rating: Ineligible from 10/30/2017 - 11/30/2017 Days Eligible: 333 of 365

Eligibility Factor : 91.23%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	56.370	135.607	191.977	56.370	209.132	265.502
2.Inflate Line 1 by Inflation Factor 1.02615155	57.844	139.154	196.998	57.844	214.601	272.445
3.Line 1 X 1.4000 X Inflation Factor 1.03661217	58.434	140.572	199.006	58.434	216.788	275.222
4.Current Period Cost	68.639	141.426	210.065	68.639	218.517	287.156
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	58.434	140.572	199.006	58.434	216.788	275.222
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 91.23%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	58.434	140.572	199.006	58.434	216.788	275.222
12.Plus: Property Rate Component			5.260			5.260
13.Plus: ROE/Use Rate			0.644			0.644
14.Total Current Period Base			204.909			281.125
15.Prospective Rate: Line 11 x Inflation 1.04888743	61.290	147.444	208.735	61.290	227.387	288.677
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	61.290	147.444	208.735	61.290	227.387	288.677
19.Property Rate Component			5.260			5.260
20.ROE Component + ROE Interim Component			0.644			0.644
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>214.64</b>			<b>294.58</b>
23.Medicaid Days			5,840			16,406
24.Resident Days			5,840			16,406
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			4.76			6.37
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>241.61</b>			<b>323.16</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028531500 - 2018/07

RI: 393.64

NM: 475.17

Woodhouse, Inc

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	110.876	210.416	321.292	110.876	285.402	396.278
2.Inflate Line 1 by Inflation Factor 1.02488470	113.635	215.652	329.287	113.635	292.504	406.139
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	114.739	217.746	332.485	114.738	295.345	410.083
4.Current Period Cost	131.040	212.583	343.622	131.040	286.369	417.408
5.Incentive Basis (line 3 - line 4)	0.000	5.164		0.000	8.976	
6.Allowed Current Period Costs (Min of line 3 or 4)	114.739	212.583	327.321	114.738	286.369	401.107
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.582	2.582	0.000	4.488	4.488
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.377	6.377	0.000	8.591	8.591
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.582	2.582	0.000	4.488	4.488
10.Final Incentive	0.000	2.582	2.582	0.000	4.488	4.488
11.Current Period Base: (line 6 + line 10)	114.739	215.164	329.903	114.738	290.857	405.595
12.Plus: Property Rate Component			15.351			15.351
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			345.254			420.947
15.Prospective Rate: Line 11 x Inflation 1.05583510	121.145	227.178	348.323	121.145	307.097	428.242
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	121.145	227.178	348.323	121.145	307.097	428.242
19.Property Rate Component			15.351			15.351
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>363.67</b>			<b>443.59</b>
23.Medicaid Days			1,577			6,570
24.Resident Days			1,577			6,570
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.76			9.36
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>393.64</b>			<b>475.17</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028533100 - 2018/07

RI: 341.68

NM: 431.66

Cape Coral Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	84.234	180.132	264.365	84.234	261.176	345.410
2.Inflate Line 1 by Inflation Factor 1.02488470	86.330	184.614	270.944	86.330	267.675	354.005
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	87.168	186.407	273.575	87.168	270.275	357.443
4.Current Period Cost	86.892	184.790	271.682	86.892	268.006	354.898
5.Incentive Basis (line 3 - line 4)	0.276	1.617		0.276	2.269	
6.Allowed Current Period Costs (Min of line 3 or 4)	86.892	184.790	271.682	86.892	268.006	354.898
7.Incentive Line 5 x Oper 50% Res 50%	0.138	0.809	0.947	0.138	1.134	1.272
8.Incentive - Line 4 x Oper 10% Res 3%	8.689	5.544	14.233	8.689	8.040	16.729
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.138	0.809	0.947	0.138	1.134	1.272
10.Final Incentive	0.138	0.809	0.947	0.138	1.134	1.272
11.Current Period Base: (line 6 + line 10)	87.030	185.599	272.629	87.030	269.141	356.171
12.Plus: Property Rate Component			22.165			22.165
13.Plus: ROE/Use Rate			2.727			2.727
14.Total Current Period Base			297.520			381.062
15.Prospective Rate: Line 11 x Inflation 1.05583510	91.889	195.962	287.851	91.889	284.168	376.057
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	91.889	195.962	287.851	91.889	284.168	376.057
19.Property Rate Component			22.165			22.165
20.ROE Component + ROE Interim Component			2.727			2.727
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>312.74</b>			<b>400.95</b>
23.Medicaid Days		1,974			6,244	
24.Resident Days		1,974			6,244	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.73			8.51
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>341.68</b>			<b>431.66</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028536600 - 2018/07

RI: 273.05

NM: 303.94

Squire Court Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	45.150	162.155	207.305	45.150	189.867	235.018
2.Inflate Line 1 by Inflation Factor 1.02488470	46.274	166.190	212.464	46.274	194.592	240.866
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	46.723	167.804	214.527	46.723	196.482	243.205
4.Current Period Cost	67.988	182.164	250.152	67.988	215.213	283.201
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	46.723	167.804	214.527	46.723	196.482	243.205
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	46.723	167.804	214.527	46.723	196.482	243.205
12.Plus: Property Rate Component			18.956			18.956
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			233.483			262.161
15.Prospective Rate: Line 11 x Inflation 1.05583510	49.332	177.173	226.505	49.332	207.452	256.784
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	49.332	177.173	226.505	49.332	207.452	256.784
19.Property Rate Component			18.956			18.956
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>245.46</b>			<b>275.74</b>
23.Medicaid Days		365			1,460	
24.Resident Days		365			1,460	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.38			5.99
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>273.05</b>			<b>303.94</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028537400 - 2018/07

RI: 282.43

NM: 0.00

**Bayview Community Home (Res-Care)**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	49.745	169.367	219.112	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	50.983	173.582	224.565	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	51.478	175.268	226.746	0.000	0.000	0.000
4.Current Period Cost	57.379	170.095	227.474	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	5.173		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	51.478	170.095	221.573	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.587	2.587	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.103	5.103	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.587	2.587	0.000	0.000	0.000
10.Final Incentive	0.000	2.587	2.587	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	51.478	172.681	224.159	0.000	0.000	0.000
12.Plus: Property Rate Component			17.165			0.000
13.Plus: ROE/Use Rate			0.816			0.000
14.Total Current Period Base			242.140			0.000
15.Prospective Rate: Line 11 x Inflation 1.05583510	54.352	182.323	236.675	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	54.352	182.323	236.675	0.000	0.000	0.000
19.Property Rate Component			17.165			0.000
20.ROE Component + ROE Interim Component			0.816			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>254.66</b>			<b>0.00</b>
23.Medicaid Days			2,096			0
24.Resident Days			2,096			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			5.57			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>282.43</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028539100 - 2018/07

RI: 437.84

NM: 531.88

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Hendricks

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2016	5/31/2017	Unaudited Costs	201707
Prior Cost Report	6/1/2015	5/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	131.064	186.612	317.676	131.064	270.084	401.148
2.Inflate Line 1 by Inflation Factor 1.02435914	134.257	191.157	325.414	134.257	276.663	410.919
3.Line 1 X 1.4000 X Inflation Factor 1.03410280	135.534	192.976	328.510	135.534	279.294	414.828
4.Current Period Cost	124.434	191.380	315.814	124.434	279.345	403.779
5.Incentive Basis (line 3 - line 4)	11.100	1.595		11.100	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	124.434	191.380	315.814	124.434	279.294	403.728
7.Incentive Line 5 x Oper 50% Res 50%	5.550	0.798	6.348	5.550	0.000	5.550
8.Incentive - Line 4 x Oper 10% Res 3%	12.443	5.741	18.185	12.443	0.000	12.443
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.550	0.798	6.348	5.550	0.000	5.550
10.Final Incentive	5.550	0.798	6.348	5.550	0.000	5.550
11.Current Period Base: (line 6 + line 10)	129.984	192.178	322.162	129.984	279.294	409.278
12.Plus: Property Rate Component			63.494			63.494
13.Plus: ROE/Use Rate			2.586			2.586
14.Total Current Period Base			388.241			475.357
15.Prospective Rate: Line 11 x Inflation 1.05822240	137.552	203.367	340.919	137.552	295.555	433.107
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	137.552	203.367	340.919	137.552	295.555	433.107
19.Property Rate Component			63.494			63.494
20.ROE Component + ROE Interim Component			2.586			2.586
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>407.00</b>			<b>499.19</b>
23.Medicaid Days		1,564			6,997	
24.Resident Days		1,564			6,997	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			8.63			10.48
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>437.84</b>			<b>531.88</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028541200 - 2018/07

RI: 284.24

NM: 318.69

**Twin Lane Community Home (Res-Care)**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	46.999	167.427	214.426	46.999	198.215	245.214
2.Inflate Line 1 by Inflation Factor 1.02488470	48.169	171.594	219.762	48.169	203.148	251.316
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	48.636	173.260	221.897	48.636	205.121	253.757
4.Current Period Cost	58.786	173.007	231.793	58.786	205.210	263.995
5.Incentive Basis (line 3 - line 4)	0.000	0.253		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	48.636	173.007	221.643	48.636	205.121	253.757
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.127	0.127	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.190	5.190	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.127	0.127	0.000	0.000	0.000
10.Final Incentive	0.000	0.127	0.127	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	48.636	173.134	221.770	48.636	205.121	253.757
12.Plus: Property Rate Component			21.610			21.610
13.Plus: ROE/Use Rate			0.667			0.667
14.Total Current Period Base			244.047			276.034
15.Prospective Rate: Line 11 x Inflation 1.05583510	51.352	182.801	234.153	51.352	216.574	267.926
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	51.352	182.801	234.153	51.352	216.574	267.926
19.Property Rate Component			21.610			21.610
20.ROE Component + ROE Interim Component			0.667			0.667
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>256.43</b>			<b>290.20</b>
23.Medicaid Days			1,095			1,095
24.Resident Days			1,095			1,095
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.60			6.28
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>284.24</b>			<b>318.69</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028547100 - 2018/07

RI: 231.99

NM: 0.00

62nd Place Grp Home #17 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	37.282	137.973	175.255	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	38.210	141.406	179.616	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	38.581	142.779	181.360	0.000	0.000	0.000
4.Current Period Cost	42.416	194.541	236.957	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.581	142.779	181.360	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	38.581	142.779	181.360	0.000	0.000	0.000
12.Plus: Property Rate Component			13.286			0.000
13.Plus: ROE/Use Rate			0.436			0.000
14.Total Current Period Base			195.082			0.000
15.Prospective Rate: Line 11 x Inflation 1.05583510	40.735	150.751	191.486	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	40.735	150.751	191.486	0.000	0.000	0.000
19.Property Rate Component			13.286			0.000
20.ROE Component + ROE Interim Component			0.436			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>205.21</b>			<b>0.00</b>
23.Medicaid Days		2,096			0	
24.Resident Days		2,096			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			4.57			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>231.99</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028548000 - 2018/07

RI: 260.98

NM: 305.25

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

138th Court Grp Home #16 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.953	152.552	194.505	41.953	192.264	234.217
2.Inflate Line 1 by Inflation Factor 1.02488470	42.997	156.348	199.345	42.997	197.048	240.045
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	43.415	157.866	201.281	43.415	198.962	242.377
4.Current Period Cost	42.516	181.196	223.711	42.516	228.527	271.042
5.Incentive Basis (line 3 - line 4)	0.899	0.000		0.899	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	42.516	157.866	200.382	42.516	198.962	241.478
7.Incentive Line 5 x Oper 50% Res 50%	0.450	0.000	0.450	0.450	0.000	0.450
8.Incentive - Line 4 x Oper 10% Res 3%	4.252	0.000	4.252	4.252	0.000	4.252
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.450	0.000	0.450	0.450	0.000	0.450
10.Final Incentive	0.450	0.000	0.450	0.450	0.000	0.450
11.Current Period Base: (line 6 + line 10)	42.965	157.866	200.832	42.965	198.962	241.927
12.Plus: Property Rate Component			21.133			21.133
13.Plus: ROE/Use Rate			0.452			0.452
14.Total Current Period Base			222.417			263.512
15.Prospective Rate: Line 11 x Inflation 1.05583510	45.364	166.681	212.045	45.364	210.071	255.435
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	45.364	166.681	212.045	45.364	210.071	255.435
19.Property Rate Component			21.133			21.133
20.ROE Component + ROE Interim Component			0.452			0.452
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>233.63</b>			<b>277.02</b>
23.Medicaid Days		1,190			802	
24.Resident Days		1,190			802	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			5.14			6.01
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>260.98</b>			<b>305.25</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028552800 - 2018/07

RI: 248.03

NM: 289.24

26th Terrace Grp Home #12 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.649	140.725	188.374	47.649	177.702	225.351
2.Inflate Line 1 by Inflation Factor 1.02488470	48.834	144.227	193.061	48.834	182.124	230.959
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	49.309	145.628	194.936	49.309	183.893	233.202
4.Current Period Cost	47.489	162.952	210.441	47.489	207.361	254.850
5.Incentive Basis (line 3 - line 4)	1.820	0.000		1.820	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	47.489	145.628	193.116	47.489	183.893	231.381
7.Incentive Line 5 x Oper 50% Res 50%	0.910	0.000	0.910	0.910	0.000	0.910
8.Incentive - Line 4 x Oper 10% Res 3%	4.749	0.000	4.749	4.749	0.000	4.749
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.910	0.000	0.910	0.910	0.000	0.910
10.Final Incentive	0.910	0.000	0.910	0.910	0.000	0.910
11.Current Period Base: (line 6 + line 10)	48.399	145.628	194.026	48.399	183.893	232.292
12.Plus: Property Rate Component			15.102			15.102
13.Plus: ROE/Use Rate			0.970			0.970
14.Total Current Period Base			210.098			248.363
15.Prospective Rate: Line 11 x Inflation 1.05583510	51.101	153.759	204.860	51.101	194.161	245.262
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	51.101	153.759	204.860	51.101	194.161	245.262
19.Property Rate Component			15.102			15.102
20.ROE Component + ROE Interim Component			0.970			0.970
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>220.93</b>			<b>261.33</b>
23.Medicaid Days		1,591			446	
24.Resident Days		1,591			446	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			4.89			5.70
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>248.03</b>			<b>289.24</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028553600 - 2018/07

RI: 294.59

NM: 0.00

Country Meadows Grp Home #13 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	55.178	188.935	244.113	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	56.551	193.637	250.188	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	57.100	195.518	252.618	0.000	0.000	0.000
4.Current Period Cost	44.012	189.077	233.089	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	13.088	6.441		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	44.012	189.077	233.089	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	6.544	3.220	9.764	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.401	5.672	10.074	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.401	3.220	7.622	0.000	0.000	0.000
10.Final Incentive	4.401	3.220	7.622	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	48.414	192.297	240.711	0.000	0.000	0.000
12.Plus: Property Rate Component			12.043			0.000
13.Plus: ROE/Use Rate			0.379			0.000
14.Total Current Period Base			253.132			0.000
15.Prospective Rate: Line 11 x Inflation 1.05583510	51.117	203.034	254.151	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	51.117	203.034	254.151	0.000	0.000	0.000
19.Property Rate Component			12.043			0.000
20.ROE Component + ROE Interim Component			0.379			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>266.57</b>			<b>0.00</b>
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			5.80			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>294.59</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028557900 - 2018/07

RI: 242.63

NM: 0.00

148th Court Grp Home #20 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	38.182	146.119	184.301	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	39.132	149.755	188.887	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	39.512	151.210	190.722	0.000	0.000	0.000
4.Current Period Cost	37.851	169.574	207.425	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.661	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	37.851	151.210	189.061	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.830	0.000	0.830	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.785	0.000	3.785	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.830	0.000	0.830	0.000	0.000	0.000
10.Final Incentive	0.830	0.000	0.830	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	38.682	151.210	189.891	0.000	0.000	0.000
12.Plus: Property Rate Component			15.007			0.000
13.Plus: ROE/Use Rate			0.141			0.000
14.Total Current Period Base			205.039			0.000
15.Prospective Rate: Line 11 x Inflation 1.05583510	40.841	159.652	200.494	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	40.841	159.652	200.494	0.000	0.000	0.000
19.Property Rate Component			15.007			0.000
20.ROE Component + ROE Interim Component			0.141			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>215.64</b>			<b>0.00</b>
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			4.78			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>242.63</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028558700 - 2018/07

RI: 247.96

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Sunrise Oakmont

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.191	146.120	186.311	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	41.191	149.756	190.947	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	41.591	151.210	192.801	0.000	0.000	0.000
4.Current Period Cost	43.586	174.073	217.659	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.591	151.210	192.801	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	41.591	151.210	192.801	0.000	0.000	0.000
12.Plus: Property Rate Component			16.945			0.000
13.Plus: ROE/Use Rate			0.350			0.000
14.Total Current Period Base			210.096			0.000
15.Prospective Rate: Line 11 x Inflation 1.05583510	43.913	159.653	203.566	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	43.913	159.653	203.566	0.000	0.000	0.000
19.Property Rate Component			16.945			0.000
20.ROE Component + ROE Interim Component			0.350			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>220.86</b>			<b>0.00</b>
23.Medicaid Days			2,150			0
24.Resident Days			2,150			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			4.89			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>247.96</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028559500 - 2018/07

RI: 252.83

NM: 0.00

53rd Court Grp Home #9 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	43.459	154.442	197.901	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	44.541	158.285	202.825	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	44.973	159.822	204.795	0.000	0.000	0.000
4.Current Period Cost	41.446	192.635	234.080	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.528	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.446	159.822	201.268	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.764	0.000	1.764	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.145	0.000	4.145	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.764	0.000	1.764	0.000	0.000	0.000
10.Final Incentive	1.764	0.000	1.764	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	43.209	159.822	203.031	0.000	0.000	0.000
12.Plus: Property Rate Component			10.735			0.000
13.Plus: ROE/Use Rate			0.535			0.000
14.Total Current Period Base			214.302			0.000
15.Prospective Rate: Line 11 x Inflation 1.05583510	45.622	168.746	214.368	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	45.622	168.746	214.368	0.000	0.000	0.000
19.Property Rate Component			10.735			0.000
20.ROE Component + ROE Interim Component			0.535			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>225.64</b>			<b>0.00</b>
23.Medicaid Days		2,157			0	
24.Resident Days		2,157			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			4.98			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>252.83</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028560900 - 2018/07

RI: 261.41

NM: 0.00

55th Court Grp Home #15 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.456	160.057	201.513	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	42.487	164.040	206.527	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	42.900	165.633	208.533	0.000	0.000	0.000
4.Current Period Cost	43.328	200.937	244.265	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	42.900	165.633	208.533	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	42.900	165.633	208.533	0.000	0.000	0.000
12.Plus: Property Rate Component			13.294			0.000
13.Plus: ROE/Use Rate			0.582			0.000
14.Total Current Period Base			222.408			0.000
15.Prospective Rate: Line 11 x Inflation 1.05583510	45.295	174.881	220.176	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	45.295	174.881	220.176	0.000	0.000	0.000
19.Property Rate Component			13.294			0.000
20.ROE Component + ROE Interim Component			0.582			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>234.05</b>			<b>0.00</b>
23.Medicaid Days		2,017			0	
24.Resident Days		2,017			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			5.15			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>261.41</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028561700 - 2018/07

RI: 268.82

NM: 0.00

Wentworth Drive Grp Home #18 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.261	169.977	210.237	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	41.262	174.207	215.469	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	41.663	175.899	217.562	0.000	0.000	0.000
4.Current Period Cost	46.366	191.712	238.078	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.663	175.899	217.562	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	41.663	175.899	217.562	0.000	0.000	0.000
12.Plus: Property Rate Component			11.388			0.000
13.Plus: ROE/Use Rate			0.212			0.000
14.Total Current Period Base			229.161			0.000
15.Prospective Rate: Line 11 x Inflation 1.05583510	43.989	185.720	229.709	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	43.989	185.720	229.709	0.000	0.000	0.000
19.Property Rate Component			11.388			0.000
20.ROE Component + ROE Interim Component			0.212			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>241.31</b>			<b>0.00</b>
23.Medicaid Days			2,188			0
24.Resident Days			2,188			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			5.30			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>268.82</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028565000 - 2018/07

RI: 349.65

NM: 427.91

Lakeview Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2015	11/30/2016	Unaudited Costs	201707
Prior Cost Report	12/1/2014	11/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	78.764	197.285	276.049	78.764	266.775	345.538
2.Inflate Line 1 by Inflation Factor 1.02125443	80.438	201.478	281.916	80.438	272.445	352.883
3.Line 1 X 1.4000 X Inflation Factor 1.02975620	81.107	203.155	284.263	81.107	274.713	355.820
4.Current Period Cost	77.687	203.643	281.330	77.687	277.560	355.248
5.Incentive Basis (line 3 - line 4)	3.420	0.000		3.420	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	77.687	203.155	280.842	77.687	274.713	352.400
7.Incentive Line 5 x Oper 50% Res 50%	1.710	0.000	1.710	1.710	0.000	1.710
8.Incentive - Line 4 x Oper 10% Res 3%	7.769	0.000	7.769	7.769	0.000	7.769
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.710	0.000	1.710	1.710	0.000	1.710
10.Final Incentive	1.710	0.000	1.710	1.710	0.000	1.710
11.Current Period Base: (line 6 + line 10)	79.397	203.155	282.552	79.397	274.713	354.110
12.Plus: Property Rate Component			17.617			17.617
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			300.169			371.727
15.Prospective Rate: Line 11 x Inflation 1.07213749	85.125	217.810	302.935	85.125	294.530	379.655
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	85.125	217.810	302.935	85.125	294.530	379.655
19.Property Rate Component			17.617			17.617
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>320.55</b>			<b>397.27</b>
23.Medicaid Days			11,639			10,924
24.Resident Days			11,639			10,924
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.89			8.43
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>349.65</b>			<b>427.91</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028566800 - 2018/07

RI: 337.11

NM: 403.86

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Washington Square

Ownership:Private

Incentive Rating: Ineligible from 05/31/2017 - 07/01/2017 Days Eligible: 333 of 365

Eligibility Factor : 91.23%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2015	11/30/2016	Unaudited Costs	201707
Prior Cost Report	12/1/2014	11/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	80.233	189.742	269.975	80.233	250.856	331.089
2.Inflate Line 1 by Inflation Factor 1.02125443	81.938	193.775	275.713	81.938	256.188	338.126
3.Line 1 X 1.4000 X Inflation Factor 1.02975620	82.620	195.388	278.008	82.620	258.321	340.941
4.Current Period Cost	78.350	188.558	266.908	78.350	247.991	326.341
5.Incentive Basis (line 3 - line 4)	4.271	6.830		4.271	10.330	
6.Allowed Current Period Costs (Min of line 3 or 4)	78.350	188.558	266.908	78.350	247.991	326.341
7.Incentive Line 5 x Oper 50% Res 50%	2.135	3.415	5.550	2.135	5.165	7.300
8.Incentive - Line 4 x Oper 10% Res 3%	7.835	5.657	13.492	7.835	7.440	15.275
9.Incentive - Min of Line 7,8 x Eligibility factor 91.23%	1.948	3.116	5.064	1.948	4.712	6.660
10.Final Incentive	1.948	3.116	5.064	1.948	4.712	6.660
11.Current Period Base: (line 6 + line 10)	80.298	191.674	271.971	80.298	252.703	333.001
12.Plus: Property Rate Component			16.666			16.666
13.Plus: ROE/Use Rate			0.002			0.002
14.Total Current Period Base			288.639			349.668
15.Prospective Rate: Line 11 x Inflation 1.07213749	86.090	205.500	291.591	86.090	270.932	357.023
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	86.090	205.500	291.591	86.090	270.932	357.023
19.Property Rate Component			16.666			16.666
20.ROE Component + ROE Interim Component			0.002			0.002
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>308.26</b>			<b>373.69</b>
23.Medicaid Days			3,778			19,020
24.Resident Days			3,778			19,020
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.64			7.96
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>337.11</b>			<b>403.86</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028567600 - 2018/07

RI: 338.60

NM: 406.10

Howell Branch Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2015	11/30/2016	Unaudited Costs	201707
Prior Cost Report	12/1/2014	11/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	78.824	190.543	269.367	78.824	250.751	329.575
2.Inflate Line 1 by Inflation Factor 1.02125443	80.500	194.592	275.092	80.500	256.080	336.580
3.Line 1 X 1.4000 X Inflation Factor 1.02975620	81.170	196.212	277.382	81.170	258.212	339.382
4.Current Period Cost	77.792	191.465	269.257	77.792	252.906	330.698
5.Incentive Basis (line 3 - line 4)	3.378	4.748		3.378	5.306	
6.Allowed Current Period Costs (Min of line 3 or 4)	77.792	191.465	269.257	77.792	252.906	330.698
7.Incentive Line 5 x Oper 50% Res 50%	1.689	2.374	4.063	1.689	2.653	4.342
8.Incentive - Line 4 x Oper 10% Res 3%	7.779	5.744	13.523	7.779	7.587	15.366
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.689	2.374	4.063	1.689	2.653	4.342
10.Final Incentive	1.689	2.374	4.063	1.689	2.653	4.342
11.Current Period Base: (line 6 + line 10)	79.481	193.839	273.320	79.481	255.559	335.040
12.Plus: Property Rate Component			16.684			16.684
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			290.003			351.723
15.Prospective Rate: Line 11 x Inflation 1.07213749	85.215	207.822	293.036	85.215	273.994	359.209
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	85.215	207.822	293.036	85.215	273.994	359.209
19.Property Rate Component			16.684			16.684
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>309.72</b>			<b>375.89</b>
23.Medicaid Days			4,450			18,078
24.Resident Days			4,450			18,078
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.67			8.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>338.60</b>			<b>406.10</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028568400 - 2018/07

RI: 277.78

NM: 0.00

157th Terrace (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.180	175.575	215.755	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	41.180	179.944	221.124	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	41.580	181.692	223.271	0.000	0.000	0.000
4.Current Period Cost	42.822	187.864	230.686	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.580	181.692	223.271	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	41.580	181.692	223.271	0.000	0.000	0.000
12.Plus: Property Rate Component			12.325			0.000
13.Plus: ROE/Use Rate			2.030			0.000
14.Total Current Period Base			237.626			0.000
15.Prospective Rate: Line 11 x Inflation 1.05583510	43.901	191.836	235.738	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	43.901	191.836	235.738	0.000	0.000	0.000
19.Property Rate Component			12.325			0.000
20.ROE Component + ROE Interim Component			2.030			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>250.09</b>			<b>0.00</b>
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			5.47			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>277.78</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028569200 - 2018/07

RI: 307.45

NM: 353.89

145th Street Group Home (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	53.390	179.760	233.150	53.390	221.425	274.814
2.Inflate Line 1 by Inflation Factor 1.02488470	54.718	184.234	238.952	54.718	226.935	281.653
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	55.250	186.023	241.273	55.250	229.139	284.388
4.Current Period Cost	52.374	190.817	243.191	52.374	233.969	286.343
5.Incentive Basis (line 3 - line 4)	2.876	0.000		2.876	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	52.374	186.023	238.397	52.374	229.139	281.513
7.Incentive Line 5 x Oper 50% Res 50%	1.438	0.000	1.438	1.438	0.000	1.438
8.Incentive - Line 4 x Oper 10% Res 3%	5.237	0.000	5.237	5.237	0.000	5.237
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.438	0.000	1.438	1.438	0.000	1.438
10.Final Incentive	1.438	0.000	1.438	1.438	0.000	1.438
11.Current Period Base: (line 6 + line 10)	53.812	186.023	239.835	53.812	229.139	282.950
12.Plus: Property Rate Component			23.896			23.896
13.Plus: ROE/Use Rate			2.060			2.060
14.Total Current Period Base			265.791			308.907
15.Prospective Rate: Line 11 x Inflation 1.05583510	56.816	196.410	253.226	56.816	241.933	298.749
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	56.816	196.410	253.226	56.816	241.933	298.749
19.Property Rate Component			23.896			23.896
20.ROE Component + ROE Interim Component			2.060			2.060
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>279.18</b>			<b>324.71</b>
23.Medicaid Days		365			1,721	
24.Resident Days		365			1,721	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.06			6.97
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>307.45</b>			<b>353.89</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

031256800 - 2018/07

RI: 385.16

NM: 465.04

Avon Park Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	105.505	224.802	330.307	105.505	289.338	394.843
2.Inflate Line 1 by Inflation Factor 1.04984143	110.764	236.006	346.770	110.764	303.758	414.522
3.Line 1 X 1.4000 X Inflation Factor 1.06977800	112.867	240.488	353.355	112.867	309.527	422.394
4.Current Period Cost	98.561	213.920	312.481	98.561	286.408	384.969
5.Incentive Basis (line 3 - line 4)	14.306	26.568		14.306	23.119	
6.Allowed Current Period Costs (Min of line 3 or 4)	98.561	213.920	312.481	98.561	286.408	384.969
7.Incentive Line 5 x Oper 50% Res 50%	7.153	13.284	20.437	7.153	11.559	18.712
8.Incentive - Line 4 x Oper 10% Res 3%	9.856	6.418	16.274	9.856	8.592	18.448
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.153	6.418	13.571	7.153	8.592	15.745
10.Final Incentive	7.153	6.418	13.571	7.153	8.592	15.745
11.Current Period Base: (line 6 + line 10)	105.714	220.337	326.052	105.714	295.000	400.714
12.Plus: Property Rate Component			12.081			12.081
13.Plus: ROE/Use Rate			1.285			1.285
14.Total Current Period Base			339.418			414.081
15.Prospective Rate: Line 11 x Inflation 1.04888743	110.882	231.109	341.991	110.882	309.422	420.304
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	110.882	231.109	341.991	110.882	309.422	420.304
19.Property Rate Component			12.081			12.081
20.ROE Component + ROE Interim Component			1.285			1.285
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>355.36</b>			<b>433.67</b>
23.Medicaid Days		0			8,660	
24.Resident Days		0			8,660	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.59			9.16
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>385.16</b>			<b>465.04</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031257600 - 2018/07

RI: 378.81

NM: 466.73

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Eagle Watch Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 10/04/2017 - 12/08/2017 Days Eligible: 299 of 365

Eligibility Factor : 81.92%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	98.253	232.256	330.509	98.253	322.509	420.763
2.Inflate Line 1 by Inflation Factor 1.02308615	100.522	237.618	338.139	100.522	329.955	430.476
3.Line 1 X 1.4000 X Inflation Factor 1.03232061	101.429	239.762	341.191	101.429	332.933	434.362
4.Current Period Cost	88.918	209.491	298.410	88.918	287.648	376.566
5.Incentive Basis (line 3 - line 4)	12.511	30.271		12.511	45.285	
6.Allowed Current Period Costs (Min of line 3 or 4)	88.918	209.491	298.410	88.918	287.648	376.566
7.Incentive Line 5 x Oper 50% Res 50%	6.255	15.136	21.391	6.255	22.643	28.898
8.Incentive - Line 4 x Oper 10% Res 3%	8.892	6.285	15.177	8.892	8.629	17.521
9.Incentive - Min of Line 7,8 x Eligibility factor 81.92%	5.124	5.148	10.273	5.124	7.069	12.193
10.Final Incentive	5.124	5.148	10.273	5.124	7.069	12.193
11.Current Period Base: (line 6 + line 10)	94.043	214.640	308.682	94.043	294.717	388.759
12.Plus: Property Rate Component			15.969			15.969
13.Plus: ROE/Use Rate			0.930			0.930
14.Total Current Period Base			325.581			405.658
15.Prospective Rate: Line 11 x Inflation 1.07631746	101.220	231.020	332.240	101.220	317.209	418.428
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	101.220	231.020	332.240	101.220	317.209	418.428
19.Property Rate Component			15.969			15.969
20.ROE Component + ROE Interim Component			0.930			0.930
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>349.14</b>			<b>435.33</b>
23.Medicaid Days			2,196			6,462
24.Resident Days			2,196			6,462
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.46			9.20
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>378.81</b>			<b>466.73</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031258400 - 2018/07

RI: 352.88

NM: 439.54

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Point West Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	102.664	219.769	322.433	102.664	311.858	414.522
2.Inflate Line 1 by Inflation Factor 1.04984143	107.781	230.722	338.503	107.781	327.401	435.182
3.Line 1 X 1.4000 X Inflation Factor 1.06977800	109.828	235.104	344.931	109.828	333.618	443.446
4.Current Period Cost	89.213	194.603	283.816	89.213	273.238	362.450
5.Incentive Basis (line 3 - line 4)	20.615	40.500		20.615	60.381	
6.Allowed Current Period Costs (Min of line 3 or 4)	89.213	194.603	283.816	89.213	273.238	362.450
7.Incentive Line 5 x Oper 50% Res 50%	10.307	20.250	30.558	10.307	30.190	40.498
8.Incentive - Line 4 x Oper 10% Res 3%	8.921	5.838	14.759	8.921	8.197	17.118
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	8.921	5.838	14.759	8.921	8.197	17.118
10.Final Incentive	8.921	5.838	14.759	8.921	8.197	17.118
11.Current Period Base: (line 6 + line 10)	98.134	200.441	298.575	98.134	281.435	379.569
12.Plus: Property Rate Component			9.299			9.299
13.Plus: ROE/Use Rate			1.248			1.248
14.Total Current Period Base			309.122			390.115
15.Prospective Rate: Line 11 x Inflation 1.04888743	102.931	210.240	313.172	102.931	295.193	398.125
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	102.931	210.240	313.172	102.931	295.193	398.125
19.Property Rate Component			9.299			9.299
20.ROE Component + ROE Interim Component			1.248			1.248
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>323.72</b>			<b>408.67</b>
23.Medicaid Days		551			7,582	
24.Resident Days		551			7,582	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.95			8.66
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>352.88</b>			<b>439.54</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031259200 - 2018/07

RI: 381.61

NM: 470.57

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Hodges Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 05/01/2017 - 05/25/2017, 03/16/2018 - 04/30/2018 Days Eligible: 294 of 365

Eligibility Factor : 80.55%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	101.738	213.930	315.668	101.738	303.908	405.646
2.Inflate Line 1 by Inflation Factor 1.04984143	106.809	224.592	331.401	106.809	319.055	425.864
3.Line 1 X 1.4000 X Inflation Factor 1.06977800	108.837	228.858	337.694	108.837	325.114	433.951
4.Current Period Cost	108.788	206.874	315.662	108.788	288.060	396.848
5.Incentive Basis (line 3 - line 4)	0.049	21.983		0.049	37.054	
6.Allowed Current Period Costs (Min of line 3 or 4)	108.788	206.874	315.662	108.788	288.060	396.848
7.Incentive Line 5 x Oper 50% Res 50%	0.024	10.992	11.016	0.024	18.527	18.552
8.Incentive - Line 4 x Oper 10% Res 3%	10.879	6.206	17.085	10.879	8.642	19.521
9.Incentive - Min of Line 7,8 x Eligibility factor 80.55%	0.020	4.999	5.019	0.020	6.961	6.980
10.Final Incentive	0.020	4.999	5.019	0.020	6.961	6.980
11.Current Period Base: (line 6 + line 10)	108.808	211.873	320.681	108.808	295.021	403.828
12.Plus: Property Rate Component			13.527			13.527
13.Plus: ROE/Use Rate			1.995			1.995
14.Total Current Period Base			336.202			419.349
15.Prospective Rate: Line 11 x Inflation 1.04888743	114.127	222.231	336.358	114.127	309.443	423.570
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	114.127	222.231	336.358	114.127	309.443	423.570
19.Property Rate Component			13.527			13.527
20.ROE Component + ROE Interim Component			1.995			1.995
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>351.88</b>			<b>439.09</b>
23.Medicaid Days		365			7,824	
24.Resident Days		365			7,824	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.52			9.27
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>381.61</b>			<b>470.57</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031260600 - 2018/07

RI: 351.44

NM: 437.72

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

**Kinkaid Cluster (Mentor)**

Ownership:Private

Incentive Rating: Ineligible from 06/22/2017 - 09/17/2017 Days Eligible: 277 of 365

Eligibility Factor : 75.89%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	103.232	197.918	301.150	103.232	274.027	377.259
2.Inflate Line 1 by Inflation Factor 1.02308615	105.615	202.487	308.102	105.615	280.353	385.968
3.Line 1 X 1.4000 X Inflation Factor 1.03232061	106.569	204.315	310.883	106.569	282.884	389.452
4.Current Period Cost	90.248	182.060	272.308	90.248	258.897	349.145
5.Incentive Basis (line 3 - line 4)	16.321	22.255		16.321	23.987	
6.Allowed Current Period Costs (Min of line 3 or 4)	90.248	182.060	272.308	90.248	258.897	349.145
7.Incentive Line 5 x Oper 50% Res 50%	8.160	11.127	19.288	8.160	11.993	20.154
8.Incentive - Line 4 x Oper 10% Res 3%	9.025	5.462	14.487	9.025	7.767	16.792
9.Incentive - Min of Line 7,8 x Eligibility factor 75.89%	6.193	4.145	10.338	6.193	5.894	12.087
10.Final Incentive	6.193	4.145	10.338	6.193	5.894	12.087
11.Current Period Base: (line 6 + line 10)	96.441	186.205	282.646	96.441	264.791	361.232
12.Plus: Property Rate Component			16.471			16.471
13.Plus: ROE/Use Rate			1.615			1.615
14.Total Current Period Base			300.731			379.317
15.Prospective Rate: Line 11 x Inflation 1.07631746	103.801	200.416	304.217	103.801	284.999	388.800
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	103.801	200.416	304.217	103.801	284.999	388.800
19.Property Rate Component			16.471			16.471
20.ROE Component + ROE Interim Component			1.615			1.615
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>322.30</b>			<b>406.89</b>
23.Medicaid Days		522			7,694	
24.Resident Days		522			7,694	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.92			8.63
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>351.44</b>			<b>437.72</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031261400 - 2018/07

RI: 409.81

NM: 504.32

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Flamingo Drive Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	112.536	218.944	331.481	112.536	304.147	416.683
2.Inflate Line 1 by Inflation Factor 1.02615155	115.479	224.670	340.149	115.479	312.101	427.580
3.Line 1 X 1.4000 X Inflation Factor 1.03661217	116.657	226.960	343.617	116.657	315.282	431.939
4.Current Period Cost	125.346	230.227	355.573	125.346	315.290	440.636
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	116.657	226.960	343.617	116.657	315.282	431.939
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	116.657	226.960	343.617	116.657	315.282	431.939
12.Plus: Property Rate Component			16.166			16.166
13.Plus: ROE/Use Rate			2.947			2.947
14.Total Current Period Base			362.730			451.052
15.Prospective Rate: Line 11 x Inflation 1.04888743	122.360	238.056	360.415	122.360	330.696	453.055
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	122.360	238.056	360.415	122.360	330.696	453.055
19.Property Rate Component			16.166			16.166
20.ROE Component + ROE Interim Component			2.947			2.947
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>379.53</b>			<b>472.17</b>
23.Medicaid Days			73			7,813
24.Resident Days			73			7,813
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			8.08			9.94
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>409.81</b>			<b>504.32</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

031262200 - 2018/07

RI: 322.40

NM: 381.58

**Barranger Group Home (Mentor)**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	66.268	223.249	289.517	61.450	251.016	312.466
2.Inflate Line 1 by Inflation Factor 1.02308615	67.798	228.403	296.201	62.869	256.811	319.680
3.Line 1 X 1.4000 X Inflation Factor 1.03232061	68.410	230.465	298.875	63.437	259.129	322.565
4.Current Period Cost	52.454	193.371	245.825	52.454	247.012	299.466
5.Incentive Basis (line 3 - line 4)	15.956	37.094		10.983	12.117	
6.Allowed Current Period Costs (Min of line 3 or 4)	52.454	193.371	245.825	52.454	247.012	299.466
7.Incentive Line 5 x Oper 50% Res 50%	7.978	18.547	26.525	5.491	6.058	11.550
8.Incentive - Line 4 x Oper 10% Res 3%	5.245	5.801	11.047	5.245	7.410	12.656
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.245	5.801	11.047	5.245	6.058	11.304
10.Final Incentive	5.245	5.801	11.047	5.245	6.058	11.304
11.Current Period Base: (line 6 + line 10)	57.699	199.172	256.871	57.699	253.070	310.769
12.Plus: Property Rate Component			17.366			17.366
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			274.237			328.136
15.Prospective Rate: Line 11 x Inflation 1.07631746	62.103	214.372	276.475	62.103	272.384	334.487
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	62.103	214.372	276.475	62.103	272.384	334.487
19.Property Rate Component			17.366			17.366
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>293.84</b>			<b>351.85</b>
23.Medicaid Days			1,830			366
24.Resident Days			1,830			366
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.35			7.52
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>322.40</b>			<b>381.58</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

031263100 - 2018/07

RI: 249.51

NM: 0.00

**Greenridge Group Home (Mentor)**

Ownership: Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	56.266	156.638	212.904	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02308615	57.565	160.254	217.819	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03232061	58.085	161.700	219.785	0.000	0.000	0.000
4.Current Period Cost	41.749	142.931	184.680	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	16.336	18.769		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.749	142.931	184.680	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	8.168	9.385	17.553	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.175	4.288	8.463	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.175	4.288	8.463	0.000	0.000	0.000
10.Final Incentive	4.175	4.288	8.463	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	45.924	147.219	193.143	0.000	0.000	0.000
12.Plus: Property Rate Component			14.501			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			207.644			0.000
15.Prospective Rate: Line 11 x Inflation 1.07631746	49.429	158.454	207.883	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	49.429	158.454	207.883	0.000	0.000	0.000
19.Property Rate Component			14.501			0.000
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>222.38</b>			<b>0.00</b>
23.Medicaid Days			2,196			0
24.Resident Days			2,196			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.21)			22.21			0.00
27.Plus: Buy Back - QAF (.01966747)			4.92			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>249.51</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031264900 - 2018/07

RI: 389.85

NM: 479.98

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

**Pensacola Cluster (Mentor)**

Ownership:Private

Incentive Rating: Ineligible from 02/22/2018 - 03/27/2018 Days Eligible: 331 of 365

Eligibility Factor : 90.68%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	110.228	193.864	304.092	110.228	262.170	372.398
2.Inflate Line 1 by Inflation Factor 1.04615989 *	115.316	202.812	318.129	115.316	287.082	402.398
3.Line 1 X 1.4000 X Inflation Factor 1.06462385 *	117.352	206.392	323.743	117.352	291.923	409.274
4.Current Period Cost *	115.799	204.049	319.849	115.799	283.272	399.071
5.Incentive Basis (line 3 - line 4)	1.552	2.342		1.552	8.651	
6.Allowed Current Period Costs (Min of line 3 or 4)	115.799	204.049	319.849	115.799	283.272	399.071
7.Incentive Line 5 x Oper 50% Res 50%	0.776	1.171	1.947	0.776	4.325	5.102
8.Incentive - Line 4 x Oper 10% Res 3%	11.580	6.121	17.701	11.580	8.498	20.078
9.Incentive - Min of Line 7,8 x Eligibility factor 90.68%	0.704	1.062	1.766	0.704	3.923	4.626
10.Final Incentive	0.704	1.062	1.766	0.704	3.923	4.626
11.Current Period Base: (line 6 + line 10)	116.503	205.112	321.615	116.503	287.194	403.697
12.Plus: Property Rate Component			12.266			12.266
13.Plus: ROE/Use Rate			1.535			1.535
14.Total Current Period Base			335.416			417.498
15.Prospective Rate: Line 11 x Inflation 1.07631746	125.394	220.765	346.160	125.394	309.112	434.507
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	125.394	220.765	346.160	125.394	309.112	434.507
19.Property Rate Component			12.266			12.266
20.ROE Component + ROE Interim Component *			1.535			1.535
21.Plus: Property Interim Rate Component *			0.000			0.000
<b>22.Final Per Diem</b>			<b>359.96</b>			<b>448.31</b>
23.Medicaid Days			0			8,135
24.Resident Days			0			8,135
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			7.68			9.46
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>389.85</b>			<b>479.98</b>

\* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031265700 - 2018/07

RI: 340.15

NM: 413.91

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Caprona Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	66.635	196.323	262.957	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02615155	68.377	201.457	269.834	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03661217	69.074	203.510	272.584	0.000	0.000	0.000
4.Current Period Cost	73.568	219.706	293.274	73.568	267.957	341.525
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	69.074	203.510	272.584	73.568	267.957	341.525
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	69.074	203.510	272.584	73.568	267.957	341.525
12.Plus: Property Rate Component			24.506			24.506
13.Plus: ROE/Use Rate			0.821			0.821
14.Total Current Period Base			297.911			366.852
15.Prospective Rate: Line 11 x Inflation 1.04888743	72.451	213.459	285.910	77.165	281.057	358.221
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	72.451	213.459	285.910	77.165	281.057	358.221
19.Property Rate Component			24.506			24.506
20.ROE Component + ROE Interim Component			0.821			0.821
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>311.24</b>			<b>383.55</b>
23.Medicaid Days		1,565			397	
24.Resident Days		1,565			397	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.70			8.16
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>340.15</b>			<b>413.91</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

031266500 - 2018/07

RI: 239.60

NM: 275.75

**Rich Street Group Home (Mentor)**

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	49.587	126.072	175.659	49.587	157.653	207.240
2.Inflate Line 1 by Inflation Factor 1.04984143	52.058	132.356	184.414	52.058	165.511	217.569
3.Line 1 X 1.4000 X Inflation Factor 1.06977800	53.047	134.869	187.916	53.047	168.654	221.701
4.Current Period Cost	58.902	154.206	213.108	58.902	188.422	247.324
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	53.047	134.869	187.916	53.047	168.654	221.701
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	53.047	134.869	187.916	53.047	168.654	221.701
12.Plus: Property Rate Component			15.277			15.277
13.Plus: ROE/Use Rate			0.286			0.286
14.Total Current Period Base			203.480			237.264
15.Prospective Rate: Line 11 x Inflation 1.04888743	55.640	141.463	197.103	55.640	176.899	232.539
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	55.640	141.463	197.103	55.640	176.899	232.539
19.Property Rate Component			15.277			15.277
20.ROE Component + ROE Interim Component			0.286			0.286
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>212.67</b>			<b>248.10</b>
23.Medicaid Days			1,825			365
24.Resident Days			1,825			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			4.72			5.43
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>239.60</b>			<b>275.75</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031267300 - 2018/07

RI: 346.11

NM: 427.82

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

**Sandpiper Cluster (Mentor)**

Ownership: Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	81.435	195.194	276.629	81.435	264.112	345.547
2.Inflate Line 1 by Inflation Factor 1.02308615	83.315	199.700	283.015	83.315	270.209	353.524
3.Line 1 X 1.4000 X Inflation Factor 1.03232061	84.067	201.502	285.569	84.067	272.648	356.715
4.Current Period Cost	78.361	190.053	268.414	78.361	267.706	346.067
5.Incentive Basis (line 3 - line 4)	5.706	11.449		5.706	4.942	
6.Allowed Current Period Costs (Min of line 3 or 4)	78.361	190.053	268.414	78.361	267.706	346.067
7.Incentive Line 5 x Oper 50% Res 50%	2.853	5.725	8.578	2.853	2.471	5.324
8.Incentive - Line 4 x Oper 10% Res 3%	7.836	5.702	13.538	7.836	8.031	15.867
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.853	5.702	8.555	2.853	2.471	5.324
10.Final Incentive	2.853	5.702	8.555	2.853	2.471	5.324
11.Current Period Base: (line 6 + line 10)	81.214	195.754	276.968	81.214	270.177	351.391
12.Plus: Property Rate Component			17.306			17.306
13.Plus: ROE/Use Rate			1.668			1.668
14.Total Current Period Base			295.942			370.365
15.Prospective Rate: Line 11 x Inflation 1.07631746	87.412	210.694	298.106	87.412	290.796	378.208
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	87.412	210.694	298.106	87.412	290.796	378.208
19.Property Rate Component			17.306			17.306
20.ROE Component + ROE Interim Component			1.668			1.668
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>317.08</b>			<b>397.18</b>
23.Medicaid Days		1,402			7,122	
24.Resident Days		1,402			7,122	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			6.82			8.43
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>346.11</b>			<b>427.82</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031345900 - 2018/07

RI: 423.55

NM: 562.99

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

New Horizons Village

Ownership:Private

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2015	11/30/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2014	11/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	104.867	234.552	339.419	104.867	359.012	463.879
2.Inflate Line 1 by Inflation Factor 1.02125443	107.096	239.537	346.633	107.096	366.643	473.738
3.Line 1 X 1.4000 X Inflation Factor 1.02975620	107.987	241.531	349.518	107.987	369.695	477.682
4.Current Period Cost	94.047	232.172	326.219	94.047	359.012	453.060
5.Incentive Basis (line 3 - line 4)	13.940	9.359		13.940	10.682	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.047	232.172	326.219	94.047	359.012	453.060
7.Incentive Line 5 x Oper 50% Res 50%	6.970	4.679	11.650	6.970	5.341	12.311
8.Incentive - Line 4 x Oper 10% Res 3%	9.405	6.965	16.370	9.405	10.770	20.175
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.970	4.679	11.650	6.970	5.341	12.311
10.Final Incentive	6.970	4.679	11.650	6.970	5.341	12.311
11.Current Period Base: (line 6 + line 10)	101.017	236.852	337.869	101.017	364.354	465.371
12.Plus: Property Rate Component			29.706			29.706
13.Plus: ROE/Use Rate			1.044			1.044
14.Total Current Period Base			368.618			496.120
15.Prospective Rate: Line 11 x Inflation 1.07213749	108.304	253.938	362.242	108.304	390.637	498.941
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	108.304	253.938	362.242	108.304	390.637	498.941
19.Property Rate Component			29.706			29.706
20.ROE Component + ROE Interim Component			1.044			1.044
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>392.99</b>			<b>529.69</b>
23.Medicaid Days			16,432			750
24.Resident Days			16,432			750
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.21)			22.21			22.21
27.Plus: Buy Back - QAF (.01966747)			8.35			11.09
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>423.55</b>			<b>562.99</b>