



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

000169300 - 2020/07

RI: 255.81

NM: 0.00

St. Augustine Center for Living

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2017	11/30/2018	Unaudited Costs	201907
Prior Cost Report	12/1/2016	11/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	49.716	155.730	205.446	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02719374	51.068	159.965	211.033	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03807124	51.609	161.659	213.268	0.000	0.000	0.000
4.Current Period Cost	49.310	149.668	198.978	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.299	11.991		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	49.310	149.668	198.978	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.150	5.995	7.145	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.931	4.490	9.421	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.150	4.490	5.640	0.000	0.000	0.000
10.Final Incentive	1.150	4.490	5.640	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	50.459	154.158	204.617	0.000	0.000	0.000
12.Plus: Property Rate Component			19.622			0.000
13.Plus: ROE/Use Rate			1.307			0.000
14.Total Current Period Base			225.546			0.000
15.Prospective Rate: Line 11 x Inflation 1.06446875	53.712	164.096	217.809	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	53.712	164.096	217.809	0.000	0.000	0.000
19.Property Rate Component			19.622			0.000
20.ROE Component + ROE Interim Component			1.307			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			238.74			0.00
23.Medicaid Days		21,803			0	
24.Resident Days		21,803			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(6.34)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			255.81			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

001069500 - 2020/07

RI: 404.37

NM: 491.08

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Miner North

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2018	5/31/2019	Unaudited Costs	201907
Prior Cost Report	6/1/2017	5/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	125.807	187.570	313.377	125.807	269.133	394.940
2.Inflate Line 1 by Inflation Factor 1.02584682	129.059	192.418	321.477	129.059	276.089	405.148
3.Line 1 X 1.4000 X Inflation Factor 1.03618555	130.360	194.357	324.717	130.360	278.872	409.231
4.Current Period Cost	121.008	197.470	318.478	121.008	282.617	403.625
5.Incentive Basis (line 3 - line 4)	9.352	0.000		9.352	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	121.008	194.357	315.365	121.008	278.872	399.880
7.Incentive Line 5 x Oper 50% Res 50%	4.676	0.000	4.676	4.676	0.000	4.676
8.Incentive - Line 4 x Oper 10% Res 3%	12.101	0.000	12.101	12.101	0.000	12.101
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.676	0.000	4.676	4.676	0.000	4.676
10.Final Incentive	4.676	0.000	4.676	4.676	0.000	4.676
11.Current Period Base: (line 6 + line 10)	125.684	194.357	320.041	125.684	278.872	404.556
12.Plus: Property Rate Component			49.591			49.591
13.Plus: ROE/Use Rate			4.877			4.877
14.Total Current Period Base			374.509			459.024
15.Prospective Rate: Line 11 x Inflation 1.05147013	132.153	204.361	336.513	132.153	293.225	425.378
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	132.153	204.361	336.513	132.153	293.225	425.378
19.Property Rate Component			49.591			49.591
20.ROE Component + ROE Interim Component			4.877			4.877
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			390.98			479.85
23.Medicaid Days		397			8,271	
24.Resident Days		397			8,271	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(10.03)			(12.18)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			404.37			491.08



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

001071000 - 2020/07

RI: 381.69

NM: 463.81

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Miner South

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2018	5/31/2019	Unaudited Costs	201907
Prior Cost Report	6/1/2017	5/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	121.665	166.968	288.633	121.665	244.213	365.878
2.Inflate Line 1 by Inflation Factor 1.02584682	124.810	171.283	296.093	124.810	250.526	375.335
3.Line 1 X 1.4000 X Inflation Factor 1.03618555	126.067	173.010	299.077	126.067	253.050	379.118
4.Current Period Cost	123.912	194.120	318.032	123.912	277.430	401.341
5.Incentive Basis (line 3 - line 4)	2.156	0.000		2.156	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	123.912	173.010	296.921	123.912	253.050	376.962
7.Incentive Line 5 x Oper 50% Res 50%	1.078	0.000	1.078	1.078	0.000	1.078
8.Incentive - Line 4 x Oper 10% Res 3%	12.391	0.000	12.391	12.391	0.000	12.391
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.078	0.000	1.078	1.078	0.000	1.078
10.Final Incentive	1.078	0.000	1.078	1.078	0.000	1.078
11.Current Period Base: (line 6 + line 10)	124.990	173.010	297.999	124.990	253.050	378.040
12.Plus: Property Rate Component			49.499			49.499
13.Plus: ROE/Use Rate			4.905			4.905
14.Total Current Period Base			352.402			432.443
15.Prospective Rate: Line 11 x Inflation 1.05147013	131.423	181.914	313.337	131.423	266.075	397.498
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	131.423	181.914	313.337	131.423	266.075	397.498
19.Property Rate Component			49.499			49.499
20.ROE Component + ROE Interim Component			4.905			4.905
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			367.74			451.90
23.Medicaid Days		1,390			7,218	
24.Resident Days		1,390			7,218	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.46)			(11.50)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			381.69			463.81



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0101963600 - 2020/07

RI: 432.03

NM: 544.33

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

New Horizons (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	2/1/2019	1/31/2020	Budget	201707
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	132.492	259.719	392.211	132.492	374.802	507.294
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)	132.492	259.719	392.211	132.492	374.802	507.294
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)	132.492	259.719	392.211	132.492	374.802	507.294
12.Plus: Property Rate Component			27.119			27.119
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			419.330			534.412
15.Prospective Rate: Line 11 x Inflation 1.00000000	132.492	259.719	392.211	132.492	374.802	507.294
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	132.492	259.719	392.211	132.492	374.802	507.294
19.Property Rate Component			27.119			27.119
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			419.33			534.41
23.Medicaid Days			11,823			5,332
24.Resident Days			11,823			5,332
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(10.71)			(13.50)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			432.03			544.33



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012037000 - 2020/07

RI: 373.04

NM: 429.23

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Bayview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
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:	94.178	217.778	311.956	94.178	279.244	373.423
2.Inflate Line 1 by Inflation Factor 1.05396747	99.261	229.531	328.791	99.261	294.314	393.575
3.Line 1 X 1.4000 X Inflation Factor 1.07555446	101.294	234.232	335.526	101.294	300.342	401.636
4.Current Period Cost	106.306	202.750	309.056	106.306	255.036	361.342
5.Incentive Basis (line 3 - line 4)	0.000	31.481		0.000	45.306	
6.Allowed Current Period Costs (Min of line 3 or 4)	101.294	202.750	304.044	101.294	255.036	356.330
7.Incentive Line 5 x Oper 50% Res 50%	0.000	15.741	15.741	0.000	22.653	22.653
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.083	6.083	0.000	7.651	7.651
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.083	6.083	0.000	7.651	7.651
10.Final Incentive	0.000	6.083	6.083	0.000	7.651	7.651
11.Current Period Base: (line 6 + line 10)	101.294	208.833	310.127	101.294	262.687	363.981
12.Plus: Property Rate Component			18.573			18.573
13.Plus: ROE/Use Rate			8.717			8.717
14.Total Current Period Base			337.416			391.271
15.Prospective Rate: Line 11 x Inflation 1.06920624	108.304	223.285	331.590	108.304	280.867	389.171
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	223.285	331.590	108.304	280.867	389.171
19.Property Rate Component			18.573			18.573
20.ROE Component + ROE Interim Component			8.717			8.717
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			358.88			416.46
23.Medicaid Days		1,456			728	
24.Resident Days		1,456			728	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.25)			(10.64)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			373.04			429.23



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012038000 - 2020/07

RI: 321.74

NM: 375.23

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Seaview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
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:	91.235	196.302	287.537	91.235	251.376	342.611
2.Inflate Line 1 by Inflation Factor 1.05396747	96.159	206.896	303.055	96.159	264.942	361.101
3.Line 1 X 1.4000 X Inflation Factor 1.07555446	98.128	211.133	309.262	98.128	270.368	368.497
4.Current Period Cost	63.851	195.209	259.059	63.851	244.980	308.831
5.Incentive Basis (line 3 - line 4)	34.278	15.925		34.278	25.388	
6.Allowed Current Period Costs (Min of line 3 or 4)	63.851	195.209	259.059	63.851	244.980	308.831
7.Incentive Line 5 x Oper 50% Res 50%	17.139	7.962	25.101	17.139	12.694	29.833
8.Incentive - Line 4 x Oper 10% Res 3%	6.385	5.856	12.241	6.385	7.349	13.734
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.385	5.856	12.241	6.385	7.349	13.734
10.Final Incentive	6.385	5.856	12.241	6.385	7.349	13.734
11.Current Period Base: (line 6 + line 10)	70.236	201.065	271.300	70.236	252.330	322.565
12.Plus: Property Rate Component			14.721			14.721
13.Plus: ROE/Use Rate			1.511			1.511
14.Total Current Period Base			287.532			338.797
15.Prospective Rate: Line 11 x Inflation 1.06920624	75.096	214.980	290.076	75.096	269.793	344.889
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	75.096	214.980	290.076	75.096	269.793	344.889
19.Property Rate Component			14.721			14.721
20.ROE Component + ROE Interim Component			1.511			1.511
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			306.31			361.12
23.Medicaid Days		1,536			571	
24.Resident Days		1,536			571	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(7.98)			(9.30)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			321.74			375.23



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012040300 - 2020/07

RI: 373.05

NM: 430.28

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Gulfview (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
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:	92.302	201.973	294.275	92.302	255.796	348.099
2.Inflate Line 1 by Inflation Factor 1.07936633	99.628	218.002	317.630	99.628	276.098	375.726
3.Line 1 X 1.4000 X Inflation Factor 1.11111286	102.558	224.414	326.972	102.558	284.219	386.777
4.Current Period Cost	94.928	213.814	308.742	94.928	267.273	362.201
5.Incentive Basis (line 3 - line 4)	7.630	10.601		7.630	16.946	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.928	213.814	308.742	94.928	267.273	362.201
7.Incentive Line 5 x Oper 50% Res 50%	3.815	5.300	9.115	3.815	8.473	12.288
8.Incentive - Line 4 x Oper 10% Res 3%	9.493	6.414	15.907	9.493	8.018	17.511
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.815	5.300	9.115	3.815	8.018	11.833
10.Final Incentive	3.815	5.300	9.115	3.815	8.018	11.833
11.Current Period Base: (line 6 + line 10)	98.743	219.114	317.857	98.743	275.291	374.034
12.Plus: Property Rate Component			25.471			25.471
13.Plus: ROE/Use Rate			1.557			1.557
14.Total Current Period Base			344.885			401.062
15.Prospective Rate: Line 11 x Inflation 1.04404645	103.092	228.765	331.858	103.092	287.417	390.509
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	103.092	228.765	331.858	103.092	287.417	390.509
19.Property Rate Component			25.471			25.471
20.ROE Component + ROE Interim Component			1.557			1.557
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			358.89			417.54
23.Medicaid Days			1,083			1,044
24.Resident Days			1,083			1,044
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.25)			(10.67)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			373.05			430.28



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012073200 - 2020/07

RI: 448.72

NM: 0.00

Suffridge Drive Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2018	10/31/2019	Unaudited Costs	201907
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	125.499	269.859	395.358	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02357815	128.458	276.222	404.680	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03300941	129.641	278.767	408.408	0.000	0.000	0.000
4.Current Period Cost	120.957	277.383	398.340	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	8.684	1.384		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	120.957	277.383	398.340	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	4.342	0.692	5.034	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	12.096	8.321	20.417	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.342	0.692	5.034	0.000	0.000	0.000
10.Final Incentive	4.342	0.692	5.034	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	125.299	278.075	403.374	0.000	0.000	0.000
12.Plus: Property Rate Component			16.019			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			419.393			0.000
15.Prospective Rate: Line 11 x Inflation 1.04224926	130.593	289.823	420.417	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	130.593	289.823	420.417	0.000	0.000	0.000
19.Property Rate Component			16.019			0.000
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			436.44			0.00
23.Medicaid Days			1,825			0
24.Resident Days			1,825			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(11.13)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			448.72			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012074200 - 2020/07

RI: 368.66

NM: 411.93

Coletta Drive Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
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:	112.333	171.275	283.608	112.333	204.487	316.821
2.Inflate Line 1 by Inflation Factor 1.05430544	118.434	180.576	299.009	118.434	215.592	334.026
3.Line 1 X 1.4000 X Inflation Factor 1.07602762	120.874	184.296	305.170	120.874	220.034	340.908
4.Current Period Cost	113.750	185.363	299.113	113.750	229.795	343.545
5.Incentive Basis (line 3 - line 4)	7.124	0.000		7.124	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	113.750	184.296	298.046	113.750	220.034	333.784
7.Incentive Line 5 x Oper 50% Res 50%	3.562	0.000	3.562	3.562	0.000	3.562
8.Incentive - Line 4 x Oper 10% Res 3%	11.375	0.000	11.375	11.375	0.000	11.375
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.562	0.000	3.562	3.562	0.000	3.562
10.Final Incentive	3.562	0.000	3.562	3.562	0.000	3.562
11.Current Period Base: (line 6 + line 10)	117.312	184.296	301.608	117.312	220.034	337.346
12.Plus: Property Rate Component			19.031			19.031
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			320.639			356.376
15.Prospective Rate: Line 11 x Inflation 1.06682357	125.151	196.611	321.762	125.151	234.737	359.888
16.Interim Rate Component: *	1.870	11.730	13.600	1.870	17.940	19.810
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	127.021	208.341	335.362	127.021	252.677	379.698
19.Property Rate Component			19.031			19.031
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			354.39			398.73
23.Medicaid Days		1,333			786	
24.Resident Days		1,333			786	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.14)			(10.21)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			368.66			411.93

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012074800 - 2020/07

RI: 359.19

NM: 397.47

Spring Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
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:	117.974	151.198	269.172	117.974	180.967	298.941
2.Inflate Line 1 by Inflation Factor 1.05430544	124.380	159.409	283.789	124.380	190.795	315.175
3.Line 1 X 1.4000 X Inflation Factor 1.07602762	126.943	162.694	289.636	126.943	194.726	321.668
4.Current Period Cost	145.075	227.541	372.616	145.075	284.710	429.784
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)	126.943	162.694	289.636	126.943	194.726	321.668
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)	126.943	162.694	289.636	126.943	194.726	321.668
12.Plus: Property Rate Component			20.350			20.350
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			309.986			342.019
15.Prospective Rate: Line 11 x Inflation 1.06682357	135.426	173.565	308.991	135.426	207.738	343.163
16.Interim Rate Component: *	2.600	12.740	15.340	2.600	17.800	20.400
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	138.026	186.305	324.331	138.026	225.538	363.563
19.Property Rate Component			20.350			20.350
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			344.68			383.91
23.Medicaid Days			967			424
24.Resident Days			967			424
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.91)			(9.85)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			359.19			397.47

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012075300 - 2020/07

RI: 343.85

NM: 381.93

Walnut Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2018	10/31/2019	Unaudited Costs	201907
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	99.856	172.770	272.626	99.856	204.790	304.646
2.Inflate Line 1 by Inflation Factor 1.02357815	102.210	176.844	279.054	102.210	209.619	311.829
3.Line 1 X 1.4000 X Inflation Factor 1.03300941	103.152	178.473	281.625	103.152	211.550	314.702
4.Current Period Cost	120.062	221.063	341.125	120.062	273.029	393.091
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)	103.152	178.473	281.625	103.152	211.550	314.702
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)	103.152	178.473	281.625	103.152	211.550	314.702
12.Plus: Property Rate Component			23.438			23.438
13.Plus: ROE/Use Rate			0.063			0.063
14.Total Current Period Base			305.126			338.203
15.Prospective Rate: Line 11 x Inflation 1.04224926	107.510	186.013	293.524	107.510	220.488	327.998
16.Interim Rate Component: *	1.870	10.070	11.940	1.870	14.620	16.490
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	109.380	196.083	305.464	109.380	235.108	344.488
19.Property Rate Component			23.438			23.438
20.ROE Component + ROE Interim Component *			0.063			0.063
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			328.96			367.99
23.Medicaid Days		1,662			109	
24.Resident Days		1,662			109	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.53)			(9.47)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			343.85			381.93

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012075700 - 2020/07

RI: 330.85

NM: 378.74

Bessent Road Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Field Audited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	89.834	164.962	254.796	89.834	196.630	286.463
2.Inflate Line 1 by Inflation Factor 1.05430544	94.712	173.920	268.632	94.712	207.308	302.020
3.Line 1 X 1.4000 X Inflation Factor 1.07602762	96.664	177.504	274.167	96.664	211.579	308.243
4.Current Period Cost	110.355	162.972	273.327	110.355	206.287	316.643
5.Incentive Basis (line 3 - line 4)	0.000	14.532		0.000	5.292	
6.Allowed Current Period Costs (Min of line 3 or 4)	96.664	162.972	259.635	96.664	206.287	302.951
7.Incentive Line 5 x Oper 50% Res 50%	0.000	7.266	7.266	0.000	2.646	2.646
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.889	4.889	0.000	6.189	6.189
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.889	4.889	0.000	2.646	2.646
10.Final Incentive	0.000	4.889	4.889	0.000	2.646	2.646
11.Current Period Base: (line 6 + line 10)	96.664	167.861	264.525	96.664	208.933	305.597
12.Plus: Property Rate Component			19.294			19.294
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			283.818			324.890
15.Prospective Rate: Line 11 x Inflation 1.06682357	103.123	179.078	282.201	103.123	222.895	326.018
16.Interim Rate Component: *	2.250	11.900	14.150	2.250	17.160	19.410
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	105.373	190.978	296.351	105.373	240.055	345.428
19.Property Rate Component			19.294			19.294
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			315.64			364.72
23.Medicaid Days			1,824			365
24.Resident Days			1,824			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.20)			(9.39)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			330.85			378.74

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012075900 - 2020/07

RI: 389.47

NM: 445.45

Frederick Avenue Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
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 1.05430544	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07602762	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	119.831	204.222	324.052	119.831	251.757	371.587
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)	119.831	204.222	324.052	119.831	251.757	371.587
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)	119.831	204.222	324.052	119.831	251.757	371.587
12.Plus: Property Rate Component			15.961			15.961
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			340.013			387.548
15.Prospective Rate: Line 11 x Inflation 1.06682357	127.838	217.869	345.707	127.838	268.580	396.418
16.Interim Rate Component: *	1.870	12.180	14.050	1.870	18.830	20.700
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	129.708	230.049	359.757	129.708	287.410	417.118
19.Property Rate Component			15.961			15.961
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			375.72			433.08
23.Medicaid Days			2,128			61
24.Resident Days			2,128			61
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.66)			(11.04)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			389.47			445.45

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012373500 - 2020/07

RI: 367.80

NM: 386.50

107th Place Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2018	10/31/2019	Unaudited Costs	201907
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	111.677	187.222	298.900	111.677	221.496	333.174
2.Inflate Line 1 by Inflation Factor 1.02357815	114.310	191.637	305.947	114.310	226.719	341.029
3.Line 1 X 1.4000 X Inflation Factor 1.03300941	115.364	193.402	308.766	115.364	228.808	344.171
4.Current Period Cost	119.880	239.432	359.312	119.880	289.333	409.213
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)	115.364	193.402	308.766	115.364	228.808	344.171
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)	115.364	193.402	308.766	115.364	228.808	344.171
12.Plus: Property Rate Component			13.964			13.964
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			322.730			358.135
15.Prospective Rate: Line 11 x Inflation 1.04224926	120.238	201.573	321.811	120.238	238.475	358.712
16.Interim Rate Component: *	2.590	15.140	17.730	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	122.828	216.713	339.541	120.238	238.475	358.712
19.Property Rate Component			13.964			13.964
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			353.50			372.68
23.Medicaid Days		1,652			361	
24.Resident Days		1,652			361	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.12)			(9.58)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			367.80			386.50

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012374200 - 2020/07

RI: 398.25

NM: 0.00

Second Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2018	10/31/2019	Unaudited Costs	201907
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	123.567	212.972	336.538	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02357815	126.480	217.993	344.473	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03300941	127.645	220.002	347.647	0.000	0.000	0.000
4.Current Period Cost	120.711	263.542	384.254	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	6.934	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	120.711	220.002	340.713	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	3.467	0.000	3.467	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	12.071	0.000	12.071	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.467	0.000	3.467	0.000	0.000	0.000
10.Final Incentive	3.467	0.000	3.467	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	124.178	220.002	344.180	0.000	0.000	0.000
12.Plus: Property Rate Component			11.402			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			355.582			0.000
15.Prospective Rate: Line 11 x Inflation 1.04224926	129.425	229.296	358.721	0.000	0.000	0.000
16.Interim Rate Component: *	1.930	12.660	14.590	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	131.355	241.956	373.311	0.000	0.000	0.000
19.Property Rate Component			11.402			0.000
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			384.71			0.00
23.Medicaid Days		1,973			0	
24.Resident Days		1,973			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(9.87)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			398.25			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012374400 - 2020/07

RI: 371.79

NM: 0.00

Rosewood Avenue Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2018	10/31/2019	Unaudited Costs	201907
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	103.592	195.849	299.441	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02357815	106.034	200.467	306.501	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03300941	107.011	202.314	309.325	0.000	0.000	0.000
4.Current Period Cost	117.534	255.049	372.583	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)	107.011	202.314	309.325	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)	107.011	202.314	309.325	0.000	0.000	0.000
12.Plus: Property Rate Component			18.129			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			327.455			0.000
15.Prospective Rate: Line 11 x Inflation 1.04224926	111.532	210.862	322.394	0.000	0.000	0.000
16.Interim Rate Component: *	2.250	14.820	17.070	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	113.782	225.682	339.464	0.000	0.000	0.000
19.Property Rate Component			18.129			0.000
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			357.59			0.00
23.Medicaid Days			1,963			0
24.Resident Days			1,963			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(9.22)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			371.79			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012375400 - 2020/07

RI: 397.01

NM: 456.23

19th Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
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 1.05430544	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07602762	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	113.946	217.357	331.303	113.946	269.386	383.332
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)	113.946	217.357	331.303	113.946	269.386	383.332
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)	113.946	217.357	331.303	113.946	269.386	383.332
12.Plus: Property Rate Component			17.444			17.444
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			348.747			400.776
15.Prospective Rate: Line 11 x Inflation 1.06682357	121.560	231.882	353.442	121.560	287.387	408.947
16.Interim Rate Component: *	1.870	10.690	12.560	1.870	15.870	17.740
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	123.430	242.572	366.002	123.430	303.257	426.687
19.Property Rate Component			17.444			17.444
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			383.45			444.13
23.Medicaid Days			1,429			453
24.Resident Days			1,429			453
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.84)			(11.31)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			397.01			456.23

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012386400 - 2020/07

RI: 383.62

NM: 0.00

Tunis Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
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 1.05430544	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07602762	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	116.341	199.539	315.880	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)	116.341	199.539	315.880	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)	116.341	199.539	315.880	0.000	0.000	0.000
12.Plus: Property Rate Component			18.570			0.000
13.Plus: ROE/Use Rate			0.004			0.000
14.Total Current Period Base			334.454			0.000
15.Prospective Rate: Line 11 x Inflation 1.06682357	124.115	212.873	336.988	0.000	0.000	0.000
16.Interim Rate Component: *	1.870	12.290	14.160	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	125.985	225.163	351.148	0.000	0.000	0.000
19.Property Rate Component			18.570			0.000
20.ROE Component + ROE Interim Component *			0.004			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			369.72			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(9.51)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			383.62			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012390800 - 2020/07

RI: 395.29

NM: 0.00

Plaza Oval Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2018	10/31/2019	Unaudited Costs	201907
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	119.453	206.417	325.869	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02357815	122.269	211.284	333.552	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03300941	123.396	213.230	336.626	0.000	0.000	0.000
4.Current Period Cost	120.111	213.352	333.463	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.285	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	120.111	213.230	333.341	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.642	0.000	1.642	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	12.011	0.000	12.011	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.642	0.000	1.642	0.000	0.000	0.000
10.Final Incentive	1.642	0.000	1.642	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	121.753	213.230	334.984	0.000	0.000	0.000
12.Plus: Property Rate Component			13.963			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			348.947			0.000
15.Prospective Rate: Line 11 x Inflation 1.04224926	126.897	222.239	349.136	0.000	0.000	0.000
16.Interim Rate Component: *	2.680	15.900	18.580	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	129.577	238.139	367.716	0.000	0.000	0.000
19.Property Rate Component			13.963			0.000
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			381.68			0.00
23.Medicaid Days		2,183			0	
24.Resident Days		2,183			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(9.80)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			395.29			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012392700 - 2020/07

RI: 392.27

NM: 440.56

Claudia Drive Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2018	10/30/2019	Unaudited Costs	201907
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	125.964	199.364	325.328	125.964	241.173	367.137
2.Inflate Line 1 by Inflation Factor 1.02357815	128.934	204.064	332.999	128.934	246.859	375.794
3.Line 1 X 1.4000 X Inflation Factor 1.03300941	130.122	205.945	336.067	130.122	249.134	379.256
4.Current Period Cost	130.931	231.695	362.626	130.931	287.430	418.361
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)	130.122	205.945	336.067	130.122	249.134	379.256
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)	130.122	205.945	336.067	130.122	249.134	379.256
12.Plus: Property Rate Component			14.975			14.975
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			351.042			394.231
15.Prospective Rate: Line 11 x Inflation 1.04224926	135.620	214.646	350.265	135.620	259.660	395.279
16.Interim Rate Component: *	2.250	11.100	13.350	2.250	15.570	17.820
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	137.870	225.746	363.615	137.870	275.230	413.099
19.Property Rate Component			14.975			14.975
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			378.59			428.07
23.Medicaid Days		1,460			365	
24.Resident Days		1,460			365	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.73)			(10.92)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			392.27			440.56

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

012410100 - 2020/07

RI: 328.35

NM: 0.00

High Desert Court Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2018	10/31/2019	Unaudited Costs	201907
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	96.025	171.065	267.090	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02357815	98.289	175.098	273.388	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03300941	99.195	176.712	275.907	0.000	0.000	0.000
4.Current Period Cost	114.054	182.836	296.890	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)	99.195	176.712	275.907	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)	99.195	176.712	275.907	0.000	0.000	0.000
12.Plus: Property Rate Component			12.967			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			288.873			0.000
15.Prospective Rate: Line 11 x Inflation 1.04224926	103.386	184.178	287.563	0.000	0.000	0.000
16.Interim Rate Component: *	1.870	10.680	12.550	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	105.256	194.858	300.113	0.000	0.000	0.000
19.Property Rate Component			12.967			0.000
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			313.08			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(8.14)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			328.35			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

015979000 - 2020/07

RI: 359.60

NM: 456.03

Log Cabin Enterprises, Inc. (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	76.997	213.607	290.604	76.997	295.234	372.231
2.Inflate Line 1 by Inflation Factor 1.02546131	78.958	219.045	298.003	78.958	302.751	381.708
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	79.742	221.221	300.963	79.742	305.758	385.499
4.Current Period Cost	89.767	221.644	311.410	89.767	315.960	405.726
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)	79.742	221.221	300.963	79.742	305.758	385.499
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)	79.742	221.221	300.963	79.742	305.758	385.499
12.Plus: Property Rate Component			14.326			14.326
13.Plus: ROE/Use Rate			2.036			2.036
14.Total Current Period Base			317.325			401.862
15.Prospective Rate: Line 11 x Inflation 1.04953576	83.692	232.179	315.871	83.692	320.903	404.595
16.Interim Rate Component: *	1.530	11.340	12.870	1.530	21.440	22.970
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	85.222	243.519	328.741	85.222	342.343	427.565
19.Property Rate Component			14.326			14.326
20.ROE Component + ROE Interim Component *			2.036			2.036
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			345.10			443.93
23.Medicaid Days		25,639			17,682	
24.Resident Days		25,639			17,682	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.92)			(11.31)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			359.60			456.03

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028000300 - 2020/07

RI: 268.09

NM: 396.84

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Sandy Park Development Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2018	12/31/2018	Unaudited Costs	201907
Prior Cost Report	1/1/2017	12/31/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	60.115	174.863	234.979	57.531	301.550	359.081
2.Inflate Line 1 by Inflation Factor 1.02717476	61.749	179.615	241.364	59.094	309.745	368.839
3.Line 1 X 1.4000 X Inflation Factor 1.03804466	62.402	181.516	243.918	59.720	313.023	372.743
4.Current Period Cost	64.407	159.219	223.626	64.407	282.429	346.836
5.Incentive Basis (line 3 - line 4)	0.000	22.297		0.000	30.594	
6.Allowed Current Period Costs (Min of line 3 or 4)	62.402	159.219	221.622	59.720	282.429	342.149
7.Incentive Line 5 x Oper 50% Res 50%	0.000	11.148	11.148	0.000	15.297	15.297
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.777	4.777	0.000	8.473	8.473
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.777	4.777	0.000	8.473	8.473
10.Final Incentive	0.000	4.777	4.777	0.000	8.473	8.473
11.Current Period Base: (line 6 + line 10)	62.402	163.996	226.398	59.720	290.902	350.622
12.Plus: Property Rate Component			10.681			10.681
13.Plus: ROE/Use Rate			0.178			0.178
14.Total Current Period Base			237.258			361.481
15.Prospective Rate: Line 11 x Inflation 1.06214157	66.280	174.187	240.467	63.431	308.979	372.410
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	66.280	174.187	240.467	63.431	308.979	372.410
19.Property Rate Component			10.681			10.681
20.ROE Component + ROE Interim Component			0.178			0.178
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			251.33			383.27
23.Medicaid Days			18,912			4,380
24.Resident Days			18,912			4,380
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(6.65)			(9.84)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			268.09			396.84



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028018601 - 2020/07

RI: 362.80

NM: 470.23

St. Petersburg Cluster (Sunrise)

Ownership:Private

Incentive Rating: Ineligible from 10/10/2019 - 12/10/2019 Days Eligible: 304 of 366

Eligibility Factor : 83.06%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	88.332	214.317	302.649	88.332	304.464	392.796
2.Inflate Line 1 by Inflation Factor 1.02546131	90.581	219.774	310.355	90.581	312.216	402.797
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	91.481	221.957	313.438	91.481	315.317	406.797
4.Current Period Cost	87.079	206.573	293.652	87.079	295.514	382.593
5.Incentive Basis (line 3 - line 4)	4.402	15.384		4.402	19.803	
6.Allowed Current Period Costs (Min of line 3 or 4)	87.079	206.573	293.652	87.079	295.514	382.593
7.Incentive Line 5 x Oper 50% Res 50%	2.201	7.692	9.893	2.201	9.901	12.102
8.Incentive - Line 4 x Oper 10% Res 3%	8.708	6.197	14.905	8.708	8.865	17.573
9.Incentive - Min of Line 7,8 x Eligibility factor 83.06%	1.828	5.147	6.976	1.828	7.364	9.192
10.Final Incentive	1.828	5.147	6.976	1.828	7.364	9.192
11.Current Period Base: (line 6 + line 10)	88.907	211.721	300.628	88.907	302.877	391.784
12.Plus: Property Rate Component			14.749			14.749
13.Plus: ROE/Use Rate			3.006			3.006
14.Total Current Period Base			318.382			409.539
15.Prospective Rate: Line 11 x Inflation 1.04953576	93.311	222.208	315.519	93.311	317.881	411.192
16.Interim Rate Component: *	0.690	14.420	15.110	0.690	28.840	29.530
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	94.001	236.628	330.629	94.001	346.721	440.722
19.Property Rate Component			14.749			14.749
20.ROE Component + ROE Interim Component *			3.006			3.006
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			348.38			458.48
23.Medicaid Days		1,095			7,634	
24.Resident Days		1,095			7,634	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.99)			(11.66)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			362.80			470.23

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028019401 - 2020/07

RI: 481.47

NM: 599.29

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Laurel Hill Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	131.022	283.706	414.728	131.022	404.833	535.854
2.Inflate Line 1 by Inflation Factor 1.05188466	137.820	298.426	436.246	137.820	425.837	563.657
3.Line 1 X 1.4000 X Inflation Factor 1.07263852	140.539	304.314	444.853	140.539	434.239	574.778
4.Current Period Cost	133.031	303.554	436.585	133.031	396.694	529.725
5.Incentive Basis (line 3 - line 4)	7.508	0.760		7.508	37.545	
6.Allowed Current Period Costs (Min of line 3 or 4)	133.031	303.554	436.585	133.031	396.694	529.725
7.Incentive Line 5 x Oper 50% Res 50%	3.754	0.380	4.134	3.754	18.772	22.527
8.Incentive - Line 4 x Oper 10% Res 3%	13.303	9.107	22.410	13.303	11.901	25.204
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.754	0.380	4.134	3.754	11.901	15.655
10.Final Incentive	3.754	0.380	4.134	3.754	11.901	15.655
11.Current Period Base: (line 6 + line 10)	136.785	303.934	440.719	136.785	408.595	545.380
12.Plus: Property Rate Component			18.935			18.935
13.Plus: ROE/Use Rate			2.405			2.405
14.Total Current Period Base			462.059			566.720
15.Prospective Rate: Line 11 x Inflation 1.04404645	142.810	317.321	460.131	142.810	426.592	569.402
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	142.810	317.321	460.131	142.810	426.592	569.402
19.Property Rate Component			18.935			18.935
20.ROE Component + ROE Interim Component			2.405			2.405
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			481.47			590.74
23.Medicaid Days			0			8,466
24.Resident Days			0			8,466
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.41)			0.00			23.41
27.Rate Cut – QAF (0.02429311)			0.00			(14.86)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			481.47			599.29



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028020801 - 2020/07

RI: 369.94

NM: 499.06

McCauley Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	72.896	234.078	306.974	72.896	355.814	428.711
2.Inflate Line 1 by Inflation Factor 1.02546131	74.752	240.038	314.790	74.752	364.874	439.626
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	75.495	242.421	317.916	75.495	368.498	443.993
4.Current Period Cost	73.207	257.250	330.457	73.207	401.478	474.686
5.Incentive Basis (line 3 - line 4)	2.288	0.000		2.288	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	73.207	242.421	315.629	73.207	368.498	441.705
7.Incentive Line 5 x Oper 50% Res 50%	1.144	0.000	1.144	1.144	0.000	1.144
8.Incentive - Line 4 x Oper 10% Res 3%	7.321	0.000	7.321	7.321	0.000	7.321
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.144	0.000	1.144	1.144	0.000	1.144
10.Final Incentive	1.144	0.000	1.144	1.144	0.000	1.144
11.Current Period Base: (line 6 + line 10)	74.351	242.421	316.773	74.351	368.498	442.849
12.Plus: Property Rate Component			19.071			19.071
13.Plus: ROE/Use Rate			4.171			4.171
14.Total Current Period Base			340.015			466.091
15.Prospective Rate: Line 11 x Inflation 1.04953576	78.034	254.430	332.464	78.034	386.752	464.786
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	78.034	254.430	332.464	78.034	386.752	464.786
19.Property Rate Component			19.071			19.071
20.ROE Component + ROE Interim Component			4.171			4.171
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			355.71			488.03
23.Medicaid Days		2,842			5,902	
24.Resident Days		2,842			5,902	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.17)			(12.37)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			369.94			499.06



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028028301 - 2020/07

RI: 351.09

NM: 455.53

Greentree Court Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	77.909	205.408	283.317	77.909	288.563	366.472
2.Inflate Line 1 by Inflation Factor 1.02546131	79.893	210.638	290.531	79.893	295.910	375.803
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	80.686	212.730	293.416	80.686	298.849	379.536
4.Current Period Cost	87.903	206.283	294.186	87.903	291.818	379.721
5.Incentive Basis (line 3 - line 4)	0.000	6.447		0.000	7.031	
6.Allowed Current Period Costs (Min of line 3 or 4)	80.686	206.283	286.969	80.686	291.818	372.504
7.Incentive Line 5 x Oper 50% Res 50%	0.000	3.224	3.224	0.000	3.516	3.516
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.188	6.188	0.000	8.755	8.755
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.224	3.224	0.000	3.516	3.516
10.Final Incentive	0.000	3.224	3.224	0.000	3.516	3.516
11.Current Period Base: (line 6 + line 10)	80.686	209.506	290.193	80.686	295.333	376.020
12.Plus: Property Rate Component			11.698			11.698
13.Plus: ROE/Use Rate			2.469			2.469
14.Total Current Period Base			304.359			390.186
15.Prospective Rate: Line 11 x Inflation 1.04953576	84.683	219.884	304.568	84.683	309.963	394.646
16.Interim Rate Component: *	0.710	16.940	17.650	0.710	33.890	34.600
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	85.393	236.824	322.218	85.393	343.853	429.246
19.Property Rate Component			11.698			11.698
20.ROE Component + ROE Interim Component *			2.469			2.469
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			336.38			443.41
23.Medicaid Days			1,447			7,020
24.Resident Days			1,447			7,020
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.70)			(11.29)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			351.09			455.53

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028029101 - 2020/07

RI: 361.77

NM: 499.64

Mahan Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	63.195	241.163	304.358	63.195	373.134	436.329
2.Inflate Line 1 by Inflation Factor 1.02546131	64.804	247.304	312.108	64.804	382.634	447.438
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	65.448	249.760	315.207	65.448	386.434	451.882
4.Current Period Cost	66.307	245.373	311.680	66.307	377.931	444.237
5.Incentive Basis (line 3 - line 4)	0.000	4.387		0.000	8.504	
6.Allowed Current Period Costs (Min of line 3 or 4)	65.448	245.373	310.821	65.448	377.931	443.378
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.193	2.193	0.000	4.252	4.252
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.361	7.361	0.000	11.338	11.338
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.193	2.193	0.000	4.252	4.252
10.Final Incentive	0.000	2.193	2.193	0.000	4.252	4.252
11.Current Period Base: (line 6 + line 10)	65.448	247.566	313.014	65.448	382.183	447.630
12.Plus: Property Rate Component			15.781			15.781
13.Plus: ROE/Use Rate			3.034			3.034
14.Total Current Period Base			331.829			466.445
15.Prospective Rate: Line 11 x Inflation 1.04953576	68.690	259.830	328.520	68.690	401.114	469.804
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	68.690	259.830	328.520	68.690	401.114	469.804
19.Property Rate Component			15.781			15.781
20.ROE Component + ROE Interim Component			3.034			3.034
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			347.33			488.62
23.Medicaid Days			3,544			5,078
24.Resident Days			3,544			5,078
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.97)			(12.39)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			361.77			499.64



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028030501 - 2020/07

RI: 256.51

NM: 309.46

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Lake City Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	72.692	141.265	213.957	72.692	190.172	262.864
2.Inflate Line 1 by Inflation Factor 1.02546131	74.543	144.862	219.404	74.543	195.014	269.557
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	75.283	146.301	221.583	75.283	196.951	272.234
4.Current Period Cost	71.073	144.186	215.259	71.073	207.356	278.429
5.Incentive Basis (line 3 - line 4)	4.210	2.114		4.210	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.073	144.186	215.259	71.073	196.951	268.024
7.Incentive Line 5 x Oper 50% Res 50%	2.105	1.057	3.162	2.105	0.000	2.105
8.Incentive - Line 4 x Oper 10% Res 3%	7.107	4.326	11.433	7.107	0.000	7.107
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.105	1.057	3.162	2.105	0.000	2.105
10.Final Incentive	2.105	1.057	3.162	2.105	0.000	2.105
11.Current Period Base: (line 6 + line 10)	73.178	145.243	218.421	73.178	196.951	270.129
12.Plus: Property Rate Component			8.931			8.931
13.Plus: ROE/Use Rate			1.286			1.286
14.Total Current Period Base			228.639			280.346
15.Prospective Rate: Line 11 x Inflation 1.04953576	76.803	152.438	229.241	76.803	206.707	283.510
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	76.803	152.438	229.241	76.803	206.707	283.510
19.Property Rate Component			8.931			8.931
20.ROE Component + ROE Interim Component			1.286			1.286
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			239.46			293.73
23.Medicaid Days			365			7,780
24.Resident Days			365			7,780
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(6.36)			(7.67)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			256.51			309.46



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028032101 - 2020/07

RI: 259.52

NM: 333.88

Gainesville 39th Avenue Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	73.715	158.766	232.481	73.715	213.254	286.969
2.Inflate Line 1 by Inflation Factor 1.02546131	75.592	162.808	238.400	75.592	218.684	294.276
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	76.343	164.425	240.768	76.343	220.856	297.199
4.Current Period Cost	71.543	174.677	246.220	71.543	231.887	303.430
5.Incentive Basis (line 3 - line 4)	4.800	0.000		4.800	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.543	164.425	235.968	71.543	220.856	292.399
7.Incentive Line 5 x Oper 50% Res 50%	2.400	0.000	2.400	2.400	0.000	2.400
8.Incentive - Line 4 x Oper 10% Res 3%	7.154	0.000	7.154	7.154	0.000	7.154
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.400	0.000	2.400	2.400	0.000	2.400
10.Final Incentive	2.400	0.000	2.400	2.400	0.000	2.400
11.Current Period Base: (line 6 + line 10)	73.943	164.425	238.368	73.943	220.856	294.799
12.Plus: Property Rate Component			8.082			8.082
13.Plus: ROE/Use Rate			1.264			1.264
14.Total Current Period Base			247.714			304.145
15.Prospective Rate: Line 11 x Inflation 1.04953576	77.605	172.570	250.176	77.605	231.796	309.402
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	77.605	172.570	250.176	77.605	231.796	309.402
19.Property Rate Component			8.082			8.082
20.ROE Component + ROE Interim Component			1.264			1.264
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			259.52			318.75
23.Medicaid Days		0			7,936	
24.Resident Days		0			7,936	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$23.41)			0.00			23.41
27.Rate Cut – QAF (0.02429311)			0.00			(8.28)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			259.52			333.88



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028035600 - 2020/07

RI: 358.57

NM: 556.03

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

PARC Center Apartments

Ownership:Private

Incentive Rating: Ineligible from 01/16/2020 - 03/06/2020 Days Eligible: 315 of 366

Eligibility Factor : 86.07%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	64.461	233.104	297.565	64.461	415.438	479.899
2.Inflate Line 1 by Inflation Factor 1.02713247	66.210	239.429	305.639	66.210	426.710	492.919
3.Line 1 X 1.4000 X Inflation Factor 1.03798546	66.909	241.959	308.868	66.909	431.218	498.128
4.Current Period Cost	81.555	269.779	351.334	81.555	466.880	548.435
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)	66.909	241.959	308.868	66.909	431.218	498.128
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 86.07%	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)	66.909	241.959	308.868	66.909	431.218	498.128
12.Plus: Property Rate Component			12.745			12.745
13.Plus: ROE/Use Rate			1.062			1.062
14.Total Current Period Base			322.675			511.935
15.Prospective Rate: Line 11 x Inflation 1.06920624	71.540	258.704	330.244	71.540	461.061	532.601
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	71.540	258.704	330.244	71.540	461.061	532.601
19.Property Rate Component			12.745			12.745
20.ROE Component + ROE Interim Component			1.062			1.062
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			344.05			546.41
23.Medicaid Days			12,985			4,274
24.Resident Days			12,985			4,274
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.89)			(13.79)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			358.57			556.03



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028036401 - 2020/07

RI: 521.71

NM: 649.12

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Skipper Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	130.786	319.339	450.125	130.786	458.565	589.351
2.Inflate Line 1 by Inflation Factor 1.05188466	137.572	335.908	473.479	137.572	482.358	619.929
3.Line 1 X 1.4000 X Inflation Factor 1.07263852	140.286	342.535	482.821	140.286	491.875	632.161
4.Current Period Cost	139.575	339.595	479.170	139.575	442.803	582.378
5.Incentive Basis (line 3 - line 4)	0.711	2.940		0.711	49.071	
6.Allowed Current Period Costs (Min of line 3 or 4)	139.575	339.595	479.170	139.575	442.803	582.378
7.Incentive Line 5 x Oper 50% Res 50%	0.356	1.470	1.825	0.356	24.536	24.891
8.Incentive - Line 4 x Oper 10% Res 3%	13.958	10.188	24.145	13.958	13.284	27.242
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.356	1.470	1.825	0.356	13.284	13.640
10.Final Incentive	0.356	1.470	1.825	0.356	13.284	13.640
11.Current Period Base: (line 6 + line 10)	139.931	341.065	480.996	139.931	456.088	596.018
12.Plus: Property Rate Component			16.261			16.261
13.Plus: ROE/Use Rate			3.267			3.267
14.Total Current Period Base			500.524			615.547
15.Prospective Rate: Line 11 x Inflation 1.04404645	146.094	356.088	502.182	146.094	476.177	622.271
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	146.094	356.088	502.182	146.094	476.177	622.271
19.Property Rate Component			16.261			16.261
20.ROE Component + ROE Interim Component			3.267			3.267
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			521.71			641.80
23.Medicaid Days			0			8,669
24.Resident Days			0			8,669
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.41)			0.00			23.41
27.Rate Cut – QAF (0.02429311)			0.00			(16.09)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			521.71			649.12



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028037201 - 2020/07

RI: 308.45

NM: 414.15

Pembroke Pines Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	80.641	207.848	288.490	80.641	290.615	371.256
2.Inflate Line 1 by Inflation Factor 1.02546131	82.694	213.140	295.835	82.694	298.014	380.709
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	83.516	215.257	298.773	83.516	300.974	384.490
4.Current Period Cost	74.766	198.690	273.455	74.766	284.706	359.472
5.Incentive Basis (line 3 - line 4)	8.750	16.568		8.750	16.268	
6.Allowed Current Period Costs (Min of line 3 or 4)	74.766	198.690	273.455	74.766	284.706	359.472
7.Incentive Line 5 x Oper 50% Res 50%	4.375	8.284	12.659	4.375	8.134	12.509
8.Incentive - Line 4 x Oper 10% Res 3%	7.477	5.961	13.437	7.477	8.541	16.018
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.375	5.961	10.336	4.375	8.134	12.509
10.Final Incentive	4.375	5.961	10.336	4.375	8.134	12.509
11.Current Period Base: (line 6 + line 10)	79.141	204.650	283.791	79.141	292.840	371.981
12.Plus: Property Rate Component			10.597			10.597
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			294.388			382.578
15.Prospective Rate: Line 11 x Inflation 1.04953576	83.061	214.788	297.849	83.061	307.346	390.407
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	83.061	214.788	297.849	83.061	307.346	390.407
19.Property Rate Component			10.597			10.597
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			308.45			401.00
23.Medicaid Days			0			7,884
24.Resident Days			0			7,884
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.41)			0.00			23.41
27.Rate Cut – QAF (0.02429311)			0.00			(10.27)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			308.45			414.15



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028038101 - 2020/07

RI: 235.25

NM: 310.54

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Ocala Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	77.971	135.718	213.689	77.971	188.185	266.156
2.Inflate Line 1 by Inflation Factor 1.02546131	79.956	139.174	219.130	79.956	192.976	272.932
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	80.750	140.556	221.306	80.750	194.893	275.643
4.Current Period Cost	77.267	135.702	212.969	77.267	195.759	273.026
5.Incentive Basis (line 3 - line 4)	3.483	4.855		3.483	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	77.267	135.702	212.969	77.267	194.893	272.160
7.Incentive Line 5 x Oper 50% Res 50%	1.742	2.427	4.169	1.742	0.000	1.742
8.Incentive - Line 4 x Oper 10% Res 3%	7.727	4.071	11.798	7.727	0.000	7.727
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.742	2.427	4.169	1.742	0.000	1.742
10.Final Incentive	1.742	2.427	4.169	1.742	0.000	1.742
11.Current Period Base: (line 6 + line 10)	79.009	138.129	217.138	79.009	194.893	273.902
12.Plus: Property Rate Component			6.328			6.328
13.Plus: ROE/Use Rate			1.032			1.032
14.Total Current Period Base			224.497			281.261
15.Prospective Rate: Line 11 x Inflation 1.04953576	82.923	144.971	227.894	82.923	204.547	287.470
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	82.923	144.971	227.894	82.923	204.547	287.470
19.Property Rate Component			6.328			6.328
20.ROE Component + ROE Interim Component			1.032			1.032
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			235.25			294.83
23.Medicaid Days			0			8,328
24.Resident Days			0			8,328
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.41)			0.00			23.41
27.Rate Cut – QAF (0.02429311)			0.00			(7.70)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			235.25			310.54



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028040201 - 2020/07

RI: 522.19

NM: 629.80

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Williams Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	125.394	323.159	448.553	125.394	453.771	579.164
2.Inflate Line 1 by Inflation Factor 1.05188466	131.899	339.926	471.825	131.899	477.314	609.214
3.Line 1 X 1.4000 X Inflation Factor 1.07263852	134.502	346.633	481.135	134.502	486.732	621.234
4.Current Period Cost	132.260	330.407	462.667	132.260	431.212	563.472
5.Incentive Basis (line 3 - line 4)	2.242	16.226		2.242	55.520	
6.Allowed Current Period Costs (Min of line 3 or 4)	132.260	330.407	462.667	132.260	431.212	563.472
7.Incentive Line 5 x Oper 50% Res 50%	1.121	8.113	9.234	1.121	27.760	28.881
8.Incentive - Line 4 x Oper 10% Res 3%	13.226	9.912	23.138	13.226	12.936	26.162
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.121	8.113	9.234	1.121	12.936	14.058
10.Final Incentive	1.121	8.113	9.234	1.121	12.936	14.058
11.Current Period Base: (line 6 + line 10)	133.381	338.520	471.901	133.381	444.149	577.529
12.Plus: Property Rate Component			16.597			16.597
13.Plus: ROE/Use Rate			2.440			2.440
14.Total Current Period Base			490.937			596.566
15.Prospective Rate: Line 11 x Inflation 1.04404645	139.256	353.431	492.686	139.256	463.712	602.967
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	139.256	353.431	492.686	139.256	463.712	602.967
19.Property Rate Component			16.597			16.597
20.ROE Component + ROE Interim Component			2.440			2.440
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			511.72			622.00
23.Medicaid Days			365			8,168
24.Resident Days			365			8,168
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(12.95)			(15.61)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			522.19			629.80



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028041101 - 2020/07

RI: 394.74

NM: 553.66

MCP 80th Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	98.779	237.586	336.365	98.779	333.014	431.793
2.Inflate Line 1 by Inflation Factor 1.02546131	101.294	243.635	344.929	101.294	341.493	442.787
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	102.300	246.054	348.355	102.300	344.885	447.185
4.Current Period Cost	95.047	241.522	336.569	95.047	330.300	425.346
5.Incentive Basis (line 3 - line 4)	7.253	4.532		7.253	14.585	
6.Allowed Current Period Costs (Min of line 3 or 4)	95.047	241.522	336.569	95.047	330.300	425.346
7.Incentive Line 5 x Oper 50% Res 50%	3.627	2.266	5.893	3.627	7.292	10.919
8.Incentive - Line 4 x Oper 10% Res 3%	9.505	7.246	16.750	9.505	9.909	19.414
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.627	2.266	5.893	3.627	7.292	10.919
10.Final Incentive	3.627	2.266	5.893	3.627	7.292	10.919
11.Current Period Base: (line 6 + line 10)	98.673	243.788	342.462	98.673	337.592	436.266
12.Plus: Property Rate Component			32.411			32.411
13.Plus: ROE/Use Rate			2.907			2.907
14.Total Current Period Base			377.779			471.583
15.Prospective Rate: Line 11 x Inflation 1.04953576	103.561	255.865	359.426	103.561	354.315	457.876
16.Interim Rate Component: *	0.000	0.000	0.000	19.380	31.400	50.780
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	103.561	255.865	359.426	122.941	385.715	508.656
19.Property Rate Component			32.411			32.411
20.ROE Component + ROE Interim Component *			2.907			2.907
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			394.74			543.97
23.Medicaid Days			0			8,755
24.Resident Days			0			8,755
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.41)			0.00			23.41
27.Rate Cut – QAF (0.02429311)			0.00			(13.73)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			394.74			553.66

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028045301 - 2020/07

RI: 445.87

NM: 661.98

MCP Braddock

Ownership:Private

Incentive Rating: Ineligible from 09/27/2019 - 01/16/2020 Days Eligible: 254 of 366

Eligibility Factor : 69.40%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	101.092	264.380	365.472	101.092	370.699	471.791
2.Inflate Line 1 by Inflation Factor 1.02546131 *	103.666	271.111	374.778	103.666	470.647	574.314
3.Line 1 X 1.4000 X Inflation Factor 1.03564583 *	104.696	273.804	378.500	104.696	474.423	579.118
4.Current Period Cost *	116.504	313.038	429.542	116.504	417.254	533.758
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	57.169	
6.Allowed Current Period Costs (Min of line 3 or 4)	104.696	273.804	378.500	104.696	417.254	521.950
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	28.584	28.584
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	12.518	12.518
9.Incentive - Min of Line 7,8 x Eligibility factor 69.40%	0.000	0.000	0.000	0.000	8.687	8.687
10.Final Incentive	0.000	0.000	0.000	0.000	8.687	8.687
11.Current Period Base: (line 6 + line 10)	104.696	273.804	378.500	104.696	425.941	530.637
12.Plus: Property Rate Component			44.749			44.749
13.Plus: ROE/Use Rate			3.876			3.876
14.Total Current Period Base			427.124			579.261
15.Prospective Rate: Line 11 x Inflation 1.04953576	109.882	287.367	397.249	109.882	447.040	556.922
16.Interim Rate Component: *	0.000	0.000	0.000	26.270	23.170	49.440
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	109.882	287.367	397.249	136.152	470.210	606.362
19.Property Rate Component			44.749			44.749
20.ROE Component + ROE Interim Component *			3.876			3.876
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			445.87			654.99
23.Medicaid Days			0			8,238
24.Resident Days			0			8,238
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.41)			0.00			23.41
27.Rate Cut – QAF (0.02429311)			0.00			(16.41)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			445.87			661.98

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028046101 - 2020/07

RI: 427.05

NM: 587.21

MCP 2nd Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	99.356	260.493	359.848	99.356	363.660	463.015
2.Inflate Line 1 by Inflation Factor 1.02546131	101.885	267.125	369.010	101.885	372.919	474.804
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	102.897	269.778	372.675	102.897	376.623	479.520
4.Current Period Cost	103.968	265.909	369.877	103.968	368.088	472.057
5.Incentive Basis (line 3 - line 4)	0.000	3.869		0.000	8.534	
6.Allowed Current Period Costs (Min of line 3 or 4)	102.897	265.909	368.806	102.897	368.088	470.986
7.Incentive Line 5 x Oper 50% Res 50%	0.000	1.935	1.935	0.000	4.267	4.267
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.977	7.977	0.000	11.043	11.043
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.935	1.935	0.000	4.267	4.267
10.Final Incentive	0.000	1.935	1.935	0.000	4.267	4.267
11.Current Period Base: (line 6 + line 10)	102.897	267.843	370.741	102.897	372.355	475.253
12.Plus: Property Rate Component			34.519			34.519
13.Plus: ROE/Use Rate			3.431			3.431
14.Total Current Period Base			408.690			513.202
15.Prospective Rate: Line 11 x Inflation 1.04953576	107.994	281.111	389.106	107.994	390.800	498.795
16.Interim Rate Component: *	0.000	0.000	0.000	23.980	17.630	41.610
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	107.994	281.111	389.106	131.974	408.430	540.405
19.Property Rate Component			34.519			34.519
20.ROE Component + ROE Interim Component *			3.431			3.431
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			427.05			578.35
23.Medicaid Days			0			8,628
24.Resident Days			0			8,628
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.41)			0.00			23.41
27.Rate Cut – QAF (0.02429311)			0.00			(14.56)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			427.05			587.21

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028048801 - 2020/07

RI: 413.20

NM: 586.44

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

MCP Sunset

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	98.532	247.748	346.280	98.532	355.414	453.946
2.Inflate Line 1 by Inflation Factor 1.02546131	101.040	254.056	355.096	101.040	364.463	465.504
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	102.044	256.579	358.623	102.044	368.083	470.127
4.Current Period Cost	108.161	259.890	368.050	108.161	359.615	467.775
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	8.469	
6.Allowed Current Period Costs (Min of line 3 or 4)	102.044	256.579	358.623	102.044	359.615	461.658
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	4.234	4.234
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	10.788	10.788
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	4.234	4.234
10.Final Incentive	0.000	0.000	0.000	0.000	4.234	4.234
11.Current Period Base: (line 6 + line 10)	102.044	256.579	358.623	102.044	363.849	465.893
12.Plus: Property Rate Component			33.454			33.454
13.Plus: ROE/Use Rate			3.355			3.355
14.Total Current Period Base			395.432			502.701
15.Prospective Rate: Line 11 x Inflation 1.04953576	107.099	269.289	376.388	107.099	381.872	488.971
16.Interim Rate Component: *	0.000	0.000	0.000	28.550	23.240	51.790
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	107.099	269.289	376.388	135.649	405.112	540.761
19.Property Rate Component			33.454			33.454
20.ROE Component + ROE Interim Component *			3.355			3.355
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			413.20			577.57
23.Medicaid Days			0			8,730
24.Resident Days			0			8,730
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.41)			0.00			23.41
27.Rate Cut – QAF (0.02429311)			0.00			(14.54)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			413.20			586.44

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028049601 - 2020/07

RI: 361.57

NM: 495.24

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Dorchester Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.509	241.365	310.874	69.509	366.718	436.227
2.Inflate Line 1 by Inflation Factor 1.02546131	71.279	247.510	318.790	71.279	376.055	447.334
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	71.987	249.969	321.956	71.987	379.790	451.777
4.Current Period Cost	68.451	239.429	307.881	68.451	370.651	439.102
5.Incentive Basis (line 3 - line 4)	3.536	10.539		3.536	9.139	
6.Allowed Current Period Costs (Min of line 3 or 4)	68.451	239.429	307.881	68.451	370.651	439.102
7.Incentive Line 5 x Oper 50% Res 50%	1.768	5.270	7.038	1.768	4.570	6.338
8.Incentive - Line 4 x Oper 10% Res 3%	6.845	7.183	14.028	6.845	11.120	17.965
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.768	5.270	7.038	1.768	4.570	6.338
10.Final Incentive	1.768	5.270	7.038	1.768	4.570	6.338
11.Current Period Base: (line 6 + line 10)	70.219	244.699	314.918	70.219	375.220	445.439
12.Plus: Property Rate Component			13.991			13.991
13.Plus: ROE/Use Rate			2.616			2.616
14.Total Current Period Base			331.524			462.046
15.Prospective Rate: Line 11 x Inflation 1.04953576	73.698	256.820	330.518	73.698	393.807	467.505
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	73.698	256.820	330.518	73.698	393.807	467.505
19.Property Rate Component			13.991			13.991
20.ROE Component + ROE Interim Component			2.616			2.616
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			347.12			484.11
23.Medicaid Days			3,082			5,591
24.Resident Days			3,082			5,591
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.96)			(12.28)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			361.57			495.24



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028059300 - 2020/07

RI: 258.19

NM: 0.00

146th Place Grp Home #10 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	39.354	169.947	209.300	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	40.355	174.274	214.629	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	40.756	176.004	216.761	0.000	0.000	0.000
4.Current Period Cost	42.590	192.133	234.723	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)	40.756	176.004	216.761	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)	40.756	176.004	216.761	0.000	0.000	0.000
12.Plus: Property Rate Component			11.801			0.000
13.Plus: ROE/Use Rate			1.880			0.000
14.Total Current Period Base			230.441			0.000
15.Prospective Rate: Line 11 x Inflation 1.04953576	42.775	184.723	227.498	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	42.775	184.723	227.498	0.000	0.000	0.000
19.Property Rate Component			11.801			0.000
20.ROE Component + ROE Interim Component			1.880			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			241.18			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(6.40)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			258.19			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028062300 - 2020/07

RI: 280.69

NM: 331.15

119th Street Grp Home #11 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	39.988	170.659	210.647	39.988	212.752	252.741
2.Inflate Line 1 by Inflation Factor 1.02546131	41.006	175.004	216.010	41.006	218.169	259.176
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	41.414	176.742	218.156	41.414	220.336	261.750
4.Current Period Cost	40.200	182.703	222.903	40.200	226.743	266.943
5.Incentive Basis (line 3 - line 4)	1.214	0.000		1.214	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	40.200	176.742	216.942	40.200	220.336	260.536
7.Incentive Line 5 x Oper 50% Res 50%	0.607	0.000	0.607	0.607	0.000	0.607
8.Incentive - Line 4 x Oper 10% Res 3%	4.020	0.000	4.020	4.020	0.000	4.020
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.607	0.000	0.607	0.607	0.000	0.607
10.Final Incentive	0.607	0.000	0.607	0.607	0.000	0.607
11.Current Period Base: (line 6 + line 10)	40.807	176.742	217.549	40.807	220.336	261.143
12.Plus: Property Rate Component			15.399			15.399
13.Plus: ROE/Use Rate			1.383			1.383
14.Total Current Period Base			234.330			277.924
15.Prospective Rate: Line 11 x Inflation 1.04953576	42.828	185.497	228.325	42.828	231.251	274.079
16.Interim Rate Component: *	1.240	17.890	19.130	1.240	23.850	25.090
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	44.068	203.387	247.455	44.068	255.101	299.169
19.Property Rate Component			15.399			15.399
20.ROE Component + ROE Interim Component *			1.383			1.383
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			264.24			315.95
23.Medicaid Days		1,373			817	
24.Resident Days		1,373			817	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(6.96)			(8.21)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			280.69			331.15

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028065800 - 2020/07

RI: 278.44

NM: 0.00

22nd Street Grp Home #6 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	43.206	168.515	211.721	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	44.306	172.806	217.112	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	44.746	174.522	219.268	0.000	0.000	0.000
4.Current Period Cost	45.340	190.930	236.270	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)	44.746	174.522	219.268	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)	44.746	174.522	219.268	0.000	0.000	0.000
12.Plus: Property Rate Component			13.385			0.000
13.Plus: ROE/Use Rate			1.310			0.000
14.Total Current Period Base			233.963			0.000
15.Prospective Rate: Line 11 x Inflation 1.04953576	46.963	183.167	230.130	0.000	0.000	0.000
16.Interim Rate Component: *	0.500	16.610	17.110	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	47.463	199.777	247.240	0.000	0.000	0.000
19.Property Rate Component			13.385			0.000
20.ROE Component + ROE Interim Component *			1.310			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			261.93			0.00
23.Medicaid Days			2,050			0
24.Resident Days			2,050			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(6.90)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			278.44			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028427100 - 2020/07

RI: 277.54

NM: 358.33

Fern Park Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	3/1/2018	2/28/2019	Unaudited Costs	201907
Prior Cost Report	3/1/2017	2/28/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	65.883	152.027	217.910	65.883	228.615	294.498
2.Inflate Line 1 by Inflation Factor 1.02687955	67.654	156.114	223.767	67.654	234.760	302.414
3.Line 1 X 1.4000 X Inflation Factor 1.03763137	68.362	157.748	226.110	68.362	237.219	305.581
4.Current Period Cost	72.329	147.923	220.252	72.329	224.068	296.397
5.Incentive Basis (line 3 - line 4)	0.000	9.825		0.000	13.151	
6.Allowed Current Period Costs (Min of line 3 or 4)	68.362	147.923	216.285	68.362	224.068	292.430
7.Incentive Line 5 x Oper 50% Res 50%	0.000	4.913	4.913	0.000	6.576	6.576
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.438	4.438	0.000	6.722	6.722
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.438	4.438	0.000	6.576	6.576
10.Final Incentive	0.000	4.438	4.438	0.000	6.576	6.576
11.Current Period Base: (line 6 + line 10)	68.362	152.360	220.723	68.362	230.643	299.005
12.Plus: Property Rate Component			27.261			27.261
13.Plus: ROE/Use Rate			0.306			0.306
14.Total Current Period Base			248.290			326.572
15.Prospective Rate: Line 11 x Inflation 1.05762482	72.302	161.140	233.442	72.302	243.934	316.235
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	72.302	161.140	233.442	72.302	243.934	316.235
19.Property Rate Component			27.261			27.261
20.ROE Component + ROE Interim Component			0.306			0.306
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			261.01			343.80
23.Medicaid Days		4,761			18,382	
24.Resident Days		4,761			18,382	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(6.88)			(8.88)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			277.54			358.33



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028500500 - 2020/07

RI: 251.26

NM: 0.00

Naranja Group Home (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	34.589	156.924	191.513	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	35.470	160.919	196.389	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	35.822	162.517	198.339	0.000	0.000	0.000
4.Current Period Cost	36.311	184.474	220.785	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)	35.822	162.517	198.339	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)	35.822	162.517	198.339	0.000	0.000	0.000
12.Plus: Property Rate Component			10.457			0.000
13.Plus: ROE/Use Rate			1.906			0.000
14.Total Current Period Base			210.702			0.000
15.Prospective Rate: Line 11 x Inflation 1.04953576	37.597	170.568	208.164	0.000	0.000	0.000
16.Interim Rate Component: *	0.580	12.970	13.550	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	38.177	183.538	221.714	0.000	0.000	0.000
19.Property Rate Component			10.457			0.000
20.ROE Component + ROE Interim Component *			1.906			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			234.08			0.00
23.Medicaid Days			3,931			0
24.Resident Days			3,931			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(6.23)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			251.26			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028505600 - 2020/07

RI: 342.23

NM: 524.07

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

PARC Cottage

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	70.157	222.472	292.629	70.157	390.386	460.543
2.Inflate Line 1 by Inflation Factor 1.02713247	72.061	228.508	300.569	72.061	400.978	473.039
3.Line 1 X 1.4000 X Inflation Factor 1.03798546	72.822	230.923	303.745	72.822	405.215	478.037
4.Current Period Cost	59.234	255.803	315.037	59.234	450.591	509.825
5.Incentive Basis (line 3 - line 4)	13.589	0.000		13.589	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	59.234	230.923	290.156	59.234	405.215	464.449
7.Incentive Line 5 x Oper 50% Res 50%	6.794	0.000	6.794	6.794	0.000	6.794
8.Incentive - Line 4 x Oper 10% Res 3%	5.923	0.000	5.923	5.923	0.000	5.923
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.923	0.000	5.923	5.923	0.000	5.923
10.Final Incentive	5.923	0.000	5.923	5.923	0.000	5.923
11.Current Period Base: (line 6 + line 10)	65.157	230.923	296.080	65.157	405.215	470.372
12.Plus: Property Rate Component			9.436			9.436
13.Plus: ROE/Use Rate			1.297			1.297
14.Total Current Period Base			306.812			481.105
15.Prospective Rate: Line 11 x Inflation 1.06920624	69.666	246.904	316.570	69.666	433.258	502.925
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	69.666	246.904	316.570	69.666	433.258	502.925
19.Property Rate Component			9.436			9.436
20.ROE Component + ROE Interim Component			1.297			1.297
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			327.30			513.66
23.Medicaid Days			3,285			2,435
24.Resident Days			3,285			2,435
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.48)			(12.99)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			342.23			524.07



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028512900 - 2020/07

RI: 294.02

NM: 0.00

MACtown, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	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 1.01907123	36.900	196.022	232.922	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02669972	37.176	197.489	234.665	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	6.136		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	37.176	191.353	228.529	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	3.068	3.068	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 100.00%	0.000	3.068	3.068	0.000	0.000	0.000
10.Final Incentive	0.000	3.068	3.068	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	37.176	194.421	231.597	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			243.232			0.000
15.Prospective Rate: Line 11 x Inflation 1.14970371	42.741	223.527	266.268	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	42.741	223.527	266.268	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
22.Final Per Diem			277.90			0.00
23.Medicaid Days		20,276			0	
24.Resident Days		20,276			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(7.29)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			294.02			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028513700 - 2020/07

RI: 314.79

NM: 384.45

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

New Horizons of NW Florida, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	92.254	168.856	261.110	92.254	233.179	325.433
2.Inflate Line 1 by Inflation Factor 1.02713247	94.757	173.437	268.194	94.757	239.505	334.263
3.Line 1 X 1.4000 X Inflation Factor 1.03798546	95.759	175.270	271.028	95.759	242.036	337.795
4.Current Period Cost	116.090	186.753	302.843	116.090	247.500	363.589
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)	95.759	175.270	271.028	95.759	242.036	337.795
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)	95.759	175.270	271.028	95.759	242.036	337.795
12.Plus: Property Rate Component			7.101			7.101
13.Plus: ROE/Use Rate			2.294			2.294
14.Total Current Period Base			280.423			347.189
15.Prospective Rate: Line 11 x Inflation 1.06920624	102.386	187.399	289.785	102.386	258.787	361.172
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	102.386	187.399	289.785	102.386	258.787	361.172
19.Property Rate Component			7.101			7.101
20.ROE Component + ROE Interim Component			2.294			2.294
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			299.18			370.57
23.Medicaid Days		2,920			8,030	
24.Resident Days		2,920			8,030	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(7.80)			(9.53)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			314.79			384.45



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028519600 - 2020/07

RI: 372.30

NM: 0.00

BARC Housing, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2017	9/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	97.763	221.083	318.846	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02409834	100.119	226.411	326.530	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03373768	101.061	228.542	329.603	0.000	0.000	0.000
4.Current Period Cost	102.548	222.523	325.072	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	6.019		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	101.061	222.523	323.584	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	3.009	3.009	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.676	6.676	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.009	3.009	0.000	0.000	0.000
10.Final Incentive	0.000	3.009	3.009	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	101.061	225.533	326.594	0.000	0.000	0.000
12.Plus: Property Rate Component			15.844			0.000
13.Plus: ROE/Use Rate			1.294			0.000
14.Total Current Period Base			343.731			0.000
15.Prospective Rate: Line 11 x Inflation 1.04404645	105.512	235.467	340.979	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	105.512	235.467	340.979	0.000	0.000	0.000
19.Property Rate Component			15.844			0.000
20.ROE Component + ROE Interim Component			1.294			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			358.12			0.00
23.Medicaid Days		12,917			0	
24.Resident Days		12,917			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(9.23)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			372.30			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028520000 - 2020/07

RI: 263.33

NM: 358.17

Pensacola Care, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2017	9/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	62.022	152.737	214.759	62.022	242.792	304.814
2.Inflate Line 1 by Inflation Factor 1.02409834	63.516	156.418	219.934	63.516	248.643	312.159
3.Line 1 X 1.4000 X Inflation Factor 1.03373768	64.114	157.890	222.004	64.114	250.983	315.097
4.Current Period Cost	64.078	167.100	231.178	64.078	263.598	327.677
5.Incentive Basis (line 3 - line 4)	0.036	0.000		0.036	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	64.078	157.890	221.969	64.078	250.983	315.062
7.Incentive Line 5 x Oper 50% Res 50%	0.018	0.000	0.018	0.018	0.000	0.018
8.Incentive - Line 4 x Oper 10% Res 3%	6.408	0.000	6.408	6.408	0.000	6.408
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.018	0.000	0.018	0.018	0.000	0.018
10.Final Incentive	0.018	0.000	0.018	0.018	0.000	0.018
11.Current Period Base: (line 6 + line 10)	64.096	157.890	221.986	64.096	250.983	315.080
12.Plus: Property Rate Component			14.429			14.429
13.Plus: ROE/Use Rate			0.251			0.251
14.Total Current Period Base			236.666			329.759
15.Prospective Rate: Line 11 x Inflation 1.04404645	66.919	164.845	231.764	66.919	262.038	328.958
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	66.919	164.845	231.764	66.919	262.038	328.958
19.Property Rate Component			14.429			14.429
20.ROE Component + ROE Interim Component			0.251			0.251
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			246.44			343.64
23.Medicaid Days		10,743			11,629	
24.Resident Days		10,743			11,629	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(6.53)			(8.88)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			263.33			358.17



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028521800 - 2020/07

RI: 318.00

NM: 411.67

Ann Storck Center, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2017	9/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	68.493	194.134	262.627	68.493	283.075	351.568
2.Inflate Line 1 by Inflation Factor 1.02409834	70.144	198.812	268.956	70.144	289.897	360.041
3.Line 1 X 1.4000 X Inflation Factor 1.03373768	70.804	200.683	271.487	70.804	292.625	363.429
4.Current Period Cost	69.541	210.537	280.078	69.541	309.497	379.038
5.Incentive Basis (line 3 - line 4)	1.263	0.000		1.263	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	69.541	200.683	270.224	69.541	292.625	362.166
7.Incentive Line 5 x Oper 50% Res 50%	0.632	0.000	0.632	0.632	0.000	0.632
8.Incentive - Line 4 x Oper 10% Res 3%	6.954	0.000	6.954	6.954	0.000	6.954
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.632	0.000	0.632	0.632	0.000	0.632
10.Final Incentive	0.632	0.000	0.632	0.632	0.000	0.632
11.Current Period Base: (line 6 + line 10)	70.173	200.683	270.856	70.173	292.625	362.798
12.Plus: Property Rate Component			19.687			19.687
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			290.543			382.485
15.Prospective Rate: Line 11 x Inflation 1.04404645	73.263	209.522	282.786	73.263	305.514	378.778
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	73.263	209.522	282.786	73.263	305.514	378.778
19.Property Rate Component			19.687			19.687
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			302.47			398.46
23.Medicaid Days			1,368			15,260
24.Resident Days			1,368			15,260
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(7.88)			(10.21)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			318.00			411.67



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028522600 - 2020/07

RI: 355.98

NM: 459.50

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Tallahassee Developmental Center

Ownership:Private

Incentive Rating: Ineligible from 04/24/2020 - 04/30/2020 Days Eligible: 359 of 366

Eligibility Factor : 98.09%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2017	9/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	65.034	165.577	230.612	65.034	259.847	324.882
2.Inflate Line 1 by Inflation Factor 1.02409834	66.601	169.568	236.169	66.601	266.109	332.711
3.Line 1 X 1.4000 X Inflation Factor 1.03373768	67.228	171.164	238.392	67.228	268.614	335.842
4.Current Period Cost	67.673	170.894	238.567	67.673	271.033	338.706
5.Incentive Basis (line 3 - line 4)	0.000	0.270		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	67.228	170.894	238.122	67.228	268.614	335.842
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.135	0.135	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.127	5.127	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 98.09%	0.000	0.132	0.132	0.000	0.000	0.000
10.Final Incentive	0.000	0.132	0.132	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	67.228	171.026	238.254	67.228	268.614	335.842
12.Plus: Property Rate Component			20.719			20.719
13.Plus: ROE/Use Rate			2.153			2.153
14.Total Current Period Base			261.126			358.714
15.Prospective Rate: Line 11 x Inflation 1.04404645	70.189	178.559	248.749	70.189	280.445	350.635
16.Interim Rate Component: *	24.650	45.130	69.780	24.650	49.330	73.980
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	94.839	223.689	318.529	94.839	329.775	424.615
19.Property Rate Component			20.719			20.719
20.ROE Component + ROE Interim Component *			2.153			2.153
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			341.40			447.49
23.Medicaid Days			7,784			14,456
24.Resident Days			7,784			14,456
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.83)			(11.39)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			355.98			459.50

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028524200 - 2020/07

RI: 297.14

NM: 411.42

Ft. Walton Beach Developmental Ctr.

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	59.673	154.549	214.223	59.673	253.230	312.904
2.Inflate Line 1 by Inflation Factor 1.02713247	61.292	158.743	220.035	61.292	260.101	321.393
3.Line 1 X 1.4000 X Inflation Factor 1.03798546	61.940	160.420	222.360	61.940	262.849	324.789
4.Current Period Cost	61.172	153.757	214.929	61.172	251.442	312.614
5.Incentive Basis (line 3 - line 4)	0.768	6.663		0.768	11.407	
6.Allowed Current Period Costs (Min of line 3 or 4)	61.172	153.757	214.929	61.172	251.442	312.614
7.Incentive Line 5 x Oper 50% Res 50%	0.384	3.332	3.715	0.384	5.704	6.088
8.Incentive - Line 4 x Oper 10% Res 3%	6.117	4.613	10.730	6.117	7.543	13.660
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.384	3.332	3.715	0.384	5.704	6.088
10.Final Incentive	0.384	3.332	3.715	0.384	5.704	6.088
11.Current Period Base: (line 6 + line 10)	61.556	157.089	218.645	61.556	257.146	318.702
12.Plus: Property Rate Component			12.307			12.307
13.Plus: ROE/Use Rate			2.153			2.153
14.Total Current Period Base			233.105			333.162
15.Prospective Rate: Line 11 x Inflation 1.06920624	65.816	167.960	233.776	65.816	274.942	340.758
16.Interim Rate Component: *	8.460	24.400	32.860	8.460	34.530	42.990
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.276	192.360	266.636	74.276	309.472	383.748
19.Property Rate Component			12.307			12.307
20.ROE Component + ROE Interim Component *			2.153			2.153
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			281.10			398.21
23.Medicaid Days		10,650			11,586	
24.Resident Days		10,650			11,586	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(7.37)			(10.20)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			297.14			411.42

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028526900 - 2020/07

RI: 304.32

NM: 400.75

Panama City Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2017	9/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	67.381	155.708	223.088	67.381	242.176	309.556
2.Inflate Line 1 by Inflation Factor 1.02409834	69.004	159.460	228.464	69.004	248.012	317.016
3.Line 1 X 1.4000 X Inflation Factor 1.03373768	69.654	160.961	230.615	69.654	250.346	320.000
4.Current Period Cost	74.514	164.302	238.815	74.514	257.686	332.199
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)	69.654	160.961	230.615	69.654	250.346	320.000
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)	69.654	160.961	230.615	69.654	250.346	320.000
12.Plus: Property Rate Component			15.446			15.446
13.Plus: ROE/Use Rate			1.676			1.676
14.Total Current Period Base			247.737			337.122
15.Prospective Rate: Line 11 x Inflation 1.04404645	72.722	168.051	240.772	72.722	261.373	334.095
16.Interim Rate Component: *	6.200	24.360	30.560	6.200	29.860	36.060
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	78.922	192.411	271.332	78.922	291.233	370.155
19.Property Rate Component			15.446			15.446
20.ROE Component + ROE Interim Component *			1.676			1.676
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			288.45			387.28
23.Medicaid Days		4,986			12,987	
24.Resident Days		4,986			12,987	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(7.55)			(9.94)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			304.32			400.75

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028530700 - 2020/07

RI: 250.89

NM: 334.20

Hillsborough County Developmental Ctr

Ownership:Private

Incentive Rating: Ineligible from 04/14/2020 - 04/30/2020, 04/05/2019 - 06/27/2019 Days Eligible: 265 of 366

Eligibility Factor : 72.40%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2017	9/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	60.653	145.911	206.564	60.653	225.022	285.675
2.Inflate Line 1 by Inflation Factor 1.02409834	62.115	149.427	211.542	62.115	230.445	292.559
3.Line 1 X 1.4000 X Inflation Factor 1.03373768	62.699	150.834	213.533	62.699	232.614	295.313
4.Current Period Cost	69.473	164.696	234.169	69.473	256.145	325.619
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)	62.699	150.834	213.533	62.699	232.614	295.313
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 72.40%	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)	62.699	150.834	213.533	62.699	232.614	295.313
12.Plus: Property Rate Component			9.077			9.077
13.Plus: ROE/Use Rate			1.682			1.682
14.Total Current Period Base			224.292			306.072
15.Prospective Rate: Line 11 x Inflation 1.04404645	65.461	157.477	222.938	65.461	242.860	308.321
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	65.461	157.477	222.938	65.461	242.860	308.321
19.Property Rate Component			9.077			9.077
20.ROE Component + ROE Interim Component			1.682			1.682
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			233.70			319.08
23.Medicaid Days			4,785			15,659
24.Resident Days			4,785			15,659
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(6.22)			(8.29)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			250.89			334.20



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028531500 - 2020/07

RI: 386.58

NM: 484.24

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Woodhouse, Inc

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	119.097	223.339	342.436	119.097	301.906	421.004
2.Inflate Line 1 by Inflation Factor 1.02546131	122.130	229.025	351.155	122.130	309.593	431.723
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	123.343	231.300	354.642	123.343	312.668	436.011
4.Current Period Cost	124.165	206.984	331.149	124.165	304.438	428.603
5.Incentive Basis (line 3 - line 4)	0.000	24.315		0.000	8.230	
6.Allowed Current Period Costs (Min of line 3 or 4)	123.343	206.984	330.327	123.343	304.438	427.780
7.Incentive Line 5 x Oper 50% Res 50%	0.000	12.158	12.158	0.000	4.115	4.115
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.210	6.210	0.000	9.133	9.133
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.210	6.210	0.000	4.115	4.115
10.Final Incentive	0.000	6.210	6.210	0.000	4.115	4.115
11.Current Period Base: (line 6 + line 10)	123.343	213.194	336.537	123.343	308.553	431.895
12.Plus: Property Rate Component			16.509			16.509
13.Plus: ROE/Use Rate			3.036			3.036
14.Total Current Period Base			356.081			451.440
15.Prospective Rate: Line 11 x Inflation 1.04953576	129.453	223.755	353.207	129.452	323.837	453.290
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	129.453	223.755	353.207	129.452	323.837	453.290
19.Property Rate Component			16.509			16.509
20.ROE Component + ROE Interim Component			3.036			3.036
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			372.75			472.83
23.Medicaid Days		1,242			6,351	
24.Resident Days		1,242			6,351	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.58)			(12.01)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			386.58			484.24



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028533100 - 2020/07

RI: 353.63

NM: 445.17

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Cape Coral Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	88.539	190.997	279.537	88.539	277.301	365.841
2.Inflate Line 1 by Inflation Factor 1.02546131	90.794	195.860	286.654	90.794	284.362	375.155
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	91.695	197.806	289.501	91.695	287.186	378.881
4.Current Period Cost	101.976	208.224	310.200	101.976	306.287	408.263
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)	91.695	197.806	289.501	91.695	287.186	378.881
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)	91.695	197.806	289.501	91.695	287.186	378.881
12.Plus: Property Rate Component			31.685			31.685
13.Plus: ROE/Use Rate			3.462			3.462
14.Total Current Period Base			324.647			414.028
15.Prospective Rate: Line 11 x Inflation 1.04953576	96.238	207.604	303.842	96.238	301.412	397.650
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	96.238	207.604	303.842	96.238	301.412	397.650
19.Property Rate Component			31.685			31.685
20.ROE Component + ROE Interim Component			3.462			3.462
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			338.99			432.80
23.Medicaid Days			1,829			6,273
24.Resident Days			1,829			6,273
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.77)			(11.04)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			353.63			445.17



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028536600 - 2020/07

RI: 255.23

NM: 288.07

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Squire Court Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	44.864	167.695	212.559	44.864	198.657	243.522
2.Inflate Line 1 by Inflation Factor 1.02546131	46.007	171.964	217.971	46.007	203.715	249.722
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	46.464	173.672	220.136	46.464	205.739	252.202
4.Current Period Cost	43.977	178.718	222.695	43.977	208.481	252.458
5.Incentive Basis (line 3 - line 4)	2.486	0.000		2.486	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	43.977	173.672	217.649	43.977	205.739	249.716
7.Incentive Line 5 x Oper 50% Res 50%	1.243	0.000	1.243	1.243	0.000	1.243
8.Incentive - Line 4 x Oper 10% Res 3%	4.398	0.000	4.398	4.398	0.000	4.398
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.243	0.000	1.243	1.243	0.000	1.243
10.Final Incentive	1.243	0.000	1.243	1.243	0.000	1.243
11.Current Period Base: (line 6 + line 10)	45.220	173.672	218.893	45.220	205.739	250.959
12.Plus: Property Rate Component			7.878			7.878
13.Plus: ROE/Use Rate			0.535			0.535
14.Total Current Period Base			227.305			259.372
15.Prospective Rate: Line 11 x Inflation 1.04953576	47.460	182.275	229.736	47.460	215.930	263.390
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	47.460	182.275	229.736	47.460	215.930	263.390
19.Property Rate Component			7.878			7.878
20.ROE Component + ROE Interim Component			0.535			0.535
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			238.15			271.80
23.Medicaid Days		365			1,825	
24.Resident Days		365			1,825	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(6.33)			(7.14)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			255.23			288.07



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028537400 - 2020/07

RI: 268.45

NM: 0.00

Bayview Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.565	179.242	226.807	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	48.776	183.805	232.581	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	49.261	185.631	234.891	0.000	0.000	0.000
4.Current Period Cost	43.735	199.257	242.992	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	5.526	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	43.735	185.631	229.366	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.763	0.000	2.763	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.374	0.000	4.374	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.763	0.000	2.763	0.000	0.000	0.000
10.Final Incentive	2.763	0.000	2.763	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	46.498	185.631	232.129	0.000	0.000	0.000
12.Plus: Property Rate Component			7.580			0.000
13.Plus: ROE/Use Rate			0.487			0.000
14.Total Current Period Base			240.196			0.000
15.Prospective Rate: Line 11 x Inflation 1.04953576	48.801	194.826	243.627	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	48.801	194.826	243.627	0.000	0.000	0.000
19.Property Rate Component			7.580			0.000
20.ROE Component + ROE Interim Component			0.487			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			251.69			0.00
23.Medicaid Days		2,145			0	
24.Resident Days		2,145			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(6.66)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			268.45			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028539100 - 2020/07

RI: 422.25

NM: 518.42

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Hendricks

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2018	5/31/2019	Unaudited Costs	201907
Prior Cost Report	6/1/2017	5/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	125.939	199.670	325.609	125.939	290.128	416.067
2.Inflate Line 1 by Inflation Factor 1.02584682	129.194	204.831	334.025	129.194	297.626	426.821
3.Line 1 X 1.4000 X Inflation Factor 1.03618555	130.496	206.895	337.392	130.496	300.626	431.122
4.Current Period Cost	117.699	224.824	342.522	117.699	337.401	455.100
5.Incentive Basis (line 3 - line 4)	12.798	0.000		12.798	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	117.699	206.895	324.594	117.699	300.626	418.325
7.Incentive Line 5 x Oper 50% Res 50%	6.399	0.000	6.399	6.399	0.000	6.399
8.Incentive - Line 4 x Oper 10% Res 3%	11.770	0.000	11.770	11.770	0.000	11.770
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.399	0.000	6.399	6.399	0.000	6.399
10.Final Incentive	6.399	0.000	6.399	6.399	0.000	6.399
11.Current Period Base: (line 6 + line 10)	124.098	206.895	330.993	124.098	300.626	424.724
12.Plus: Property Rate Component			57.942			57.942
13.Plus: ROE/Use Rate			3.337			3.337
14.Total Current Period Base			392.271			486.002
15.Prospective Rate: Line 11 x Inflation 1.05147013	130.485	217.544	348.029	130.485	316.099	446.584
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	130.485	217.544	348.029	130.485	316.099	446.584
19.Property Rate Component			57.942			57.942
20.ROE Component + ROE Interim Component			3.337			3.337
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			409.31			507.86
23.Medicaid Days			2,126			6,509
24.Resident Days			2,126			6,509
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(10.47)			(12.85)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			422.25			518.42



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028541200 - 2020/07

RI: 257.51

NM: 291.35

Twin Lane Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.805	166.765	207.569	40.805	198.669	239.474
2.Inflate Line 1 by Inflation Factor 1.02546131	41.844	171.011	212.854	41.844	203.727	245.571
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	42.259	172.709	214.968	42.259	205.751	248.010
4.Current Period Cost	40.776	179.436	220.212	40.776	210.794	251.570
5.Incentive Basis (line 3 - line 4)	1.484	0.000		1.484	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	40.776	172.709	213.485	40.776	205.751	246.526
7.Incentive Line 5 x Oper 50% Res 50%	0.742	0.000	0.742	0.742	0.000	0.742
8.Incentive - Line 4 x Oper 10% Res 3%	4.078	0.000	4.078	4.078	0.000	4.078
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.742	0.000	0.742	0.742	0.000	0.742
10.Final Incentive	0.742	0.000	0.742	0.742	0.000	0.742
11.Current Period Base: (line 6 + line 10)	41.518	172.709	214.227	41.518	205.751	247.268
12.Plus: Property Rate Component			14.819			14.819
13.Plus: ROE/Use Rate			0.827			0.827
14.Total Current Period Base			229.872			262.914
15.Prospective Rate: Line 11 x Inflation 1.04953576	43.574	181.264	224.838	43.574	215.943	259.517
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	43.574	181.264	224.838	43.574	215.943	259.517
19.Property Rate Component			14.819			14.819
20.ROE Component + ROE Interim Component			0.827			0.827
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			240.48			275.16
23.Medicaid Days			1,095			1,095
24.Resident Days			1,095			1,095
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(6.38)			(7.22)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			257.51			291.35



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028547100 - 2020/07

RI: 234.70

NM: 0.00

62nd Place Grp Home #17 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.046	148.204	188.250	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	41.066	151.977	193.043	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	41.474	153.486	194.960	0.000	0.000	0.000
4.Current Period Cost	44.751	228.183	272.934	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)	41.474	153.486	194.960	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)	41.474	153.486	194.960	0.000	0.000	0.000
12.Plus: Property Rate Component			10.663			0.000
13.Plus: ROE/Use Rate			1.828			0.000
14.Total Current Period Base			207.452			0.000
15.Prospective Rate: Line 11 x Inflation 1.04953576	43.528	161.089	204.618	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	43.528	161.089	204.618	0.000	0.000	0.000
19.Property Rate Component			10.663			0.000
20.ROE Component + ROE Interim Component			1.828			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			217.11			0.00
23.Medicaid Days			2,160			0
24.Resident Days			2,160			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(5.82)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			234.70			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028548000 - 2020/07

RI: 265.66

NM: 312.48

138th Court Grp Home #16 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.289	149.024	190.313	41.289	187.298	228.588
2.Inflate Line 1 by Inflation Factor 1.02546131	42.341	152.818	195.159	42.341	192.067	234.408
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	42.761	154.336	197.097	42.761	193.974	236.736
4.Current Period Cost	38.161	157.180	195.341	38.161	198.991	237.152
5.Incentive Basis (line 3 - line 4)	4.600	0.000		4.600	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.161	154.336	192.497	38.161	193.974	232.136
7.Incentive Line 5 x Oper 50% Res 50%	2.300	0.000	2.300	2.300	0.000	2.300
8.Incentive - Line 4 x Oper 10% Res 3%	3.816	0.000	3.816	3.816	0.000	3.816
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.300	0.000	2.300	2.300	0.000	2.300
10.Final Incentive	2.300	0.000	2.300	2.300	0.000	2.300
11.Current Period Base: (line 6 + line 10)	40.461	154.336	194.797	40.461	193.974	234.436
12.Plus: Property Rate Component			16.637			16.637
13.Plus: ROE/Use Rate			1.730			1.730
14.Total Current Period Base			213.164			252.802
15.Prospective Rate: Line 11 x Inflation 1.04953576	42.465	161.981	204.447	42.465	203.583	246.049
16.Interim Rate Component: *	6.910	19.110	26.020	6.910	25.490	32.400
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	49.375	181.091	230.467	49.375	229.073	278.449
19.Property Rate Component			16.637			16.637
20.ROE Component + ROE Interim Component *			1.730			1.730
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			248.83			296.82
23.Medicaid Days			1,065			1,095
24.Resident Days			1,065			1,095
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(6.59)			(7.75)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			265.66			312.48

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028552800 - 2020/07

RI: 245.12

NM: 287.25

26th Terrace Grp Home #12 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.682	151.160	198.842	47.682	190.879	238.561
2.Inflate Line 1 by Inflation Factor 1.02546131	48.896	155.009	203.905	48.896	195.739	244.635
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	49.382	156.548	205.930	49.382	197.683	247.065
4.Current Period Cost	46.175	161.773	207.948	46.175	205.806	251.981
5.Incentive Basis (line 3 - line 4)	3.207	0.000		3.207	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	46.175	156.548	202.723	46.175	197.683	243.858
7.Incentive Line 5 x Oper 50% Res 50%	1.603	0.000	1.603	1.603	0.000	1.603
8.Incentive - Line 4 x Oper 10% Res 3%	4.618	0.000	4.618	4.618	0.000	4.618
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.603	0.000	1.603	1.603	0.000	1.603
10.Final Incentive	1.603	0.000	1.603	1.603	0.000	1.603
11.Current Period Base: (line 6 + line 10)	47.778	156.548	204.327	47.778	197.683	245.461
12.Plus: Property Rate Component			11.675			11.675
13.Plus: ROE/Use Rate			1.669			1.669
14.Total Current Period Base			217.671			258.805
15.Prospective Rate: Line 11 x Inflation 1.04953576	50.145	164.303	214.448	50.145	207.475	257.621
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	50.145	164.303	214.448	50.145	207.475	257.621
19.Property Rate Component			11.675			11.675
20.ROE Component + ROE Interim Component			1.669			1.669
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			227.79			270.96
23.Medicaid Days		1,453			684	
24.Resident Days		1,453			684	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(6.08)			(7.12)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			245.12			287.25



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028553600 - 2020/07

RI: 271.00

NM: 0.00

Country Meadows Grp Home #13 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	46.215	183.243	229.458	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	47.391	187.908	235.300	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	47.862	189.775	237.637	0.000	0.000	0.000
4.Current Period Cost	42.893	181.023	223.916	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	4.969	8.751		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	42.893	181.023	223.916	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.485	4.376	6.860	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.289	5.431	9.720	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.485	4.376	6.860	0.000	0.000	0.000
10.Final Incentive	2.485	4.376	6.860	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	45.377	185.399	230.776	0.000	0.000	0.000
12.Plus: Property Rate Component			10.663			0.000
13.Plus: ROE/Use Rate			1.441			0.000
14.Total Current Period Base			242.881			0.000
15.Prospective Rate: Line 11 x Inflation 1.04953576	47.625	194.583	242.208	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	47.625	194.583	242.208	0.000	0.000	0.000
19.Property Rate Component			10.663			0.000
20.ROE Component + ROE Interim Component			1.441			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			254.31			0.00
23.Medicaid Days		2,139			0	
24.Resident Days		2,139			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(6.72)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			271.00			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028557900 - 2020/07

RI: 238.42

NM: 0.00

148th Court Grp Home #20 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	38.164	156.954	195.118	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	39.136	160.950	200.086	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	39.525	162.549	202.073	0.000	0.000	0.000
4.Current Period Cost	38.787	184.945	223.732	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.737	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.787	162.549	201.336	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.369	0.000	0.369	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.879	0.000	3.879	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.369	0.000	0.369	0.000	0.000	0.000
10.Final Incentive	0.369	0.000	0.369	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	39.156	162.549	201.705	0.000	0.000	0.000
12.Plus: Property Rate Component			7.750			0.000
13.Plus: ROE/Use Rate			1.470			0.000
14.Total Current Period Base			210.924			0.000
15.Prospective Rate: Line 11 x Inflation 1.04953576	41.096	170.601	211.696	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	41.096	170.601	211.696	0.000	0.000	0.000
19.Property Rate Component			7.750			0.000
20.ROE Component + ROE Interim Component			1.470			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			220.92			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(5.91)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			238.42			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028558700 - 2020/07

RI: 268.93

NM: 0.00

Sunrise Oakmont

Ownership:Private

Incentive Rating: Ineligible from 06/03/2019 - 06/20/2019 Days Eligible: 348 of 366

Eligibility Factor : 95.08%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.683	156.954	198.637	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	42.744	160.951	203.695	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	43.169	162.549	205.718	0.000	0.000	0.000
4.Current Period Cost	46.872	208.345	255.217	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)	43.169	162.549	205.718	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 95.08%	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)	43.169	162.549	205.718	0.000	0.000	0.000
12.Plus: Property Rate Component			13.126			0.000
13.Plus: ROE/Use Rate			1.818			0.000
14.Total Current Period Base			220.661			0.000
15.Prospective Rate: Line 11 x Inflation 1.04953576	45.307	170.601	215.908	0.000	0.000	0.000
16.Interim Rate Component: *	1.350	19.990	21.340	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	46.657	190.591	237.248	0.000	0.000	0.000
19.Property Rate Component			13.126			0.000
20.ROE Component + ROE Interim Component *			1.818			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			252.19			0.00
23.Medicaid Days		2,111			0	
24.Resident Days		2,111			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(6.67)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			268.93			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028559500 - 2020/07

RI: 266.10

NM: 0.00

53rd Court Grp Home #9 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	43.530	165.894	209.424	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	44.639	170.117	214.756	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	45.082	171.807	216.889	0.000	0.000	0.000
4.Current Period Cost	43.370	210.155	253.525	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.712	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	43.370	171.807	215.177	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.856	0.000	0.856	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.337	0.000	4.337	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.856	0.000	0.856	0.000	0.000	0.000
10.Final Incentive	0.856	0.000	0.856	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	44.226	171.807	216.033	0.000	0.000	0.000
12.Plus: Property Rate Component			8.529			0.000
13.Plus: ROE/Use Rate			1.986			0.000
14.Total Current Period Base			226.549			0.000
15.Prospective Rate: Line 11 x Inflation 1.04953576	46.417	180.318	226.734	0.000	0.000	0.000
16.Interim Rate Component: *	1.280	10.760	12.040	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	47.697	191.078	238.774	0.000	0.000	0.000
19.Property Rate Component			8.529			0.000
20.ROE Component + ROE Interim Component *			1.986			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			249.29			0.00
23.Medicaid Days		2,140			0	
24.Resident Days		2,140			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(6.60)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			266.10			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028560900 - 2020/07

RI: 275.97

NM: 0.00

55th Court Grp Home #15 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	42.302	171.925	214.227	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	43.379	176.303	219.681	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	43.809	178.054	221.863	0.000	0.000	0.000
4.Current Period Cost	42.662	211.640	254.301	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.148	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	42.662	178.054	220.715	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.574	0.000	0.574	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.266	0.000	4.266	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.574	0.000	0.574	0.000	0.000	0.000
10.Final Incentive	0.574	0.000	0.574	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	43.235	178.054	221.289	0.000	0.000	0.000
12.Plus: Property Rate Component			7.963			0.000
13.Plus: ROE/Use Rate			1.699			0.000
14.Total Current Period Base			230.952			0.000
15.Prospective Rate: Line 11 x Inflation 1.04953576	45.377	186.874	232.251	0.000	0.000	0.000
16.Interim Rate Component: *	1.500	15.990	17.490	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	46.877	202.864	249.741	0.000	0.000	0.000
19.Property Rate Component			7.963			0.000
20.ROE Component + ROE Interim Component *			1.699			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			259.40			0.00
23.Medicaid Days		2,139			0	
24.Resident Days		2,139			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(6.84)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			275.97			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028561700 - 2020/07

RI: 285.15

NM: 0.00

Wentworth Drive Grp Home #18 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	1/7/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	42.295	180.911	223.207	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03227490	43.660	186.750	230.410	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04518486	44.206	189.086	233.292	0.000	0.000	0.000
4.Current Period Cost	44.907	213.730	258.637	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)	44.206	189.086	233.292	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)	44.206	189.086	233.292	0.000	0.000	0.000
12.Plus: Property Rate Component			8.285			0.000
13.Plus: ROE/Use Rate			1.717			0.000
14.Total Current Period Base			243.294			0.000
15.Prospective Rate: Line 11 x Inflation 1.04953576	46.396	198.452	244.848	0.000	0.000	0.000
16.Interim Rate Component: *	1.050	12.910	13.960	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	47.446	211.362	258.808	0.000	0.000	0.000
19.Property Rate Component			8.285			0.000
20.ROE Component + ROE Interim Component *			1.717			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			268.81			0.00
23.Medicaid Days			2,177			0
24.Resident Days			2,177			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(7.07)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			285.15			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028565000 - 2020/07

RI: 374.01

NM: 474.20

Lakeview Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2017	11/30/2018	Unaudited Costs	201907
Prior Cost Report	12/1/2016	11/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	80.625	206.338	286.963	80.625	280.092	360.717
2.Inflate Line 1 by Inflation Factor 1.02719374	82.817	211.949	294.766	82.817	287.709	370.526
3.Line 1 X 1.4000 X Inflation Factor 1.03807124	83.694	214.193	297.888	83.694	290.755	374.450
4.Current Period Cost	84.393	203.574	287.967	84.393	272.180	356.573
5.Incentive Basis (line 3 - line 4)	0.000	10.619		0.000	18.576	
6.Allowed Current Period Costs (Min of line 3 or 4)	83.694	203.574	287.269	83.694	272.180	355.874
7.Incentive Line 5 x Oper 50% Res 50%	0.000	5.310	5.310	0.000	9.288	9.288
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.107	6.107	0.000	8.165	8.165
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.310	5.310	0.000	8.165	8.165
10.Final Incentive	0.000	5.310	5.310	0.000	8.165	8.165
11.Current Period Base: (line 6 + line 10)	83.694	208.884	292.578	83.694	280.345	364.039
12.Plus: Property Rate Component			16.396			16.396
13.Plus: ROE/Use Rate			0.326			0.326
14.Total Current Period Base			309.300			380.761
15.Prospective Rate: Line 11 x Inflation 1.06446875	89.090	222.350	311.440	89.090	298.418	387.509
16.Interim Rate Component: *	5.103	26.605	31.708	5.103	53.210	58.313
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	94.193	248.955	343.148	94.193	351.629	445.821
19.Property Rate Component			16.396			16.396
20.ROE Component + ROE Interim Component *			0.326			0.326
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			359.87			462.54
23.Medicaid Days			11,722			11,180
24.Resident Days			11,722			11,180
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.27)			(11.76)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			374.01			474.20

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028566800 - 2020/07

RI: 361.86

NM: 444.94

Washington Square

Ownership: Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2017	11/30/2018	Unaudited Costs	201907
Prior Cost Report	12/1/2016	11/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	83.205	196.370	279.575	83.205	258.102	341.307
2.Inflate Line 1 by Inflation Factor 1.02719374	85.468	201.710	287.178	85.468	265.121	350.589
3.Line 1 X 1.4000 X Inflation Factor 1.03807124	86.373	203.846	290.219	86.373	267.928	354.301
4.Current Period Cost	84.738	196.744	281.481	84.738	253.695	338.433
5.Incentive Basis (line 3 - line 4)	1.636	7.102		1.636	14.233	
6.Allowed Current Period Costs (Min of line 3 or 4)	84.738	196.744	281.481	84.738	253.695	338.433
7.Incentive Line 5 x Oper 50% Res 50%	0.818	3.551	4.369	0.818	7.116	7.934
8.Incentive - Line 4 x Oper 10% Res 3%	8.474	5.902	14.376	8.474	7.611	16.085
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.818	3.551	4.369	0.818	7.116	7.934
10.Final Incentive	0.818	3.551	4.369	0.818	7.116	7.934
11.Current Period Base: (line 6 + line 10)	85.555	200.295	285.850	85.555	260.812	346.367
12.Plus: Property Rate Component			16.946			16.946
13.Plus: ROE/Use Rate			0.366			0.366
14.Total Current Period Base			303.161			363.678
15.Prospective Rate: Line 11 x Inflation 1.06446875	91.071	213.207	304.278	91.071	277.626	368.697
16.Interim Rate Component: *	5.112	20.723	25.835	5.112	41.446	46.558
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	96.183	233.930	330.113	96.183	319.071	415.255
19.Property Rate Component			16.946			16.946
20.ROE Component + ROE Interim Component *			0.366			0.366
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			347.42			432.57
23.Medicaid Days			3,246			19,343
24.Resident Days			3,246			19,343
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.97)			(11.03)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			361.86			444.94

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028567600 - 2020/07

RI: 361.36

NM: 450.46

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Howell Branch Court

Ownership:Private

Incentive Rating: Ineligible from 07/02/2019 - 07/31/2019, 01/23/2020 - 03/03/2020 Days Eligible: 295 of 366

Eligibility Factor : 80.60%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2017	11/30/2018	Unaudited Costs	201907
Prior Cost Report	12/1/2016	11/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	80.357	197.305	277.662	80.357	261.172	341.529
2.Inflate Line 1 by Inflation Factor 1.02719374	82.542	202.671	285.213	82.542	268.274	350.816
3.Line 1 X 1.4000 X Inflation Factor 1.03807124	83.416	204.817	288.233	83.416	271.115	354.531
4.Current Period Cost	84.191	197.938	282.130	84.191	262.513	346.704
5.Incentive Basis (line 3 - line 4)	0.000	6.879		0.000	8.602	
6.Allowed Current Period Costs (Min of line 3 or 4)	83.416	197.938	281.354	83.416	262.513	345.929
7.Incentive Line 5 x Oper 50% Res 50%	0.000	3.439	3.439	0.000	4.301	4.301
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.938	5.938	0.000	7.875	7.875
9.Incentive - Min of Line 7,8 x Eligibility factor 80.60%	0.000	2.772	2.772	0.000	3.467	3.467
10.Final Incentive	0.000	2.772	2.772	0.000	3.467	3.467
11.Current Period Base: (line 6 + line 10)	83.416	200.710	284.127	83.416	265.979	349.396
12.Plus: Property Rate Component			16.988			16.988
13.Plus: ROE/Use Rate			0.525			0.525
14.Total Current Period Base			301.640			366.909
15.Prospective Rate: Line 11 x Inflation 1.06446875	88.794	213.650	302.444	88.794	283.127	371.921
16.Interim Rate Component: *	5.122	21.832	26.954	5.122	43.664	48.786
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	93.916	235.482	329.398	93.916	326.791	420.707
19.Property Rate Component			16.988			16.988
20.ROE Component + ROE Interim Component *			0.525			0.525
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			346.91			438.22
23.Medicaid Days		5,599			16,769	
24.Resident Days		5,599			16,769	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.96)			(11.17)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			361.36			450.46

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028568400 - 2020/07

RI: 299.82

NM: 0.00

157th Terrace (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.027	186.461	227.488	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	42.071	191.209	233.280	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	42.489	193.108	235.597	0.000	0.000	0.000
4.Current Period Cost	43.247	194.351	237.598	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)	42.489	193.108	235.597	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)	42.489	193.108	235.597	0.000	0.000	0.000
12.Plus: Property Rate Component			12.492			0.000
13.Plus: ROE/Use Rate			2.551			0.000
14.Total Current Period Base			250.640			0.000
15.Prospective Rate: Line 11 x Inflation 1.04953576	44.594	202.673	247.267	0.000	0.000	0.000
16.Interim Rate Component: *	0.650	20.880	21.530	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	45.244	223.553	268.797	0.000	0.000	0.000
19.Property Rate Component			12.492			0.000
20.ROE Component + ROE Interim Component *			2.551			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			283.84			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(7.43)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			299.82			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028569200 - 2020/07

RI: 286.30

NM: 330.61

145th Street Group Home (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	53.309	171.910	225.219	53.309	213.689	266.998
2.Inflate Line 1 by Inflation Factor 1.02546131	54.666	176.287	230.953	54.666	219.130	273.796
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	55.209	178.038	233.247	55.209	221.306	276.515
4.Current Period Cost	56.334	201.198	257.532	56.334	249.594	305.927
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)	55.209	178.038	233.247	55.209	221.306	276.515
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)	55.209	178.038	233.247	55.209	221.306	276.515
12.Plus: Property Rate Component			21.867			21.867
13.Plus: ROE/Use Rate			3.319			3.319
14.Total Current Period Base			258.433			301.702
15.Prospective Rate: Line 11 x Inflation 1.04953576	57.944	186.857	244.801	57.944	232.269	290.213
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	57.944	186.857	244.801	57.944	232.269	290.213
19.Property Rate Component			21.867			21.867
20.ROE Component + ROE Interim Component			3.319			3.319
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			269.99			315.40
23.Medicaid Days			348			1,710
24.Resident Days			348			1,710
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(7.10)			(8.20)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			286.30			330.61



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

031256800 - 2020/07

RI: 371.72

NM: 466.52

Avon Park Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	104.715	220.337	325.053	104.715	295.000	399.715
2.Inflate Line 1 by Inflation Factor 1.05188466	110.148	231.770	341.918	110.148	310.306	420.454
3.Line 1 X 1.4000 X Inflation Factor 1.07263852	112.321	236.342	348.664	112.321	316.429	428.750
4.Current Period Cost	98.107	234.734	332.841	98.107	313.568	411.675
5.Incentive Basis (line 3 - line 4)	14.214	1.608		14.214	2.860	
6.Allowed Current Period Costs (Min of line 3 or 4)	98.107	234.734	332.841	98.107	313.568	411.675
7.Incentive Line 5 x Oper 50% Res 50%	7.107	0.804	7.911	7.107	1.430	8.537
8.Incentive - Line 4 x Oper 10% Res 3%	9.811	7.042	16.853	9.811	9.407	19.218
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.107	0.804	7.911	7.107	1.430	8.537
10.Final Incentive	7.107	0.804	7.911	7.107	1.430	8.537
11.Current Period Base: (line 6 + line 10)	105.214	235.538	340.753	105.214	314.998	420.213
12.Plus: Property Rate Component			14.610			14.610
13.Plus: ROE/Use Rate			1.345			1.345
14.Total Current Period Base			356.708			436.168
15.Prospective Rate: Line 11 x Inflation 1.04404645	109.848	245.913	355.761	109.848	328.873	438.721
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	109.848	245.913	355.761	109.848	328.873	438.721
19.Property Rate Component			14.610			14.610
20.ROE Component + ROE Interim Component			1.345			1.345
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			371.72			454.68
23.Medicaid Days			0			8,487
24.Resident Days			0			8,487
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.41)			0.00			23.41
27.Rate Cut – QAF (0.02429311)			0.00			(11.57)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			371.72			466.52



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031257600 - 2020/07

RI: 346.49

NM: 425.38

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Eagle Watch Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 10/18/2019 - 04/30/2020 Days Eligible: 170 of 366

Eligibility Factor : 46.45%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	90.093	207.663	297.756	90.093	283.660	373.753
2.Inflate Line 1 by Inflation Factor 1.05188466	94.767	218.438	313.205	94.767	298.378	393.145
3.Line 1 X 1.4000 X Inflation Factor 1.07263852	96.637	222.748	319.385	96.637	304.265	400.902
4.Current Period Cost	93.623	211.104	304.726	93.623	287.293	380.916
5.Incentive Basis (line 3 - line 4)	3.015	11.644		3.015	16.972	
6.Allowed Current Period Costs (Min of line 3 or 4)	93.623	211.104	304.726	93.623	287.293	380.916
7.Incentive Line 5 x Oper 50% Res 50%	1.507	5.822	7.329	1.507	8.486	9.993
8.Incentive - Line 4 x Oper 10% Res 3%	9.362	6.333	15.695	9.362	8.619	17.981
9.Incentive - Min of Line 7,8 x Eligibility factor 46.45%	0.700	2.704	3.404	0.700	3.941	4.642
10.Final Incentive	0.700	2.704	3.404	0.700	3.941	4.642
11.Current Period Base: (line 6 + line 10)	94.323	213.808	308.130	94.323	291.235	385.557
12.Plus: Property Rate Component			8.579			8.579
13.Plus: ROE/Use Rate			1.393			1.393
14.Total Current Period Base			318.102			395.529
15.Prospective Rate: Line 11 x Inflation 1.04404645	98.477	223.225	321.702	98.477	304.063	402.540
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	98.477	223.225	321.702	98.477	304.063	402.540
19.Property Rate Component			8.579			8.579
20.ROE Component + ROE Interim Component			1.393			1.393
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			331.67			412.51
23.Medicaid Days			1,564			6,921
24.Resident Days			1,564			6,921
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.59)			(10.55)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			346.49			425.38



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031258400 - 2020/07

RI: 338.50

NM: 424.43

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Point West Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 01/09/2019 - 12/02/2019 Days Eligible: 38 of 366

Eligibility Factor : 10.38%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	95.396	198.650	294.046	95.396	278.919	374.316
2.Inflate Line 1 by Inflation Factor 1.05188466	100.346	208.957	309.303	100.346	293.391	393.737
3.Line 1 X 1.4000 X Inflation Factor 1.07263852	102.326	213.080	315.405	102.326	299.180	401.505
4.Current Period Cost	104.732	195.805	300.537	104.732	279.881	384.612
5.Incentive Basis (line 3 - line 4)	0.000	17.275		0.000	19.299	
6.Allowed Current Period Costs (Min of line 3 or 4)	102.326	195.805	298.131	102.326	279.881	382.206
7.Incentive Line 5 x Oper 50% Res 50%	0.000	8.637	8.637	0.000	9.650	9.650
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.874	5.874	0.000	8.396	8.396
9.Incentive - Min of Line 7,8 x Eligibility factor 10.38%	0.000	0.610	0.610	0.000	0.872	0.872
10.Final Incentive	0.000	0.610	0.610	0.000	0.872	0.872
11.Current Period Base: (line 6 + line 10)	102.326	196.415	298.741	102.326	280.752	383.078
12.Plus: Property Rate Component			9.849			9.849
13.Plus: ROE/Use Rate			1.739			1.739
14.Total Current Period Base			310.328			394.666
15.Prospective Rate: Line 11 x Inflation 1.04404645	106.833	205.066	311.899	106.833	293.118	399.951
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	106.833	205.066	311.899	106.833	293.118	399.951
19.Property Rate Component			9.849			9.849
20.ROE Component + ROE Interim Component			1.739			1.739
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			323.49			411.54
23.Medicaid Days			757			7,453
24.Resident Days			757			7,453
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.39)			(10.52)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			338.50			424.43



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

031259200 - 2020/07

RI: 366.48

NM: 461.91

Hodges Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 09/10/2019 - 11/25/2019 Days Eligible: 289 of 366

Eligibility Factor : 78.96%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	108.801	211.227	320.028	108.801	294.121	402.922
2.Inflate Line 1 by Inflation Factor 1.05188466	114.446	222.186	336.633	114.446	309.381	423.827
3.Line 1 X 1.4000 X Inflation Factor 1.07263852	116.704	226.570	343.274	116.704	315.485	432.190
4.Current Period Cost	100.613	210.235	310.847	100.613	304.577	405.190
5.Incentive Basis (line 3 - line 4)	16.092	16.336		16.092	10.908	
6.Allowed Current Period Costs (Min of line 3 or 4)	100.613	210.235	310.847	100.613	304.577	405.190
7.Incentive Line 5 x Oper 50% Res 50%	8.046	8.168	16.214	8.046	5.454	13.500
8.Incentive - Line 4 x Oper 10% Res 3%	10.061	6.307	16.368	10.061	9.137	19.199
9.Incentive - Min of Line 7,8 x Eligibility factor 78.96%	6.353	4.980	11.333	6.353	4.307	10.660
10.Final Incentive	6.353	4.980	11.333	6.353	4.307	10.660
11.Current Period Base: (line 6 + line 10)	106.966	215.215	322.180	106.966	308.884	415.849
12.Plus: Property Rate Component			13.834			13.834
13.Plus: ROE/Use Rate			1.952			1.952
14.Total Current Period Base			337.966			431.635
15.Prospective Rate: Line 11 x Inflation 1.04404645	111.677	224.694	336.371	111.677	322.489	434.166
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	111.677	224.694	336.371	111.677	322.489	434.166
19.Property Rate Component			13.834			13.834
20.ROE Component + ROE Interim Component			1.952			1.952
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			352.16			449.95
23.Medicaid Days		548			8,010	
24.Resident Days		548			8,010	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.09)			(11.45)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			366.48			461.91



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031260600 - 2020/07

RI: 347.38

NM: 431.14

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Kinkaid Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 08/29/2019 - 04/30/2020 Days Eligible: 120 of 366

Eligibility Factor : 32.79%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	94.189	190.951	285.139	94.189	267.603	361.792
2.Inflate Line 1 by Inflation Factor 1.05188466	99.076	200.858	299.934	99.076	281.487	380.563
3.Line 1 X 1.4000 X Inflation Factor 1.07263852	101.030	204.821	305.851	101.030	287.041	388.071
4.Current Period Cost	101.379	205.218	306.597	101.379	291.178	392.558
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)	101.030	204.821	305.851	101.030	287.041	388.071
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 32.79%	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)	101.030	204.821	305.851	101.030	287.041	388.071
12.Plus: Property Rate Component			11.156			11.156
13.Plus: ROE/Use Rate			2.103			2.103
14.Total Current Period Base			319.110			401.330
15.Prospective Rate: Line 11 x Inflation 1.04404645	105.480	213.843	319.323	105.480	299.684	405.165
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	105.480	213.843	319.323	105.480	299.684	405.165
19.Property Rate Component			11.156			11.156
20.ROE Component + ROE Interim Component			2.103			2.103
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			332.58			418.42
23.Medicaid Days			1,370			6,566
24.Resident Days			1,370			6,566
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.61)			(10.69)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			347.38			431.14



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

031261400 - 2020/07

RI: 400.97

NM: 509.77

Flamingo Drive Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	116.657	226.960	343.617	116.657	315.282	431.939
2.Inflate Line 1 by Inflation Factor 1.02713247	119.822	233.118	352.940	119.822	323.837	443.658
3.Line 1 X 1.4000 X Inflation Factor 1.03798546	121.088	235.581	356.669	121.088	327.258	448.346
4.Current Period Cost	144.165	257.333	401.498	144.165	345.524	489.690
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)	121.088	235.581	356.669	121.088	327.258	448.346
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)	121.088	235.581	356.669	121.088	327.258	448.346
12.Plus: Property Rate Component			15.982			15.982
13.Plus: ROE/Use Rate			3.638			3.638
14.Total Current Period Base			376.289			467.966
15.Prospective Rate: Line 11 x Inflation 1.06920624	129.468	251.885	381.353	129.468	349.907	479.375
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	129.468	251.885	381.353	129.468	349.907	479.375
19.Property Rate Component			15.982			15.982
20.ROE Component + ROE Interim Component			3.638			3.638
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			400.97			498.99
23.Medicaid Days			0			7,868
24.Resident Days			0			7,868
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.41)			0.00			23.41
27.Rate Cut – QAF (0.02429311)			0.00			(12.64)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			400.97			509.77



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

031262200 - 2020/07

RI: 304.74

NM: 360.98

Barranger Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
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:	57.699	199.172	256.871	56.603	253.070	309.673
2.Inflate Line 1 by Inflation Factor 1.05396747	60.813	209.921	270.734	59.657	266.728	326.385
3.Line 1 X 1.4000 X Inflation Factor 1.07555446	62.059	214.220	276.279	60.879	272.191	333.070
4.Current Period Cost	56.284	188.765	245.049	56.284	241.674	297.958
5.Incentive Basis (line 3 - line 4)	5.775	25.456		4.595	30.517	
6.Allowed Current Period Costs (Min of line 3 or 4)	56.284	188.765	245.049	56.284	241.674	297.958
7.Incentive Line 5 x Oper 50% Res 50%	2.887	12.728	15.615	2.297	15.258	17.556
8.Incentive - Line 4 x Oper 10% Res 3%	5.628	5.663	11.291	5.628	7.250	12.879
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.887	5.663	8.550	2.297	7.250	9.548
10.Final Incentive	2.887	5.663	8.550	2.297	7.250	9.548
11.Current Period Base: (line 6 + line 10)	59.172	194.428	253.599	58.582	248.924	307.506
12.Plus: Property Rate Component			17.733			17.733
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			271.332			325.239
15.Prospective Rate: Line 11 x Inflation 1.06920624	63.267	207.883	271.150	62.636	266.151	328.787
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	63.267	207.883	271.150	62.636	266.151	328.787
19.Property Rate Component			17.733			17.733
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			288.88			346.52
23.Medicaid Days			2,032			152
24.Resident Days			2,032			152
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(7.56)			(8.95)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			304.74			360.98



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

031263100 - 2020/07

RI: 238.39

NM: 0.00

Greenridge Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
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:	45.924	147.219	193.143	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05396747	48.402	155.164	203.566	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07555446	49.394	158.342	207.735	0.000	0.000	0.000
4.Current Period Cost	40.218	141.106	181.325	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	9.175	17.235		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	40.218	141.106	181.325	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	4.588	8.618	13.205	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.022	4.233	8.255	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.022	4.233	8.255	0.000	0.000	0.000
10.Final Incentive	4.022	4.233	8.255	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	44.240	145.339	189.580	0.000	0.000	0.000
12.Plus: Property Rate Component			18.140			0.000
13.Plus: ROE/Use Rate			0.050			0.000
14.Total Current Period Base			207.770			0.000
15.Prospective Rate: Line 11 x Inflation 1.06920624	47.302	155.398	202.700	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	47.302	155.398	202.700	0.000	0.000	0.000
19.Property Rate Component			18.140			0.000
20.ROE Component + ROE Interim Component			0.050			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			220.89			0.00
23.Medicaid Days			2,184			0
24.Resident Days			2,184			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(5.91)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			238.39			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031264900 - 2020/07

RI: 371.07

NM: 449.10

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Pensacola Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	112.625	208.462	321.087	112.625	286.673	399.299
2.Inflate Line 1 by Inflation Factor 1.02713247	115.681	214.118	329.799	115.681	294.451	410.132
3.Line 1 X 1.4000 X Inflation Factor 1.03798546	116.903	216.380	333.284	116.903	297.563	414.466
4.Current Period Cost	109.858	196.122	305.979	109.858	268.729	378.587
5.Incentive Basis (line 3 - line 4)	7.046	20.259		7.046	28.833	
6.Allowed Current Period Costs (Min of line 3 or 4)	109.858	196.122	305.979	109.858	268.729	378.587
7.Incentive Line 5 x Oper 50% Res 50%	3.523	10.129	13.652	3.523	14.417	17.940
8.Incentive - Line 4 x Oper 10% Res 3%	10.986	5.884	16.869	10.986	8.062	19.048
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.523	5.884	9.407	3.523	8.062	11.585
10.Final Incentive	3.523	5.884	9.407	3.523	8.062	11.585
11.Current Period Base: (line 6 + line 10)	113.381	202.005	315.386	113.381	276.791	390.172
12.Plus: Property Rate Component			17.354			17.354
13.Plus: ROE/Use Rate			2.297			2.297
14.Total Current Period Base			335.036			409.822
15.Prospective Rate: Line 11 x Inflation 1.06920624	121.227	215.985	337.212	121.227	295.947	417.174
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	121.227	215.985	337.212	121.227	295.947	417.174
19.Property Rate Component			17.354			17.354
20.ROE Component + ROE Interim Component			2.297			2.297
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			356.86			436.82
23.Medicaid Days			399			8,161
24.Resident Days			399			8,161
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(9.20)			(11.13)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			371.07			449.10



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

031265700 - 2020/07

RI: 338.98

NM: 400.76

Caprona Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.072	203.503	272.575	73.568	267.957	341.525
2.Inflate Line 1 by Inflation Factor 1.02713247	70.946	209.025	279.971	75.564	275.227	350.792
3.Line 1 X 1.4000 X Inflation Factor 1.03798546	71.695	211.233	282.929	76.363	278.135	354.498
4.Current Period Cost	66.029	215.083	281.111	66.029	260.307	326.335
5.Incentive Basis (line 3 - line 4)	5.667	0.000		10.334	17.829	
6.Allowed Current Period Costs (Min of line 3 or 4)	66.029	211.233	277.262	66.029	260.307	326.335
7.Incentive Line 5 x Oper 50% Res 50%	2.833	0.000	2.833	5.167	8.914	14.081
8.Incentive - Line 4 x Oper 10% Res 3%	6.603	0.000	6.603	6.603	7.809	14.412
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.833	0.000	2.833	5.167	7.809	12.976
10.Final Incentive	2.833	0.000	2.833	5.167	7.809	12.976
11.Current Period Base: (line 6 + line 10)	68.862	211.233	280.095	71.196	268.116	339.312
12.Plus: Property Rate Component			23.875			23.875
13.Plus: ROE/Use Rate			0.617			0.617
14.Total Current Period Base			304.587			363.803
15.Prospective Rate: Line 11 x Inflation 1.06920624	73.628	225.852	299.480	76.123	286.671	362.794
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	73.628	225.852	299.480	76.123	286.671	362.794
19.Property Rate Component			23.875			23.875
20.ROE Component + ROE Interim Component			0.617			0.617
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			323.97			387.29
23.Medicaid Days		1,205			964	
24.Resident Days		1,205			964	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.40)			(9.94)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			338.98			400.76



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

031266500 - 2020/07

RI: 246.53

NM: 0.00

Rich Street Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2017	9/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	55.062	139.991	195.053	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02409834	56.388	143.365	199.753	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03373768	56.919	144.714	201.634	0.000	0.000	0.000
4.Current Period Cost	64.769	213.917	278.686	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)	56.919	144.714	201.634	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)	56.919	144.714	201.634	0.000	0.000	0.000
12.Plus: Property Rate Component			18.719			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			220.353			0.000
15.Prospective Rate: Line 11 x Inflation 1.04404645	59.426	151.089	210.515	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	59.426	151.089	210.515	0.000	0.000	0.000
19.Property Rate Component			18.719			0.000
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			229.23			0.00
23.Medicaid Days			1,823			0
24.Resident Days			1,823			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.41)			23.41			0.00
27.Rate Cut – QAF (0.02429311)			(6.11)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			246.53			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

031267300 - 2020/07

RI: 341.17

NM: 424.63

Sandpiper Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	201907
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	84.185	196.210	280.394	84.185	271.578	355.762
2.Inflate Line 1 by Inflation Factor 1.05188466	88.552	206.390	294.943	88.552	285.669	374.221
3.Line 1 X 1.4000 X Inflation Factor 1.07263852	90.300	210.462	300.762	90.300	291.305	381.604
4.Current Period Cost	88.328	205.500	293.828	88.328	288.502	376.831
5.Incentive Basis (line 3 - line 4)	1.971	4.963		1.971	2.803	
6.Allowed Current Period Costs (Min of line 3 or 4)	88.328	205.500	293.828	88.328	288.502	376.831
7.Incentive Line 5 x Oper 50% Res 50%	0.986	2.481	3.467	0.986	1.401	2.387
8.Incentive - Line 4 x Oper 10% Res 3%	8.833	6.165	14.998	8.833	8.655	17.488
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.986	2.481	3.467	0.986	1.401	2.387
10.Final Incentive	0.986	2.481	3.467	0.986	1.401	2.387
11.Current Period Base: (line 6 + line 10)	89.314	207.981	297.295	89.314	289.904	379.217
12.Plus: Property Rate Component			13.093			13.093
13.Plus: ROE/Use Rate			2.736			2.736
14.Total Current Period Base			313.124			395.047
15.Prospective Rate: Line 11 x Inflation 1.04404645	93.248	217.142	310.390	93.248	302.673	395.921
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	93.248	217.142	310.390	93.248	302.673	395.921
19.Property Rate Component			13.093			13.093
20.ROE Component + ROE Interim Component			2.736			2.736
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			326.22			411.75
23.Medicaid Days			1,238			7,013
24.Resident Days			1,238			7,013
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.41)			23.41			23.41
27.Rate Cut – QAF (0.02429311)			(8.46)			(10.53)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			341.17			424.63