



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

000169300 - 2021/07

RI: 238.56

NM: 0.00

St. Augustine Center for Living

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2018	11/30/2019	Unaudited Costs	202007
Prior Cost Report	12/1/2017	11/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	50.459	154.158	204.617	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02306748	51.623	157.714	209.337	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03229447	52.089	159.136	211.225	0.000	0.000	0.000
4.Current Period Cost	53.205	149.968	203.174	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	9.168		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	52.089	149.968	202.057	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	4.584	4.584	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.499	4.499	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.499	4.499	0.000	0.000	0.000
10.Final Incentive	0.000	4.499	4.499	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	52.089	154.467	206.556	0.000	0.000	0.000
12.Plus: Property Rate Component			17.387			0.000
13.Plus: ROE/Use Rate			1.104			0.000
14.Total Current Period Base			225.047			0.000
15.Prospective Rate: Line 11 x Inflation 1.06788421	55.625	164.953	220.578	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	55.625	164.953	220.578	0.000	0.000	0.000
19.Property Rate Component			17.387			0.000
20.ROE Component + ROE Interim Component			1.104			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			239.07			0.00
23.Medicaid Days		21,805			0	
24.Resident Days		21,805			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(24.14)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			238.56			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

001069500 - 2021/07

RI: 383.08

NM: 466.61

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Miner North

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2019	5/31/2020	Unaudited Costs	202007
Prior Cost Report	6/1/2018	5/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	125.684	194.357	320.041	125.684	278.872	404.556
2.Inflate Line 1 by Inflation Factor 1.02164326	128.404	198.564	326.968	128.404	284.907	413.311
3.Line 1 X 1.4000 X Inflation Factor 1.03030056	129.492	200.246	329.738	129.492	287.322	416.814
4.Current Period Cost	119.129	209.514	328.643	119.129	303.451	422.580
5.Incentive Basis (line 3 - line 4)	10.363	0.000		10.363	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	119.129	200.246	319.375	119.129	287.322	406.451
7.Incentive Line 5 x Oper 50% Res 50%	5.181	0.000	5.181	5.181	0.000	5.181
8.Incentive - Line 4 x Oper 10% Res 3%	11.913	0.000	11.913	11.913	0.000	11.913
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.181	0.000	5.181	5.181	0.000	5.181
10.Final Incentive	5.181	0.000	5.181	5.181	0.000	5.181
11.Current Period Base: (line 6 + line 10)	124.311	200.246	324.557	124.311	287.322	411.632
12.Plus: Property Rate Component			52.955			52.955
13.Plus: ROE/Use Rate			2.416			2.416
14.Total Current Period Base			379.928			467.003
15.Prospective Rate: Line 11 x Inflation 1.05631440	131.311	211.523	342.834	131.311	303.502	434.813
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	131.311	211.523	342.834	131.311	303.502	434.813
19.Property Rate Component			52.955			52.955
20.ROE Component + ROE Interim Component			2.416			2.416
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			398.20			490.18
23.Medicaid Days		366			8,129	
24.Resident Days		366			8,129	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(38.76)			(47.21)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			383.08			466.61



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

001071000 - 2021/07

RI: 360.45

NM: 439.56

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Miner South

Ownership:Private

Incentive Rating: Ineligible from 02/10/2021 - 03/10/2021 Days Eligible: 336 of 365

Eligibility Factor : 92.05%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2019	5/31/2020	Unaudited Costs	202007
Prior Cost Report	6/1/2018	5/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	124.990	173.010	297.999	124.990	253.050	378.040
2.Inflate Line 1 by Inflation Factor 1.02164326	127.695	176.754	304.449	127.695	258.527	386.222
3.Line 1 X 1.4000 X Inflation Factor 1.03030056	128.777	178.252	307.029	128.777	260.718	389.495
4.Current Period Cost	118.323	207.401	325.724	118.323	305.884	424.208
5.Incentive Basis (line 3 - line 4)	10.454	0.000		10.454	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	118.323	178.252	296.575	118.323	260.718	379.041
7.Incentive Line 5 x Oper 50% Res 50%	5.227	0.000	5.227	5.227	0.000	5.227
8.Incentive - Line 4 x Oper 10% Res 3%	11.832	0.000	11.832	11.832	0.000	11.832
9.Incentive - Min of Line 7,8 x Eligibility factor 92.05%	4.811	0.000	4.811	4.811	0.000	4.811
10.Final Incentive	4.811	0.000	4.811	4.811	0.000	4.811
11.Current Period Base: (line 6 + line 10)	123.135	178.252	301.386	123.135	260.718	383.853
12.Plus: Property Rate Component			52.535			52.535
13.Plus: ROE/Use Rate			2.396			2.396
14.Total Current Period Base			356.317			438.783
15.Prospective Rate: Line 11 x Inflation 1.05631440	130.069	188.290	318.359	130.069	275.400	405.469
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	130.069	188.290	318.359	130.069	275.400	405.469
19.Property Rate Component			52.535			52.535
20.ROE Component + ROE Interim Component			2.396			2.396
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			373.29			460.40
23.Medicaid Days			2,005			6,489
24.Resident Days			2,005			6,489
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(36.47)			(44.47)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			360.45			439.56



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0101963600 - 2021/07

RI: 402.26

NM: 506.77

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

New Horizons (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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 (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(40.70)			(51.27)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			402.26			506.77



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

0107650900 - 2021/07

RI: 383.63

NM: 496.41

Sunrise Community, Inc. - Log Cabin

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	5/31/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	79.742	221.221	300.963	79.742	305.758	385.499
2.Inflate Line 1 by Inflation Factor 1.02064878 *	84.058	245.539	329.597	84.058	349.681	433.739
3.Line 1 X 1.4000 X Inflation Factor 1.02890829 *	84.717	247.366	332.083	84.717	352.206	436.923
4.Current Period Cost *	101.571	250.284	351.854	101.571	363.585	465.156
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	84.717	247.366	332.083	84.717	352.206	436.923
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)	84.717	247.366	332.083	84.717	352.206	436.923
12.Plus: Property Rate Component			14.260			14.260
13.Plus: ROE/Use Rate			1.698			1.698
14.Total Current Period Base			348.041			452.882
15.Prospective Rate: Line 11 x Inflation 1.05539845	89.410	261.070	350.480	89.410	371.718	461.128
16.Interim Rate Component: *	6.270	26.100	32.370	6.270	39.650	45.920
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	95.680	287.170	382.850	95.680	411.368	507.048
19.Property Rate Component			14.260			14.260
20.ROE Component + ROE Interim Component *			1.698			1.698
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			398.81			523.01
23.Medicaid Days		21,440			17,146	
24.Resident Days		21,440			17,146	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(38.81)			(50.22)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			383.63			496.41

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

0108357500 - 2021/07

RI: 402.32

NM: 491.72

Pensacola Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Budget	201907
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	102.124	297.655	399.779	102.124	396.092	498.216
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)	102.124	297.655	399.779	102.124	396.092	498.216
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)	102.124	297.655	399.779	102.124	396.092	498.216
12.Plus: Property Rate Component			18.151			18.151
13.Plus: ROE/Use Rate			1.466			1.466
14.Total Current Period Base			419.395			517.833
15.Prospective Rate: Line 11 x Inflation 1.00000000	102.124	297.655	399.779	102.124	396.092	498.216
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	102.124	297.655	399.779	102.124	396.092	498.216
19.Property Rate Component			18.151			18.151
20.ROE Component + ROE Interim Component			1.466			1.466
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			419.40			517.83
23.Medicaid Days			9,940			10,895
24.Resident Days			9,940			10,895
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(40.70)			(49.75)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			402.32			491.72



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

0108358400 - 2021/07

RI: 401.72

NM: 487.92

Panama City Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Budget	201907
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	109.395	289.706	399.101	109.395	384.621	494.016
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)	109.395	289.706	399.101	109.395	384.621	494.016
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)	109.395	289.706	399.101	109.395	384.621	494.016
12.Plus: Property Rate Component			18.148			18.148
13.Plus: ROE/Use Rate			1.490			1.490
14.Total Current Period Base			418.738			513.654
15.Prospective Rate: Line 11 x Inflation 1.00000000	109.395	289.706	399.101	109.395	384.621	494.016
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	109.395	289.706	399.101	109.395	384.621	494.016
19.Property Rate Component			18.148			18.148
20.ROE Component + ROE Interim Component			1.490			1.490
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			418.74			513.65
23.Medicaid Days			5,722			14,143
24.Resident Days			5,722			14,143
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(40.64)			(49.36)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			401.72			487.92



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

0108358800 - 2021/07

RI: 420.86

NM: 503.36

Tallahassee Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Budget	201907
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	126.279	293.429	419.707	126.279	384.272	510.550
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)	126.279	293.429	419.707	126.279	384.272	510.550
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)	126.279	293.429	419.707	126.279	384.272	510.550
12.Plus: Property Rate Component			18.631			18.631
13.Plus: ROE/Use Rate			1.470			1.470
14.Total Current Period Base			439.808			530.652
15.Prospective Rate: Line 11 x Inflation 1.00000000	126.279	293.429	419.707	126.279	384.272	510.550
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	126.279	293.429	419.707	126.279	384.272	510.550
19.Property Rate Component			18.631			18.631
20.ROE Component + ROE Interim Component			1.470			1.470
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			439.81			530.65
23.Medicaid Days			8,638			12,015
24.Resident Days			8,638			12,015
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(42.58)			(50.93)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			420.86			503.36



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

0108358900 - 2021/07

RI: 398.98

NM: 472.72

Ft. Walton Beach Developmental Ctr.

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Budget	201907
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	110.745	284.274	395.018	110.745	365.476	476.220
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)	110.745	284.274	395.018	110.745	365.476	476.220
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)	110.745	284.274	395.018	110.745	365.476	476.220
12.Plus: Property Rate Component			19.211			19.211
13.Plus: ROE/Use Rate			1.483			1.483
14.Total Current Period Base			415.713			496.915
15.Prospective Rate: Line 11 x Inflation 1.00000000	110.745	284.274	395.018	110.745	365.476	476.220
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	110.745	284.274	395.018	110.745	365.476	476.220
19.Property Rate Component			19.211			19.211
20.ROE Component + ROE Interim Component			1.483			1.483
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			415.71			496.91
23.Medicaid Days			4,621			15,849
24.Resident Days			4,621			15,849
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(40.37)			(47.83)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			398.98			472.72



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

0108366100 - 2021/07

RI: 391.46

NM: 463.06

Hillsborough County Developmental Ctr

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Budget	201907
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	113.280	274.865	388.144	113.280	353.717	466.996
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)	113.280	274.865	388.144	113.280	353.717	466.996
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)	113.280	274.865	388.144	113.280	353.717	466.996
12.Plus: Property Rate Component			17.846			17.846
13.Plus: ROE/Use Rate			1.441			1.441
14.Total Current Period Base			407.431			486.283
15.Prospective Rate: Line 11 x Inflation 1.00000000	113.280	274.865	388.144	113.280	353.717	466.996
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	113.280	274.865	388.144	113.280	353.717	466.996
19.Property Rate Component			17.846			17.846
20.ROE Component + ROE Interim Component			1.441			1.441
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			407.43			486.28
23.Medicaid Days			5,604			15,050
24.Resident Days			5,604			15,050
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(39.60)			(46.85)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			391.46			463.06



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0110232000 - 2021/07

RI: 419.65

NM: 476.76

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Sunrise Nettles Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Budget	202007
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	107.354	313.819	421.174	107.354	376.701	484.055
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)	107.354	313.819	421.174	107.354	376.701	484.055
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)	107.354	313.819	421.174	107.354	376.701	484.055
12.Plus: Property Rate Component			15.392			15.392
13.Plus: ROE/Use Rate			1.914			1.914
14.Total Current Period Base			438.480			501.361
15.Prospective Rate: Line 11 x Inflation 1.00000000	107.354	313.819	421.174	107.354	376.701	484.055
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	107.354	313.819	421.174	107.354	376.701	484.055
19.Property Rate Component			15.392			15.392
20.ROE Component + ROE Interim Component			1.914			1.914
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			438.48			501.36
23.Medicaid Days		365			1,825	
24.Resident Days		365			1,825	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(42.46)			(48.23)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			419.65			476.76



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012037000 - 2021/07

RI: 363.69

NM: 423.45

Bayview (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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	202007
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:	101.294	208.833	310.127	101.294	262.687	363.981
2.Inflate Line 1 by Inflation Factor 1.02407772	103.733	213.861	317.594	103.733	269.012	372.745
3.Line 1 X 1.4000 X Inflation Factor 1.03370881	104.708	215.872	320.581	104.708	271.542	376.251
4.Current Period Cost	143.283	210.150	353.433	143.283	263.077	406.359
5.Incentive Basis (line 3 - line 4)	0.000	5.722		0.000	8.466	
6.Allowed Current Period Costs (Min of line 3 or 4)	104.708	210.150	314.859	104.708	263.077	367.785
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.861	2.861	0.000	4.233	4.233
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.305	6.305	0.000	7.892	7.892
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.861	2.861	0.000	4.233	4.233
10.Final Incentive	0.000	2.861	2.861	0.000	4.233	4.233
11.Current Period Base: (line 6 + line 10)	104.708	213.011	317.720	104.708	267.309	372.018
12.Plus: Property Rate Component			19.451			19.451
13.Plus: ROE/Use Rate			9.299			9.299
14.Total Current Period Base			346.469			400.767
15.Prospective Rate: Line 11 x Inflation 1.07157876	112.203	228.258	340.462	112.203	286.443	398.646
16.Interim Rate Component: *	0.000	7.640	7.640	0.000	15.270	15.270
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	112.203	235.898	348.102	112.203	301.713	413.916
19.Property Rate Component			19.451			19.451
20.ROE Component + ROE Interim Component *			9.299			9.299
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			376.85			442.67
23.Medicaid Days			1,418			730
24.Resident Days			1,418			730
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(36.79)			(42.84)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			363.69			423.45

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012038000 - 2021/07

RI: 320.32

NM: 382.60

Seaview (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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	202007
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:	70.236	201.065	271.300	70.236	252.330	322.565
2.Inflate Line 1 by Inflation Factor 1.02407772	71.927	205.906	277.832	71.927	258.405	330.332
3.Line 1 X 1.4000 X Inflation Factor 1.03370881	72.603	207.842	280.445	72.603	260.836	333.439
4.Current Period Cost	86.161	208.220	294.381	86.161	263.716	349.876
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)	72.603	207.842	280.445	72.603	260.836	333.439
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)	72.603	207.842	280.445	72.603	260.836	333.439
12.Plus: Property Rate Component			13.805			13.805
13.Plus: ROE/Use Rate			2.973			2.973
14.Total Current Period Base			297.224			350.217
15.Prospective Rate: Line 11 x Inflation 1.07157876	77.800	222.719	300.519	77.800	279.506	357.306
16.Interim Rate Component: *	0.000	11.800	11.800	0.000	23.590	23.590
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	77.800	234.519	312.319	77.800	303.096	380.896
19.Property Rate Component			13.805			13.805
20.ROE Component + ROE Interim Component *			2.973			2.973
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			329.10			397.67
23.Medicaid Days		1,454			730	
24.Resident Days		1,454			730	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(32.41)			(38.71)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			320.32			382.60

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012040300 - 2021/07

RI: 366.74

NM: 432.82

Gulfview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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 1.07934460	99.626	217.998	317.624	99.626	276.092	375.718
3.Line 1 X 1.4000 X Inflation Factor 1.11108244	102.555	224.408	326.963	102.555	284.211	386.766
4.Current Period Cost	94.928	213.814	308.742	94.928	267.273	362.201
5.Incentive Basis (line 3 - line 4)	7.627	10.594		7.627	16.938	
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%	3.814	5.297	9.111	3.814	8.469	12.283
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%	3.814	5.297	9.111	3.814	8.018	11.832
10.Final Incentive	3.814	5.297	9.111	3.814	8.018	11.832
11.Current Period Base: (line 6 + line 10)	98.742	219.111	317.853	98.742	275.291	374.033
12.Plus: Property Rate Component			25.471			25.471
13.Plus: ROE/Use Rate			1.557			1.557
14.Total Current Period Base			344.881			401.061
15.Prospective Rate: Line 11 x Inflation 1.07157876	105.810	234.795	340.604	105.810	294.996	400.806
16.Interim Rate Component: *	0.000	12.580	12.580	0.000	25.150	25.150
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	105.810	247.375	353.184	105.810	320.146	425.956
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			380.21			452.98
23.Medicaid Days			1,083			1,044
24.Resident Days			1,083			1,044
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(37.10)			(43.79)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			366.74			432.82

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012073200 - 2021/07

RI: 406.57

NM: 0.00

Suffridge Drive Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	125.299	278.075	403.374	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02308931	128.192	284.495	412.688	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03232503	129.350	287.064	416.413	0.000	0.000	0.000
4.Current Period Cost	109.881	266.231	376.112	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	19.468	20.833		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	109.881	266.231	376.112	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	9.734	10.417	20.151	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	10.988	7.987	18.975	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.734	7.987	17.721	0.000	0.000	0.000
10.Final Incentive	9.734	7.987	17.721	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	119.616	274.217	393.833	0.000	0.000	0.000
12.Plus: Property Rate Component			12.281			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			406.113			0.000
15.Prospective Rate: Line 11 x Inflation 1.04559326	125.069	286.720	411.789	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	125.069	286.720	411.789	0.000	0.000	0.000
19.Property Rate Component			12.281			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			424.07			0.00
23.Medicaid Days		2,100			0	
24.Resident Days		2,100			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(41.13)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			406.57			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012074200 - 2021/07

RI: 343.80

NM: 387.89

Coletta Drive Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
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: *	117.312	184.296	301.608	117.312	220.034	337.346
2.Inflate Line 1 by Inflation Factor 1.04718970 *	125.358	208.743	334.101	125.358	254.497	379.855
3.Line 1 X 1.4000 X Inflation Factor 1.06606558 *	127.572	212.222	339.794	127.572	258.650	386.223
4.Current Period Cost *	104.854	215.178	320.032	104.854	273.164	378.018
5.Incentive Basis (line 3 - line 4)	22.718	0.000		22.718	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	104.854	212.222	317.076	104.854	258.650	363.505
7.Incentive Line 5 x Oper 50% Res 50%	11.359	0.000	11.359	11.359	0.000	11.359
8.Incentive - Line 4 x Oper 10% Res 3%	10.485	0.000	10.485	10.485	0.000	10.485
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	10.485	0.000	10.485	10.485	0.000	10.485
10.Final Incentive	10.485	0.000	10.485	10.485	0.000	10.485
11.Current Period Base: (line 6 + line 10)	115.340	212.222	327.561	115.340	258.650	373.990
12.Plus: Property Rate Component			12.462			12.462
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			340.023			386.452
15.Prospective Rate: Line 11 x Inflation 1.04559326	120.598	221.897	342.496	120.598	270.443	391.042
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	120.598	221.897	342.496	120.598	270.443	391.042
19.Property Rate Component			12.462			12.462
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			354.96			403.50
23.Medicaid Days		1,464			732	
24.Resident Days		1,464			732	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(34.78)			(39.24)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			343.80			387.89

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012074800 - 2021/07

RI: 360.83

NM: 378.64

Spring Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
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: *	126.943	162.694	289.636	126.943	194.726	321.668
2.Inflate Line 1 by Inflation Factor 1.04718970 *	137.293	205.541	342.834	137.293	223.695	360.988
3.Line 1 X 1.4000 X Inflation Factor 1.06606558 *	139.689	208.612	348.301	139.689	227.370	367.060
4.Current Period Cost *	136.046	229.779	365.825	136.046	275.455	411.500
5.Incentive Basis (line 3 - line 4)	3.644	0.000		3.644	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	136.046	208.612	344.658	136.046	227.370	363.416
7.Incentive Line 5 x Oper 50% Res 50%	1.822	0.000	1.822	1.822	0.000	1.822
8.Incentive - Line 4 x Oper 10% Res 3%	13.605	0.000	13.605	13.605	0.000	13.605
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.822	0.000	1.822	1.822	0.000	1.822
10.Final Incentive	1.822	0.000	1.822	1.822	0.000	1.822
11.Current Period Base: (line 6 + line 10)	137.867	208.612	346.479	137.867	227.370	365.238
12.Plus: Property Rate Component			11.430			11.430
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			357.909			376.668
15.Prospective Rate: Line 11 x Inflation 1.04559326	144.153	218.123	362.276	144.153	237.737	381.890
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	144.153	218.123	362.276	144.153	237.737	381.890
19.Property Rate Component			11.430			11.430
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			373.71			393.32
23.Medicaid Days		426			863	
24.Resident Days		426			863	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(36.51)			(38.31)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			360.83			378.64

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012075300 - 2021/07

RI: 333.07

NM: 373.69

Walnut Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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 1.02355648	102.208	176.840	279.048	102.208	209.614	311.822
3.Line 1 X 1.4000 X Inflation Factor 1.03297907	103.149	178.468	281.617	103.149	211.544	314.693
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)	103.149	178.468	281.617	103.149	211.544	314.693
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)	103.149	178.468	281.617	103.149	211.544	314.693
12.Plus: Property Rate Component			23.438			23.438
13.Plus: ROE/Use Rate			0.063			0.063
14.Total Current Period Base			305.118			338.194
15.Prospective Rate: Line 11 x Inflation 1.06973529	110.342	190.913	301.256	110.342	226.296	336.638
16.Interim Rate Component: *	4.360	14.020	18.380	4.360	23.370	27.730
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	114.702	204.933	319.636	114.702	249.666	364.368
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			343.14			387.87
23.Medicaid Days			1,662			109
24.Resident Days			1,662			109
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(33.70)			(37.81)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			333.07			373.69

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012075700 - 2021/07

RI: 313.98

NM: 358.34

Bessent Road Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
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: *	96.664	167.861	264.525	96.664	208.933	305.597
2.Inflate Line 1 by Inflation Factor 1.04718970 *	104.015	192.072	296.087	104.015	240.492	344.508
3.Line 1 X 1.4000 X Inflation Factor 1.06606558 *	105.840	195.241	301.080	105.840	244.436	350.276
4.Current Period Cost *	115.770	183.823	299.593	115.770	229.178	344.948
5.Incentive Basis (line 3 - line 4)	0.000	11.418		0.000	15.258	
6.Allowed Current Period Costs (Min of line 3 or 4)	105.840	183.823	289.663	105.840	229.178	335.018
7.Incentive Line 5 x Oper 50% Res 50%	0.000	5.709	5.709	0.000	7.629	7.629
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.515	5.515	0.000	6.875	6.875
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.515	5.515	0.000	6.875	6.875
10.Final Incentive	0.000	5.515	5.515	0.000	6.875	6.875
11.Current Period Base: (line 6 + line 10)	105.840	189.338	295.178	105.840	236.054	341.893
12.Plus: Property Rate Component			13.481			13.481
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			308.658			355.374
15.Prospective Rate: Line 11 x Inflation 1.04559326	110.665	197.970	308.636	110.665	246.816	357.481
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	110.665	197.970	308.636	110.665	246.816	357.481
19.Property Rate Component			13.481			13.481
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			322.12			370.96
23.Medicaid Days		1,464			366	
24.Resident Days		1,464			366	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(31.77)			(36.25)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			313.98			358.34

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012075900 - 2021/07

RI: 346.49

NM: 396.57

Frederick Avenue Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
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: *	119.831	204.222	324.052	119.831	251.757	371.587
2.Inflate Line 1 by Inflation Factor 1.04718970 *	128.105	230.919	359.024	128.105	290.007	418.112
3.Line 1 X 1.4000 X Inflation Factor 1.06606558 *	130.367	234.774	365.141	130.367	294.759	425.126
4.Current Period Cost *	108.737	206.004	314.741	108.737	257.216	365.953
5.Incentive Basis (line 3 - line 4)	21.630	28.770		21.630	37.544	
6.Allowed Current Period Costs (Min of line 3 or 4)	108.737	206.004	314.741	108.737	257.216	365.953
7.Incentive Line 5 x Oper 50% Res 50%	10.815	14.385	25.200	10.815	18.772	29.587
8.Incentive - Line 4 x Oper 10% Res 3%	10.874	6.180	17.054	10.874	7.716	18.590
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	10.815	6.180	16.995	10.815	7.716	18.532
10.Final Incentive	10.815	6.180	16.995	10.815	7.716	18.532
11.Current Period Base: (line 6 + line 10)	119.552	212.184	331.736	119.552	264.932	384.484
12.Plus: Property Rate Component			11.052			11.052
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			342.789			395.536
15.Prospective Rate: Line 11 x Inflation 1.04559326	125.003	221.859	346.861	125.003	277.011	402.014
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	125.003	221.859	346.861	125.003	277.011	402.014
19.Property Rate Component			11.052			11.052
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			357.91			413.07
23.Medicaid Days		1,830			366	
24.Resident Days		1,830			366	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(35.05)			(40.12)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			346.49			396.57

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012373500 - 2021/07

RI: 353.76

NM: 367.31

107th Place Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	115.364	193.402	308.766	115.364	228.808	344.171
2.Inflate Line 1 by Inflation Factor 1.02308931 *	121.427	217.748	339.175	118.027	234.091	352.118
3.Line 1 X 1.4000 X Inflation Factor 1.03232503 *	122.493	219.534	342.027	119.093	236.204	355.297
4.Current Period Cost *	119.112	252.561	371.673	117.696	303.839	421.534
5.Incentive Basis (line 3 - line 4)	3.381	0.000		1.397	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	119.112	219.534	338.646	117.696	236.204	353.899
7.Incentive Line 5 x Oper 50% Res 50%	1.690	0.000	1.690	0.699	0.000	0.699
8.Incentive - Line 4 x Oper 10% Res 3%	11.911	0.000	11.911	11.770	0.000	11.770
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.690	0.000	1.690	0.699	0.000	0.699
10.Final Incentive	1.690	0.000	1.690	0.699	0.000	0.699
11.Current Period Base: (line 6 + line 10)	120.803	219.534	340.336	118.394	236.204	354.598
12.Plus: Property Rate Component			10.071			10.071
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			350.407			364.669
15.Prospective Rate: Line 11 x Inflation 1.04559326	126.310	229.543	355.853	123.792	246.973	370.765
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	126.310	229.543	355.853	123.792	246.973	370.765
19.Property Rate Component			10.071			10.071
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			365.92			380.84
23.Medicaid Days		1,443			153	
24.Resident Days		1,443			153	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(35.79)			(37.16)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			353.76			367.31

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012374200 - 2021/07

RI: 374.69

NM: 0.00

Second Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	124.178	220.002	344.180	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02308931 *	130.305	246.451	376.757	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03232503 *	131.452	248.483	379.935	0.000	0.000	0.000
4.Current Period Cost *	111.696	235.724	347.420	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	19.757	12.759		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	111.696	235.724	347.420	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	9.878	6.380	16.258	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	11.170	7.072	18.241	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.878	6.380	16.258	0.000	0.000	0.000
10.Final Incentive	9.878	6.380	16.258	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	121.574	242.104	363.677	0.000	0.000	0.000
12.Plus: Property Rate Component			8.705			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			372.383			0.000
15.Prospective Rate: Line 11 x Inflation 1.04559326	127.117	253.142	380.259	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	127.117	253.142	380.259	0.000	0.000	0.000
19.Property Rate Component			8.705			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			388.96			0.00
23.Medicaid Days		2,159			0	
24.Resident Days		2,159			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(37.91)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			374.69			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012374400 - 2021/07

RI: 363.47

NM: 0.00

Rosewood Avenue Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	107.011	202.314	309.325	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02308931 *	112.782	228.795	341.577	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03232503 *	113.770	230.664	344.434	0.000	0.000	0.000
4.Current Period Cost *	117.534	254.749	372.283	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)	113.770	230.664	344.434	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)	113.770	230.664	344.434	0.000	0.000	0.000
12.Plus: Property Rate Component			16.479			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			360.913			0.000
15.Prospective Rate: Line 11 x Inflation 1.04559326	118.957	241.181	360.138	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	118.957	241.181	360.138	0.000	0.000	0.000
19.Property Rate Component			16.479			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			376.62			0.00
23.Medicaid Days		1,830			0	
24.Resident Days		1,830			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(36.77)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			363.47			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012375400 - 2021/07

RI: 304.46

NM: 346.80

19th Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
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: *	113.946	217.357	331.303	113.946	269.386	383.332
2.Inflate Line 1 by Inflation Factor 1.04718970 *	122.253	244.344	366.597	122.253	306.918	429.171
3.Line 1 X 1.4000 X Inflation Factor 1.06606558 *	124.404	248.447	372.851	124.404	312.003	436.407
4.Current Period Cost *	103.531	168.566	272.096	103.531	211.863	315.393
5.Incentive Basis (line 3 - line 4)	20.873	79.882		20.873	100.140	
6.Allowed Current Period Costs (Min of line 3 or 4)	103.531	168.566	272.096	103.531	211.863	315.393
7.Incentive Line 5 x Oper 50% Res 50%	10.437	39.941	50.377	10.437	50.070	60.507
8.Incentive - Line 4 x Oper 10% Res 3%	10.353	5.057	15.410	10.353	6.356	16.709
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	10.353	5.057	15.410	10.353	6.356	16.709
10.Final Incentive	10.353	5.057	15.410	10.353	6.356	16.709
11.Current Period Base: (line 6 + line 10)	113.884	173.622	287.506	113.884	218.218	332.102
12.Plus: Property Rate Component			11.002			11.002
13.Plus: ROE/Use Rate			0.011			0.011
14.Total Current Period Base			298.519			343.115
15.Prospective Rate: Line 11 x Inflation 1.04559326	119.076	181.538	300.614	119.076	228.168	347.244
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	119.076	181.538	300.614	119.076	228.168	347.244
19.Property Rate Component			11.002			11.002
20.ROE Component + ROE Interim Component *			0.011			0.011
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			311.63			358.26
23.Medicaid Days		1,464			732	
24.Resident Days		1,464			732	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(30.80)			(35.09)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			304.46			346.80

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012386400 - 2021/07

RI: 355.85

NM: 0.00

Tunis Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
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: *	116.341	199.539	315.880	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.04718970 *	125.011	229.855	354.866	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.06606558 *	127.207	233.621	360.829	0.000	0.000	0.000
4.Current Period Cost *	108.009	215.818	323.827	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	19.199	17.803		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	108.009	215.818	323.827	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	9.599	8.902	18.501	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	10.801	6.475	17.275	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.599	6.475	16.074	0.000	0.000	0.000
10.Final Incentive	9.599	6.475	16.074	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	117.608	222.293	339.901	0.000	0.000	0.000
12.Plus: Property Rate Component			12.827			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			352.728			0.000
15.Prospective Rate: Line 11 x Inflation 1.04559326	122.970	232.428	355.398	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	122.970	232.428	355.398	0.000	0.000	0.000
19.Property Rate Component			12.827			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			368.23			0.00
23.Medicaid Days		2,196			0	
24.Resident Days		2,196			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(36.00)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			355.85			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012390800 - 2021/07

RI: 391.71

NM: 0.00

Plaza Oval Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	121.753	213.230	334.984	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02308931 *	129.234	245.864	375.098	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03232503 *	130.359	247.833	378.192	0.000	0.000	0.000
4.Current Period Cost *	127.178	263.372	390.550	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.181	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	127.178	247.833	375.011	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.590	0.000	1.590	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	12.718	0.000	12.718	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.590	0.000	1.590	0.000	0.000	0.000
10.Final Incentive	1.590	0.000	1.590	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	128.768	247.833	376.601	0.000	0.000	0.000
12.Plus: Property Rate Component			13.940			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			390.541			0.000
15.Prospective Rate: Line 11 x Inflation 1.04559326	134.639	259.132	393.772	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	134.639	259.132	393.772	0.000	0.000	0.000
19.Property Rate Component			13.940			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			407.71			0.00
23.Medicaid Days		1,657			0	
24.Resident Days		1,657			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(39.63)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			391.71			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012392700 - 2021/07

RI: 362.11

NM: 414.77

Claudia Drive Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	130.122	205.945	336.067	130.122	249.134	379.256
2.Inflate Line 1 by Inflation Factor 1.02308931 *	135.727	221.980	357.706	135.727	277.036	412.763
3.Line 1 X 1.4000 X Inflation Factor 1.03232503 *	136.928	223.882	360.810	136.928	279.337	416.265
4.Current Period Cost *	115.552	278.620	394.172	115.552	356.633	472.184
5.Incentive Basis (line 3 - line 4)	21.377	0.000		21.377	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	115.552	223.882	339.433	115.552	279.337	394.889
7.Incentive Line 5 x Oper 50% Res 50%	10.688	0.000	10.688	10.688	0.000	10.688
8.Incentive - Line 4 x Oper 10% Res 3%	11.555	0.000	11.555	11.555	0.000	11.555
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	10.688	0.000	10.688	10.688	0.000	10.688
10.Final Incentive	10.688	0.000	10.688	10.688	0.000	10.688
11.Current Period Base: (line 6 + line 10)	126.240	223.882	350.122	126.240	279.337	405.577
12.Plus: Property Rate Component			9.030			9.030
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			359.152			414.607
15.Prospective Rate: Line 11 x Inflation 1.04559326	131.996	234.089	366.085	131.996	292.073	424.069
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	131.996	234.089	366.085	131.996	292.073	424.069
19.Property Rate Component			9.030			9.030
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			375.12			433.10
23.Medicaid Days			1,311			519
24.Resident Days			1,311			519
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(36.64)			(41.96)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			362.11			414.77

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

012410100 - 2021/07

RI: 323.43

NM: 0.00

High Desert Court Group Home (SH of F)

Ownership:Private

Incentive Rating: Ineligible from 09/09/2020 - 12/09/2020 Days Eligible: 273 of 365

Eligibility Factor : 74.79%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2019	10/31/2020	Unaudited Costs	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	99.195	176.712	275.907	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02308931 *	104.845	199.962	304.807	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03232503 *	105.761	201.594	307.355	0.000	0.000	0.000
4.Current Period Cost *	110.223	206.700	316.922	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)	105.761	201.594	307.355	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 74.79%	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)	105.761	201.594	307.355	0.000	0.000	0.000
12.Plus: Property Rate Component			11.152			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			318.507			0.000
15.Prospective Rate: Line 11 x Inflation 1.04559326	110.583	210.785	321.369	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	110.583	210.785	321.369	0.000	0.000	0.000
19.Property Rate Component			11.152			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			332.52			0.00
23.Medicaid Days		2,191			0	
24.Resident Days		2,191			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(32.72)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			323.43			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028000300 - 2021/07

RI: 248.32

NM: 364.61

Sandy Park Development Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2019	12/31/2019	Unaudited Costs	202007
Prior Cost Report	1/1/2018	12/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	62.385	163.996	226.381	59.685	290.902	350.587
2.Inflate Line 1 by Inflation Factor 1.02261062	63.796	167.704	231.499	61.035	297.479	358.514
3.Line 1 X 1.4000 X Inflation Factor 1.03165487	64.360	169.187	233.547	61.574	300.110	361.684
4.Current Period Cost	67.277	154.022	221.299	67.277	273.353	340.631
5.Incentive Basis (line 3 - line 4)	0.000	15.165		0.000	26.757	
6.Allowed Current Period Costs (Min of line 3 or 4)	64.360	154.022	218.382	61.574	273.353	334.927
7.Incentive Line 5 x Oper 50% Res 50%	0.000	7.583	7.583	0.000	13.379	13.379
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.621	4.621	0.000	8.201	8.201
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.621	4.621	0.000	8.201	8.201
10.Final Incentive	0.000	4.621	4.621	0.000	8.201	8.201
11.Current Period Base: (line 6 + line 10)	64.360	158.643	223.002	61.574	281.554	343.128
12.Plus: Property Rate Component			11.803			11.803
13.Plus: ROE/Use Rate			0.283			0.283
14.Total Current Period Base			235.089			355.214
15.Prospective Rate: Line 11 x Inflation 1.06602561	68.609	169.117	237.726	65.640	300.143	365.783
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	68.609	169.117	237.726	65.640	300.143	365.783
19.Property Rate Component			11.803			11.803
20.ROE Component + ROE Interim Component			0.283			0.283
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			249.81			377.87
23.Medicaid Days		16,874			5,953	
24.Resident Days		16,874			5,953	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(25.12)			(36.89)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			248.32			364.61



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028018601 - 2021/07

RI: 371.70

NM: 480.20

St. Petersburg Cluster (Sunrise)

Ownership: Private

Incentive Rating: Ineligible from 02/04/2021 - 04/14/2021 Days Eligible: 295 of 365

Eligibility Factor : 80.82%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	89.293	211.721	301.014	89.293	302.877	392.171
2. Inflate Line 1 by Inflation Factor 1.02170935	91.232	216.317	307.549	91.232	309.453	400.684
3. Line 1 X 1.4000 X Inflation Factor 1.03039309	92.007	218.156	310.163	92.007	312.083	404.090
4. Current Period Cost	103.125	231.763	334.888	103.125	336.962	440.086
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)	92.007	218.156	310.163	92.007	312.083	404.090
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 80.82%	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)	92.007	218.156	310.163	92.007	312.083	404.090
12. Plus: Property Rate Component			14.242			14.242
13. Plus: ROE/Use Rate			2.358			2.358
14. Total Current Period Base			326.762			420.689
15. Prospective Rate: Line 11 x Inflation 1.05430291	97.003	230.002	327.005	97.003	329.030	426.033
16. Interim Rate Component: *	12.180	29.890	42.070	12.180	50.340	62.520
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	109.183	259.892	369.075	109.183	379.370	488.553
19. Property Rate Component			14.242			14.242
20. ROE Component + ROE Interim Component *			2.358			2.358
21. Plus: Property Interim Rate Component *			0.000			0.000
22. Final Per Diem			385.67			505.15
23. Medicaid Days		1,098			7,067	
24. Resident Days		1,098			7,067	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$23.63)			23.63			23.63
27. Rate Adjustment - QAF (0.091876444)			(37.61)			(48.58)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			371.70			480.20

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028019401 - 2021/07

RI: 457.33

NM: 532.64

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Laurel Hill Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	136.785	303.934	440.719	136.785	408.595	545.380
2.Inflate Line 1 by Inflation Factor 1.02257867	139.873	310.797	450.670	139.873	417.821	557.694
3.Line 1 X 1.4000 X Inflation Factor 1.03161014	141.109	313.541	454.650	141.109	421.511	562.619
4.Current Period Cost	122.468	276.515	398.983	122.468	374.323	496.791
5.Incentive Basis (line 3 - line 4)	18.641	37.026		18.641	47.188	
6.Allowed Current Period Costs (Min of line 3 or 4)	122.468	276.515	398.983	122.468	374.323	496.791
7.Incentive Line 5 x Oper 50% Res 50%	9.320	18.513	27.834	9.320	23.594	32.914
8.Incentive - Line 4 x Oper 10% Res 3%	12.247	8.295	20.542	12.247	11.230	23.476
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.320	8.295	17.616	9.320	11.230	20.550
10.Final Incentive	9.320	8.295	17.616	9.320	11.230	20.550
11.Current Period Base: (line 6 + line 10)	131.788	284.811	416.599	131.788	385.553	517.341
12.Plus: Property Rate Component			19.346			19.346
13.Plus: ROE/Use Rate			1.426			1.426
14.Total Current Period Base			437.371			538.113
15.Prospective Rate: Line 11 x Inflation 1.04791817	138.103	298.458	436.562	138.103	404.028	542.131
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	138.103	298.458	436.562	138.103	404.028	542.131
19.Property Rate Component			19.346			19.346
20.ROE Component + ROE Interim Component			1.426			1.426
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			457.33			562.90
23.Medicaid Days			0			8,533
24.Resident Days			0			8,533
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.63)			0.00			23.63
27.Rate Adjustment - QAF (0.091876444)			0.00			(53.89)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			457.33			532.64



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028020801 - 2021/07

RI: 376.29

NM: 508.30

McCauley Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	74.351	242.421	316.773	74.351	368.498	442.849
2.Inflate Line 1 by Inflation Factor 1.02170935	75.965	247.684	323.649	75.965	376.498	452.463
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	76.611	249.789	326.400	76.611	379.697	456.308
4.Current Period Cost	83.188	258.327	341.515	83.188	408.031	491.220
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)	76.611	249.789	326.400	76.611	379.697	456.308
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)	76.611	249.789	326.400	76.611	379.697	456.308
12.Plus: Property Rate Component			16.147			16.147
13.Plus: ROE/Use Rate			2.696			2.696
14.Total Current Period Base			345.243			475.151
15.Prospective Rate: Line 11 x Inflation 1.05430291	80.771	263.354	344.125	80.771	400.316	481.087
16.Interim Rate Component: *	1.120	26.640	27.760	1.120	35.050	36.170
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	81.891	289.994	371.885	81.891	435.366	517.257
19.Property Rate Component			16.147			16.147
20.ROE Component + ROE Interim Component *			2.696			2.696
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			390.73			536.10
23.Medicaid Days		2,070			7,330	
24.Resident Days		2,070			7,330	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(38.07)			(51.43)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			376.29			508.30

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028028301 - 2021/07

RI: 377.45

NM: 501.53

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Greentree Court Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	80.686	209.506	290.193	80.686	295.333	376.020
2.Inflate Line 1 by Inflation Factor 1.02170935 *	83.468	238.744	322.212	83.468	351.145	434.613
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	84.169	240.564	324.732	84.169	353.709	437.878
4.Current Period Cost *	105.041	253.239	358.280	105.041	378.690	483.732
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)	84.169	240.564	324.732	84.169	353.709	437.878
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)	84.169	240.564	324.732	84.169	353.709	437.878
12.Plus: Property Rate Component			13.780			13.780
13.Plus: ROE/Use Rate			2.006			2.006
14.Total Current Period Base			340.518			453.664
15.Prospective Rate: Line 11 x Inflation 1.05430291	88.739	253.627	342.366	88.739	372.917	461.656
16.Interim Rate Component: *	8.800	25.050	33.850	8.800	42.400	51.200
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	97.539	278.677	376.216	97.539	415.317	512.856
19.Property Rate Component			13.780			13.780
20.ROE Component + ROE Interim Component *			2.006			2.006
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			392.00			528.64
23.Medicaid Days			1,098			6,951
24.Resident Days			1,096			6,951
25.Medicaid Utilization			100.18%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(38.19)			(50.74)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			377.45			501.53

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028029101 - 2021/07

RI: 373.03

NM: 520.99

Mahan Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	65.448	247.566	313.014	65.448	382.183	447.630
2.Inflate Line 1 by Inflation Factor 1.02170935	66.868	252.941	319.809	66.868	390.479	457.348
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	67.437	255.091	322.527	67.437	393.798	461.235
4.Current Period Cost	79.718	258.282	338.000	79.718	393.959	473.677
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)	67.437	255.091	322.527	67.437	393.798	461.235
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)	67.437	255.091	322.527	67.437	393.798	461.235
12.Plus: Property Rate Component			11.424			11.424
13.Plus: ROE/Use Rate			2.088			2.088
14.Total Current Period Base			336.039			474.747
15.Prospective Rate: Line 11 x Inflation 1.05430291	71.099	268.943	340.042	71.099	415.183	486.281
16.Interim Rate Component: *	0.440	33.150	33.590	0.440	49.840	50.280
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	71.539	302.093	373.632	71.539	465.023	536.561
19.Property Rate Component			11.424			11.424
20.ROE Component + ROE Interim Component *			2.088			2.088
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			387.14			550.07
23.Medicaid Days			3,660			6,203
24.Resident Days			3,660			6,203
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(37.74)			(52.71)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			373.03			520.99

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028030501 - 2021/07

RI: 244.40

NM: 294.98

Lake City Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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 1.07719114	78.827	156.455	235.282	78.827	212.154	290.980
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	78.827	156.455	235.282	78.827	212.154	290.980
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			245.50			301.20
23.Medicaid Days			365			7,780
24.Resident Days			365			7,780
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(24.73)			(29.84)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			244.40			294.98



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028031301 - 2021/07

RI: 306.33

NM: 378.99

Bayshore Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.869	207.697	277.566	69.869	295.036	364.906
2.Inflate Line 1 by Inflation Factor 1.02713583	71.765	213.333	285.098	71.765	303.042	374.807
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	72.523	215.587	288.111	72.523	306.245	378.768
4.Current Period Cost	63.548	193.423	256.971	63.548	270.219	333.766
5.Incentive Basis (line 3 - line 4)	8.976	22.164		8.976	36.026	
6.Allowed Current Period Costs (Min of line 3 or 4)	63.548	193.423	256.971	63.548	270.219	333.766
7.Incentive Line 5 x Oper 50% Res 50%	4.488	11.082	15.570	4.488	18.013	22.501
8.Incentive - Line 4 x Oper 10% Res 3%	6.355	5.803	12.157	6.355	8.107	14.461
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.488	5.803	10.291	4.488	8.107	12.595
10.Final Incentive	4.488	5.803	10.291	4.488	8.107	12.595
11.Current Period Base: (line 6 + line 10)	68.035	199.226	267.261	68.035	278.325	346.361
12.Plus: Property Rate Component			9.221			9.221
13.Plus: ROE/Use Rate			1.886			1.886
14.Total Current Period Base			278.368			357.467
15.Prospective Rate: Line 11 x Inflation 1.10461784	75.153	220.068	295.221	75.153	307.443	382.596
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	75.153	220.068	295.221	75.153	307.443	382.596
19.Property Rate Component			9.221			9.221
20.ROE Component + ROE Interim Component			1.886			1.886
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			306.33			393.70
23.Medicaid Days			0			8,529
24.Resident Days			0			8,529
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.63)			0.00			23.63
27.Rate Adjustment - QAF (0.091876444)			0.00			(38.34)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			306.33			378.99



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028032101 - 2021/07

RI: 266.11

NM: 318.33

Gainesville 39th Avenue Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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 1.07719114	79.650	177.118	256.768	79.650	237.904	317.555
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	79.650	177.118	256.768	79.650	237.904	317.555
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			266.11			326.90
23.Medicaid Days			0			7,936
24.Resident Days			0			7,936
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.63)			0.00			23.63
27.Rate Adjustment - QAF (0.091876444)			0.00			(32.21)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			266.11			318.33



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028035600 - 2021/07

RI: 347.32

NM: 539.33

PARC Center Apartments

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
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:	66.909	241.959	308.868	66.909	431.218	498.128
2.Inflate Line 1 by Inflation Factor 1.04720003	70.068	253.379	323.447	70.068	451.572	521.639
3.Line 1 X 1.4000 X Inflation Factor 1.06608004	71.331	257.947	329.278	71.331	459.713	531.044
4.Current Period Cost	90.341	273.693	364.034	90.341	461.856	552.196
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.331	257.947	329.278	71.331	459.713	531.044
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	71.331	257.947	329.278	71.331	459.713	531.044
12.Plus: Property Rate Component			13.216			13.216
13.Plus: ROE/Use Rate			0.561			0.561
14.Total Current Period Base			343.054			544.820
15.Prospective Rate: Line 11 x Inflation 1.04791817	74.749	270.308	345.057	74.749	481.742	556.491
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.749	270.308	345.057	74.749	481.742	556.491
19.Property Rate Component			13.216			13.216
20.ROE Component + ROE Interim Component			0.561			0.561
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			358.83			570.27
23.Medicaid Days		10,299			7,188	
24.Resident Days		10,299			7,188	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(35.14)			(54.57)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			347.32			539.33



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028036401 - 2021/07

RI: 496.95

NM: 569.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Skipper Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	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 1.07561316	140.675	343.485	484.160	140.675	493.239	633.914
3.Line 1 X 1.4000 X Inflation Factor 1.10585842	144.631	353.144	497.774	144.631	507.108	651.739
4.Current Period Cost	137.228	306.654	443.882	137.228	404.852	542.080
5.Incentive Basis (line 3 - line 4)	7.403	46.490		7.403	102.256	
6.Allowed Current Period Costs (Min of line 3 or 4)	137.228	306.654	443.882	137.228	404.852	542.080
7.Incentive Line 5 x Oper 50% Res 50%	3.701	23.245	26.946	3.701	51.128	54.829
8.Incentive - Line 4 x Oper 10% Res 3%	13.723	9.200	22.922	13.723	12.146	25.868
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.701	9.200	12.901	3.701	12.146	15.847
10.Final Incentive	3.701	9.200	12.901	3.701	12.146	15.847
11.Current Period Base: (line 6 + line 10)	140.929	315.854	456.783	140.929	416.998	557.927
12.Plus: Property Rate Component			16.528			16.528
13.Plus: ROE/Use Rate			1.750			1.750
14.Total Current Period Base			475.062			576.206
15.Prospective Rate: Line 11 x Inflation 1.04791817	147.682	330.989	478.671	147.682	436.980	584.662
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	147.682	330.989	478.671	147.682	436.980	584.662
19.Property Rate Component			16.528			16.528
20.ROE Component + ROE Interim Component			1.750			1.750
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			496.95			602.94
23.Medicaid Days			0			8,142
24.Resident Days			0			8,142
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.63)			0.00			23.63
27.Rate Adjustment - QAF (0.091876444)			0.00			(57.57)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			496.95			569.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028037201 - 2021/07

RI: 321.96

NM: 399.90

Pembroke Pines Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	79.141	204.650	283.791	79.141	292.840	371.981
2.Inflate Line 1 by Inflation Factor 1.02170935	80.859	209.093	289.952	80.859	299.198	380.056
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	81.546	210.870	292.416	81.546	301.741	383.286
4.Current Period Cost	92.045	212.440	304.485	92.045	299.779	391.824
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	1.961	
6.Allowed Current Period Costs (Min of line 3 or 4)	81.546	210.870	292.416	81.546	299.779	381.325
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.981	0.981
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	8.993	8.993
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.981	0.981
10.Final Incentive	0.000	0.000	0.000	0.000	0.981	0.981
11.Current Period Base: (line 6 + line 10)	81.546	210.870	292.416	81.546	300.760	382.306
12.Plus: Property Rate Component			13.662			13.662
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			306.078			395.968
15.Prospective Rate: Line 11 x Inflation 1.05430291	85.974	222.321	308.295	85.974	317.092	403.066
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	85.974	222.321	308.295	85.974	317.092	403.066
19.Property Rate Component			13.662			13.662
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			321.96			416.73
23.Medicaid Days			0			7,238
24.Resident Days			0			7,238
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.63)			0.00			23.63
27.Rate Adjustment - QAF (0.091876444)			0.00			(40.46)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			321.96			399.90



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028038101 - 2021/07

RI: 241.26

NM: 296.08

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Ocala Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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 1.07719114	85.108	148.791	233.899	85.108	209.937	295.044
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	85.108	148.791	233.899	85.108	209.937	295.044
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			241.26			302.40
23.Medicaid Days		0			8,328	
24.Resident Days		0			8,328	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$23.63)			0.00			23.63
27.Rate Adjustment - QAF (0.091876444)			0.00			(29.95)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			241.26			296.08



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028040201 - 2021/07

RI: 457.56

NM: 552.61

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Williams Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	133.381	338.520	471.901	133.381	444.149	577.529
2.Inflate Line 1 by Inflation Factor 1.02257867	136.392	346.163	482.555	136.392	454.177	590.569
3.Line 1 X 1.4000 X Inflation Factor 1.03161014	137.597	349.221	486.817	137.597	458.188	595.785
4.Current Period Cost	123.421	301.164	424.585	123.421	398.135	521.556
5.Incentive Basis (line 3 - line 4)	14.176	48.057		14.176	60.053	
6.Allowed Current Period Costs (Min of line 3 or 4)	123.421	301.164	424.585	123.421	398.135	521.556
7.Incentive Line 5 x Oper 50% Res 50%	7.088	24.028	31.116	7.088	30.027	37.114
8.Incentive - Line 4 x Oper 10% Res 3%	12.342	9.035	21.377	12.342	11.944	24.286
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.088	9.035	16.123	7.088	11.944	19.032
10.Final Incentive	7.088	9.035	16.123	7.088	11.944	19.032
11.Current Period Base: (line 6 + line 10)	130.509	310.199	440.708	130.509	410.079	540.588
12.Plus: Property Rate Component			17.211			17.211
13.Plus: ROE/Use Rate			1.187			1.187
14.Total Current Period Base			459.105			558.985
15.Prospective Rate: Line 11 x Inflation 1.04791817	136.763	325.063	461.825	136.763	429.729	566.492
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	136.763	325.063	461.825	136.763	429.729	566.492
19.Property Rate Component			17.211			17.211
20.ROE Component + ROE Interim Component			1.187			1.187
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			480.22			584.89
23.Medicaid Days		366			8,026	
24.Resident Days		366			8,026	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(46.29)			(55.91)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			457.56			552.61



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028041101 - 2021/07

RI: 408.23

NM: 584.20

MCP 80th Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	98.673	243.788	342.462	98.673	337.592	436.266
2.Inflate Line 1 by Inflation Factor 1.02170935 *	100.816	249.081	349.896	140.946	409.941	550.887
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	101.672	251.198	352.870	141.802	412.873	554.675
4.Current Period Cost *	113.627	261.879	375.507	143.725	410.381	554.106
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	2.492	
6.Allowed Current Period Costs (Min of line 3 or 4)	101.672	251.198	352.870	141.802	410.381	552.183
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	1.246	1.246
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	12.311	12.311
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	1.246	1.246
10.Final Incentive	0.000	0.000	0.000	0.000	1.246	1.246
11.Current Period Base: (line 6 + line 10)	101.672	251.198	352.870	141.802	411.627	553.429
12.Plus: Property Rate Component			34.497			34.497
13.Plus: ROE/Use Rate			1.700			1.700
14.Total Current Period Base			389.068			589.627
15.Prospective Rate: Line 11 x Inflation 1.05430291	107.193	264.839	372.032	149.503	433.979	583.482
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	107.193	264.839	372.032	149.503	433.979	583.482
19.Property Rate Component			34.497			34.497
20.ROE Component + ROE Interim Component *			1.700			1.700
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			408.23			619.68
23.Medicaid Days			0			8,508
24.Resident Days			0			8,508
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.63)			0.00			23.63
27.Rate Adjustment - QAF (0.091876444)			0.00			(59.11)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			408.23			584.20

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028045301 - 2021/07

RI: 456.83

NM: 763.19

MCP Braddock

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	104.696	273.804	378.500	104.696	496.404	601.100
2.Inflate Line 1 by Inflation Factor 1.02170935 *	106.969	279.748	386.717	167.299	560.391	727.690
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	107.878	282.126	390.003	168.208	564.702	732.909
4.Current Period Cost *	133.468	409.472	542.940	178.715	561.695	740.411
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	3.006	
6.Allowed Current Period Costs (Min of line 3 or 4)	107.878	282.126	390.003	168.208	561.695	729.903
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	1.503	1.503
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	16.851	16.851
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	1.503	1.503
10.Final Incentive	0.000	0.000	0.000	0.000	1.503	1.503
11.Current Period Base: (line 6 + line 10)	107.878	282.126	390.003	168.208	563.199	731.406
12.Plus: Property Rate Component			43.168			43.168
13.Plus: ROE/Use Rate			2.479			2.479
14.Total Current Period Base			435.650			777.053
15.Prospective Rate: Line 11 x Inflation 1.05430291	113.736	297.446	411.182	177.342	593.782	771.124
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	113.736	297.446	411.182	177.342	593.782	771.124
19.Property Rate Component			43.168			43.168
20.ROE Component + ROE Interim Component *			2.479			2.479
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			456.83			816.77
23.Medicaid Days			0			8,249
24.Resident Days			0			8,249
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.63)			0.00			23.63
27.Rate Adjustment - QAF (0.091876444)			0.00			(77.21)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			456.83			763.19

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028046101 - 2021/07

RI: 437.86

NM: 617.60

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

MCP 2nd Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	102.897	267.843	370.741	102.897	372.355	475.253
2.Inflate Line 1 by Inflation Factor 1.02170935 *	105.131	273.658	378.789	162.551	422.659	585.210
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	106.024	275.984	382.008	163.444	425.892	589.337
4.Current Period Cost *	123.348	294.013	417.361	166.413	439.887	606.300
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)	106.024	275.984	382.008	163.444	425.892	589.337
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)	106.024	275.984	382.008	163.444	425.892	589.337
12.Plus: Property Rate Component			33.257			33.257
13.Plus: ROE/Use Rate			1.852			1.852
14.Total Current Period Base			417.117			624.446
15.Prospective Rate: Line 11 x Inflation 1.05430291	111.782	290.971	402.753	172.320	449.020	621.340
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	111.782	290.971	402.753	172.320	449.020	621.340
19.Property Rate Component			33.257			33.257
20.ROE Component + ROE Interim Component *			1.852			1.852
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			437.86			656.45
23.Medicaid Days			0			8,592
24.Resident Days			0			8,592
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.63)			0.00			23.63
27.Rate Adjustment - QAF (0.091876444)			0.00			(62.48)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			437.86			617.60

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028048801 - 2021/07

RI: 425.29

NM: 607.86

MCP Sunset

Ownership: Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	102.044	256.579	358.623	102.044	363.849	465.893
2. Inflate Line 1 by Inflation Factor 1.02170935 *	104.259	262.149	366.408	158.929	416.248	575.177
3. Line 1 X 1.4000 X Inflation Factor 1.03039309 *	105.145	264.378	369.523	159.815	419.407	579.222
4. Current Period Cost *	119.125	275.074	394.198	160.127	418.163	578.290
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	1.244	
6. Allowed Current Period Costs (Min of line 3 or 4)	105.145	264.378	369.523	159.815	418.163	577.978
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.622	0.622
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	12.545	12.545
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.622	0.622
10. Final Incentive	0.000	0.000	0.000	0.000	0.622	0.622
11. Current Period Base: (line 6 + line 10)	105.145	264.378	369.523	159.815	418.785	578.600
12. Plus: Property Rate Component			33.912			33.912
13. Plus: ROE/Use Rate			1.793			1.793
14. Total Current Period Base			405.227			614.305
15. Prospective Rate: Line 11 x Inflation 1.05430291	110.855	278.734	389.589	168.494	441.526	610.020
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	110.855	278.734	389.589	168.494	441.526	610.020
19. Property Rate Component			33.912			33.912
20. ROE Component + ROE Interim Component *			1.793			1.793
21. Plus: Property Interim Rate Component *			0.000			0.000
22. Final Per Diem			425.29			645.72
23. Medicaid Days			0			8,761
24. Resident Days			0			8,761
25. Medicaid Utilization			0.00%			100.00%
26. Quality Assessment (\$23.63)			0.00			23.63
27. Rate Adjustment - QAF (0.091876444)			0.00			(61.50)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			425.29			607.86

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028049601 - 2021/07

RI: 391.51

NM: 519.94

Dorchester Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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 1.07719114	75.639	263.588	339.227	75.639	404.184	479.823
16.Interim Rate Component: *	3.860	47.800	51.660	3.860	48.620	52.480
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	79.499	311.388	390.887	79.499	452.804	532.303
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			407.49			548.91
23.Medicaid Days			3,082			5,591
24.Resident Days			3,082			5,591
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(39.61)			(52.60)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			391.51			519.94

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028059300 - 2021/07

RI: 274.85

NM: 0.00

146th Place Grp Home #10 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.756	176.004	216.761	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	41.641	179.825	221.466	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	41.995	181.354	223.349	0.000	0.000	0.000
4.Current Period Cost	41.159	183.756	224.915	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.836	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.159	181.354	222.513	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.418	0.000	0.418	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.116	0.000	4.116	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.418	0.000	0.418	0.000	0.000	0.000
10.Final Incentive	0.418	0.000	0.418	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	41.577	181.354	222.931	0.000	0.000	0.000
12.Plus: Property Rate Component			13.548			0.000
13.Plus: ROE/Use Rate			1.174			0.000
14.Total Current Period Base			237.653			0.000
15.Prospective Rate: Line 11 x Inflation 1.05430291	43.835	191.202	235.036	0.000	0.000	0.000
16.Interim Rate Component: *	2.940	26.330	29.270	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	46.775	217.532	264.306	0.000	0.000	0.000
19.Property Rate Component			13.548			0.000
20.ROE Component + ROE Interim Component *			1.174			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			279.03			0.00
23.Medicaid Days		2,196			0	
24.Resident Days		2,196			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(27.81)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			274.85			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028062300 - 2021/07

RI: 318.41

NM: 377.23

119th Street Grp Home #11 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	40.807	176.742	217.549	40.807	220.336	261.143
2.Inflate Line 1 by Inflation Factor 1.02170935 *	43.013	199.569	242.582	43.013	249.909	292.922
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	43.367	201.104	244.471	43.367	251.823	295.190
4.Current Period Cost *	53.283	214.443	267.726	53.283	271.325	324.607
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)	43.367	201.104	244.471	43.367	251.823	295.190
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)	43.367	201.104	244.471	43.367	251.823	295.190
12.Plus: Property Rate Component			18.072			18.072
13.Plus: ROE/Use Rate			1.142			1.142
14.Total Current Period Base			263.685			314.404
15.Prospective Rate: Line 11 x Inflation 1.05430291	45.722	212.024	257.746	45.722	265.497	311.219
16.Interim Rate Component: *	6.940	43.090	50.030	6.940	54.390	61.330
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	52.662	255.114	307.776	52.662	319.887	372.549
19.Property Rate Component			18.072			18.072
20.ROE Component + ROE Interim Component *			1.142			1.142
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			326.99			391.76
23.Medicaid Days		1,098			877	
24.Resident Days		1,098			877	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(32.21)			(38.16)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			318.41			377.23

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028065800 - 2021/07

RI: 296.72

NM: 0.00

22nd Street Grp Home #6 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	44.746	174.522	219.268	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935 *	46.598	207.581	254.178	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	46.986	209.096	256.083	0.000	0.000	0.000
4.Current Period Cost *	41.583	208.273	249.856	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	5.403	0.823		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.583	208.273	249.856	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.702	0.412	3.113	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.158	6.248	10.406	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.702	0.412	3.113	0.000	0.000	0.000
10.Final Incentive	2.702	0.412	3.113	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	44.285	208.685	252.969	0.000	0.000	0.000
12.Plus: Property Rate Component			11.254			0.000
13.Plus: ROE/Use Rate			0.962			0.000
14.Total Current Period Base			265.185			0.000
15.Prospective Rate: Line 11 x Inflation 1.05430291	46.689	220.017	266.706	0.000	0.000	0.000
16.Interim Rate Component: *	1.660	22.530	24.190	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	48.349	242.547	290.896	0.000	0.000	0.000
19.Property Rate Component			11.254			0.000
20.ROE Component + ROE Interim Component *			0.962			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			303.11			0.00
23.Medicaid Days			2,196			0
24.Resident Days			2,196			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(30.02)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			296.72			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028427100 - 2021/07

RI: 265.87

NM: 340.96

Fern Park Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	3/1/2019	2/29/2020	Unaudited Costs	202007
Prior Cost Report	3/1/2018	2/28/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	68.362	152.360	220.723	68.362	230.643	299.005
2.Inflate Line 1 by Inflation Factor 1.02192277	69.861	155.701	225.561	69.861	235.699	305.560
3.Line 1 X 1.4000 X Inflation Factor 1.03069188	70.460	157.037	227.497	70.460	237.722	308.182
4.Current Period Cost	77.054	152.837	229.891	77.054	227.840	304.893
5.Incentive Basis (line 3 - line 4)	0.000	4.200		0.000	9.882	
6.Allowed Current Period Costs (Min of line 3 or 4)	70.460	152.837	223.297	70.460	227.840	298.300
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.100	2.100	0.000	4.941	4.941
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.585	4.585	0.000	6.835	6.835
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.100	2.100	0.000	4.941	4.941
10.Final Incentive	0.000	2.100	2.100	0.000	4.941	4.941
11.Current Period Base: (line 6 + line 10)	70.460	154.937	225.397	70.460	232.781	303.241
12.Plus: Property Rate Component			29.270			29.270
13.Plus: ROE/Use Rate			0.454			0.454
14.Total Current Period Base			255.122			332.966
15.Prospective Rate: Line 11 x Inflation 1.06220684	74.843	164.575	239.418	74.843	247.261	322.105
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.843	164.575	239.418	74.843	247.261	322.105
19.Property Rate Component			29.270			29.270
20.ROE Component + ROE Interim Component			0.454			0.454
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			269.14			351.83
23.Medicaid Days		5,589			17,240	
24.Resident Days		5,589			17,240	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(26.90)			(34.50)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			265.87			340.96



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028500500 - 2021/07

RI: 318.92

NM: 0.00

Naranja Group Home (Sunrise)

Ownership:Private

Incentive Rating: Ineligible from 02/26/2021 - 04/30/2021 Days Eligible: 301 of 365

Eligibility Factor : 82.47%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	35.822	162.517	198.339	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935 *	37.440	184.935	222.375	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	37.751	186.346	224.097	0.000	0.000	0.000
4.Current Period Cost *	39.655	208.965	248.620	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)	37.751	186.346	224.097	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 82.47%	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)	37.751	186.346	224.097	0.000	0.000	0.000
12.Plus: Property Rate Component			9.149			0.000
13.Plus: ROE/Use Rate			1.249			0.000
14.Total Current Period Base			234.496			0.000
15.Prospective Rate: Line 11 x Inflation 1.05430291	39.801	196.466	236.266	0.000	0.000	0.000
16.Interim Rate Component: *	2.030	22.250	24.280	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	41.831	218.716	260.546	0.000	0.000	0.000
19.Property Rate Component			9.149			0.000
20.ROE Component + ROE Interim Component *			1.249			0.000
21.Plus: Property Interim Rate Component *			56.610			0.000
22.Final Per Diem			327.55			0.00
23.Medicaid Days			4,026			0
24.Resident Days			4,026			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(32.27)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			318.92			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028505600 - 2021/07

RI: 335.51

NM: 512.34

PARC Cottage

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
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:	65.157	230.923	296.080	65.157	405.215	470.372
2.Inflate Line 1 by Inflation Factor 1.04720003	68.232	241.822	310.055	68.232	424.341	492.573
3.Line 1 X 1.4000 X Inflation Factor 1.06608004	69.463	246.182	315.645	69.463	431.992	501.454
4.Current Period Cost	101.657	287.740	389.397	101.657	489.279	590.937
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)	69.463	246.182	315.645	69.463	431.992	501.454
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)	69.463	246.182	315.645	69.463	431.992	501.454
12.Plus: Property Rate Component			13.960			13.960
13.Plus: ROE/Use Rate			1.098			1.098
14.Total Current Period Base			330.702			516.512
15.Prospective Rate: Line 11 x Inflation 1.04791817	72.791	257.979	330.770	72.791	452.692	525.483
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	72.791	257.979	330.770	72.791	452.692	525.483
19.Property Rate Component			13.960			13.960
20.ROE Component + ROE Interim Component			1.098			1.098
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			345.83			540.54
23.Medicaid Days			3,273			2,551
24.Resident Days			3,273			2,551
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(33.94)			(51.83)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			335.51			512.34



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028512900 - 2021/07

RI: 270.96

NM: 0.00

MACtown, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	37.487	195.246	232.733	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02022801	38.245	199.196	237.441	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02831921	38.548	200.776	239.324	0.000	0.000	0.000
4.Current Period Cost	41.432	182.810	224.242	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	17.966		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.548	182.810	221.358	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	8.983	8.983	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.484	5.484	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.484	5.484	0.000	0.000	0.000
10.Final Incentive	0.000	5.484	5.484	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	38.548	188.294	226.842	0.000	0.000	0.000
12.Plus: Property Rate Component			11.657			0.000
13.Plus: ROE/Use Rate			0.717			0.000
14.Total Current Period Base			239.216			0.000
15.Prospective Rate: Line 11 x Inflation 1.15660276	44.585	217.782	262.367	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	44.585	217.782	262.367	0.000	0.000	0.000
19.Property Rate Component			11.657			0.000
20.ROE Component + ROE Interim Component			0.717			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			274.74			0.00
23.Medicaid Days		19,974			0	
24.Resident Days		19,974			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(27.41)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			270.96			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028513700 - 2021/07

RI: 301.05

NM: 363.01

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

New Horizons of NW Florida, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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	202007
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:	95.759	175.270	271.028	95.759	242.036	337.795
2.Inflate Line 1 by Inflation Factor 1.02407772	98.064	179.490	277.554	98.064	247.864	345.928
3.Line 1 X 1.4000 X Inflation Factor 1.03370881	98.987	181.178	280.164	98.987	250.195	349.181
4.Current Period Cost	123.287	179.145	302.432	123.287	237.479	360.765
5.Incentive Basis (line 3 - line 4)	0.000	2.032		0.000	12.716	
6.Allowed Current Period Costs (Min of line 3 or 4)	98.987	179.145	278.132	98.987	237.479	336.465
7.Incentive Line 5 x Oper 50% Res 50%	0.000	1.016	1.016	0.000	6.358	6.358
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.374	5.374	0.000	7.124	7.124
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.016	1.016	0.000	6.358	6.358
10.Final Incentive	0.000	1.016	1.016	0.000	6.358	6.358
11.Current Period Base: (line 6 + line 10)	98.987	180.162	279.148	98.987	243.837	342.823
12.Plus: Property Rate Component			6.617			6.617
13.Plus: ROE/Use Rate			2.131			2.131
14.Total Current Period Base			287.896			351.571
15.Prospective Rate: Line 11 x Inflation 1.07157876	106.072	193.057	299.129	106.072	261.290	367.362
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	106.072	193.057	299.129	106.072	261.290	367.362
19.Property Rate Component			6.617			6.617
20.ROE Component + ROE Interim Component			2.131			2.131
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			307.88			376.11
23.Medicaid Days			2,920			8,030
24.Resident Days			2,920			8,030
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(30.46)			(36.73)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			301.05			363.01



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028519600 - 2021/07

RI: 352.49

NM: 0.00

BARC Housing, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	101.061	225.533	326.594	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02257867	103.343	230.625	333.968	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03161014	104.255	232.662	336.917	0.000	0.000	0.000
4.Current Period Cost	101.957	223.889	325.846	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.299	8.773		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	101.957	223.889	325.846	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.149	4.386	5.536	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	10.196	6.717	16.912	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.149	4.386	5.536	0.000	0.000	0.000
10.Final Incentive	1.149	4.386	5.536	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	103.106	228.276	331.382	0.000	0.000	0.000
12.Plus: Property Rate Component			16.648			0.000
13.Plus: ROE/Use Rate			0.610			0.000
14.Total Current Period Base			348.640			0.000
15.Prospective Rate: Line 11 x Inflation 1.04791817	108.047	239.214	347.261	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	108.047	239.214	347.261	0.000	0.000	0.000
19.Property Rate Component			16.648			0.000
20.ROE Component + ROE Interim Component			0.610			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			364.52			0.00
23.Medicaid Days		13,171			0	
24.Resident Days		13,171			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(35.66)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			352.49			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028521800 - 2021/07

RI: 301.92

NM: 392.18

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Ann Storck Center, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	70.173	200.683	270.856	70.173	292.625	362.798
2.Inflate Line 1 by Inflation Factor 1.02257867	71.757	205.214	276.971	71.757	299.232	370.989
3.Line 1 X 1.4000 X Inflation Factor 1.03161014	72.391	207.027	279.417	72.391	301.875	374.266
4.Current Period Cost	66.007	257.942	323.949	66.007	337.390	403.396
5.Incentive Basis (line 3 - line 4)	6.384	0.000		6.384	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	66.007	207.027	273.033	66.007	301.875	367.882
7.Incentive Line 5 x Oper 50% Res 50%	3.192	0.000	3.192	3.192	0.000	3.192
8.Incentive - Line 4 x Oper 10% Res 3%	6.601	0.000	6.601	6.601	0.000	6.601
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.192	0.000	3.192	3.192	0.000	3.192
10.Final Incentive	3.192	0.000	3.192	3.192	0.000	3.192
11.Current Period Base: (line 6 + line 10)	69.199	207.027	276.225	69.199	301.875	371.074
12.Plus: Property Rate Component			19.374			19.374
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			295.599			390.447
15.Prospective Rate: Line 11 x Inflation 1.04791817	72.515	216.947	289.462	72.515	316.340	388.855
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	72.515	216.947	289.462	72.515	316.340	388.855
19.Property Rate Component			19.374			19.374
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			308.84			408.23
23.Medicaid Days			1,068			15,190
24.Resident Days			1,068			15,190
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(30.55)			(39.68)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			301.92			392.18



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028531500 - 2021/07

RI: 398.73

NM: 477.63

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Woodhouse, Inc

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	123.343	213.194	336.537	123.343	308.553	431.895
2.Inflate Line 1 by Inflation Factor 1.02170935	126.020	217.822	343.843	126.020	315.251	441.272
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	127.091	219.674	346.765	127.091	317.931	445.022
4.Current Period Cost	123.348	294.013	417.361	123.348	408.222	531.570
5.Incentive Basis (line 3 - line 4)	3.744	0.000		3.743	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	123.348	219.674	343.021	123.348	317.931	441.279
7.Incentive Line 5 x Oper 50% Res 50%	1.872	0.000	1.872	1.872	0.000	1.872
8.Incentive - Line 4 x Oper 10% Res 3%	12.335	0.000	12.335	12.335	0.000	12.335
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.872	0.000	1.872	1.872	0.000	1.872
10.Final Incentive	1.872	0.000	1.872	1.872	0.000	1.872
11.Current Period Base: (line 6 + line 10)	125.220	219.674	344.893	125.220	317.931	443.150
12.Plus: Property Rate Component			33.257			33.257
13.Plus: ROE/Use Rate			1.852			1.852
14.Total Current Period Base			380.002			478.259
15.Prospective Rate: Line 11 x Inflation 1.05430291	132.019	231.602	363.622	132.019	335.195	467.215
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	132.019	231.602	363.622	132.019	335.195	467.215
19.Property Rate Component			33.257			33.257
20.ROE Component + ROE Interim Component			1.852			1.852
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			398.73			502.32
23.Medicaid Days		0			8,592	
24.Resident Days		0			8,592	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$23.63)			0.00			23.63
27.Rate Adjustment - QAF (0.091876444)			0.00			(48.32)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			398.73			477.63



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028533100 - 2021/07

RI: 362.13

NM: 467.90

Cape Coral Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	91.695	197.806	289.501	91.695	287.186	378.881
2.Inflate Line 1 by Inflation Factor 1.02170935	93.686	202.100	295.786	93.686	293.421	387.107
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	94.482	203.818	298.300	94.482	295.914	390.397
4.Current Period Cost	115.430	236.850	352.280	115.430	355.804	471.235
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.482	203.818	298.300	94.482	295.914	390.397
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	94.482	203.818	298.300	94.482	295.914	390.397
12.Plus: Property Rate Component			24.633			24.633
13.Plus: ROE/Use Rate			2.819			2.819
14.Total Current Period Base			325.752			417.849
15.Prospective Rate: Line 11 x Inflation 1.05430291	99.613	214.885	314.498	99.613	311.983	411.596
16.Interim Rate Component: *	9.140	24.050	33.190	9.140	43.420	52.560
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	108.753	238.935	347.688	108.753	355.403	464.156
19.Property Rate Component			24.633			24.633
20.ROE Component + ROE Interim Component *			2.819			2.819
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			375.14			491.61
23.Medicaid Days			1,983			5,889
24.Resident Days			1,983			5,889
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(36.64)			(47.34)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			362.13			467.90

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028536600 - 2021/07

RI: 243.22

NM: 274.59

Squire Court Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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 1.07719114	48.711	187.078	235.789	48.711	221.620	270.331
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	48.711	187.078	235.789	48.711	221.620	270.331
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			244.20			278.74
23.Medicaid Days		365			1,825	
24.Resident Days		365			1,825	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(24.61)			(27.78)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			243.22			274.59



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028537400 - 2021/07

RI: 255.86

NM: 0.00

Bayview Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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 1.07719114	50.087	199.960	250.047	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	50.087	199.960	250.047	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			258.11			0.00
23.Medicaid Days		2,145			0	
24.Resident Days		2,145			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(25.89)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			255.86			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028539100 - 2021/07

RI: 399.87

NM: 492.51

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Hendricks

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2019	5/31/2020	Unaudited Costs	202007
Prior Cost Report	6/1/2018	5/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	124.098	206.895	330.993	124.098	300.626	424.724
2.Inflate Line 1 by Inflation Factor 1.02164326	126.783	211.373	338.156	126.783	307.132	433.916
3.Line 1 X 1.4000 X Inflation Factor 1.03030056	127.858	213.164	341.022	127.858	309.735	437.593
4.Current Period Cost	116.396	252.572	368.968	116.396	389.754	506.150
5.Incentive Basis (line 3 - line 4)	11.462	0.000		11.462	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	116.396	213.164	329.560	116.396	309.735	426.131
7.Incentive Line 5 x Oper 50% Res 50%	5.731	0.000	5.731	5.731	0.000	5.731
8.Incentive - Line 4 x Oper 10% Res 3%	11.640	0.000	11.640	11.640	0.000	11.640
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.731	0.000	5.731	5.731	0.000	5.731
10.Final Incentive	5.731	0.000	5.731	5.731	0.000	5.731
11.Current Period Base: (line 6 + line 10)	122.127	213.164	335.291	122.127	309.735	431.862
12.Plus: Property Rate Component			60.581			60.581
13.Plus: ROE/Use Rate			1.942			1.942
14.Total Current Period Base			397.814			494.385
15.Prospective Rate: Line 11 x Inflation 1.05631440	129.004	225.168	354.173	129.004	327.178	456.182
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	129.004	225.168	354.173	129.004	327.178	456.182
19.Property Rate Component			60.581			60.581
20.ROE Component + ROE Interim Component			1.942			1.942
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			416.70			518.70
23.Medicaid Days		2,685			6,022	
24.Resident Days		2,685			6,022	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(40.46)			(49.83)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			399.87			492.51



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028541200 - 2021/07

RI: 245.23

NM: 277.55

Twin Lane Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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 1.07719114	44.722	186.041	230.763	44.722	221.633	266.355
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	44.722	186.041	230.763	44.722	221.633	266.355
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			246.41			282.00
23.Medicaid Days			1,095			1,095
24.Resident Days			1,095			1,095
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(24.81)			(28.08)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			245.23			277.55



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028547100 - 2021/07

RI: 275.16

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

62nd Place Grp Home #17 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.474	153.486	194.960	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	42.374	156.818	199.193	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	42.734	158.151	200.886	0.000	0.000	0.000
4.Current Period Cost	50.500	254.061	304.561	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)	42.734	158.151	200.886	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)	42.734	158.151	200.886	0.000	0.000	0.000
12.Plus: Property Rate Component			12.714			0.000
13.Plus: ROE/Use Rate			1.532			0.000
14.Total Current Period Base			215.131			0.000
15.Prospective Rate: Line 11 x Inflation 1.05430291	45.055	166.739	211.794	0.000	0.000	0.000
16.Interim Rate Component: *	6.640	46.690	53.330	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	51.695	213.429	265.124	0.000	0.000	0.000
19.Property Rate Component			12.714			0.000
20.ROE Component + ROE Interim Component *			1.532			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			279.37			0.00
23.Medicaid Days		1,991			0	
24.Resident Days		1,991			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(27.84)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			275.16			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028548000 - 2021/07

RI: 295.16

NM: 353.92

138th Court Grp Home #16 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	40.461	154.336	194.797	40.461	193.974	234.436
2.Inflate Line 1 by Inflation Factor 1.02170935 *	44.129	179.587	223.716	44.129	228.615	272.745
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	44.481	180.927	225.408	44.481	230.300	274.781
4.Current Period Cost *	48.499	189.495	237.994	48.499	245.214	293.713
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)	44.481	180.927	225.408	44.481	230.300	274.781
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)	44.481	180.927	225.408	44.481	230.300	274.781
12.Plus: Property Rate Component			14.426			14.426
13.Plus: ROE/Use Rate			1.317			1.317
14.Total Current Period Base			241.150			290.523
15.Prospective Rate: Line 11 x Inflation 1.05430291	46.896	190.752	237.648	46.896	242.806	289.702
16.Interim Rate Component: *	5.330	42.670	48.000	5.330	55.320	60.650
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	52.226	233.422	285.648	52.226	298.126	350.352
19.Property Rate Component			14.426			14.426
20.ROE Component + ROE Interim Component *			1.317			1.317
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			301.39			366.09
23.Medicaid Days		1,206			841	
24.Resident Days		1,206			841	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(29.86)			(35.81)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			295.16			353.92

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028552800 - 2021/07

RI: 247.17

NM: 293.09

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

26th Terrace Grp Home #12 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.778	156.548	204.327	47.778	197.683	245.461
2.Inflate Line 1 by Inflation Factor 1.02170935	48.816	159.947	208.762	48.816	201.975	250.790
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	49.231	161.306	210.537	49.231	203.691	252.922
4.Current Period Cost	47.807	160.732	208.539	47.807	204.650	252.457
5.Incentive Basis (line 3 - line 4)	1.423	0.575		1.423	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	47.807	160.732	208.539	47.807	203.691	251.498
7.Incentive Line 5 x Oper 50% Res 50%	0.712	0.287	0.999	0.712	0.000	0.712
8.Incentive - Line 4 x Oper 10% Res 3%	4.781	4.822	9.603	4.781	0.000	4.781
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.712	0.287	0.999	0.712	0.000	0.712
10.Final Incentive	0.712	0.287	0.999	0.712	0.000	0.712
11.Current Period Base: (line 6 + line 10)	48.519	161.019	209.538	48.519	203.691	252.210
12.Plus: Property Rate Component			6.222			6.222
13.Plus: ROE/Use Rate			1.254			1.254
14.Total Current Period Base			217.014			259.686
15.Prospective Rate: Line 11 x Inflation 1.05430291	51.154	169.763	220.916	51.154	214.752	265.906
16.Interim Rate Component: *	1.700	18.450	20.150	1.700	24.030	25.730
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	52.854	188.213	241.066	52.854	238.782	291.636
19.Property Rate Component			6.222			6.222
20.ROE Component + ROE Interim Component *			1.254			1.254
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			248.54			299.11
23.Medicaid Days		1,146			929	
24.Resident Days		1,146			929	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(25.01)			(29.65)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			247.17			293.09

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028553600 - 2021/07

RI: 281.48

NM: 0.00

Country Meadows Grp Home #13 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	45.377	185.399	230.776	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	46.363	189.424	235.786	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	46.757	191.034	237.790	0.000	0.000	0.000
4.Current Period Cost	53.939	214.908	268.847	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	46.757	191.034	237.790	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	46.757	191.034	237.790	0.000	0.000	0.000
12.Plus: Property Rate Component			11.681			0.000
13.Plus: ROE/Use Rate			1.193			0.000
14.Total Current Period Base			250.664			0.000
15.Prospective Rate: Line 11 x Inflation 1.05430291	49.296	201.407	250.703	0.000	0.000	0.000
16.Interim Rate Component: *	1.970	20.780	22.750	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	51.266	222.187	273.453	0.000	0.000	0.000
19.Property Rate Component			11.681			0.000
20.ROE Component + ROE Interim Component *			1.193			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			286.33			0.00
23.Medicaid Days			2,196			0
24.Resident Days			2,196			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(28.48)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			281.48			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028557900 - 2021/07

RI: 256.19

NM: 0.00

148th Court Grp Home #20 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	39.156	162.549	201.705	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	40.006	166.078	206.083	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	40.346	167.489	207.835	0.000	0.000	0.000
4.Current Period Cost	39.089	182.675	221.764	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.257	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	39.089	167.489	206.578	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.629	0.000	0.629	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.909	0.000	3.909	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.629	0.000	0.629	0.000	0.000	0.000
10.Final Incentive	0.629	0.000	0.629	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	39.717	167.489	207.206	0.000	0.000	0.000
12.Plus: Property Rate Component			10.643			0.000
13.Plus: ROE/Use Rate			1.013			0.000
14.Total Current Period Base			218.863			0.000
15.Prospective Rate: Line 11 x Inflation 1.05430291	41.874	176.584	218.458	0.000	0.000	0.000
16.Interim Rate Component: *	2.850	25.510	28.360	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	44.724	202.094	246.818	0.000	0.000	0.000
19.Property Rate Component			10.643			0.000
20.ROE Component + ROE Interim Component *			1.013			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			258.47			0.00
23.Medicaid Days		2,196			0	
24.Resident Days		2,196			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(25.92)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			256.19			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028558700 - 2021/07

RI: 285.09

NM: 0.00

Sunrise Oakmont

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	43.169	162.549	205.718	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935 *	45.686	189.368	235.054	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	46.061	190.779	236.840	0.000	0.000	0.000
4.Current Period Cost *	47.461	246.460	293.921	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	46.061	190.779	236.840	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	46.061	190.779	236.840	0.000	0.000	0.000
12.Plus: Property Rate Component			12.738			0.000
13.Plus: ROE/Use Rate			1.446			0.000
14.Total Current Period Base			251.024			0.000
15.Prospective Rate: Line 11 x Inflation 1.05430291	48.562	201.139	249.701	0.000	0.000	0.000
16.Interim Rate Component: *	2.800	23.620	26.420	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	51.362	224.759	276.121	0.000	0.000	0.000
19.Property Rate Component			12.738			0.000
20.ROE Component + ROE Interim Component *			1.446			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			290.31			0.00
23.Medicaid Days		2,152			0	
24.Resident Days		2,152			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(28.84)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			285.09			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028559500 - 2021/07

RI: 331.10

NM: 0.00

53rd Court Grp Home #9 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	44.226	171.807	216.033	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935 *	50.716	221.967	272.683	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	51.100	223.459	274.559	0.000	0.000	0.000
4.Current Period Cost *	46.997	248.919	295.916	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	4.103	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	46.997	223.459	270.456	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.052	0.000	2.052	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.700	0.000	4.700	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.052	0.000	2.052	0.000	0.000	0.000
10.Final Incentive	2.052	0.000	2.052	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	49.049	223.459	272.507	0.000	0.000	0.000
12.Plus: Property Rate Component			7.903			0.000
13.Plus: ROE/Use Rate			1.540			0.000
14.Total Current Period Base			281.950			0.000
15.Prospective Rate: Line 11 x Inflation 1.05430291	51.712	235.593	287.305	0.000	0.000	0.000
16.Interim Rate Component: *	5.310	38.910	44.220	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	57.022	274.503	331.525	0.000	0.000	0.000
19.Property Rate Component			7.903			0.000
20.ROE Component + ROE Interim Component *			1.540			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			340.97			0.00
23.Medicaid Days		2,092			0	
24.Resident Days		2,092			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(33.50)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			331.10			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028560900 - 2021/07

RI: 295.59

NM: 0.00

55th Court Grp Home #15 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	43.235	178.054	221.289	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935 *	46.404	205.739	252.143	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	46.779	207.285	254.065	0.000	0.000	0.000
4.Current Period Cost *	42.405	219.419	261.824	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	4.375	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	42.405	207.285	249.690	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.187	0.000	2.187	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.240	0.000	4.240	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.187	0.000	2.187	0.000	0.000	0.000
10.Final Incentive	2.187	0.000	2.187	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	44.592	207.285	251.877	0.000	0.000	0.000
12.Plus: Property Rate Component			8.380			0.000
13.Plus: ROE/Use Rate			1.443			0.000
14.Total Current Period Base			261.700			0.000
15.Prospective Rate: Line 11 x Inflation 1.05430291	47.014	218.541	265.555	0.000	0.000	0.000
16.Interim Rate Component: *	2.420	24.070	26.490	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	49.434	242.611	292.045	0.000	0.000	0.000
19.Property Rate Component			8.380			0.000
20.ROE Component + ROE Interim Component *			1.443			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			301.87			0.00
23.Medicaid Days		2,187			0	
24.Resident Days		2,187			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(29.91)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			295.59			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028561700 - 2021/07

RI: 323.21

NM: 0.00

Wentworth Drive Grp Home #18 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	44.206	189.086	233.292	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935 *	48.006	227.951	275.956	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	48.390	229.593	277.982	0.000	0.000	0.000
4.Current Period Cost	45.392	238.472	283.864	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.997	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	45.392	229.593	274.985	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.499	0.000	1.499	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.539	0.000	4.539	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.499	0.000	1.499	0.000	0.000	0.000
10.Final Incentive	1.499	0.000	1.499	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	46.891	229.593	276.484	0.000	0.000	0.000
12.Plus: Property Rate Component			7.312			0.000
13.Plus: ROE/Use Rate			1.443			0.000
14.Total Current Period Base			285.238			0.000
15.Prospective Rate: Line 11 x Inflation 1.05430291	49.437	242.060	291.497	0.000	0.000	0.000
16.Interim Rate Component: *	3.020	29.010	32.030	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	52.457	271.070	323.527	0.000	0.000	0.000
19.Property Rate Component			7.312			0.000
20.ROE Component + ROE Interim Component *			1.443			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			332.28			0.00
23.Medicaid Days		2,198			0	
24.Resident Days		2,196			0	
25.Medicaid Utilization		100.09%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(32.70)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			323.21			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028565000 - 2021/07

RI: 355.97

NM: 440.45

Lakeview Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2019	11/30/2020	Unaudited Costs	202007
Prior Cost Report	12/1/2017	11/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	83.694	208.884	292.578	83.694	280.345	364.039
2.Inflate Line 1 by Inflation Factor 1.04726338 *	92.370	247.926	340.296	92.370	335.245	427.615
3.Line 1 X 1.4000 X Inflation Factor 1.06616873 *	93.952	251.875	345.828	93.952	340.545	434.497
4.Current Period Cost *	90.946	234.714	325.660	90.946	321.302	412.248
5.Incentive Basis (line 3 - line 4)	3.007	17.161		3.007	19.243	
6.Allowed Current Period Costs (Min of line 3 or 4)	90.946	234.714	325.660	90.946	321.302	412.248
7.Incentive Line 5 x Oper 50% Res 50%	1.503	8.581	10.084	1.503	9.622	11.125
8.Incentive - Line 4 x Oper 10% Res 3%	9.095	7.041	16.136	9.095	9.639	18.734
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.503	7.041	8.545	1.503	9.622	11.125
10.Final Incentive	1.503	7.041	8.545	1.503	9.622	11.125
11.Current Period Base: (line 6 + line 10)	92.449	241.756	334.205	92.449	330.923	423.372
12.Plus: Property Rate Component			19.695			19.695
13.Plus: ROE/Use Rate			0.017			0.017
14.Total Current Period Base			353.917			443.084
15.Prospective Rate: Line 11 x Inflation 1.04321189	96.444	252.202	348.646	96.444	345.223	441.667
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	96.444	252.202	348.646	96.444	345.223	441.667
19.Property Rate Component			19.695			19.695
20.ROE Component + ROE Interim Component *			0.017			0.017
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			368.36			461.38
23.Medicaid Days		10,281			12,528	
24.Resident Days		10,281			12,528	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(36.01)			(44.56)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			355.97			440.45

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028566800 - 2021/07

RI: 346.75

NM: 408.96

Washington Square

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2019	11/30/2020	Unaudited Costs	202007
Prior Cost Report	12/1/2017	11/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	85.555	200.295	285.850	85.555	260.812	346.367
2.Inflate Line 1 by Inflation Factor 1.04726338 *	93.299	230.401	323.700	93.299	301.818	395.117
3.Line 1 X 1.4000 X Inflation Factor 1.06616873 *	94.916	234.188	329.104	94.916	306.749	401.666
4.Current Period Cost *	94.715	222.521	317.236	94.715	285.465	380.181
5.Incentive Basis (line 3 - line 4)	0.201	11.667		0.201	21.284	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.715	222.521	317.236	94.715	285.465	380.181
7.Incentive Line 5 x Oper 50% Res 50%	0.101	5.833	5.934	0.101	10.642	10.742
8.Incentive - Line 4 x Oper 10% Res 3%	9.472	6.676	16.147	9.472	8.564	18.035
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.101	5.833	5.934	0.101	8.564	8.665
10.Final Incentive	0.101	5.833	5.934	0.101	8.564	8.665
11.Current Period Base: (line 6 + line 10)	94.816	228.355	323.170	94.816	294.029	388.845
12.Plus: Property Rate Component			20.954			20.954
13.Plus: ROE/Use Rate			0.109			0.109
14.Total Current Period Base			344.233			409.908
15.Prospective Rate: Line 11 x Inflation 1.04321189	98.913	238.222	337.135	98.913	306.735	405.648
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	98.913	238.222	337.135	98.913	306.735	405.648
19.Property Rate Component			20.954			20.954
20.ROE Component + ROE Interim Component *			0.109			0.109
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			358.20			426.71
23.Medicaid Days		2,374			19,270	
24.Resident Days		2,374			19,270	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(35.08)			(41.38)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			346.75			408.96

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028567600 - 2021/07

RI: 342.48

NM: 415.15

Howell Branch Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2019	11/30/2020	Unaudited Costs	202007
Prior Cost Report	12/1/2017	11/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	83.416	200.710	284.127	83.416	265.979	349.396
2.Inflate Line 1 by Inflation Factor 1.04726338 *	90.669	227.817	318.485	90.669	304.400	395.069
3.Line 1 X 1.4000 X Inflation Factor 1.06616873 *	92.246	231.611	323.857	92.246	309.429	401.674
4.Current Period Cost *	89.593	223.579	313.172	89.593	299.181	388.774
5.Incentive Basis (line 3 - line 4)	2.653	8.032		2.653	10.248	
6.Allowed Current Period Costs (Min of line 3 or 4)	89.593	223.579	313.172	89.593	299.181	388.774
7.Incentive Line 5 x Oper 50% Res 50%	1.326	4.016	5.342	1.326	5.124	6.450
8.Incentive - Line 4 x Oper 10% Res 3%	8.959	6.707	15.667	8.959	8.975	17.935
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.326	4.016	5.342	1.326	5.124	6.450
10.Final Incentive	1.326	4.016	5.342	1.326	5.124	6.450
11.Current Period Base: (line 6 + line 10)	90.919	227.595	318.514	90.919	304.305	395.224
12.Plus: Property Rate Component			21.127			21.127
13.Plus: ROE/Use Rate			0.092			0.092
14.Total Current Period Base			339.734			416.444
15.Prospective Rate: Line 11 x Inflation 1.04321189	94.848	237.430	332.278	94.848	317.454	412.303
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	94.848	237.430	332.278	94.848	317.454	412.303
19.Property Rate Component			21.127			21.127
20.ROE Component + ROE Interim Component *			0.092			0.092
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			353.50			433.52
23.Medicaid Days		5,832			16,763	
24.Resident Days		5,832			16,763	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(34.65)			(42.00)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			342.48			415.15

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028568400 - 2021/07

RI: 316.59

NM: 0.00

157th Terrace (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	42.489	193.108	235.597	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935 *	44.372	227.920	272.292	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309 *	44.741	229.597	274.337	0.000	0.000	0.000
4.Current Period Cost *	41.360	221.161	262.521	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.380	8.436		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.360	221.161	262.521	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.690	4.218	5.908	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.136	6.635	10.771	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.690	4.218	5.908	0.000	0.000	0.000
10.Final Incentive	1.690	4.218	5.908	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	43.050	225.379	268.429	0.000	0.000	0.000
12.Plus: Property Rate Component			11.884			0.000
13.Plus: ROE/Use Rate			1.813			0.000
14.Total Current Period Base			282.126			0.000
15.Prospective Rate: Line 11 x Inflation 1.05430291	45.388	237.617	283.006	0.000	0.000	0.000
16.Interim Rate Component: *	2.950	25.340	28.290	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	48.338	262.957	311.296	0.000	0.000	0.000
19.Property Rate Component			11.884			0.000
20.ROE Component + ROE Interim Component *			1.813			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			324.99			0.00
23.Medicaid Days		2,196			0	
24.Resident Days		2,196			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(32.03)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			316.59			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028569200 - 2021/07

RI: 246.49

NM: 342.31

145th Street Group Home (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	55.209	178.038	233.247	55.209	221.306	276.515
2.Inflate Line 1 by Inflation Factor 1.02170935	56.408	181.903	238.311	56.408	226.111	282.518
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	56.887	183.449	240.336	56.887	228.033	284.920
4.Current Period Cost	61.494	147.856	209.350	61.494	250.353	311.847
5.Incentive Basis (line 3 - line 4)	0.000	35.593		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	56.887	147.856	204.743	56.887	228.033	284.920
7.Incentive Line 5 x Oper 50% Res 50%	0.000	17.796	17.796	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.436	4.436	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.436	4.436	0.000	0.000	0.000
10.Final Incentive	0.000	4.436	4.436	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	56.887	152.292	209.179	56.887	228.033	284.920
12.Plus: Property Rate Component			21.265			21.265
13.Plus: ROE/Use Rate			2.261			2.261
14.Total Current Period Base			232.705			308.446
15.Prospective Rate: Line 11 x Inflation 1.05430291	59.976	160.562	220.538	59.976	240.415	300.392
16.Interim Rate Component: *	2.430	0.000	2.430	2.430	26.960	29.390
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	62.406	160.562	222.968	62.406	267.375	329.782
19.Property Rate Component			21.265			21.265
20.ROE Component + ROE Interim Component *			2.261			2.261
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			246.49			353.31
23.Medicaid Days			0			2,097
24.Resident Days			0			2,097
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.63)			0.00			23.63
27.Rate Adjustment - QAF (0.091876444)			0.00			(34.63)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			246.49			342.31

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

031256800 - 2021/07

RI: 381.09

NM: 487.54

Avon Park Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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 1.05186348	110.146	231.765	341.911	110.146	310.300	420.446
3.Line 1 X 1.4000 X Inflation Factor 1.07260887	112.318	236.336	348.654	112.318	316.420	428.738
4.Current Period Cost	98.107	234.734	332.841	98.107	313.568	411.675
5.Incentive Basis (line 3 - line 4)	14.211	1.601		14.211	2.852	
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%	7.106	0.801	7.906	7.106	1.426	8.531
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%	7.106	0.801	7.906	7.106	1.426	8.531
10.Final Incentive	7.106	0.801	7.906	7.106	1.426	8.531
11.Current Period Base: (line 6 + line 10)	105.213	235.535	340.748	105.213	314.994	420.207
12.Plus: Property Rate Component			14.610			14.610
13.Plus: ROE/Use Rate			1.345			1.345
14.Total Current Period Base			356.703			436.162
15.Prospective Rate: Line 11 x Inflation 1.07157876	112.744	252.394	365.138	112.744	337.541	450.284
16.Interim Rate Component: *	0.000	0.000	0.000	26.940	20.060	47.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	112.744	252.394	365.138	139.684	357.601	497.284
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			381.09			513.24
23.Medicaid Days		0			8,487	
24.Resident Days		0			8,487	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$23.63)			0.00			23.63
27.Rate Adjustment - QAF (0.091876444)			0.00			(49.33)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			381.09			487.54

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031257600 - 2021/07

RI: 455.21

NM: 655.07

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Eagle Watch Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 03/18/2021 - 04/30/2021 Days Eligible: 321 of 365

Eligibility Factor : 87.95%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	94.323	213.808	308.130	94.323	291.235	385.557
2.Inflate Line 1 by Inflation Factor 1.02257867 *	97.412	264.235	361.647	97.412	453.260	550.673
3.Line 1 X 1.4000 X Inflation Factor 1.03161014 *	98.264	266.166	364.430	98.264	455.891	554.155
4.Current Period Cost *	103.152	275.258	378.410	103.152	434.097	537.249
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	21.794	
6.Allowed Current Period Costs (Min of line 3 or 4)	98.264	266.166	364.430	98.264	434.097	532.361
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	10.897	10.897
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	13.023	13.023
9.Incentive - Min of Line 7,8 x Eligibility factor 87.95%	0.000	0.000	0.000	0.000	9.583	9.583
10.Final Incentive	0.000	0.000	0.000	0.000	9.583	9.583
11.Current Period Base: (line 6 + line 10)	98.264	266.166	364.430	98.264	443.680	541.944
12.Plus: Property Rate Component			17.681			17.681
13.Plus: ROE/Use Rate			0.755			0.755
14.Total Current Period Base			382.867			560.381
15.Prospective Rate: Line 11 x Inflation 1.04791817	102.973	278.920	381.893	102.973	464.941	567.913
16.Interim Rate Component: *	0.000	77.310	77.310	0.000	111.370	111.370
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	102.973	356.230	459.203	102.973	576.311	679.283
19.Property Rate Component			17.681			17.681
20.ROE Component + ROE Interim Component *			0.755			0.755
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			477.64			697.72
23.Medicaid Days		1,458			6,736	
24.Resident Days		1,458			6,736	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(46.05)			(66.28)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			455.21			655.07

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031258400 - 2021/07

RI: 367.33

NM: 451.72

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Point West Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	102.326	196.415	298.741	102.326	280.752	383.078
2.Inflate Line 1 by Inflation Factor 1.02257867 *	140.106	204.539	344.646	140.106	293.611	433.717
3.Line 1 X 1.4000 X Inflation Factor 1.03161014 *	141.030	206.313	347.344	141.030	296.147	437.177
4.Current Period Cost *	142.056	198.667	340.723	142.056	286.194	428.250
5.Incentive Basis (line 3 - line 4)	0.000	7.646		0.000	9.953	
6.Allowed Current Period Costs (Min of line 3 or 4)	141.030	198.667	339.698	141.030	286.194	427.224
7.Incentive Line 5 x Oper 50% Res 50%	0.000	3.823	3.823	0.000	4.976	4.976
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.960	5.960	0.000	8.586	8.586
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.823	3.823	0.000	4.976	4.976
10.Final Incentive	0.000	3.823	3.823	0.000	4.976	4.976
11.Current Period Base: (line 6 + line 10)	141.030	202.490	343.521	141.030	291.170	432.201
12.Plus: Property Rate Component			19.922			19.922
13.Plus: ROE/Use Rate			0.962			0.962
14.Total Current Period Base			364.404			453.084
15.Prospective Rate: Line 11 x Inflation 1.04791817	147.788	212.193	359.981	147.788	305.123	452.911
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	147.788	212.193	359.981	147.788	305.123	452.911
19.Property Rate Component			19.922			19.922
20.ROE Component + ROE Interim Component *			0.962			0.962
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			380.86			473.79
23.Medicaid Days			732			7,719
24.Resident Days			732			7,719
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(37.16)			(45.70)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			367.33			451.72

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031259200 - 2021/07

RI: 358.92

NM: 450.88

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Hodges Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	106.966	215.215	322.180	106.966	308.884	415.849
2.Inflate Line 1 by Inflation Factor 1.02257867	109.381	220.074	329.455	109.381	315.858	425.239
3.Line 1 X 1.4000 X Inflation Factor 1.03161014	110.347	222.018	332.364	110.347	318.648	428.994
4.Current Period Cost	116.685	228.218	344.902	116.685	330.820	447.505
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)	110.347	222.018	332.364	110.347	318.648	428.994
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)	110.347	222.018	332.364	110.347	318.648	428.994
12.Plus: Property Rate Component			22.313			22.313
13.Plus: ROE/Use Rate			0.999			0.999
14.Total Current Period Base			355.676			452.306
15.Prospective Rate: Line 11 x Inflation 1.04791817	115.635	232.656	348.291	115.635	333.917	449.551
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	115.635	232.656	348.291	115.635	333.917	449.551
19.Property Rate Component			22.313			22.313
20.ROE Component + ROE Interim Component			0.999			0.999
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			371.60			472.86
23.Medicaid Days			732			7,714
24.Resident Days			732			7,714
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(36.31)			(45.62)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			358.92			450.88



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031260600 - 2021/07

RI: 331.12

NM: 411.13

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Kinkaid Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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:	94.189	190.951	285.139	94.189	267.603	361.792
2.Inflate Line 1 by Inflation Factor 1.05186348	99.074	200.854	299.928	99.074	281.482	380.555
3.Line 1 X 1.4000 X Inflation Factor 1.07260887	101.028	204.815	305.843	101.028	287.033	388.061
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)	101.028	204.815	305.843	101.028	287.033	388.061
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)	101.028	204.815	305.843	101.028	287.033	388.061
12.Plus: Property Rate Component			11.156			11.156
13.Plus: ROE/Use Rate			2.103			2.103
14.Total Current Period Base			319.102			401.320
15.Prospective Rate: Line 11 x Inflation 1.07157876	108.259	219.476	327.735	108.259	307.579	415.838
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	108.259	219.476	327.735	108.259	307.579	415.838
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			340.99			429.10
23.Medicaid Days			1,370			6,566
24.Resident Days			1,370			6,566
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(33.50)			(41.59)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			331.12			411.13



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

031261400 - 2021/07

RI: 418.97

NM: 552.46

Flamingo Drive Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
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: *	121.088	235.581	356.669	121.088	327.258	448.346
2.Inflate Line 1 by Inflation Factor 1.04720003 *	126.803	246.701	373.504	126.803	385.245	512.048
3.Line 1 X 1.4000 X Inflation Factor 1.06608004 *	129.089	251.148	380.238	129.089	391.424	520.513
4.Current Period Cost *	135.888	283.944	419.832	135.888	419.144	555.032
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)	129.089	251.148	380.238	129.089	391.424	520.513
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)	129.089	251.148	380.238	129.089	391.424	520.513
12.Plus: Property Rate Component			37.223			37.223
13.Plus: ROE/Use Rate			2.048			2.048
14.Total Current Period Base			419.508			559.784
15.Prospective Rate: Line 11 x Inflation 1.04791817	135.275	263.183	398.458	135.275	410.180	545.455
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	135.275	263.183	398.458	135.275	410.180	545.455
19.Property Rate Component			37.223			37.223
20.ROE Component + ROE Interim Component *			2.048			2.048
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			437.73			584.73
23.Medicaid Days			16			6,590
24.Resident Days			16			6,590
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(42.39)			(55.89)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			418.97			552.46

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

031262200 - 2021/07

RI: 291.45

NM: 356.26

Barranger Group Home (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 09/09/2020 - 02/23/2021 Days Eligible: 197 of 365

Eligibility Factor : 53.97%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
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:	59.172	194.428	253.599	58.582	248.924	307.506
2.Inflate Line 1 by Inflation Factor 1.04720003	61.964	203.604	265.569	61.347	260.673	322.020
3.Line 1 X 1.4000 X Inflation Factor 1.06608004	63.082	207.275	270.357	62.453	265.373	327.826
4.Current Period Cost *	58.282	190.259	248.541	58.282	246.246	304.528
5.Incentive Basis (line 3 - line 4)	4.799	17.017		4.171	19.127	
6.Allowed Current Period Costs (Min of line 3 or 4)	58.282	190.259	248.541	58.282	246.246	304.528
7.Incentive Line 5 x Oper 50% Res 50%	2.400	8.508	10.908	2.085	9.563	11.649
8.Incentive - Line 4 x Oper 10% Res 3%	5.828	5.708	11.536	5.828	7.387	13.216
9.Incentive - Min of Line 7,8 x Eligibility factor 53.97%	1.295	3.081	4.376	1.125	3.987	5.113
10.Final Incentive	1.295	3.081	4.376	1.125	3.987	5.113
11.Current Period Base: (line 6 + line 10)	59.577	193.339	252.917	59.408	250.233	309.641
12.Plus: Property Rate Component			20.335			20.335
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			273.252			329.976
15.Prospective Rate: Line 11 x Inflation 1.04791817	62.432	202.604	265.036	62.254	262.224	324.478
16.Interim Rate Component: *	0.000	11.930	11.930	0.000	23.860	23.860
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	62.432	214.534	276.966	62.254	286.084	348.338
19.Property Rate Component			20.335			20.335
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			297.30			368.67
23.Medicaid Days		1,801			350	
24.Resident Days		1,801			350	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(29.49)			(36.04)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			291.45			356.26

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

031263100 - 2021/07

RI: 256.37

NM: 0.00

Greenridge Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
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:	44.240	145.339	189.580	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.04720003	46.328	152.199	198.528	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.06608004	47.164	154.943	202.107	0.000	0.000	0.000
4.Current Period Cost	51.904	153.454	205.359	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	1.489		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	47.164	153.454	200.618	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.745	0.745	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.604	4.604	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.745	0.745	0.000	0.000	0.000
10.Final Incentive	0.000	0.745	0.745	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	47.164	154.199	201.363	0.000	0.000	0.000
12.Plus: Property Rate Component			22.772			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			224.135			0.000
15.Prospective Rate: Line 11 x Inflation 1.04791817	49.424	161.588	211.011	0.000	0.000	0.000
16.Interim Rate Component: *	0.000	24.890	24.890	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	49.424	186.478	235.901	0.000	0.000	0.000
19.Property Rate Component			22.772			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			258.67			0.00
23.Medicaid Days		1,965			0	
24.Resident Days		1,965			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.63)			23.63			0.00
27.Rate Adjustment - QAF (0.091876444)			(25.94)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			256.37			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

031264900 - 2021/07

RI: 391.38

NM: 474.44

Pensacola Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
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:	113.381	202.005	315.386	113.381	276.791	390.172
2.Inflate Line 1 by Inflation Factor 1.04720003	118.732	211.540	330.272	118.732	289.856	408.588
3.Line 1 X 1.4000 X Inflation Factor 1.06608004	120.873	215.354	336.226	120.873	295.081	415.954
4.Current Period Cost	105.205	203.965	309.170	105.205	282.072	387.277
5.Incentive Basis (line 3 - line 4)	15.668	11.389		15.668	13.009	
6.Allowed Current Period Costs (Min of line 3 or 4)	105.205	203.965	309.170	105.205	282.072	387.277
7.Incentive Line 5 x Oper 50% Res 50%	7.834	5.694	13.528	7.834	6.505	14.338
8.Incentive - Line 4 x Oper 10% Res 3%	10.520	6.119	16.639	10.520	8.462	18.983
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.834	5.694	13.528	7.834	6.505	14.338
10.Final Incentive	7.834	5.694	13.528	7.834	6.505	14.338
11.Current Period Base: (line 6 + line 10)	113.039	209.659	322.698	113.039	288.577	401.616
12.Plus: Property Rate Component			23.278			23.278
13.Plus: ROE/Use Rate			1.025			1.025
14.Total Current Period Base			347.001			425.918
15.Prospective Rate: Line 11 x Inflation 1.04791817	118.455	219.706	338.161	118.455	302.405	420.860
16.Interim Rate Component: *	0.000	44.880	44.880	0.000	53.650	53.650
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	118.455	264.586	383.041	118.455	356.055	474.510
19.Property Rate Component			23.278			23.278
20.ROE Component + ROE Interim Component *			1.025			1.025
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			407.34			498.81
23.Medicaid Days		227			8,364	
24.Resident Days		227			8,364	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(39.60)			(48.00)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			391.38			474.44

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031265700 - 2021/07

RI: 319.34

NM: 375.09

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Caprona Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

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	202007
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:	68.862	211.233	280.095	71.196	268.116	339.312
2.Inflate Line 1 by Inflation Factor 1.02407772	70.520	216.319	286.839	72.910	274.571	347.481
3.Line 1 X 1.4000 X Inflation Factor 1.03370881	71.183	218.354	289.537	73.596	277.154	350.749
4.Current Period Cost	73.352	211.307	284.660	73.352	262.497	335.849
5.Incentive Basis (line 3 - line 4)	0.000	7.047		0.243	14.657	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.183	211.307	282.490	73.352	262.497	335.849
7.Incentive Line 5 x Oper 50% Res 50%	0.000	3.523	3.523	0.122	7.329	7.450
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.339	6.339	7.335	7.875	15.210
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.523	3.523	0.122	7.329	7.450
10.Final Incentive	0.000	3.523	3.523	0.122	7.329	7.450
11.Current Period Base: (line 6 + line 10)	71.183	214.831	286.014	73.474	269.825	343.299
12.Plus: Property Rate Component			21.485			21.485
13.Plus: ROE/Use Rate			0.052			0.052
14.Total Current Period Base			307.550			364.835
15.Prospective Rate: Line 11 x Inflation 1.07157876	76.278	230.208	306.486	78.733	289.139	367.872
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	76.278	230.208	306.486	78.733	289.139	367.872
19.Property Rate Component			21.485			21.485
20.ROE Component + ROE Interim Component			0.052			0.052
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			328.02			389.41
23.Medicaid Days			880			1,095
24.Resident Days			880			1,095
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(32.31)			(37.95)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			319.34			375.09



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

031266500 - 2021/07

RI: 242.34

NM: 312.88

Rich Street Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	56.919	144.714	201.634	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02257867	58.204	147.982	206.186	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03161014	58.718	149.289	208.007	0.000	0.000	0.000
4.Current Period Cost	58.888	180.816	239.704	58.888	223.246	282.134
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	58.718	149.289	208.007	58.888	223.246	282.134
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)	58.718	149.289	208.007	58.888	223.246	282.134
12.Plus: Property Rate Component			25.253			25.253
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			233.260			307.387
15.Prospective Rate: Line 11 x Inflation 1.04791817	61.532	156.442	217.974	61.710	233.944	295.653
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	61.532	156.442	217.974	61.710	233.944	295.653
19.Property Rate Component			25.253			25.253
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			243.23			320.91
23.Medicaid Days		1,767			243	
24.Resident Days		1,767			243	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(24.52)			(31.65)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			242.34			312.88



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

031267300 - 2021/07

RI: 389.18

NM: 546.60

Sandpiper Cluster (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	89.314	207.981	297.295	89.314	289.904	379.217
2.Inflate Line 1 by Inflation Factor 1.02257867 *	105.930	249.997	355.927	105.930	414.679	520.610
3.Line 1 X 1.4000 X Inflation Factor 1.03161014 *	106.737	251.875	358.612	106.737	417.297	524.035
4.Current Period Cost *	122.743	273.984	396.727	122.743	435.681	558.424
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)	106.737	251.875	358.612	106.737	417.297	524.035
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)	106.737	251.875	358.612	106.737	417.297	524.035
12.Plus: Property Rate Component			27.559			27.559
13.Plus: ROE/Use Rate			1.566			1.566
14.Total Current Period Base			387.737			553.160
15.Prospective Rate: Line 11 x Inflation 1.04791817	111.852	263.944	375.796	111.852	437.294	549.145
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	111.852	263.944	375.796	111.852	437.294	549.145
19.Property Rate Component			27.559			27.559
20.ROE Component + ROE Interim Component *			1.566			1.566
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			404.92			578.27
23.Medicaid Days			1,279			6,181
24.Resident Days			1,279			6,181
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.63)			23.63			23.63
27.Rate Adjustment - QAF (0.091876444)			(39.37)			(55.30)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			389.18			546.60

* See Attachment