



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

000169300 - 2015/07
RI:250.83 / NM:0.00

Provider Number: 000169300

St. Augustine Center for Living

Date: 7/24/2015

5155 U.S. 1 South
 St. Augustine, FL 32086

FYE: 11/30/2013

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	253.98	250.83	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

000169300

Rate Period(s) 07/2015 to 7/2015

Provider Name: **St. Augustine Center for Living**
 Provider Number: 00169300
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 12/1/2012 - 11/30/2013
 Days In Reporting Period: 365
 Number of Beds: 60

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	21,758	0	21,758
2. Operating Expenses component			
A. Administration			588,668
B. Plant Operation			306,543
C. Laundry			29,094
D. Housekeeping			80,413
E. Operating Expense Component & Per Diem	46.1769		1,004,718
3. Resident Care			
A. Dietary			364,093
B. Other			0
C. Nursing			445,073
D. Resident Care & Per Diem	37.1894		809,166
4. Prop Exp & Per Diem	22.2304		483,690
5. ROE/Use Per Diem	0.2906		6,322

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	10,879.00	0.00	10,879.00
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	2,112,037.00	0.00	2,112,037.00
5. Direct Care Expense Per Diem	97.0694	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	21,758	0	21,758
2. Additional Services	359,165	0	359,165
3. Additional Services Exp & Per Diem	16.5073	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	46.1769	0.0000	1,004,718
2. Resident Care Component	150.7661	0.0000	3,280,368
3. Property Cost Component	22.2304	0.0000	483,690
4. ROE/Use Allow Component	0.2906	0.0000	6,322
5. Total Cost Per Diem	219.4640	0.0000	4,775,098



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

000169300 - 2015/07

RI: 250.83

NM: 0.00

St. Augustine Center for Living

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2012	11/30/2013	Unaudited	201407
Prior Cost Report	12/1/2011	11/30/2012	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	48.274	152.550	200.824	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02074497	49.275	155.715	204.990	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02904296	49.676	156.981	206.656	0.000	0.000	0.000
4.Current Period Cost	46.177	150.766	196.943	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.499	6.215		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	46.177	150.766	196.943	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.749	3.107	4.857	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.618	4.523	9.141	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.749	3.107	4.857	0.000	0.000	0.000
10.Final Incentive	1.749	3.107	4.857	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	47.926	153.873	201.800	0.000	0.000	0.000
12.Plus: Property Rate Component			22.230			0.000
13.Plus: ROE/Use Rate			0.291			0.000
14.Total Current Period Base			224.321			0.000
15.Prospective Rate: Line 11 x Inflation 1.06298459	50.945	163.565	214.510	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	50.945	163.565	214.510	0.000	0.000	0.000
19.Property Rate Component			22.230			0.000
20.ROE Component + ROE Interim Component			0.291			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			237.03			0.00
23.Medicaid Days		21,758			0	
24.Resident Days		21,758			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(7.19)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			250.83			0.00



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

001069500 - 2015/07
RI:368.99 / NM:444.57

Provider Number: 001069500

Minor North

Date: 7/24/2015

85609 Miner Road

FYE: 5/31/2014

Yulee, FL 32097

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	365.01	368.99	7/1/2015
#8 Non-Ambulatory & #9 Medical	439.38	444.57	7/1/2015

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Basis			
<u> </u> Budget		<u> </u> Desk Audited Costs	
<u> </u> X Unaudited Costs		<u> </u> Desk Audit - Interim Portion	
<u> </u> Field Audited Costs		<u> </u> Desk Audit - Prospective Portion	
<u> </u> Field Audit - Interim Portion			

RS
W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Care Centers of Nassau, LLC

95146 Hendricks Road

Fernandina Beach, FL 32034

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration

001069500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Minor North**
 Provider Number: 01069500
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 6/1/2013 - 5/31/2014
 Days In Reporting Period: 365
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	648	7,397	8,045
2. Operating Expenses component			
A. Administration			575,351
B. Plant Operation			364,871
C. Laundry			59,016
D. Housekeeping			67,841
E. Operating Expense Component & Per Diem	132.6388	132.6388	1,067,079
3. Resident Care			
A. Dietary			233,482
B. Other			0
C. Nursing			349,457
D. Resident Care & Per Diem	72.4598	72.4598	582,939
4. Prop Exp & Per Diem	57.9360	57.9360	466,095
5. ROE/Use Per Diem	3.4706	3.4706	27,921

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	324.00	7,397.00	7,721.00
3. Staffing Percent	0.04	0.96	1.00
4. Allocation of Direct Care	52,617.67	1,201,274.33	1,253,892.00
5. Direct Care Expense Per Diem	81.2001	162.4002	

C. Additional Services Expense

1. Medicaid Inpatient Days	648	7,397	8,045
2. Additional Services	14,956	170,729	185,685
3. Additional Services Exp & Per Diem	23.0802	23.0808	

D. Medicaid Per Diem Cost

1. Operating Component	132.6388	132.6388	1,067,079
2. Resident Care Component	176.7401	257.9408	2,022,516
3. Property Cost Component	57.9360	57.9360	466,095
4. ROE/Use Allow Component	3.4706	3.4706	27,921
5. Total Cost Per Diem	370.7855	451.9862	3,583,611



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

001069500 - 2015/07

RI: 368.99

NM: 444.57

Minor North

Ownership: Private

Incentive Rating: Ineligible from 05/15/2014 - 08/27/2014 Days Eligible: 260 of 365

Eligibility Factor : 71.23%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	114.187	160.792	274.979	114.187	232.733	346.919
2.Inflate Line 1 by Inflation Factor 1.01827004	116.273	163.730	280.002	116.273	236.985	353.257
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	117.107	164.905	282.012	117.107	238.685	355.793
4.Current Period Cost	132.639	176.740	309.379	132.639	257.941	390.580
5.Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6.Allowed Current Period Costs (Min of line 3 or 4)	117.107	164.905	282.012	117.107	238.685	355.793
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 71.23%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	117.107	164.905	282.012	117.107	238.685	355.793
12.Plus: Property Rate Component			57.936			57.936
13.Plus: ROE/Use Rate			3.471			3.471
14.Total Current Period Base			343.419			417.199
15.Pro prospective Rate: Line 11 x Inflation 1.05373859	123.400	173.766	297.167	123.400	251.512	374.912
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	123.400	173.766	297.167	123.400	251.512	374.912
19.Property Rate Component			57.936			57.936
20.ROE Component + ROE Interim Component			3.471			3.471
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			358.57			436.32
23.Medicaid Days		648			7,397	
24.Resident Days		648			7,397	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(10.57)			(12.74)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			368.99			444.57



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

001071000 - 2015/07
RI:336.25 / NM:416.86

Provider Number: 001071000

Minor South

Date: 7/24/2015

85474 Miner Road
 Yulee, FL 32097

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	334.99	336.25	7/1/2015
#8 Non-Ambulatory & #9 Medical	414.31	416.86	7/1/2015

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Basis			
<u> </u> Budget		<u> </u> Desk Audited Costs	
<u> </u> X Unaudited Costs		<u> </u> Desk Audit - Interim Portion	
<u> </u> Field Audited Costs		<u> </u> Desk Audit - Prospective Portion	
<u> </u> Field Audit - Interim Portion			

W
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Care Centers of Nassau, LLC
 95146 Hendricks Road
 Fernandina Beach, FL 32034

For Information only - No Change in rate



Florida Agency For Health Care Administration

001071000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Minor South	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	01071000	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,052	7,502	8,554
2. Operating Expenses component			
A. Administration			608,359
B. Plant Operation			380,046
C. Laundry			42,600
D. Housekeeping			67,537
E. Operating Expense Component & Per Diem	128.4244	128.4244	1,098,542
3. Resident Care			
A. Dietary			299,195
B. Other			0
C. Nursing			349,446
D. Resident Care & Per Diem	75.8290	75.8290	648,641
4. Prop Exp & Per Diem	52.6540	52.6540	450,402
5. ROE/Use Per Diem	3.2931	3.2931	28,169

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	526.00	7,502.00	8,028.00
3. Staffing Percent	0.07	0.93	1.00
4. Allocation of Direct Care	91,773.51	1,308,906.49	1,400,680.00
5. Direct Care Expense Per Diem	87.2372	174.4743	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,052	7,502	8,554
2. Additional Services	19,532	139,278	158,810
3. Additional Services Exp & Per Diem	18.5665	18.5654	

D. Medicaid Per Diem Cost

1. Operating Component	128.4244	128.4244	1,098,542
2. Resident Care Component	181.6327	268.8687	2,208,131
3. Property Cost Component	52.6540	52.6540	450,402
4. ROE/Use Allow Component	3.2931	3.2931	28,169
5. Total Cost Per Diem	366.0042	453.2402	3,785,244



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

001071000 - 2015/07

RI: 336.25

NM: 416.86

Minor South

Ownership:Private

Incentive Rating: Ineligible from 06/12/2014 - 10/10/2014 Days Eligible: 244 of 365

Eligibility Factor : 66.85%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	105.834	143.036	248.870	105.834	219.761	325.595
2.Inflate Line 1 by Inflation Factor 1.01827004	107.768	145.649	253.417	107.768	223.776	331.544
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	108.541	146.694	255.236	108.541	225.382	333.923
4.Current Period Cost	128.424	181.633	310.057	128.424	268.869	397.293
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)	108.541	146.694	255.236	108.541	225.382	333.923
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 66.85%	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: (6 + line 10)	108.541	146.694	255.236	108.541	225.382	333.923
12.Plus: Property Rate Component			52.654			52.654
13.Plus: ROE/Use Rate			3.293			3.293
14.Total Current Period Base			311.183			389.871
15.Pro prospective Rate: Line 11 x Inflation 1.05373859	114.374	154.578	268.952	114.374	237.494	351.868
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	114.374	154.578	268.952	114.374	237.494	351.868
19.Property Rate Component			52.654			52.654
20.ROE Component + ROE Interim Component			3.293			3.293
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			324.90			407.82
23.Medicaid Days		1,052			7,502	
24.Resident Days		1,052			7,502	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.63)			(11.94)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			336.25			416.86



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012073200 - 2015/07
RI:368.33 / NM:0.00

Provider Number: 012073200

**Suffridge Drive Group Home
 (Res-Care)**

Date: 7/24/2015

27566 Suffridge Drive
 Bonita Springs, FL 33923

FYE: 11/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	374.97	368.33	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:			
<input checked="" type="checkbox"/>	Interim	<input type="checkbox"/>	Prospective
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total Interim		Total Prospective
	Interim Component		Prospective Adjusted for New Cost
	Settlement Based on Costs		
Basis			
<input checked="" type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

012073200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name: **Suffridge Drive Group Home (Res-Care)** Cost Report Entered By : Pridgeon, Chantelle
 Provider Number: 12073200 Rate Semester : July, 2015
 Audit Status: Unaudited Cost Report : 12/1/2013 - 11/30/2014
 Date: 7/27/2015 Days In Reporting Period: 365
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,174	0	2,174
2. Operating Expenses component			
A. Administration			180,876
B. Plant Operation			57,213
C. Laundry			539
D. Housekeeping			2,821
E. Operating Expense Component & Per Diem	111.0621		241,449
3. Resident Care			
A. Dietary			27,055
B. Other			0
C. Nursing			49,028
D. Resident Care & Per Diem	34.9968		76,083
4. Prop Exp & Per Diem	24.2677		52,758
5. ROE/Use Per Diem	0.0000		0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,630.50	0.00	1,630.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	381,320.00	0.00	381,320.00
5. Direct Care Expense Per Diem	175.4002	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,174	0	2,174
2. Additional Services	54,213	0	54,213
3. Additional Services Exp & Per Diem	24.9370	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	111.0621	0.0000	241,449
2. Resident Care Component	235.3340	0.0000	511,616
3. Property Cost Component	24.2677	0.0000	52,758
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	370.6638	0.0000	805,823



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

012073200 - 2015/07

RI: 368.33

NM: 0.00

Suffridge Drive Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	106.968	226.659	333.627	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6.Allowed Current Period Costs (Min of line 3 or 4)	106.968	226.659	333.627	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: (6 + line 10)	106.968	226.659	333.627	0.000	0.000	0.000
12.Plus: Property Rate Component			24.268			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			357.895			0.000
15.Prospective Rate: Line 11 x Inflation 1.00000000	106.968	226.659	333.627	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	106.968	226.659	333.627	0.000	0.000	0.000
19.Property Rate Component			24.268			0.000
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			357.89			0.00
23.Medicaid Days		2,174			0	
24.Resident Days		2,174			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(10.55)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			368.33			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012074200 - 2015/07
RI:370.27 / NM:411.12

Provider Number: 012074200

**Coletta Drive Group Home
 (Res-Care)**

Date: 7/24/2015

1604 Coletta Drive
 Orlando, FL 32807

FYE: 11/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	376.95	370.27	7/1/2015
#8 Non-Ambulatory & #9 Medical	418.54	411.12	7/1/2015

Rate Type:

<input checked="" type="checkbox"/> X	Interim	<input type="checkbox"/>	Prospective
<input type="checkbox"/>	<input checked="" type="checkbox"/> X	Total Interim	Total Prospective
<input type="checkbox"/>	<input type="checkbox"/>	Interim Component	Prospective Adjusted for New Cost
<input type="checkbox"/>	<input type="checkbox"/>	Settlement Based on Costs	

Basis

<input checked="" type="checkbox"/> X	Budget	<input type="checkbox"/>	Desk Audited Costs
<input type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

012074200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name:	Coletta Drive Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12074200	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 11/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,600	365	1,965
2. Operating Expenses component			
A. Administration			161,261
B. Plant Operation			54,074
C. Laundry			544
D. Housekeeping			3,849
E. Operating Expense Component & Per Diem	111.8209	111.8209	219,728
3. Resident Care			
A. Dietary			24,132
B. Other			0
C. Nursing			19,179
D. Resident Care & Per Diem	22.0412	22.0412	43,311
4. Prop Exp & Per Diem	43.1695	43.1695	84,828
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,200.00	365.00	1,565.00
3. Staffing Percent	0.77	0.23	1.00
4. Allocation of Direct Care	210,259.94	63,954.06	274,214.00
5. Direct Care Expense Per Diem	131.4125	175.2166	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,600	365	1,965
2. Additional Services	87,784	20,031	107,815
3. Additional Services Exp & Per Diem	54.8650	54.8795	

D. Medicaid Per Diem Cost

1. Operating Component	111.8209	111.8209	219,728
2. Resident Care Component	208.3187	252.1373	425,340
3. Property Cost Component	43.1695	43.1695	84,828
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	363.3091	407.1277	729,896



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

012074200 - 2015/07

RI: 370.27

NM: 411.12

Rates Effective 07/01/2015 through 06/30/2016

Coletta Drive Group Home (Res-Care)

Ownership:Private

Incentive Rating: Ineligible from 03/18/2015 - 04/06/2015 Days Eligible: 345 of 365

Eligibility Factor : 94.52%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	110.578	206.622	317.200	110.578	248.642	359.220
5.Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6.Allowed Current Period Costs (Min of line 3 or 4)	110.578	206.622	317.200	110.578	248.642	359.220
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 94.52%	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: (6 + line 10)	110.578	206.622	317.200	110.578	248.642	359.220
12.Plus: Property Rate Component			42.690			42.690
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			359.890			401.910
15.Prospective Rate: Line 11 x Inflation 1.00000000	110.578	206.622	317.200	110.578	248.642	359.220
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	110.578	206.622	317.200	110.578	248.642	359.220
19.Property Rate Component			42.690			42.690
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			359.89			401.91
23.Medicaid Days		1,600			365	
24.Resident Days		1,600			365	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(10.61)			(11.78)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			370.27			411.12



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012074800 - 2015/07
RI:320.63 / NM:356.71

Provider Number: 012074800

**Spring Street Group Home
 (Res-Care)**

Date: 7/24/2015

1463 Spring Street
 Lake City, FL 32052

FYE: 11/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	326.41	320.63	7/1/2015
#8 Non-Ambulatory & #9 Medical	363.14	356.71	7/1/2015

Rate Type:			
<input checked="" type="checkbox"/>	Interim		<input type="checkbox"/> Prospective
	<input checked="" type="checkbox"/>	Total Interim	<input type="checkbox"/> Total Prospective
		Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
		Settlement Based on Costs	
Basis			
<input checked="" type="checkbox"/>	Budget		<input type="checkbox"/> Desk Audited Costs
	Unaudited Costs		<input type="checkbox"/> Desk Audit - Interim Portion
	Field Audited Costs		<input type="checkbox"/> Desk Audit - Prospective Portion
	Field Audit - Interim Portion		

W
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

012074800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name:	Spring Street Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12074800	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 11/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,040	1,040	2,080
2. Operating Expenses component			
A. Administration			168,059
B. Plant Operation			64,506
C. Laundry			1,230
D. Housekeeping			6,371
E. Operating Expense Component & Per Diem	115.4644	115.4644	240,166
3. Resident Care			
A. Dietary			21,984
B. Other			0
C. Nursing			21,427
D. Resident Care & Per Diem	20.8707	20.8707	43,411
4. Prop Exp & Per Diem	21.7361	21.7361	45,211
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	780.00	1,040.00	1,820.00
3. Staffing Percent	0.43	0.57	1.00
4. Allocation of Direct Care	115,791.00	154,388.00	270,179.00
5. Direct Care Expense Per Diem	111.3375	148.4500	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,040	1,040	2,080
2. Additional Services	40,995	40,994	81,989
3. Additional Services Exp & Per Diem	39.4183	39.4173	

D. Medicaid Per Diem Cost

1. Operating Component	115.4644	115.4644	240,166
2. Resident Care Component	171.6265	208.7380	395,579
3. Property Cost Component	21.7361	21.7361	45,211
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	308.8270	345.9385	680,956



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/ID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

012074800 - 2015/07

RI: 320.63

NM: 356.71

Spring Street Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	115.464	171.627	287.091	115.464	208.738	324.202
5.Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6.Allowed Current Period Costs (Min of line 3 or 4)	115.464	171.627	287.091	115.464	208.738	324.202
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: (6 + line 10)	115.464	171.627	287.091	115.464	208.738	324.202
12.Plus: Property Rate Component			21.736			21.736
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			308.827			345.939
15.Pro prospective Rate: Line 11 x Inflation 1.00000000	115.464	171.627	287.091	115.464	208.738	324.202
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	115.464	171.627	287.091	115.464	208.738	324.202
19.Property Rate Component			21.736			21.736
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			308.83			345.94
23.Medicaid Days		1,040			1,040	
24.Resident Days		1,040			1,040	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.19)			(10.22)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			320.63			356.71



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012075300 - 2015/07
RI:363.85 / NM:400.49

Provider Number: 012075300

**Walnut Street Group Home
 (Res-Care)**

Date: 7/24/2015

102 Alexander Road
 Starke, FL 32091

FYE: 11/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>370.42</u>	<u>363.85</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>407.72</u>	<u>400.49</u>	<u>7/1/2015</u>

Rate Type:			
<input checked="" type="checkbox"/>	Interim	<input type="checkbox"/>	Prospective
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total Interim		Total Prospective
	Interim Component		Prospective Adjusted for New Cost
	Settlement Based on Costs		

Basis			
<input checked="" type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

012075300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name:	Walnut Street Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12075300	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 11/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,467	722	2,189
2. Operating Expenses component			
A. Administration			173,596
B. Plant Operation			115,355
C. Laundry			543
D. Housekeeping			4,764
E. Operating Expense Component & Per Diem	134.4258	134.4258	294,258
3. Resident Care			
A. Dietary			22,834
B. Other			0
C. Nursing			26,055
D. Resident Care & Per Diem	22.3339	22.3339	48,889
4. Prop Exp & Per Diem	22.0196	22.0196	48,201
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,100.25	722.00	1,822.25
3. Staffing Percent	0.60	0.40	1.00
4. Allocation of Direct Care	165,909.67	108,872.33	274,782.00
5. Direct Care Expense Per Diem	113.0945	150.7927	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,467	722	2,189
2. Additional Services	90,097	44,336	134,433
3. Additional Services Exp & Per Diem	61.4158	61.4072	

D. Medicaid Per Diem Cost

1. Operating Component	134.4258	134.4258	294,258
2. Resident Care Component	196.8442	234.5338	458,104
3. Property Cost Component	22.0196	22.0196	48,201
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	353.2896	390.9792	800,563



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

012075300 - 2015/07

RI: 363.85

NM: 400.49

Rates Effective 07/01/2015 through 06/30/2016

Walnut Street Group Home (Res-Care)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	134.426	196.844	331.270	134.426	234.534	368.960
5.Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6.Allowed Current Period Costs (Min of line 3 or 4)	134.426	196.844	331.270	134.426	234.534	368.960
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: (6 + line 10)	134.426	196.844	331.270	134.426	234.534	368.960
12.Plus: Property Rate Component			22.020			22.020
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			353.290			390.979
15.Prospective Rate: Line 11 x Inflation 1.00000000	134.426	196.844	331.270	134.426	234.534	368.960
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	134.426	196.844	331.270	134.426	234.534	368.960
19.Property Rate Component			22.020			22.020
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			353.29			390.98
23.Medicaid Days			1,467			722
24.Resident Days			1,467			722
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(10.43)			(11.47)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			363.85			400.49



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012075700 - 2015/07
RI:354.09 / NM:386.54

Provider Number: 012075700

**Bessent Road Group Home
 (Res-Care)**

Date: 7/24/2015

1329 Bessent Road
 Starke, FL 32091

FYE: 11/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	360.47	354.09	7/1/2015
#8 Non-Ambulatory & #9 Medical	393.51	386.54	7/1/2015

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input checked="" type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

012075700

Provider Name: **Bessent Road Group Home (Res-Care)** Cost Report Entered By : Pridgeon, Chantelle
 Provider Number: 12075700 Rate Semester : July, 2015
 Audit Status: Unaudited Cost Report : 12/1/2013 - 11/30/2014
 Date: 7/27/2015 Days In Reporting Period: 365
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,606	365	1,971
2. Operating Expenses component			
A. Administration			169,490
B. Plant Operation			88,972
C. Laundry			422
D. Housekeeping			3,870
E. Operating Expense Component & Per Diem	133.3100	133.3100	262,754
3. Resident Care			
A. Dietary			28,839
B. Other			0
C. Nursing			24,641
D. Resident Care & Per Diem	27.1334	27.1334	53,480
4. Prop Exp & Per Diem	18.1202	18.1202	35,715
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,204.50	365.00	1,569.50
3. Staffing Percent	0.77	0.23	1.00
4. Allocation of Direct Care	160,771.40	48,718.60	209,490.00
5. Direct Care Expense Per Diem	100.1067	133.4756	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,606	365	1,971
2. Additional Services	103,709	23,572	127,281
3. Additional Services Exp & Per Diem	64.5760	64.5808	

D. Medicaid Per Diem Cost

1. Operating Component	133.3100	133.3100	262,754
2. Resident Care Component	191.8161	225.1898	390,251
3. Property Cost Component	18.1202	18.1202	35,715
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	343.2463	376.6200	688,720



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

012075700 - 2015/07

RI: 354.09

NM: 386.54

Rates Effective 07/01/2015 through 06/30/2016

Bessent Road Group Home (Res-Care)

Ownership:Private

Incentive Rating: Ineligible from 04/15/2014 - 05/02/2014 Days Eligible: 347 of 365

Eligibility Factor : 95.07%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	133.310	191.816	325.126	133.310	225.190	358.500
5.Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6.Allowed Current Period Costs (Min of line 3 or 4)	133.310	191.816	325.126	133.310	225.190	358.500
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 95.07%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	133.310	191.816	325.126	133.310	225.190	358.500
12.Plus: Property Rate Component			18.120			18.120
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			343.246			376.620
15.Pro prospective Rate: Line 11 x Inflation 1.00000000	133.310	191.816	325.126	133.310	225.190	358.500
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	133.310	191.816	325.126	133.310	225.190	358.500
19.Property Rate Component			18.120			18.120
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			343.25			376.62
23.Medicaid Days		1,606			365	
24.Resident Days		1,606			365	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(10.15)			(11.07)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			354.09			386.54



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012075900 - 2015/07
RI:339.05 / NM:379.33

Provider Number: 012075900

**Frederick Avenue Group
 Home (Res-Care)**

Date: 7/24/2015

325 N Frederick Avenue
 Daytona Beach, FL 32114

FYE: 11/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>345.16</u>	<u>339.05</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>386.17</u>	<u>379.33</u>	<u>7/1/2015</u>

Rate Type:			
<input checked="" type="checkbox"/>	Interim	<input type="checkbox"/>	Prospective
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total Interim		Total Prospective
	Interim Component		Prospective Adjusted for New Cost
	Settlement Based on Costs		
Basis			
<input checked="" type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

012075900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name: **Frederick Avenue Group Home (Res-Care)**
 Provider Number: 12075900
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 12/1/2013 - 11/30/2014
 Days In Reporting Period: 365
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,779	356	2,135
2. Operating Expenses component			
A. Administration			168,896
B. Plant Operation			70,149
C. Laundry			1,210
D. Housekeeping			3,860
E. Operating Expense Component & Per Diem	114.3396	114.3396	244,115
3. Resident Care			
A. Dietary			23,041
B. Other			0
C. Nursing			19,537
D. Resident Care & Per Diem	19.9429	19.9429	42,578
4. Prop Exp & Per Diem	17.5251	17.5251	37,416
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,334.25	356.00	1,690.25
3. Staffing Percent	0.79	0.21	1.00
4. Allocation of Direct Care	221,225.40	59,026.60	280,252.00
5. Direct Care Expense Per Diem	124.3538	165.8051	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,779	356	2,135
2. Additional Services	91,816	18,368	110,184
3. Additional Services Exp & Per Diem	51.6110	51.5955	

D. Medicaid Per Diem Cost

1. Operating Component	114.3396	114.3396	244,115
2. Resident Care Component	195.9077	237.3435	433,014
3. Property Cost Component	17.5251	17.5251	37,416
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	327.7724	369.2082	714,545



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

012075900 - 2015/07

RI: 339.05

NM: 379.33

Rates Effective 07/01/2015 through 06/30/2016

Frederick Avenue Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	114.340	195.908	310.247	114.340	237.344	351.683
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)	114.340	195.908	310.247	114.340	237.344	351.683
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: (6 + line 10)	114.340	195.908	310.247	114.340	237.344	351.683
12.Plus: Property Rate Component			17.525			17.525
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			327.772			369.208
15.Prospective Rate: Line 11 x Inflation 1.00000000	114.340	195.908	310.247	114.340	237.344	351.683
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	114.340	195.908	310.247	114.340	237.344	351.683
19.Property Rate Component			17.525			17.525
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			327.77			369.21
23.Medicaid Days			1,779			356
24.Resident Days			1,779			356
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.71)			(10.87)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			339.05			379.33



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012373500 - 2015/07
RI:316.22 / NM:344.05

Provider Number: 012373500

107th Place Group Home (Res-Care)

Date: 7/24/2015

2233 NW 41st St Ste 300

FYE: 11/30/2014

Gainesville, FL 32606

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>321.92</u>	<u>316.22</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>350.25</u>	<u>344.05</u>	<u>7/1/2015</u>

Rate Type:			
<input checked="" type="checkbox"/>	Interim	<input type="checkbox"/>	Prospective
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Total Interim	Total Prospective
<input type="checkbox"/>	<input type="checkbox"/>	Interim Component	Prospective Adjusted for New Cost
<input type="checkbox"/>	<input type="checkbox"/>	Settlement Based on Costs	

Basis			
<input checked="" type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

012373500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name:	107th Place Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12373500	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 11/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,460	730	2,190
2. Operating Expenses component			
A. Administration			158,679
B. Plant Operation			60,401
C. Laundry			507
D. Housekeeping			2,982
E. Operating Expense Component & Per Diem	101.6297	101.6297	222,569
3. Resident Care			
A. Dietary			22,544
B. Other			0
C. Nursing			18,485
D. Resident Care & Per Diem	18.7347	18.7347	41,029
4. Prop Exp & Per Diem	24.9406	24.9406	54,620
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	0.60	0.40	1.00
4. Allocation of Direct Care	125,397.00	83,598.00	208,995.00
5. Direct Care Expense Per Diem	85.8884	114.5178	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	106,726	53,356	160,082
3. Additional Services Exp & Per Diem	73.1000	73.0904	

D. Medicaid Per Diem Cost

1. Operating Component	101.6297	101.6297	222,569
2. Resident Care Component	177.7231	206.3429	410,106
3. Property Cost Component	24.9406	24.9406	54,620
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	304.2934	332.9132	687,295



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

012373500 - 2015/07

RI: 316.22

NM: 344.05

Rates Effective 07/01/2015 through 06/30/2016

107th Place Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	101.630	177.723	279.353	101.630	206.343	307.973
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)	101.630	177.723	279.353	101.630	206.343	307.973
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: (6 + line 10)	101.630	177.723	279.353	101.630	206.343	307.973
12.Plus: Property Rate Component			24.941			24.941
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			304.293			332.913
15.Prospective Rate: Line 11 x Inflation 1.00000000	101.630	177.723	279.353	101.630	206.343	307.973
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	101.630	177.723	279.353	101.630	206.343	307.973
19.Property Rate Component			24.941			24.941
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			304.29			332.91
23.Medicaid Days		1,460			730	
24.Resident Days		1,460			730	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.06)			(9.86)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			316.22			344.05



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012374200 - 2015/07
RI:347.92 / NM:0.00

Provider Number: 012374200

**Second Street Group Home
 (Res-Care)**

Date: 7/24/2015

3841 SE 2nd Street
 Ocala, FL 34471

FYE: 11/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>354.19</u>	<u>347.92</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2015</u>

Rate Type:			
<u>X</u>	Interim		Prospective
	<u>X</u>	Total Interim	Total Prospective
		Interim Component	Prospective Adjusted for New Cost
		Settlement Based on Costs	

Basis			
<u>X</u>	Budget		Desk Audited Costs
	Unaudited Costs		Desk Audit - Interim Portion
	Field Audited Costs		Desk Audit - Prospective Portion
	Field Audit - Interim Portion		

TS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.
 10140 Linn Station Road
 Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

012374200

Provider Name: **Second Street Group Home (Res-Care)** Cost Report Entered By : Pridgeon, Chantelle
 Provider Number: 12374200 Rate Semester : July, 2015
 Audit Status: Unaudited Cost Report : 12/1/2013 - 11/30/2014
 Date: 7/27/2015 Days In Reporting Period: 365
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,752	0	1,752
2. Operating Expenses component			
A. Administration			159,837
B. Plant Operation			58,032
C. Laundry			712
D. Housekeeping			1,684
E. Operating Expense Component & Per Diem	125.7220		220,265
3. Resident Care			
A. Dietary			18,619
B. Other			0
C. Nursing			17,754
D. Resident Care & Per Diem	20.7608		36,373
4. Prop Exp & Per Diem	23.2295		40,698
5. ROE/Use Per Diem	0.0000		0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,314.00	0.00	1,314.00
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	192,721.00	0.00	192,721.00
5. Direct Care Expense Per Diem	110.0006	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,752	0	1,752
2. Additional Services	100,188	0	100,188
3. Additional Services Exp & Per Diem	57.1849	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	125.7220	0.0000	220,265
2. Resident Care Component	187.9463	0.0000	329,282
3. Property Cost Component	23.2295	0.0000	40,698
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	336.8978	0.0000	590,245



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

012374200 - 2015/07

RI: 347.92

NM: 0.00

Rates Effective 07/01/2015 through 06/30/2016

Second Street Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	125.722	187.946	313.668	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)	125.722	187.946	313.668	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: (6 + line 10)	125.722	187.946	313.668	0.000	0.000	0.000
12.Plus: Property Rate Component			23.230			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			336.898			0.000
15.Prospective Rate: Line 11 x Inflation 1.00000000	125.722	187.946	313.668	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	125.722	187.946	313.668	0.000	0.000	0.000
19.Property Rate Component			23.230			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			336.90			0.00
23.Medicaid Days			1,752			0
24.Resident Days			1,752			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.97)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			347.92			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012374400 - 2015/07
RI:335.90 / NM:372.80

Provider Number: 012374400

**Rosewood Avenue Group
 Home (Res-Care)**

Date: 7/24/2015

71 Rosewood Avenue
 Ormond Beach, FL 32174

FYE: 11/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	341.95	335.90	7/1/2015
#8 Non-Ambulatory & #9 Medical	379.53	372.80	7/1/2015

Rate Type:

<input checked="" type="checkbox"/> X	Interim	<input type="checkbox"/>	Prospective
<input type="checkbox"/>	<input checked="" type="checkbox"/> X	Total Interim	Total Prospective
<input type="checkbox"/>	<input type="checkbox"/>	Interim Component	Prospective Adjusted for New Cost
<input type="checkbox"/>	<input type="checkbox"/>	Settlement Based on Costs	

Basis

<input checked="" type="checkbox"/> X	Budget	<input type="checkbox"/>	Desk Audited Costs
<input type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

012374400

Provider Name: **Rosewood Avenue Group Home (Res-Care)**
 Provider Number: 12374400
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 12/1/2013 - 11/30/2014
 Days In Reporting Period: 365
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,697	340	2,037
2. Operating Expenses component			
A. Administration			161,175
B. Plant Operation			66,781
C. Laundry			938
D. Housekeeping			3,531
E. Operating Expense Component & Per Diem	114.1016	114.1016	232,425
3. Resident Care			
A. Dietary			24,613
B. Other			0
C. Nursing			20,539
D. Resident Care & Per Diem	22.1659	22.1659	45,152
4. Prop Exp & Per Diem	20.9440	20.9440	42,663
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,272.75	340.00	1,612.75
3. Staffing Percent	0.79	0.21	1.00
4. Allocation of Direct Care	193,649.77	51,731.23	245,381.00
5. Direct Care Expense Per Diem	114.1130	152.1507	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,697	340	2,037
2. Additional Services	90,300	18,065	108,365
3. Additional Services Exp & Per Diem	53.2115	53.1324	

D. Medicaid Per Diem Cost

1. Operating Component	114.1016	114.1016	232,425
2. Resident Care Component	189.4904	227.4490	398,898
3. Property Cost Component	20.9440	20.9440	42,663
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	324.5360	362.4946	673,986



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

012374400 - 2015/07

RI: 335.90

NM: 372.80

Rates Effective 07/01/2015 through 06/30/2016

Rosewood Avenue Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	114.102	189.490	303.592	114.102	227.449	341.551
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)	114.102	189.490	303.592	114.102	227.449	341.551
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: (6 + line 10)	114.102	189.490	303.592	114.102	227.449	341.551
12.Plus: Property Rate Component			20.944			20.944
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			324.536			362.495
15.Prospective Rate: Line 11 x Inflation 1.00000000	114.102	189.490	303.592	114.102	227.449	341.551
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	114.102	189.490	303.592	114.102	227.449	341.551
19.Property Rate Component			20.944			20.944
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			324.54			362.49
23.Medicaid Days		1,697			340	
24.Resident Days		1,697			340	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.62)			(10.68)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			335.90			372.80



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012375400 - 2015/07
RI:315.77 / NM:344.10

Provider Number: 012375400

19th Street Group Home (Res-Care)

Date: 7/24/2015

529 NW 19th Street
 Gainesville, FL 32603

FYE: 11/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	321.45	315.77	7/1/2015
#8 Non-Ambulatory & #9 Medical	350.30	344.10	7/1/2015

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input checked="" type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

012375400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name:	19th Street Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12375400	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 11/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,460	730	2,190
2. Operating Expenses component			
A. Administration			160,878
B. Plant Operation			69,164
C. Laundry			1,186
D. Housekeeping			4,703
E. Operating Expense Component & Per Diem	107.7311	107.7311	235,931
3. Resident Care			
A. Dietary			21,347
B. Other			0
C. Nursing			17,983
D. Resident Care & Per Diem	17.9589	17.9589	39,330
4. Prop Exp & Per Diem	27.1402	27.1402	59,437
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	0.60	0.40	1.00
4. Allocation of Direct Care	127,680.00	85,120.00	212,800.00
5. Direct Care Expense Per Diem	87.4521	116.6027	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	92,772	46,378	139,150
3. Additional Services Exp & Per Diem	63.5425	63.5315	

D. Medicaid Per Diem Cost

1. Operating Component	107.7311	107.7311	235,931
2. Resident Care Component	168.9535	198.0931	391,280
3. Property Cost Component	27.1402	27.1402	59,437
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	303.8248	332.9644	686,648



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

012375400 - 2015/07

RI: 315.77

NM: 344.10

Rates Effective 07/01/2015 through 06/30/2016

19th Street Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	107.731	168.954	276.685	107.731	198.093	305.824
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)	107.731	168.954	276.685	107.731	198.093	305.824
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: (6 + line 10)	107.731	168.954	276.685	107.731	198.093	305.824
12.Plus: Property Rate Component			27.140			27.140
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			303.825			332.964
15.Prospective Rate: Line 11 x Inflation 1.00000000	107.731	168.954	276.685	107.731	198.093	305.824
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	107.731	168.954	276.685	107.731	198.093	305.824
19.Property Rate Component			27.140			27.140
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			303.82			332.96
23.Medicaid Days		1,460			730	
24.Resident Days		1,460			730	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.05)			(9.86)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			315.77			344.10



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012386400 - 2015/07
RI:341.12 / NM:0.00

Provider Number: 012386400

**Tunis Street Group Home
 (Res-Care)**

Date: 7/24/2015

4748 Tunis Street
 Jacksonville, FL 32205

FYE: 11/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	347.26	341.12	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:			
<input checked="" type="checkbox"/>	Interim	<input type="checkbox"/>	Prospective
<input type="checkbox"/>	<input checked="" type="checkbox"/> Total Interim	<input type="checkbox"/>	<input type="checkbox"/> Total Prospective
<input type="checkbox"/>	<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/>	<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	

Basis			
<input checked="" type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

012386400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name:	Tunis Street Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12386400	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 11/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			160,793
B. Plant Operation			60,238
C. Laundry			1,239
D. Housekeeping			2,097
E. Operating Expense Component & Per Diem	102.4507		224,367
3. Resident Care			
A. Dietary			18,338
B. Other			0
C. Nursing			37,061
D. Resident Care & Per Diem	25.2963		55,399
4. Prop Exp & Per Diem	20.0667		43,946
5. ROE/Use Per Diem	0.0000		0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	248,480.00	0.00	248,480.00
5. Direct Care Expense Per Diem	113.4612	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	150,288	0	150,288
3. Additional Services Exp & Per Diem	68.6247	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	102.4507	0.0000	224,367
2. Resident Care Component	207.3822	0.0000	454,167
3. Property Cost Component	20.0667	0.0000	43,946
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	329.8996	0.0000	722,480



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

012386400 - 2015/07

RI: 341.12

NM: 0.00

Rates Effective 07/01/2015 through 06/30/2016

Tunis Street Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	102.451	207.382	309.833	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)	102.451	207.382	309.833	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: (6 + line 10)	102.451	207.382	309.833	0.000	0.000	0.000
12.Plus: Property Rate Component			20.067			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			329.900			0.000
15.Prospective Rate: Line 11 x Inflation 1.00000000	102.451	207.382	309.833	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	102.451	207.382	309.833	0.000	0.000	0.000
19.Property Rate Component			20.067			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			329.90			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.77)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			341.12			0.00



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

012390800 - 2015/07
RI:370.27 / NM:0.00

Provider Number: 012390800

Plaza Oval Group Home (Res-Care)

Date: 7/24/2015

247 Plaza Oval

FYE: 11/30/2014

Casselberry, FL 32707

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	376.95	370.27	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:			
<input checked="" type="checkbox"/>	Interim	<input type="checkbox"/>	Prospective
<input type="checkbox"/>	<input checked="" type="checkbox"/> Total Interim	<input type="checkbox"/>	<input type="checkbox"/> Total Prospective
<input type="checkbox"/>	<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/>	<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	
Basis			
<input checked="" type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

RS

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

012390800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name:	Plaza Oval Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12390800	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 11/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,962	0	1,962
2. Operating Expenses component			
A. Administration			168,194
B. Plant Operation			65,361
C. Laundry			549
D. Housekeeping			3,456
E. Operating Expense Component & Per Diem	121.0805		237,560
3. Resident Care			
A. Dietary			21,424
B. Other			0
C. Nursing			21,364
D. Resident Care & Per Diem	21.8084		42,788
4. Prop Exp & Per Diem	28.3660		55,654
5. ROE/Use Per Diem	0.0000		0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,471.50	0.00	1,471.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	278,957.00	0.00	278,957.00
5. Direct Care Expense Per Diem	142.1799	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,962	0	1,962
2. Additional Services	111,722	0	111,722
3. Additional Services Exp & Per Diem	56.9429	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	121.0805	0.0000	237,560
2. Resident Care Component	220.9312	0.0000	433,467
3. Property Cost Component	28.3660	0.0000	55,654
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	370.3777	0.0000	726,681



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

012390800 - 2015/07

RI: 370.27

NM: 0.00

Rates Effective 07/01/2015 through 06/30/2016

Plaza Oval Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	117.652	214.675	332.327	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)	117.652	214.675	332.327	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: (6 + line 10)	117.652	214.675	332.327	0.000	0.000	0.000
12.Plus: Property Rate Component			27.563			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			359.890			0.000
15.Prospective Rate: Line 11 x Inflation 1.00000000	117.652	214.675	332.327	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	117.652	214.675	332.327	0.000	0.000	0.000
19.Property Rate Component			27.563			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			359.89			0.00
23.Medicaid Days		1,962			0	
24.Resident Days		1,962			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(10.61)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			370.27			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012392700 - 2015/07
RI:360.88 / NM:400.71

Provider Number: 012392700

**Claudia Drive Group Home
 (Res-Care)**

Date: 7/24/2015

140 Claudia Drive
 Jacksonville, FL 32218

FYE: 11/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	367.39	360.88	7/1/2015
#8 Non-Ambulatory & #9 Medical	407.94	400.71	7/1/2015

Rate Type:			
<input checked="" type="checkbox"/>	Interim		<input type="checkbox"/> Prospective
	<input checked="" type="checkbox"/>	Total Interim	<input type="checkbox"/> Total Prospective
		Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
		Settlement Based on Costs	

Basis			
<input checked="" type="checkbox"/>	Budget		<input type="checkbox"/> Desk Audited Costs
	Unaudited Costs		<input type="checkbox"/> Desk Audit - Interim Portion
	Field Audited Costs		<input type="checkbox"/> Desk Audit - Prospective Portion
	Field Audit - Interim Portion		

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

012392700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name:	Claudia Drive Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12392700	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 11/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,005	151	2,156
2. Operating Expenses component			
A. Administration			167,997
B. Plant Operation			72,800
C. Laundry			674
D. Housekeeping			2,970
E. Operating Expense Component & Per Diem	113.3771	113.3771	244,441
3. Resident Care			
A. Dietary			20,240
B. Other			0
C. Nursing			42,728
D. Resident Care & Per Diem	29.2059	29.2059	62,968
4. Prop Exp & Per Diem	18.5914	18.5914	40,083
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,503.75	151.00	1,654.75
3. Staffing Percent	0.91	0.09	1.00
4. Allocation of Direct Care	246,659.53	24,768.47	271,428.00
5. Direct Care Expense Per Diem	123.0222	164.0296	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,005	151	2,156
2. Additional Services	132,392	9,965	142,357
3. Additional Services Exp & Per Diem	66.0309	65.9934	

D. Medicaid Per Diem Cost

1. Operating Component	113.3771	113.3771	244,441
2. Resident Care Component	218.2590	259.2289	476,753
3. Property Cost Component	18.5914	18.5914	40,083
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	350.2275	391.1974	761,277



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

012392700 - 2015/07

RI: 360.88

NM: 400.71

Rates Effective 07/01/2015 through 06/30/2016

Claudia Drive Group Home (Res-Care)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	113.377	218.259	331.636	113.377	259.229	372.606
5.Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6.Allowed Current Period Costs (Min of line 3 or 4)	113.377	218.259	331.636	113.377	259.229	372.606
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: (6 + line 10)	113.377	218.259	331.636	113.377	259.229	372.606
12.Plus: Property Rate Component			18.591			18.591
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			350.228			391.197
15.Prospective Rate: Line 11 x Inflation 1.00000000	113.377	218.259	331.636	113.377	259.229	372.606
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	113.377	218.259	331.636	113.377	259.229	372.606
19.Property Rate Component			18.591			18.591
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			350.23			391.20
23.Medicaid Days		2,005			151	
24.Resident Days		2,005			151	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(10.34)			(11.48)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			360.88			400.71



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012410100 - 2015/07
RI:370.27 / NM:0.00

Provider Number: 012410100

**High Dessert Court Group
 Home (Res-Care)**

Date: 7/24/2015

11818 High Dessert Court
 Jacksonville, FL 32218

FYE: 11/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	376.95	370.27	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:			
<input checked="" type="checkbox"/>	Interim		<input type="checkbox"/> Prospective
	<input checked="" type="checkbox"/>	Total Interim	<input type="checkbox"/> Total Prospective
		Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
		Settlement Based on Costs	

Basis			
<input checked="" type="checkbox"/>	Budget		<input type="checkbox"/> Desk Audited Costs
	Unaudited Costs		<input type="checkbox"/> Desk Audit - Interim Portion
	Field Audited Costs		<input type="checkbox"/> Desk Audit - Prospective Portion
	Field Audit - Interim Portion		

W. Rydell Samuel
 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

012410100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name: **High Dessert Court Group Home (Res-Care)**
 Provider Number: 12410100
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 12/1/2013 - 11/30/2014
 Days In Reporting Period: 365
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,960	0	1,960
2. Operating Expenses component			
A. Administration			157,036
B. Plant Operation			73,694
C. Laundry			1,275
D. Housekeeping			2,117
E. Operating Expense Component & Per Diem	119.4500		234,122
3. Resident Care			
A. Dietary			16,487
B. Other			0
C. Nursing			39,442
D. Resident Care & Per Diem	28.5352		55,929
4. Prop Exp & Per Diem	20.3985		39,981
5. ROE/Use Per Diem	0.0000		0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,470.00	0.00	1,470.00
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	240,083.00	0.00	240,083.00
5. Direct Care Expense Per Diem	122.4913	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,960	0	1,960
2. Additional Services	147,761	0	147,761
3. Additional Services Exp & Per Diem	75.3883	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	119.4500	0.0000	234,122
2. Resident Care Component	226.4148	0.0000	443,773
3. Property Cost Component	20.3985	0.0000	39,981
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	366.2633	0.0000	717,876



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

012410100 - 2015/07

RI: 370.27

NM: 0.00

Rates Effective 07/01/2015 through 06/30/2016

High Dessert Court Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201304
Prior Cost Report			Unaudited	

	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	117.371	222.475	339.846	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)	117.371	222.475	339.846	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: (6 + line 10)	117.371	222.475	339.846	0.000	0.000	0.000
12.Plus: Property Rate Component			20.044			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			359.890			0.000
15.Prospective Rate: Line 11 x Inflation 1.00000000	117.371	222.475	339.846	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	117.371	222.475	339.846	0.000	0.000	0.000
19.Property Rate Component			20.044			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			359.89			0.00
23.Medicaid Days			1,960			0
24.Resident Days			1,960			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(10.61)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			370.27			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028000300 - 2015/07
RI:283.88 / NM:0.00

Sandy Park Development Center

2975 Garden Street North
 Ft. Myers, FL 33917

Provider Number: 028000300

Date: 7/24/2015

FYE: 12/31/2013

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	287.23	283.88	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:			
<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs	<input type="checkbox"/>	

Basis			
<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion	<input type="checkbox"/>	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration

028000300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Sandy Park Development Center**
 Provider Number: 28000300
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 1/1/2013 - 12/31/2013
 Days In Reporting Period: 365
 Number of Beds: 64

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	23,308	0	23,308
2. Operating Expenses component			
A. Administration			832,253
B. Plant Operation			355,384
C. Laundry			39,925
D. Housekeeping			159,474
E. Operating Expense Component & Per Diem	59.5090		1,387,036
3. Resident Care			
A. Dietary			435,908
B. Other			0
C. Nursing			142,321
D. Resident Care & Per Diem	24.8082		578,229
4. Prop Exp & Per Diem	11.7026		272,764
5. ROE/Use Per Diem	0.0994		2,316

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	11,654.00	0.00	11,654.00
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	3,262,724.00	0.00	3,262,724.00
5. Direct Care Expense Per Diem	139.9830	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	23,308	0	23,308
2. Additional Services	322,606	0	322,606
3. Additional Services Exp & Per Diem	13.8410	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	59.5090	0.0000	1,387,036
2. Resident Care Component	178.6322	0.0000	4,163,559
3. Property Cost Component	11.7026	0.0000	272,764
4. ROE/Use Allow Component	0.0994	0.0000	2,316
5. Total Cost Per Diem	249.9432	0.0000	5,825,675



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028000300 - 2015/07

RI: 283.88

NM: 0.00

Sandy Park Development Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2013	12/31/2013	Unaudited	201407
Prior Cost Report	1/1/2012	12/31/2012	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	60.918	182.442	243.360	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02026554	62.152	186.140	248.292	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02837176	62.646	187.619	250.265	0.000	0.000	0.000
4.Current Period Cost	59.509	178.632	238.141	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.137	8.986		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	59.509	178.632	238.141	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.569	4.493	6.062	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	5.951	5.359	11.310	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.569	4.493	6.062	0.000	0.000	0.000
10.Final Incentive	1.569	4.493	6.062	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	61.078	183.125	244.203	0.000	0.000	0.000
12.Plus: Property Rate Component			11.703			0.000
13.Plus: ROE/Use Rate			0.099			0.000
14.Total Current Period Base			256.005			0.000
15.Prospective Rate: Line 11 x Inflation 1.06150237	64.834	194.388	259.222	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	64.834	194.388	259.222	0.000	0.000	0.000
19.Property Rate Component			11.703			0.000
20.ROE Component + ROE Interim Component			0.099			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			271.02			0.00
23.Medicaid Days		23,308			0	
24.Resident Days		23,308			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(8.13)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			283.88			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028018601 - 2015/07
RI:339.49 / NM:437.53

Provider Number: 028018601

**St. Petersburg Cluster
 (Sunrise)**

Date: 7/24/2015

1101 102nd Avenue North

FYE: 6/30/2014

St. Petersburg, FL 33716

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	336.65	339.49	7/1/2015
#8 Non-Ambulatory & #9 Medical	435.34	437.53	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

RS

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028018601

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	St. Petersburg Cluster (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28018601	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	815	7,612	8,427
2. Operating Expenses component			
A. Administration			433,577
B. Plant Operation			200,984
C. Laundry			1,752
D. Housekeeping			75,938
E. Operating Expense Component & Per Diem	84.5201	84.5201	712,251
3. Resident Care			
A. Dietary			155,085
B. Other			66,836
C. Nursing			636,077
D. Resident Care & Per Diem	101.8154	101.8154	857,998
4. Prop Exp & Per Diem	14.0160	14.0160	118,113
5. ROE/Use Per Diem	1.9190	1.9190	16,171

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	407.50	7,612.00	8,019.50
3. Staffing Percent	0.05	0.95	1.00
4. Allocation of Direct Care	76,339.72	1,426,007.28	1,502,347.00
5. Direct Care Expense Per Diem	93.6684	187.3367	

C. Additional Services Expense

1. Medicaid Inpatient Days	815	7,612	8,427
2. Additional Services	12,188	113,835	126,023
3. Additional Services Exp & Per Diem	14.9546	14.9547	

D. Medicaid Per Diem Cost

1. Operating Component	84.5201	84.5201	712,251
2. Resident Care Component	210.4384	304.1068	2,486,368
3. Property Cost Component	14.0160	14.0160	118,113
4. ROE/Use Allow Component	1.9190	1.9190	16,171
5. Total Cost Per Diem	310.8935	404.5619	3,332,903



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028018601 - 2015/07

RI: 339.49

NM: 437.53

Rates Effective 07/01/2015 through 06/30/2016

St. Petersburg Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	84.317	207.014	291.331	84.317	302.645	386.963
2.Inflate Line 1 by Inflation Factor 1.01800606	85.835	210.741	296.577	85.835	308.095	393.930
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	86.443	212.232	298.675	86.443	310.275	396.717
4.Current Period Cost	84.520	210.438	294.959	84.520	304.107	388.627
5.Incentive Basis (line 3 - line 4)	1.923	1.794		1.923	6.168	
6.Allowed Current Period Costs (Min of line 3 or 4)	84.520	210.438	294.959	84.520	304.107	388.627
7.Incentive Line 5 x Oper 50% Res 50%	0.961	0.897	1.858	0.961	3.084	4.045
8.Incentive - Line 4 x Oper 10% Res 3%	8.452	6.313	14.765	8.452	9.123	17.575
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.961	0.897	1.858	0.961	3.084	4.045
10.Final Incentive	0.961	0.897	1.858	0.961	3.084	4.045
11.Current Period Base: (6 + line 10)	85.481	211.335	296.817	85.481	307.191	392.672
12.Plus: Property Rate Component			14.016			14.016
13.Plus: ROE/Use Rate			1.919			1.919
14.Total Current Period Base			312.752			408.607
15.Prospective Rate: Line 11 x Inflation 1.05214018	89.938	222.354	312.293	89.938	323.208	413.146
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	89.938	222.354	312.293	89.938	323.208	413.146
19.Property Rate Component			14.016			14.016
20.ROE Component + ROE Interim Component			1.919			1.919
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			328.23			429.08
23.Medicaid Days		815			7,612	
24.Resident Days		815			7,612	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.73)			(12.54)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			339.49			437.53



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028019401 - 2015/07
RI:456.53 / NM:548.35

Provider Number: 028019401

Laurel Hill Cluster

Date: 7/24/2015

2011 Laurel Hill Cluster

FYE: 5/31/2014

Orlando, FL 32818

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	454.06	456.53	7/1/2015
#8 Non-Ambulatory & #9 Medical	566.10	548.35	7/1/2015

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Basis			
<u> </u> Budget		<u> </u> Desk Audited Costs	
<u> </u> X Unaudited Costs		<u> </u> Desk Audit - Interim Portion	
<u> </u> Field Audited Costs		<u> </u> Desk Audit - Prospective Portion	
<u> </u> Field Audit - Interim Portion			

W. Rydell Samuel
 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Quest, Inc.
 P.O. Box 531125
 Orlando, FL 32853

For Information only - No Change in rate



Florida Agency For Health Care Administration

028019401

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Laurel Hill Cluster	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28019401	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,539	8,539
2. Operating Expenses component			
A. Administration			598,699
B. Plant Operation			255,664
C. Laundry			62,139
D. Housekeeping			13,953
E. Operating Expense Component & Per Diem	108.9653	108.9653	930,455
3. Resident Care			
A. Dietary			170,394
B. Other			131,903
C. Nursing			1,092,173
D. Resident Care & Per Diem	163.3060	163.3060	1,394,470
4. Prop Exp & Per Diem	17.8464	17.8464	152,390
5. ROE/Use Per Diem	2.6851	2.6851	22,928

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,539.00	8,539.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,611,527.00	1,611,527.00
5. Direct Care Expense Per Diem	94.3628	188.7255	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,539	8,539
2. Additional Services	0	142,481	142,481
3. Additional Services Exp & Per Diem	16.6859	16.6859	

D. Medicaid Per Diem Cost

1. Operating Component	108.9653	108.9653	930,455
2. Resident Care Component	274.3547	368.7174	3,148,478
3. Property Cost Component	17.8464	17.8464	152,390
4. ROE/Use Allow Component	2.6851	2.6851	22,928
5. Total Cost Per Diem	403.8515	498.2142	4,254,251



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028019401 - 2015/07

RI: 456.53

NM: 548.35

Laurel Hill Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	120.180	274.101	394.281	120.180	389.573	509.753
2.Inflate Line 1 by Inflation Factor 1.01827004	122.375	279.109	401.484	122.375	396.691	519.066
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	123.254	281.112	404.365	123.254	399.538	522.791
4.Current Period Cost	108.965	274.355	383.320	108.965	368.717	477.683
5.Incentive Basis (line 3 - line 4)	14.288	6.757		14.288	30.820	
6.Allowed Current Period Costs (Min of line 3 or 4)	108.965	274.355	383.320	108.965	368.717	477.683
7.Incentive Line 5 x Oper 50% Res 50%	7.144	3.379	10.523	7.144	15.410	22.554
8.Incentive - Line 4 x Oper 10% Res 3%	10.897	8.231	19.127	10.897	11.062	21.958
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.144	3.379	10.523	7.144	11.062	18.206
10.Final Incentive	7.144	3.379	10.523	7.144	11.062	18.206
11.Current Period Base: (6 + line 10)	116.109	277.733	393.843	116.109	379.779	495.888
12.Plus: Property Rate Component			17.846			17.846
13.Plus: ROE/Use Rate			2.685			2.685
14.Total Current Period Base			414.374			516.420
15.Prospective Rate: Line 11 x Inflation 1.05373859	122.349	292.658	415.007	122.349	400.188	522.537
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	122.349	292.658	415.007	122.349	400.188	522.537
19.Property Rate Component			17.846			17.846
20.ROE Component + ROE Interim Component			2.685			2.685
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			435.54			543.07
23.Medicaid Days		0			8,539	
24.Resident Days		0			8,539	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(15.71)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			456.53			548.35



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028020801 - 2015/07
RI:313.92 / NM:419.32

Provider Number: 028020801

McCauley Cluster (Sunrise)

Date: 7/24/2015

1385 McCauley Road
 Tallahassee, FL 32308

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	317.11	313.92	7/1/2015
#8 Non-Ambulatory & #9 Medical	420.84	419.32	7/1/2015

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Basis			
<u> </u> Budget		<u> </u> Desk Audited Costs	
<u> </u> X Unaudited Costs		<u> </u> Desk Audit - Interim Portion	
<u> </u> Field Audited Costs		<u> </u> Desk Audit - Prospective Portion	
<u> </u> Field Audit - Interim Portion			

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028020801

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	McCauley Cluster (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28020801	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,022	6,381	8,403
2. Operating Expenses component			
A. Administration			308,770
B. Plant Operation			161,697
C. Laundry			4,535
D. Housekeeping			30,247
E. Operating Expense Component & Per Diem	60.1272	60.1272	505,249
3. Resident Care			
A. Dietary			128,508
B. Other			124,491
C. Nursing			490,643
D. Resident Care & Per Diem	88.4972	88.4972	743,642
4. Prop Exp & Per Diem	13.7787	13.7787	115,782
5. ROE/Use Per Diem	1.6623	1.6623	13,968

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,011.00	6,381.00	7,392.00
3. Staffing Percent	0.14	0.86	1.00
4. Allocation of Direct Care	227,760.44	1,437,526.56	1,665,287.00
5. Direct Care Expense Per Diem	112.6412	225.2823	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,022	6,381	8,403
2. Additional Services	11,878	37,485	49,363
3. Additional Services Exp & Per Diem	5.8744	5.8745	

D. Medicaid Per Diem Cost

1. Operating Component	60.1272	60.1272	505,249
2. Resident Care Component	207.0128	319.6540	2,458,292
3. Property Cost Component	13.7787	13.7787	115,782
4. ROE/Use Allow Component	1.6623	1.6623	13,968
5. Total Cost Per Diem	282.5810	395.2222	3,093,291



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028020801 - 2015/07

RI: 313.92

NM: 419.32

Rates Effective 07/01/2015 through 06/30/2016

McCauley Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	70.373	201.075	271.449	70.373	301.590	371.963
2.Inflate Line 1 by Inflation Factor 1.01800606	71.640	204.696	276.336	71.640	307.020	378.661
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	72.147	206.144	278.291	72.147	309.192	381.340
4.Current Period Cost	60.127	207.013	267.140	60.127	319.654	379.781
5.Incentive Basis (line 3 - line 4)	12.020	0.000		12.020	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	60.127	206.144	266.271	60.127	309.192	369.320
7.Incentive Line 5 x Oper 50% Res 50%	6.010	0.000	6.010	6.010	0.000	6.010
8.Incentive - Line 4 x Oper 10% Res 3%	6.013	0.000	6.013	6.013	0.000	6.013
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.010	0.000	6.010	6.010	0.000	6.010
10.Final Incentive	6.010	0.000	6.010	6.010	0.000	6.010
11.Current Period Base: (6 + line 10)	66.137	206.144	272.281	66.137	309.192	375.330
12.Plus: Property Rate Component			13.779			13.779
13.Plus: ROE/Use Rate			1.662			1.662
14.Total Current Period Base			287.722			390.771
15.Pro prospective Rate: Line 11 x Inflation 1.05214018	69.586	216.893	286.478	69.586	325.314	394.899
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18 Total Operating & Residential Care Rate	69.586	216.893	286.478	69.586	325.314	394.899
19.Property Rate Component			13.779			13.779
20.ROE Component + ROE Interim Component			1.662			1.662
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			301.92			410.34
23.Medicaid Days		2,022			6,381	
24.Resident Days		2,022			6,381	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(8.99)			(12.01)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			313.92			419.32



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028028301 - 2015/07
RI:314.93 / NM:399.46

Provider Number: 028028301

**Greentree Court Cluster
 (Sunrise)**

Date: 7/24/2015

2160 GreenTree Court
 Bartow, FL 33830

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	321.93	314.93	7/1/2015
#8 Non-Ambulatory & #9 Medical	407.64	399.46	7/1/2015

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> </u> X Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	<u> </u>

W
 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028028301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Greentree Court Cluster (Sunrise)**
 Provider Number: 28028301
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,599	6,518	8,117
2. Operating Expenses component			
A. Administration			338,424
B. Plant Operation			138,695
C. Laundry			1,770
D. Housekeeping			42,802
E. Operating Expense Component & Per Diem	64.2714	64.2714	521,691
3. Resident Care			
A. Dietary			124,151
B. Other			115,846
C. Nursing			640,308
D. Resident Care & Per Diem	108.4520	108.4520	880,305
4. Prop Exp & Per Diem	17.2061	17.2061	139,662
5. ROE/Use Per Diem	0.5651	0.5651	4,587

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	799.50	6,518.00	7,317.50
3. Staffing Percent	0.11	0.89	1.00
4. Allocation of Direct Care	129,394.78	1,054,903.22	1,184,298.00
5. Direct Care Expense Per Diem	80.9223	161.8446	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,599	6,518	8,117
2. Additional Services	17,192	70,080	87,272
3. Additional Services Exp & Per Diem	10.7517	10.7518	

D. Medicaid Per Diem Cost

1. Operating Component	64.2714	64.2714	521,691
2. Resident Care Component	200.1260	281.0484	2,151,875
3. Property Cost Component	17.2061	17.2061	139,662
4. ROE/Use Allow Component	0.5651	0.5651	4,587
5. Total Cost Per Diem	282.1686	363.0910	2,817,815



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028028301 - 2015/07

RI: 314.93

NM: 399.46

Rates Effective 07/01/2015 through 06/30/2016

Greentree Court Cluster (Sunrise)

Ownership: Private

Incentive Rating: Ineligible from 07/03/2014 - 09/08/2014 Days Eligible: 297 of 365

Eligibility Factor : 81.37%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	71.812	202.049	273.861	71.812	285.113	356.925
2.Inflate Line 1 by Inflation Factor 1.01800606	73.105	205.687	278.793	73.105	290.247	363.352
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	73.622	207.143	280.765	73.622	292.301	365.923
4.Current Period Cost	64.271	200.126	264.397	64.271	281.048	345.320
5.Incentive Basis (line 3 - line 4)	9.351	7.017		9.351	11.252	
6.Allowed Current Period Costs (Min of line 3 or 4)	64.271	200.126	264.397	64.271	281.048	345.320
7.Incentive Line 5 x Oper 50% Res 50%	4.675	3.508	8.184	4.675	5.626	10.302
8.Incentive - Line 4 x Oper 10% Res 3%	6.427	6.004	12.431	6.427	8.431	14.859
9.Incentive - Min of Line 7,8 x Eligibility factor 81.37%	3.804	2.855	6.659	3.804	4.578	8.382
10.Final Incentive	3.804	2.855	6.659	3.804	4.578	8.382
11.Current Period Base: (6 + line 10)	68.076	202.981	271.057	68.076	285.626	353.702
12.Plus: Property Rate Component			17.206			17.206
13.Plus: ROE/Use Rate			0.565			0.565
14.Total Current Period Base			288.828			371.473
15.Prospective Rate: Line 11 x Inflation 1.05214018	71.625	213.564	285.189	71.625	300.519	372.144
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	71.625	213.564	285.189	71.625	300.519	372.144
19.Property Rate Component			17.206			17.206
20.ROE Component + ROE Interim Component			0.565			0.565
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			302.96			389.92
23.Medicaid Days		1,599			6,518	
24.Resident Days		1,599			6,518	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.02)			(11.45)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			314.93			399.46



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028029101 - 2015/07
RI:345.82 / NM:466.38

Provider Number: 028029101

Mahan Cluster (Sunrise)

Date: 7/24/2015

2034 Mahan Drive

FYE: 6/30/2014

Tallahassee, FL 32308

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>356.91</u>	<u>345.82</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>471.74</u>	<u>466.38</u>	<u>7/1/2015</u>

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs			

Basis			
<u> </u> Budget		<u> </u> Desk Audited Costs	
<u> </u> X Unaudited Costs		<u> </u> Desk Audit - Interim Portion	
<u> </u> Field Audited Costs		<u> </u> Desk Audit - Prospective Portion	
<u> </u> Field Audit - Interim Portion			

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

 For Information only - No Change in rate



Florida Agency For Health Care Administration

028029101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Mahan Cluster (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28029101	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,450	5,488	7,938
2. Operating Expenses component			
A. Administration			309,992
B. Plant Operation			151,098
C. Laundry			2,926
D. Housekeeping			40,311
E. Operating Expense Component & Per Diem	63.5333	63.5333	504,327
3. Resident Care			
A. Dietary			144,819
B. Other			126,947
C. Nursing			503,757
D. Resident Care & Per Diem	97.6975	97.6975	775,523
4. Prop Exp & Per Diem	13.5314	13.5314	107,412
5. ROE/Use Per Diem	1.7662	1.7662	14,020

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,225.00	5,488.00	6,713.00
3. Staffing Percent	0.18	0.82	1.00
4. Allocation of Direct Care	298,027.19	1,335,161.81	1,633,189.00
5. Direct Care Expense Per Diem	121.6437	243.2875	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,450	5,488	7,938
2. Additional Services	19,053	42,677	61,730
3. Additional Services Exp & Per Diem	7.7767	7.7764	

D. Medicaid Per Diem Cost

1. Operating Component	63.5333	63.5333	504,327
2. Resident Care Component	227.1179	348.7614	2,470,442
3. Property Cost Component	13.5314	13.5314	107,412
4. ROE/Use Allow Component	1.7662	1.7662	14,020
5. Total Cost Per Diem	305.9488	427.5923	3,096,201



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028029101 - 2015/07

RI: 345.82

NM: 466.38

Mahan Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	75.103	234.425	309.528	75.103	345.705	420.808
2.Inflate Line 1 by Inflation Factor 1.01800606	76.456	238.646	315.101	76.456	351.929	428.385
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	76.996	240.334	317.331	76.996	354.419	431.416
4.Current Period Cost	63.533	227.118	290.651	63.533	348.761	412.295
5.Incentive Basis (line 3 - line 4)	13.463	13.216		13.463	5.658	
6.Allowed Current Period Costs (Min of line 3 or 4)	63.533	227.118	290.651	63.533	348.761	412.295
7.Incentive Line 5 x Oper 50% Res 50%	6.732	6.608	13.340	6.732	2.829	9.561
8.Incentive - Line 4 x Oper 10% Res 3%	6.353	6.814	13.167	6.353	10.463	16.816
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.353	6.608	12.962	6.353	2.829	9.182
10.Final Incentive	6.353	6.608	12.962	6.353	2.829	9.182
11.Current Period Base: (6 + line 10)	69.887	233.726	303.613	69.887	351.590	421.477
12.Plus: Property Rate Component			13.531			13.531
13.Plus: ROE/Use Rate			1.766			1.766
14.Total Current Period Base			318.910			436.775
15.Prospective Rate: Line 11 x Inflation 1.05214018	73.531	245.913	319.443	73.531	369.922	443.453
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	73.531	245.913	319.443	73.531	369.922	443.453
19.Property Rate Component			13.531			13.531
20.ROE Component + ROE Interim Component			1.766			1.766
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			334.74			458.75
23.Medicaid Days		2,450			5,488	
24.Resident Days		2,450			5,488	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.91)			(13.36)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			345.82			466.38



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028030501 - 2015/07
RI:240.33 / NM:283.38

Provider Number: 028030501

Lake City Cluster

Date: 7/24/2015

411 Gwen Lake Boulevard

FYE: 6/30/2014

Lake City, FL 32055

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	244.11	240.33	7/1/2015
#8 Non-Ambulatory & #9 Medical	293.01	283.38	7/1/2015

Rate Type:			
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective	
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective	
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost	
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>	

Basis			
<input type="checkbox"/> Budget	<input type="checkbox"/>	<input type="checkbox"/> Desk Audited Costs	
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/>	<input type="checkbox"/> Desk Audit - Interim Portion	
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/>	<input type="checkbox"/> Desk Audit - Prospective Portion	
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>	<input type="checkbox"/>	

W. Rydell Samuel
 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

028030501

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Lake City Cluster**
 Provider Number: 28030501
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,161	8,161
2. Operating Expenses component			
A. Administration			334,626
B. Plant Operation			127,612
C. Laundry			58,048
D. Housekeeping			19,217
E. Operating Expense Component & Per Diem	66.1075	66.1075	539,503
3. Resident Care			
A. Dietary			138,058
B. Other			0
C. Nursing			311,607
D. Resident Care & Per Diem	55.0993	55.0993	449,665
4. Prop Exp & Per Diem	7.4729	7.4729	60,986
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,161.00	8,161.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	770,674.00	770,674.00
5. Direct Care Expense Per Diem	47.2169	94.4338	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,161	8,161
2. Additional Services	0	204,099	204,099
3. Additional Services Exp & Per Diem	25.0091	25.0091	

D. Medicaid Per Diem Cost

1. Operating Component	66.1075	66.1075	539,503
2. Resident Care Component	127.3253	174.5422	1,424,438
3. Property Cost Component	7.4729	7.4729	60,986
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	200.9057	248.1226	2,024,927



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028030501 - 2015/07

RI: 240.33

NM: 283.38

Rates Effective 07/01/2015 through 06/30/2016

Lake City Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	72.505	133.235	205.740	72.505	184.449	256.954
2.Inflate Line 1 by Inflation Factor 1.01800606	73.811	135.634	209.444	73.811	187.771	261.581
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	74.333	136.593	210.926	74.333	189.099	263.432
4.Current Period Cost	66.108	127.325	193.433	66.108	174.542	240.650
5.Incentive Basis (line 3 - line 4)	8.225	9.268		8.225	14.557	
6.Allowed Current Period Costs (Min of line 3 or 4)	66.108	127.325	193.433	66.108	174.542	240.650
7.Incentive Line 5 x Oper 50% Res 50%	4.113	4.634	8.747	4.113	7.278	11.391
8.Incentive - Line 4 x Oper 10% Res 3%	6.611	3.820	10.431	6.611	5.236	11.847
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.113	3.820	7.932	4.113	5.236	9.349
10.Final Incentive	4.113	3.820	7.932	4.113	5.236	9.349
11.Current Period Base: (6 + line 10)	70.220	131.145	201.365	70.220	179.778	249.999
12.Plus: Property Rate Component			7.473			7.473
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			208.838			257.471
15.Prospective Rate: Line 11 x Inflation 1.05214018	73.881	137.983	211.864	73.881	189.152	263.034
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	73.881	137.983	211.864	73.881	189.152	263.034
19.Property Rate Component			7.473			7.473
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			219.34			270.51
23.Medicaid Days		0			8,161	
24.Resident Days		0			8,161	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(8.12)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			240.33			283.38



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028031301 - 2015/07
RI:329.18 / NM:401.42

Provider Number: 028031301

Bayshore Cluster (Sunrise)

Date: 7/24/2015

2059 Lisenby Avenue
 Panama City, FL 32405

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	337.12	329.18	7/1/2015
#8 Non-Ambulatory & #9 Medical	431.76	401.42	7/1/2015

Rate Type:			
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective	
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective	
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost	
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>	

Basis			
<input type="checkbox"/> Budget	<input type="checkbox"/>	<input type="checkbox"/> Desk Audited Costs	
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/>	<input type="checkbox"/> Desk Audit - Interim Portion	
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/>	<input type="checkbox"/> Desk Audit - Prospective Portion	
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>	<input type="checkbox"/>	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028031301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Bayshore Cluster (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28031301	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,344	8,344
2. Operating Expenses component			
A. Administration			328,524
B. Plant Operation			161,812
C. Laundry			1,172
D. Housekeeping			29,569
E. Operating Expense Component & Per Diem	62.4493	62.4493	521,077
3. Resident Care			
A. Dietary			160,207
B. Other			197,914
C. Nursing			580,513
D. Resident Care & Per Diem	112.4921	112.4921	938,634
4. Prop Exp & Per Diem	14.6177	14.6177	121,970
5. ROE/Use Per Diem	1.5576	1.5576	12,997

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,344.00	8,344.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,289,463.00	1,289,463.00
5. Direct Care Expense Per Diem	77.2689	154.5378	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,344	8,344
2. Additional Services	0	116,784	116,784
3. Additional Services Exp & Per Diem	13.9962	13.9962	

D. Medicaid Per Diem Cost

1. Operating Component	62.4493	62.4493	521,077
2. Resident Care Component	203.7572	281.0261	2,344,881
3. Property Cost Component	14.6177	14.6177	121,970
4. ROE/Use Allow Component	1.5576	1.5576	12,997
5. Total Cost Per Diem	282.3818	359.6507	3,000,925



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028031301 - 2015/07

RI: 329.18

NM: 401.42

Rates Effective 07/01/2015 through 06/30/2016

Bayshore Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	71.114	218.032	289.146	71.114	309.750	380.864
2.Inflate Line 1 by Inflation Factor 1.01800606	72.395	221.958	294.353	72.395	315.327	387.722
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	72.907	223.528	296.435	72.907	317.558	390.465
4.Current Period Cost	62.449	203.757	266.207	62.449	281.026	343.475
5.Incentive Basis (line 3 - line 4)	10.458	19.771		10.458	36.532	
6.Allowed Current Period Costs (Min of line 3 or 4)	62.449	203.757	266.207	62.449	281.026	343.475
7.Incentive Line 5 x Oper 50% Res 50%	5.229	9.886	15.114	5.229	18.266	23.495
8.Incentive - Line 4 x Oper 10% Res 3%	6.245	6.113	12.358	6.245	8.431	14.676
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.229	6.113	11.342	5.229	8.431	13.660
10.Final Incentive	5.229	6.113	11.342	5.229	8.431	13.660
11.Current Period Base: (6 + line 10)	67.678	209.870	277.548	67.678	289.457	357.135
12.Plus: Property Rate Component			14.618			14.618
13.Plus: ROE/Use Rate			1.558			1.558
14.Total Current Period Base			293.723			373.310
15.Prospective Rate: Line 11 x Inflation 1.05214018	71.207	220.813	292.019	71.207	304.549	375.756
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	71.207	220.813	292.019	71.207	304.549	375.756
19.Property Rate Component			14.618			14.618
20.ROE Component + ROE Interim Component			1.558			1.558
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			308.19			391.93
23.Medicaid Days		0			8,344	
24.Resident Days		0			8,344	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(11.50)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			329.18			401.42



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028032101 - 2015/07
RI:256.19 / NM:300.69

Provider Number: 028032101

**Gainesville 39th Avenue
 Cluster (Res-Care)**

Date: 7/24/2015

5914 N.W. 39th Avenue
 Gainesville, FL 32606

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>255.72</u>	<u>256.19</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>304.27</u>	<u>300.69</u>	<u>7/1/2015</u>

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> </u> X Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	<u> </u>

 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration

028032101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Gainesville 39th Avenue Cluster (Res-Care)**
 Provider Number: 28032101
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,518	8,518
2. Operating Expenses component			
A. Administration			388,170
B. Plant Operation			136,673
C. Laundry			6,102
D. Housekeeping			18,918
E. Operating Expense Component & Per Diem	64.5531	64.5531	549,863
3. Resident Care			
A. Dietary			140,106
B. Other			0
C. Nursing			479,965
D. Resident Care & Per Diem	72.7954	72.7954	620,071
4. Prop Exp & Per Diem	10.1746	10.1746	86,667
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,518.00	8,518.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	833,916.00	833,916.00
5. Direct Care Expense Per Diem	48.9502	97.9004	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,518	8,518
2. Additional Services	0	193,143	193,143
3. Additional Services Exp & Per Diem	22.6747	22.6747	

D. Medicaid Per Diem Cost

1. Operating Component	64.5531	64.5531	549,863
2. Resident Care Component	144.4203	193.3705	1,647,130
3. Property Cost Component	10.1746	10.1746	86,667
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	219.1480	268.0982	2,283,660



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028032101 - 2015/07

RI: 256.19

NM: 300.69

Rates Effective 07/01/2015 through 06/30/2016

Gainesville 39th Avenue Cluster (Res-Care)

Ownership: Private

Incentive Rating: Ineligible from 06/10/2014 - 07/13/2014 Days Eligible: 331 of 365

Eligibility Factor : 90.68%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	68.474	145.905	214.380	68.474	196.955	265.429
2.Inflate Line 1 by Inflation Factor 1.01800606	69.707	148.532	218.240	69.707	200.501	270.208
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	70.200	149.583	219.784	70.200	201.920	272.120
4.Current Period Cost	64.553	144.420	208.973	64.553	193.371	257.924
5.Incentive Basis (line 3 - line 4)	5.647	5.163		5.647	8.549	
6.Allowed Current Period Costs (Min of line 3 or 4)	64.553	144.420	208.973	64.553	193.371	257.924
7.Incentive Line 5 x Oper 50% Res 50%	2.824	2.582	5.405	2.824	4.275	7.098
8.Incentive - Line 4 x Oper 10% Res 3%	6.455	4.333	10.788	6.455	5.801	12.256
9.Incentive - Min of Line 7,8 x Eligibility factor 90.68%	2.561	2.341	4.902	2.561	3.876	6.437
10.Final Incentive	2.561	2.341	4.902	2.561	3.876	6.437
11.Current Period Base: (6 + line 10)	67.114	146.761	213.875	67.114	197.247	264.361
12.Plus: Property Rate Component			10.175			10.175
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			224.050			274.535
15.Prospective Rate: Line 11 x Inflation 1.05214018	70.613	154.414	225.027	70.613	207.531	278.144
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	70.613	154.414	225.027	70.613	207.531	278.144
19.Property Rate Component			10.175			10.175
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			235.20			288.32
23.Medicaid Days		0			8,518	
24.Resident Days		0			8,518	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(8.62)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			256.19			300.69



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028035600 - 2015/07
RI:303.17 / NM:469.80

Provider Number: 028035600

PARC Center Apartments

Date: 7/24/2015

3190 75th Street North

FYE: 9/30/2014

St. Petersburg, FL 33170

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	300.69	303.17	7/1/2015
#8 Non-Ambulatory & #9 Medical	464.66	469.80	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration

028035600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **PARC Center Apartments**
 Provider Number: 28035600
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 10/1/2013 - 9/30/2014
 Days In Reporting Period: 365
 Number of Beds: 48

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	12,551	4,367	16,918
2. Operating Expenses component			
A. Administration			858,905
B. Plant Operation			179,899
C. Laundry			17,788
D. Housekeeping			36,536
E. Operating Expense Component & Per Diem	64.6133	64.6133	1,093,128
3. Resident Care			
A. Dietary			239,340
B. Other			0
C. Nursing			333,422
D. Resident Care & Per Diem	33.8552	33.8552	572,762
4. Prop Exp & Per Diem	9.8550	9.8550	166,727
5. ROE/Use Per Diem	1.2631	1.2631	21,369

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	6,275.50	4,367.00	10,642.50
3. Staffing Percent	0.59	0.41	1.00
4. Allocation of Direct Care	2,306,711.04	1,605,195.96	3,911,907.00
5. Direct Care Expense Per Diem	183.7870	367.5741	

C. Additional Services Expense

1. Medicaid Inpatient Days	12,551	4,367	16,918
2. Additional Services	126,564	44,037	170,601
3. Additional Services Exp & Per Diem	10.0840	10.0840	

D. Medicaid Per Diem Cost

1. Operating Component	64.6133	64.6133	1,093,128
2. Resident Care Component	227.7262	411.5133	4,655,270
3. Property Cost Component	9.8550	9.8550	166,727
4. ROE/Use Allow Component	1.2631	1.2631	21,369
5. Total Cost Per Diem	303.4576	487.2447	5,936,494



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028035600 - 2015/07

RI: 303.17

NM: 469.80

Rates Effective 07/01/2015 through 06/30/2016

PARC Center Apartments

Ownership:Private

Incentive Rating: Ineligible from 09/25/2014 - 10/25/2014 Days Eligible: 334 of 365

Eligibility Factor : 91.51%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2013	9/30/2014	Unaudited	201407
Prior Cost Report	10/1/2012	9/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	56.437	204.088	260.525	56.437	363.725	420.162
2.Inflate Line 1 by Inflation Factor 1.01839669	57.475	207.843	265.318	57.475	370.416	427.892
3.Line 1 X 1.4000 X Inflation Factor 1.02575537	57.891	209.344	267.235	57.891	373.093	430.983
4.Current Period Cost	64.613	227.726	292.340	64.613	411.513	476.127
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)	57.891	209.344	267.235	57.891	373.093	430.983
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 91.51%	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: (6 + line 10)	57.891	209.344	267.235	57.891	373.093	430.983
12.Plus: Property Rate Component			9.855			9.855
13.Plus: ROE/Use Rate			1.263			1.263
14.Total Current Period Base			278.353			442.102
15.Prospective Rate: Line 11 x Inflation 1.04680761	60.600	219.143	279.744	60.600	390.556	451.157
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	60.600	219.143	279.744	60.600	390.556	451.157
19.Property Rate Component			9.855			9.855
20.ROE Component + ROE Interim Component			1.263			1.263
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			290.86			462.27
23.Medicaid Days		12,551			4,367	
24.Resident Days		12,551			4,367	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(8.69)			(13.46)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			303.17			469.80



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028036401 - 2015/07
RI:488.46 / NM:585.22

Provider Number: 028036401

Date: 7/24/2015

Skipper Road Cluster

2611 E. Bearss Avenue
 Tampa, FL 33613

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>482.71</u>	<u>488.46</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>590.56</u>	<u>585.22</u>	<u>7/1/2015</u>

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective	
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost	
<u> </u> Settlement Based on Costs	<u> </u>		

Basis			
<u> </u> Budget	<u> </u> Desk Audited Costs	<u> </u>	
<u> </u> X Unaudited Costs	<u> </u> Desk Audit - Interim Portion	<u> </u>	
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion	<u> </u>	
<u> </u> Field Audit - Interim Portion			


 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Quest, Inc.
 P.O. Box 531125
 Orlando, FL 32853

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 07/2015 to 7/2015

028036401

Provider Name:	Skipper Road Cluster	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28036401	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,058	8,058
2. Operating Expenses component			
A. Administration			650,243
B. Plant Operation			192,080
C. Laundry			40,850
D. Housekeeping			37,015
E. Operating Expense Component & Per Diem	114.1956	114.1956	920,188
3. Resident Care			
A. Dietary			165,216
B. Other			209,195
C. Nursing			1,174,922
D. Resident Care & Per Diem	192.2726	192.2726	1,549,333
4. Prop Exp & Per Diem	18.0031	18.0031	145,069
5. ROE/Use Per Diem	3.1804	3.1804	25,628

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,058.00	8,058.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,623,834.00	1,623,834.00
5. Direct Care Expense Per Diem	100.7591	201.5182	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,058	8,058
2. Additional Services	0	100,769	100,769
3. Additional Services Exp & Per Diem	12.5055	12.5055	

D. Medicaid Per Diem Cost

1. Operating Component	114.1956	114.1956	920,188
2. Resident Care Component	305.5372	406.2963	3,273,936
3. Property Cost Component	18.0031	18.0031	145,069
4. ROE/Use Allow Component	3.1804	3.1804	25,628
5. Total Cost Per Diem	440.9163	541.6754	4,364,821



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028036401 - 2015/07
RI: 488.46
NM: 585.22

Skipper Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	115.721	300.947	416.667	115.721	412.808	528.529
2.Inflate Line 1 by Inflation Factor 1.01827004	117.835	306.445	424.280	117.835	420.350	538.185
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	118.681	308.644	427.325	118.681	423.367	542.047
4.Current Period Cost	114.196	305.537	419.733	114.196	406.296	520.492
5.Incentive Basis (line 3 - line 4)	4.485	3.107		4.485	17.070	
6.Allowed Current Period Costs (Min of line 3 or 4)	114.196	305.537	419.733	114.196	406.296	520.492
7.Incentive Line 5 x Oper 50% Res 50%	2.243	1.554	3.796	2.243	8.535	10.778
8.Incentive - Line 4 x Oper 10% Res 3%	11.420	9.166	20.586	11.420	12.189	23.608
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.243	1.554	3.796	2.243	8.535	10.778
10.Final Incentive	2.243	1.554	3.796	2.243	8.535	10.778
11.Current Period Base: (6 + line 10)	116.438	307.091	423.529	116.438	414.831	531.270
12.Plus: Property Rate Component			18.003			18.003
13.Plus: ROE/Use Rate			3.180			3.180
14.Total Current Period Base			444.712			552.453
15.Prospective Rate: Line 11 x inflation 1.05373859	122.695	323.593	446.289	122.695	437.124	559.819
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	122.695	323.593	446.289	122.695	437.124	559.819
19.Property Rate Component			18.003			18.003
20.ROE Component + ROE Interim Component			3.180			3.180
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			467.47			581.00
23.Medicaid Days		0			8,058	
24.Resident Days		0			8,058	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(16.77)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			488.46			585.22



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028037201 - 2015/07
RI:295.50 / NM:360.84

Provider Number: 028037201

Pembroke Pines Cluster

Date: 7/24/2015

871 S.W. Douglas Road
 Pembroke Pines, FL 33024

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	289.36	295.50	7/1/2015
#8 Non-Ambulatory & #9 Medical	357.08	360.84	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Ann Storck Center

1790 S.W. 43RD WAY

Ft. Lauderdale, FL 33317

For Information only - No Change in rate



Florida Agency For Health Care Administration

028037201

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Pembroke Pines Cluster	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28037201	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,182	8,182
2. Operating Expenses component			
A. Administration			380,761
B. Plant Operation			248,343
C. Laundry			156
D. Housekeeping			54,122
E. Operating Expense Component & Per Diem	83.5226	83.5226	683,382
3. Resident Care			
A. Dietary			137,165
B. Other			0
C. Nursing			474,489
D. Resident Care & Per Diem	74.7560	74.7560	611,654
4. Prop Exp & Per Diem	8.3332	8.3332	68,182
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,182.00	8,182.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,223,589.00	1,223,589.00
5. Direct Care Expense Per Diem	74.7732	149.5464	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,182	8,182
2. Additional Services	0	271,642	271,642
3. Additional Services Exp & Per Diem	33.2000	33.2000	

D. Medicaid Per Diem Cost

1. Operating Component	83.5226	83.5226	683,382
2. Resident Care Component	182.7292	257.5024	2,106,885
3. Property Cost Component	8.3332	8.3332	68,182
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	274.5850	349.3582	2,858,449



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028037201 - 2015/07

RI: 295.50

NM: 360.84

Rates Effective 07/01/2015 through 06/30/2016

Pembroke Pines Cluster

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor: 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	70.594	176.173	246.767	70.594	246.327	316.920
2.Inflate Line 1 by Inflation Factor 1.01800606	71.865	179.345	251.211	71.865	250.762	322.627
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	72.373	180.614	252.988	72.373	252.536	324.909
4.Current Period Cost	83.523	182.729	266.252	83.523	257.502	341.025
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)	72.373	180.614	252.988	72.373	252.536	324.909
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: (6 + line 10)	72.373	180.614	252.988	72.373	252.536	324.909
12.Plus: Property Rate Component			8.333			8.333
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			261.321			333.243
15.Prospective Rate: Line 11 x Inflation 1.05214018	76.147	190.032	266.179	76.147	265.703	341.850
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	76.147	190.032	266.179	76.147	265.703	341.850
19.Property Rate Component			8.333			8.333
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			274.51			350.18
23.Medicaid Days		0			8,182	
24.Resident Days		0			8,182	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(10.34)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			295.50			360.84



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028038101 - 2015/07
RI:239.38 / NM:282.47

Provider Number: 028038101

Ocala Cluster (Res-Care)

Date: 7/24/2015

3205 S. E. 17th Street
 Ocala, FL 32671

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	238.18	239.38	7/1/2015
#8 Non-Ambulatory & #9 Medical	284.35	282.47	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 07/2015 to 7/2015

028038101

Provider Name:	Ocala Cluster (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28038101	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,756	8,756
2. Operating Expenses component			
A. Administration			382,812
B. Plant Operation			158,583
C. Laundry			48,555
D. Housekeeping			23,531
E. Operating Expense Component & Per Diem	70.0641	70.0641	613,481
3. Resident Care			
A. Dietary			151,262
B. Other			0
C. Nursing			307,148
D. Resident Care & Per Diem	52.3538	52.3538	458,410
4. Prop Exp & Per Diem	9.7276	9.7276	85,175
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,756.00	8,756.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	836,654.00	836,654.00
5. Direct Care Expense Per Diem	47.7761	95.5521	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,756	8,756
2. Additional Services	0	207,689	207,689
3. Additional Services Exp & Per Diem	23.7196	23.7196	

D. Medicaid Per Diem Cost

1. Operating Component	70.0641	70.0641	613,481
2. Resident Care Component	123.8495	171.6255	1,502,753
3. Property Cost Component	9.7276	9.7276	85,175
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	203.6412	251.4172	2,201,409



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028038101 - 2015/07

RI: 239.38

NM: 282.47

Rates Effective 07/01/2015 through 06/30/2016

Ocala Cluster (Res-Care)

Ownership:Private

Incentive Rating: Ineligible from 06/18/2014 - 07/18/2014 Days Eligible: 334 of 365

Eligibility Factor : 91.51%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	73.126	125.414	198.541	73.126	173.881	247.007
2.Inflate Line 1 by Inflation Factor 1.01800606	74.443	127.673	202.116	74.443	177.012	251.455
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	74.970	128.576	203.546	74.970	178.264	253.234
4.Current Period Cost	70.064	123.850	193.914	70.064	171.626	241.690
5.Incentive Basis (line 3 - line 4)	4.906	4.726		4.906	6.639	
6.Allowed Current Period Costs (Min of line 3 or 4)	70.064	123.850	193.914	70.064	171.626	241.690
7.Incentive Line 5 x Oper 50% Res 50%	2.453	2.363	4.816	2.453	3.319	5.772
8.Incentive - Line 4 x Oper 10% Res 3%	7.006	3.715	10.722	7.006	5.149	12.155
9.Incentive - Min of Line 7,8 x Eligibility factor 91.51%	2.244	2.162	4.407	2.244	3.037	5.282
10.Final Incentive	2.244	2.162	4.407	2.244	3.037	5.282
11.Current Period Base: (6 + line 10)	72.309	126.012	198.321	72.309	174.663	246.971
12.Plus: Property Rate Component			9.728			9.728
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			208.048			256.699
15.Pro prospective Rate: Line 11 x Inflation 1.05214018	76.079	132.582	208.661	76.079	183.770	259.849
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	76.079	132.582	208.661	76.079	183.770	259.849
19.Property Rate Component			9.728			9.728
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			218.39			269.58
23.Medicaid Days		0			8,756	
24.Resident Days		0			8,756	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(8.09)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			239.38			282.47



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028040201 - 2015/07
RI:454.18 / NM:577.93

Provider Number: 028040201

Williams Road Cluster

Date: 7/24/2015

1923 Sarah Louise Drive

FYE: 5/31/2014

Brandon, FL 33510

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	442.54	454.18	7/1/2015
#8 Non-Ambulatory & #9 Medical	571.85	577.93	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Quest, Inc.

P.O. Box 531125

Orlando, FL 32853

For Information only - No Change in rate



Florida Agency For Health Care Administration

028040201

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Williams Road Cluster**
 Provider Number: 28040201
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 6/1/2013 - 5/31/2014
 Days In Reporting Period: 365
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	358	7,979	8,337
2. Operating Expenses component			
A. Administration			661,475
B. Plant Operation			171,989
C. Laundry			48,327
D. Housekeeping			45,388
E. Operating Expense Component & Per Diem	111.2125	111.2125	927,179
3. Resident Care			
A. Dietary			155,431
B. Other			199,939
C. Nursing			1,194,161
D. Resident Care & Per Diem	185.8619	185.8619	1,549,531
4. Prop Exp & Per Diem	21.7244	21.7244	181,116
5. ROE/Use Per Diem	2.5606	2.5606	21,348

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	179.00	7,979.00	8,158.00
3. Staffing Percent	0.02	0.98	1.00
4. Allocation of Direct Care	36,204.93	1,613,850.07	1,650,055.00
5. Direct Care Expense Per Diem	101.1311	202.2622	

C. Additional Services Expense

1. Medicaid Inpatient Days	358	7,979	8,337
2. Additional Services	4,614	102,854	107,468
3. Additional Services Exp & Per Diem	12.8883	12.8906	

D. Medicaid Per Diem Cost

1. Operating Component	111.2125	111.2125	927,179
2. Resident Care Component	299.8813	401.0147	3,307,054
3. Property Cost Component	21.7244	21.7244	181,116
4. ROE/Use Allow Component	2.5606	2.5606	21,348
5. Total Cost Per Diem	435.3788	536.5122	4,436,697



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028040201 - 2015/07

RI: 454.18

NM: 577.93

Rates Effective 07/01/2015 through 06/30/2016

Williams Road Cluster

Ownership: State Cluster

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	111.356	280.520	391.876	111.356	405.608	516.964
2.Inflate Line 1 by Inflation Factor 1.01827004	113.390	285.645	399.036	113.390	413.018	526.409
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	114.204	287.695	401.899	114.204	415.983	530.187
4.Current Period Cost	111.213	299.881	411.094	111.213	401.015	512.227
5.Incentive Basis (line 3 - line 4)	2.992	0.000		2.992	14.968	
6.Allowed Current Period Costs (Min of line 3 or 4)	111.213	287.695	398.908	111.213	401.015	512.227
7.Incentive Line 5 x Oper 50% Res 50%	1.496	0.000	1.496	1.496	7.484	8.980
8.Incentive - Line 4 x Oper 10% Res 3%	11.121	0.000	11.121	11.121	12.030	23.152
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.496	0.000	1.496	1.496	7.484	8.980
10.Final Incentive	1.496	0.000	1.496	1.496	7.484	8.980
11.Current Period Base: (6 + line 10)	112.708	287.695	400.404	112.708	408.499	521.207
12.Plus: Property Rate Component			21.724			21.724
13.Plus: ROE/Use Rate			2.561			2.561
14.Total Current Period Base			424.689			545.492
15.Pro prospective Rate: Line 11 x Inflation 1.05373859	118.765	303.156	421.921	118.765	430.451	549.216
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	118.765	303.156	421.921	118.765	430.451	549.216
19.Property Rate Component			21.724			21.724
20.ROE Component + ROE Interim Component			2.561			2.561
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			446.21			573.50
23.Medicaid Days		358			7,979	
24.Resident Days		358			7,979	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(13.01)			(16.56)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			454.18			577.93



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028041101 - 2015/07
RI:389.26 / NM:472.08

MCP 80th Street

11750 S.W. 80th Street
 Miami, FL 33183

Provider Number: 028041101

Date: 7/24/2015

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	379.87	389.26	7/1/2015
#8 Non-Ambulatory & #9 Medical	465.92	472.08	7/1/2015

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs			

Basis			
<u> </u> Budget		<u> </u> Desk Audited Costs	
<u> </u> X Unaudited Costs		<u> </u> Desk Audit - Interim Portion	
<u> </u> Field Audited Costs		<u> </u> Desk Audit - Prospective Portion	
<u> </u> Field Audit - Interim Portion			

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 UCP Of Miami

1411 NW 14th Ave
Miami, FL 33125

For Information only - No Change in rate



Florida Agency For Health Care Administration

028041101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,738	8,738
2. Operating Expenses component			
A. Administration			407,222
B. Plant Operation			302,121
C. Laundry			37,534
D. Housekeeping			38,476
E. Operating Expense Component & Per Diem	89.8779	89.8779	785,353
3. Resident Care			
A. Dietary			162,728
B. Other			0
C. Nursing			828,828
D. Resident Care & Per Diem	113.4763	113.4763	991,556
4. Prop Exp & Per Diem	42.7998	42.7998	373,985
5. ROE/Use Per Diem	2.4178	2.4178	21,127

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,738.00	8,738.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,600,077.00	1,600,077.00
5. Direct Care Expense Per Diem	91.5586	183.1171	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,738	8,738
2. Additional Services	0	92,466	92,466
3. Additional Services Exp & Per Diem	10.5821	10.5821	

D. Medicaid Per Diem Cost

1. Operating Component	89.8779	89.8779	785,353
2. Resident Care Component	215.6170	307.1755	2,684,099
3. Property Cost Component	42.7998	42.7998	373,985
4. ROE/Use Allow Component	2.4178	2.4178	21,127
5. Total Cost Per Diem	350.7125	442.2710	3,864,564



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028041101 - 2015/07

RI: 389.26

NM: 472.08

Rates Effective 07/01/2015 through 06/30/2016

MCP 80th Street

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	88.056	212.941	300.997	88.056	302.277	390.333
2.Inflate Line 1 by Inflation Factor 1.01800606	89.642	216.775	306.416	89.642	307.720	397.362
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	90.276	218.309	308.584	90.276	309.897	400.173
4.Current Period Cost	89.878	215.617	305.495	89.878	307.176	397.053
5.Incentive Basis (line 3 - line 4)	0.398	2.692		0.398	2.722	
6.Allowed Current Period Costs (Min of line 3 or 4)	89.878	215.617	305.495	89.878	307.176	397.053
7.Incentive Line 5 x Oper 50% Res 50%	0.199	1.346	1.545	0.199	1.361	1.560
8.Incentive - Line 4 x Oper 10% Res 3%	8.988	6.469	15.456	8.988	9.215	18.203
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.199	1.346	1.545	0.199	1.361	1.560
10.Final Incentive	0.199	1.346	1.545	0.199	1.361	1.560
11.Current Period Base: (6 + line 10)	90.077	216.963	307.040	90.077	308.536	398.613
12.Plus: Property Rate Component			42.800			42.800
13.Plus: ROE/Use Rate			2.418			2.418
14.Total Current Period Base			352.257			443.831
15.Prospective Rate: Line 11 x Inflation 1.05214018	94.773	228.275	323.049	94.773	324.623	419.397
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	94.773	228.275	323.049	94.773	324.623	419.397
19.Property Rate Component			42.800			42.800
20.ROE Component + ROE Interim Component			2.418			2.418
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			368.27			464.61
23.Medicaid Days		0			8,738	
24.Resident Days		0			8,738	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(13.53)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			389.26			472.08



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028045301 - 2015/07
RI:416.74 / NM:497.95

Provider Number: 028045301

MCP Braddock

Date: 7/24/2015

14400 SW 32nd Street
 Miami, FL 33175

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>403.68</u>	<u>416.74</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>487.85</u>	<u>497.95</u>	<u>7/1/2015</u>

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> </u> X Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	<u> </u>

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 UCP Of Miami
 1411 NW 14th Ave
 Miami, FL 33125

For Information only - No Change in rate



Florida Agency For Health Care Administration

028045301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **MCP Braddock**
 Provider Number: 28045301
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,600	8,600
2. Operating Expenses component			
A. Administration			405,316
B. Plant Operation			298,476
C. Laundry			38,263
D. Housekeeping			28,889
E. Operating Expense Component & Per Diem	89.6447	89.6447	770,944
3. Resident Care			
A. Dietary			133,251
B. Other			0
C. Nursing			1,049,047
D. Resident Care & Per Diem	137.4765	137.4765	1,182,298
4. Prop Exp & Per Diem	45.1785	45.1785	388,535
5. ROE/Use Per Diem	1.8151	1.8151	15,610

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,600.00	8,600.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,605,729.00	1,605,729.00
5. Direct Care Expense Per Diem	93.3564	186.7127	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,600	8,600
2. Additional Services	0	88,514	88,514
3. Additional Services Exp & Per Diem	10.2923	10.2923	

D. Medicaid Per Diem Cost

1. Operating Component	89.6447	89.6447	770,944
2. Resident Care Component	241.1252	334.4815	2,876,541
3. Property Cost Component	45.1785	45.1785	388,535
4. ROE/Use Allow Component	1.8151	1.8151	15,610
5. Total Cost Per Diem	377.7635	471.1198	4,051,630



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation sheet

028045301 - 2015/07
RI: 416.74
NM: 497.95

Rates Effective 07/01/2015 through 06/30/2016

MCP Braddock

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	87.538	236.464	324.002	87.538	324.347	411.885
2.Inflate Line 1 by Inflation Factor 1.01800606	89.114	240.721	329.836	89.114	330.188	419.302
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	89.745	242.424	332.169	89.745	332.524	422.268
4.Current Period Cost	89.645	241.125	330.770	89.645	334.482	424.126
5.Incentive Basis (line 3 - line 4)	0.100	1.299		0.100	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	89.645	241.125	330.770	89.645	332.524	422.168
7.Incentive Line 5 x Oper 50% Res 50%	0.050	0.650	0.700	0.050	0.000	0.050
8.Incentive - Line 4 x Oper 10% Res 3%	8.964	7.234	16.198	8.964	0.000	8.964
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.050	0.650	0.700	0.050	0.000	0.050
10.Final Incentive	0.050	0.650	0.700	0.050	0.000	0.050
11.Current Period Base: (6 + line 10)	89.695	241.775	331.470	89.695	332.524	422.218
12.Plus: Property Rate Component			45.179			45.179
13.Plus: ROE/Use Rate			1.815			1.815
14.Total Current Period Base			378.463			469.212
15.Prospective Rate: Line 11 x Inflation 1.05214018	94.371	254.381	348.752	94.371	349.861	444.233
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	94.371	254.381	348.752	94.371	349.861	444.233
19.Property Rate Component			45.179			45.179
20.ROE Component + ROE Interim Component			1.815			1.815
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			395.75			491.23
23.Medicaid Days		0			8,600	
24.Resident Days		0			8,600	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(14.27)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			416.74			497.95



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028046101 - 2015/07
RI:408.68 / NM:489.25

Provider Number: 028046101

MCP 2nd Street

Date: 7/24/2015

11801 NW Second Street

FYE: 6/30/2014

Miami, Fl., FL 33182

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	399.70	408.68	7/1/2015
#8 Non-Ambulatory & #9 Medical	485.24	489.25	7/1/2015

Rate Type:			
<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs	<input type="checkbox"/>	
Basis			
<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion	<input type="checkbox"/>	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

UCP Of Miami

1411 NW 14th Ave

Miami, FL 33125

For Information only - No Change in rate



Florida Agency For Health Care Administration

028046101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,717	8,717
2. Operating Expenses component			
A. Administration			410,443
B. Plant Operation			295,808
C. Laundry			36,857
D. Housekeeping			32,574
E. Operating Expense Component & Per Diem	88.9850	88.9850	775,682
3. Resident Care			
A. Dietary			156,906
B. Other			0
C. Nursing			1,027,843
D. Resident Care & Per Diem	135.9125	135.9125	1,184,749
4. Prop Exp & Per Diem	42.5525	42.5525	370,930
5. ROE/Use Per Diem	2.2735	2.2735	19,818

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,717.00	8,717.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,541,227.00	1,541,227.00
5. Direct Care Expense Per Diem	88.4035	176.8070	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,717	8,717
2. Additional Services	0	84,459	84,459
3. Additional Services Exp & Per Diem	9.6890	9.6890	

D. Medicaid Per Diem Cost

1. Operating Component	88.9850	88.9850	775,682
2. Resident Care Component	234.0050	322.4085	2,810,435
3. Property Cost Component	42.5525	42.5525	370,930
4. ROE/Use Allow Component	2.2735	2.2735	19,818
5. Total Cost Per Diem	367.8160	456.2195	3,976,865



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028046101 - 2015/07

RI: 408.68

NM: 489.25

Rates Effective 07/01/2015 through 06/30/2016

MCP 2nd Street

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	87.254	233.422	320.676	87.254	322.563	409.817
2.Inflate Line 1 by Inflation Factor 1.01800606	88.825	237.625	326.450	88.825	328.371	417.197
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	89.454	239.306	328.760	89.454	330.695	420.148
4.Current Period Cost	88.985	234.005	322.990	88.985	322.409	411.394
5.Incentive Basis (line 3 - line 4)	0.469	5.301		0.469	8.286	
6.Allowed Current Period Costs (Min of line 3 or 4)	88.985	234.005	322.990	88.985	322.409	411.394
7.Incentive Line 5 x Oper 50% Res 50%	0.234	2.651	2.885	0.234	4.143	4.377
8.Incentive - Line 4 x Oper 10% Res 3%	8.899	7.020	15.919	8.899	9.672	18.571
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.234	2.651	2.885	0.234	4.143	4.377
10.Final Incentive	0.234	2.651	2.885	0.234	4.143	4.377
11.Current Period Base: (6 + line 10)	89.219	236.656	325.875	89.219	326.552	415.771
12.Plus: Property Rate Component			42.553			42.553
13.Plus: ROE/Use Rate			2.274			2.274
14.Total Current Period Base			370.701			460.597
15.Propective Rate: Line 11 x Inflation 1.05214018	93.871	248.995	342.866	93.871	343.578	437.449
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	93.871	248.995	342.866	93.871	343.578	437.449
19.Property Rate Component			42.553			42.553
20.ROE Component + ROE Interim Component			2.274			2.274
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			387.69			482.28
23.Medicaid Days		0			8,717	
24.Resident Days		0			8,717	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(14.02)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			408.68			489.25



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028048801 - 2015/07
RI:391.58 / NM:490.77

Provider Number: 028048801

MCP Sunset

Date: 7/24/2015

7100 S.W. 122nd. Avenue
 Miami, FL 33183

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>381.12</u>	<u>391.58</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>466.82</u>	<u>490.77</u>	<u>7/1/2015</u>

Rate Type:

<u>X</u>	Interim	<u>X</u>	Prospective
<u> </u>	Total Interim	<u>X</u>	Total Prospective
<u> </u>	Interim Component	<u> </u>	Prospective Adjusted for New Cost
<u>X</u>	Settlement Based on Costs	<u> </u>	

Basis

<u> </u>	Budget	<u> </u>	Desk Audited Costs
<u>X</u>	Unaudited Costs	<u> </u>	Desk Audit - Interim Portion
<u> </u>	Field Audited Costs	<u> </u>	Desk Audit - Prospective Portion
<u> </u>	Field Audit - Interim Portion		

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 UCP Of Miami
 1411 NW 14th Ave
 Miami, FL 33125

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 07/2015 to 7/2015

028048801

Provider Name:	MCP Sunset	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28048801	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,464	8,464
2. Operating Expenses component			
A. Administration			384,380
B. Plant Operation			293,973
C. Laundry			34,689
D. Housekeeping			29,836
E. Operating Expense Component & Per Diem	87.7691	87.7691	742,878
3. Resident Care			
A. Dietary			141,993
B. Other			0
C. Nursing			874,342
D. Resident Care & Per Diem	120.0774	120.0774	1,016,335
4. Prop Exp & Per Diem	43.9822	43.9822	372,265
5. ROE/Use Per Diem	1.9862	1.9862	16,811

B. Direct Care Expense

1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,464.00	8,464.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,447,524.00	1,447,524.00
5. Direct Care Expense Per Diem	85.5107	171.0213	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,464	8,464
2. Additional Services	0	112,755	112,755
3. Additional Services Exp & Per Diem	13.3217	13.3217	

D. Medicaid Per Diem Cost

1. Operating Component	87.7691	87.7691	742,878
2. Resident Care Component	218.9098	304.4204	2,576,614
3. Property Cost Component	43.9822	43.9822	372,265
4. ROE/Use Allow Component	1.9862	1.9862	16,811
5. Total Cost Per Diem	352.6473	438.1579	3,708,568



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028048801 - 2015/07

RI: 391.58

NM: 490.77

Rates Effective 07/01/2015 through 06/30/2016

MCP Sunset

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	86.806	215.957	302.764	86.806	304.966	391.773
2.Inflate Line 1 by Inflation Factor 1.01800606 *	88.369	219.846	308.215	88.369	331.458	419.827
3.Line 1 X 1.4000 X Inflation Factor 1.02520848 *	88.995	221.401	310.396	88.995	333.654	422.649
4.Current Period Cost *	87.769	218.910	306.679	87.769	321.920	409.690
5.Incentive Basis (line 3 - line 4)	1.226	2.492		1.226	11.734	
6.Allowed Current Period Costs (Min of line 3 or 4)	87.769	218.910	306.679	87.769	321.920	409.690
7.Incentive Line 5 x Oper 50% Res 50%	0.613	1.246	1.859	0.613	5.867	6.480
8.Incentive - Line 4 x Oper 10% Res 3%	8.777	6.567	15.344	8.777	9.658	18.435
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.613	1.246	1.859	0.613	5.867	6.480
10.Final Incentive	0.613	1.246	1.859	0.613	5.867	6.480
11.Current Period Base: (6 + line 10)	88.382	220.156	308.537	88.382	327.787	416.169
12.Plus: Property Rate Component			43.982			43.982
13.Plus: ROE/Use Rate			1.986			1.986
14.Total Current Period Base			354.506			462.137
15.Pro prospective Rate: Line 11 x Inflation 1.05214018	92.990	231.635	324.625	92.990	344.878	437.868
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	92.990	231.635	324.625	92.990	344.878	437.868
19.Property Rate Component			43.982			43.982
20.ROE Component + ROE Interim Component *			1.986			1.986
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			370.59			483.84
23.Medicaid Days		0			8,464	
24.Resident Days		0			8,464	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(14.06)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			391.58			490.77

* See Attachment

ICF/IID

Interim Rate Calculation (L1 L2 L3) - @ 7/1/2015 Rate Semester

MCP Sunset/Provider #028048801
 Adjustment to Prior Period Cost (L1, L2, L3)
 Vacancy Vacancy #249 - Effective 5/1/2014
 Status: COST SETTLEMENT

B @ 7/1/2015 Residential Institutional	1 (L1) Prior Period Allow Base Plus Incentives Excl IRR	2 IRR 7/1/2015	3 (L2) Inflate Col 8 By Factor 1.01800606 IRR @ 7/1/2015 (Col.9)	4 (L3) Factor in Col 10 X 1.4000 X Col8 1.02520848 IRR @ 7/1/2015 (Col.9)
Operating	86.8064	0.000	88.369	88.995
Resident Care	215.9574	0.000	219.846	221.401
Total	302.764	0.000	308.215	310.396
N-A/Medical				
Operating	86.8064	0.000	88.369	88.995
Resident Care	304.9663	21.000	331.458	333.654
Total	391.773	21.000	419.827	422.649

MCP Sunset Provider # 0280488-01 , Vacancy #249 Cost Settlement - Vacancy #249 Effective - 5/1/2014	ADJUSTMENT OF CURRENT PERIOD COST - CALCULATION OF L4,L21 @7/1/2015 RS					
Calculation of L4	Residential/Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	87.769	218.910	306.679	87.769	304.420	392.190
B. Cost Settlement for IRR Effective 5/1/2014	0.000	0.000	0.000	0.000	21.000	21.000
C. Prorated CS IRR eff 5/1/2014 - 10/12 of IRR comp.	0.000	0.000	0.000	0.000	17.500	17.500
D. Grossed Up Current Period (Line A plus Line C)	87.769	218.910	306.679	87.769	321.920	409.690

PROPERTY COMPONENT Calculation of L21 - 10/12 of IRR comp.	
Property Interim Rate Component	0.0000
Grossed Up Property Interim Rate Component	0.0000

ROE COMPONENT Calculation of L20 - 10/12 of IRR comp.	
ROE Interim Rate Component	0.0000
Grossed Up ROE Interim Rate Component	0.0000



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028049601 - 2015/07
RI:324.13 / NM:436.09

Provider Number: 028049601

Dorchester Cluster (Sunrise)

Date: 7/24/2015

3201 Ginger Drive
 Tallahassee, FL 32308

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>328.00</u>	<u>324.13</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>438.18</u>	<u>436.09</u>	<u>7/1/2015</u>

Rate Type:			
<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs	<input type="checkbox"/>	
Basis			
<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion	<input type="checkbox"/>	

RF

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

028049601

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Dorchester Cluster (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28049601	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,292	6,664	7,956
2. Operating Expenses component			
A. Administration			299,595
B. Plant Operation			166,020
C. Laundry			5,607
D. Housekeeping			34,824
E. Operating Expense Component & Per Diem	63.6056	63.6056	506,046
3. Resident Care			
A. Dietary			124,688
B. Other			171,732
C. Nursing			521,623
D. Resident Care & Per Diem	102.8209	102.8209	818,043
4. Prop Exp & Per Diem	14.5221	14.5221	115,538
5. ROE/Use Per Diem	1.4003	1.4003	11,141

B. Direct Care Expense

1. Staffing	0.50	1.00	
2.Total Staffing Required	646.00	6,664.00	7,310.00
3. Staffing Percent	0.09	0.91	1.00
4. Allocation of Direct Care	142,258.21	1,467,505.79	1,609,764.00
5. Direct Care Expense Per Diem	110.1070	220.2140	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,292	6,664	7,956
2. Additional Services	11,062	57,064	68,126
3. Additional Services Exp & Per Diem	8.5619	8.5630	

D. Medicaid Per Diem Cost

1.Operating Component	63.6056	63.6056	506,046
2. Resident Care Component	221.4898	331.5979	2,495,933
3. Property Cost Component	14.5221	14.5221	115,538
4. ROE/Use Allow Component	1.4003	1.4003	11,141
5. Total Cost Per Diem	301.0178	411.1259	3,128,658



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028049601 - 2015/07

RI: 324.13

NM: 436.09

Rates Effective 07/01/2015 through 06/30/2016

Dorchester Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	73.289	207.212	280.501	73.289	313.986	387.275
2.Inflate Line 1 by Inflation Factor 1.01800606	74.608	210.943	285.551	74.608	319.640	394.248
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	75.136	212.436	287.572	75.136	321.901	397.038
4.Current Period Cost	63.606	221.490	285.095	63.606	331.598	395.204
5.Incentive Basis (line 3 - line 4)	11.530	0.000		11.530	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	63.606	212.436	276.041	63.606	321.901	385.507
7.Incentive Line 5 x Oper 50% Res 50%	5.765	0.000	5.765	5.765	0.000	5.765
8.Incentive - Line 4 x Oper 10% Res 3%	6.361	0.000	6.361	6.361	0.000	6.361
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.765	0.000	5.765	5.765	0.000	5.765
10.Final Incentive	5.765	0.000	5.765	5.765	0.000	5.765
11.Current Period Base: (6 + line 10)	69.371	212.436	281.806	69.371	321.901	391.272
12.Plus: Property Rate Component			14.522			14.522
13.Plus: ROE/Use Rate			1.400			1.400
14.Total Current Period Base			297.729			407.195
15.Prospective Rate: Line 11 x Inflation 1.05214018	72.988	223.512	296.500	72.988	338.685	411.673
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	72.988	223.512	296.500	72.988	338.685	411.673
19.Property Rate Component			14.522			14.522
20.ROE Component + ROE Interim Component			1.400			1.400
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			312.42			427.60
23.Medicaid Days		1,292			6,664	
24.Resident Days		1,292			6,664	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.29)			(12.49)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			324.13			436.09



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028059300 - 2015/07
RI:237.40 / NM:0.00

**146th Place Grp Home #10
 (Sunrise)**

10521 S.W. 146th Place
 Miami, FL 33186

Provider Number: 028059300

Date: 7/24/2015

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>244.39</u>	<u>237.40</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2015</u>

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs			

Basis			
<u> </u> Budget		<u> </u> Desk Audited Costs	
<u> </u> X Unaudited Costs		<u> </u> Desk Audit - Interim Portion	
<u> </u> Field Audited Costs		<u> </u> Desk Audit - Prospective Portion	
<u> </u> Field Audit - Interim Portion			

 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

028059300

Rate Period(s) 07/2015 to 7/2015

Provider Name:	146th Place Grp Home #10 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28059300	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,181	0	2,181
2. Operating Expenses component			
A. Administration			52,320
B. Plant Operation			26,784
C. Laundry			785
D. Housekeeping			432
E. Operating Expense Component & Per Diem	36.8276		80,321
3. Resident Care			
A. Dietary			15,262
B. Other			56,010
C. Nursing			201
D. Resident Care & Per Diem	32.7707		71,473
4. Prop Exp & Per Diem	14.6121		31,869
5. ROE/Use Per Diem	0.2004		437

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,635.75	0.00	1,635.75
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	249,882.00	0.00	249,882.00
5. Direct Care Expense Per Diem	114.5722	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,181	0	2,181
2. Additional Services	13,879	0	13,879
3. Additional Services Exp & Per Diem	6.3636	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	36.8276	0.0000	80,321
2. Resident Care Component	153.7065	0.0000	335,234
3. Property Cost Component	14.6121	0.0000	31,869
4. ROE/Use Allow Component	0.2004	0.0000	437
5. Total Cost Per Diem	205.3466	0.0000	447,861



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028059300 - 2015/07

RI: 237.40

NM: 0.00

Rates Effective 07/01/2015 through 06/30/2016

146th Place Grp Home #10 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.635	162.310	203.945	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01800606	42.385	165.232	207.617	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	42.685	166.401	209.086	0.000	0.000	0.000
4.Current Period Cost	36.828	153.707	190.534	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	5.857	12.695		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	36.828	153.707	190.534	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.929	6.347	9.276	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.683	4.611	8.294	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.929	4.611	7.540	0.000	0.000	0.000
10.Final Incentive	2.929	4.611	7.540	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	39.756	158.318	198.074	0.000	0.000	0.000
12.Plus: Property Rate Component			14.612			0.000
13.Plus: ROE/Use Rate			0.200			0.000
14.Total Current Period Base			212.886			0.000
15.Prospective Rate: Line 11 x Inflation 1.05214018	41.829	166.572	208.402	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	41.829	166.572	208.402	0.000	0.000	0.000
19.Property Rate Component			14.612			0.000
20.ROE Component + ROE Interim Component			0.200			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			223.21			0.00
23.Medicaid Days		2,181			0	
24.Resident Days		2,181			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.80)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			237.40			0.00



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028062300 - 2015/07
RI:233.31 / NM:271.36

Provider Number: 028062300

119th Street Grp Home #11
(Sunrise)

Date: 7/24/2015

13350 S.W. 119th Street
Miami, FL 33186

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	238.40	233.31	7/1/2015
#8 Non-Ambulatory & #9 Medical	276.23	271.36	7/1/2015

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> </u> X Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	<u> </u>

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

028062300

Rate Period(s) 07/2015 to 7/2015

Provider Name:	119th Street Grp Home #11 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28062300	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,460	730	2,190
2. Operating Expenses component			
A. Administration			53,242
B. Plant Operation			23,399
C. Laundry			344
D. Housekeeping			2,757
E. Operating Expense Component & Per Diem	36.4119	36.4119	79,742
3. Resident Care			
A. Dietary			16,027
B. Other			65,775
C. Nursing			1,071
D. Resident Care & Per Diem	37.8416	37.8416	82,873
4. Prop Exp & Per Diem	15.4183	15.4183	33,766
5. ROE/Use Per Diem	0.1890	0.1890	414

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	0.60	0.40	1.00
4. Allocation of Direct Care	161,273.40	107,515.60	268,789.00
5. Direct Care Expense Per Diem	110.4612	147.2816	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	3,182	1,592	4,774
3. Additional Services Exp & Per Diem	2.1795	2.1808	

D. Medicaid Per Diem Cost

1. Operating Component	36.4119	36.4119	79,742
2. Resident Care Component	150.4823	187.3040	356,436
3. Property Cost Component	15.4183	15.4183	33,766
4. ROE/Use Allow Component	0.1890	0.1890	414
5. Total Cost Per Diem	202.5015	239.3232	470,358



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028062300 - 2015/07

RI: 233.31

NM: 271.36

Rates Effective 07/01/2015 through 06/30/2016

119th Street Grp Home #11 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.705	153.123	194.828	41.705	189.777	231.482
2.Inflate Line 1 by Inflation Factor 1.01800606	42.456	155.880	198.336	42.456	193.194	235.650
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	42.756	156.983	199.740	42.756	194.561	237.317
4.Current Period Cost	36.412	150.482	186.894	36.412	187.304	223.716
5.Incentive Basis (line 3 - line 4)	6.344	6.501		6.344	7.257	
6.Allowed Current Period Costs (Min of line 3 or 4)	36.412	150.482	186.894	36.412	187.304	223.716
7.Incentive Line 5 x Oper 50% Res 50%	3.172	3.250	6.423	3.172	3.628	6.801
8.Incentive - Line 4 x Oper 10% Res 3%	3.641	4.514	8.156	3.641	5.619	9.260
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.172	3.250	6.423	3.172	3.628	6.801
10.Final Incentive	3.172	3.250	6.423	3.172	3.628	6.801
11.Current Period Base: (6 + line 10)	39.584	153.733	193.317	39.584	190.932	230.516
12.Plus: Property Rate Component			15.418			15.418
13.Plus: ROE/Use Rate			0.189			0.189
14.Total Current Period Base			208.924			246.124
15.Prospective Rate: Line 11 x Inflation 1.05214018	41.648	161.748	203.396	41.648	200.888	242.536
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	41.648	161.748	203.396	41.648	200.888	242.536
19.Property Rate Component			15.418			15.418
20.ROE Component + ROE Interim Component			0.189			0.189
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			219.00			258.14
23.Medicaid Days		1,460			730	
24.Resident Days		1,460			730	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.68)			(7.77)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			233.31			271.36



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028065800 - 2015/07
RI:231.75 / NM:0.00

Provider Number: 028065800

22nd Street Grp Home #6
(Sunrise)

Date: 7/24/2015

444 N.W. 22nd Street
 Homestead, FL 33030

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	245.75	231.75	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:

<u> </u> Interim	<u> </u> X <u> </u> Prospective
<u> </u> Total Interim	<u> </u> X <u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> </u> X <u> </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028065800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	22nd Street Grp Home #6 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28065800	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,968	0	1,968
2. Operating Expenses component			
A. Administration			45,651
B. Plant Operation			27,561
C. Laundry			2,300
D. Housekeeping			3,862
E. Operating Expense Component & Per Diem	40.3323		79,374
3. Resident Care			
A. Dietary			17,562
B. Other			50,574
C. Nursing			0
D. Resident Care & Per Diem	34.6220		68,136
4. Prop Exp & Per Diem	10.7734		21,202
5. ROE/Use Per Diem	0.3476		684

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,476.00	0.00	1,476.00
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	215,126.00	0.00	215,126.00
5. Direct Care Expense Per Diem	109.3120	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,968	0	1,968
2. Additional Services	6,566	0	6,566
3. Additional Services Exp & Per Diem	3.3364	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	40.3323	0.0000	79,374
2. Resident Care Component	147.2704	0.0000	289,828
3. Property Cost Component	10.7734	0.0000	21,202
4. ROE/Use Allow Component	0.3476	0.0000	684
5. Total Cost Per Diem	198.7237	0.0000	391,088



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028065800 - 2015/07

RI: 231.75

NM: 0.00

Rates Effective 07/01/2015 through 06/30/2016

22nd Street Grp Home #6 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	49.392	157.334	206.725	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01800606	50.281	160.166	210.448	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	50.637	161.300	211.936	0.000	0.000	0.000
4.Current Period Cost	40.332	147.270	187.603	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	10.304	14.029		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	40.332	147.270	187.603	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	5.152	7.015	12.167	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.033	4.418	8.451	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.033	4.418	8.451	0.000	0.000	0.000
10.Final Incentive	4.033	4.418	8.451	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	44.366	151.689	196.054	0.000	0.000	0.000
12.Plus: Property Rate Component			10.773			0.000
13.Plus: ROE/Use Rate			0.348			0.000
14.Total Current Period Base			207.175			0.000
15.Prospective Rate: Line 11 x Inflation 1.05214018	46.679	159.598	206.276	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	46.679	159.598	206.276	0.000	0.000	0.000
19.Property Rate Component			10.773			0.000
20.ROE Component + ROE Interim Component			0.348			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			217.40			0.00
23.Medicaid Days		1,968			0	
24.Resident Days		1,968			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.64)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			231.75			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028427100 - 2015/07
RI:249.24 / NM:323.49

Provider Number: 028427100

Fern Park Developmental Center

Date: 7/24/2015

230 Fern Park Boulevard
 Fern Park, FL 32730

FYE: 2/28/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>252.57</u>	<u>249.24</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>325.95</u>	<u>323.49</u>	<u>7/1/2015</u>

Rate Type:			
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective	
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basis			
<input type="checkbox"/> Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

For Information only - No Change in rate



Florida Agency For Health Care Administration

028427100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Fern Park Developmental Center**
 Provider Number: 28427100
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 3/1/2013 - 2/28/2014
 Days In Reporting Period: 365
 Number of Beds: 64

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	5,110	18,239	23,349
2. Operating Expenses component			
A. Administration			901,138
B. Plant Operation			314,727
C. Laundry			36,373
D. Housekeeping			122,695
E. Operating Expense Component & Per Diem	58.8862	58.8862	1,374,933
3. Resident Care			
A. Dietary			409,753
B. Other			0
C. Nursing			892,307
D. Resident Care & Per Diem	55.7651	55.7651	1,302,060
4. Prop Exp & Per Diem	23.9098	23.9098	558,271
5. ROE/Use Per Diem	0.0909	0.0909	2,122

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	2,555.00	18,239.00	20,794.00
3. Staffing Percent	0.12	0.88	1.00
4. Allocation of Direct Care	367,016.02	2,619,962.98	2,986,979.00
5. Direct Care Expense Per Diem	71.8231	143.6462	

C. Additional Services Expense

1. Medicaid Inpatient Days	5,110	18,239	23,349
2. Additional Services	43,708	156,007	199,715
3. Additional Services Exp & Per Diem	8.5534	8.5535	

D. Medicaid Per Diem Cost

1. Operating Component	58.8862	58.8862	1,374,933
2. Resident Care Component	136.1416	207.9648	4,488,754
3. Property Cost Component	23.9098	23.9098	558,271
4. ROE/Use Allow Component	0.0909	0.0909	2,122
5. Total Cost Per Diem	219.0285	290.8517	6,424,080



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028427100 - 2015/07

RI: 249.24

NM: 323.49

Fern Park Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	3/1/2013	2/28/2014	Unaudited	201407
Prior Cost Report	3/1/2012	2/28/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	60.732	138.281	199.013	60.732	208.873	269.605
2.Inflate Line 1 by Inflation Factor 1.01936284	61.908	140.959	202.867	61.908	212.917	274.825
3.Line 1 X 1.4000 X Inflation Factor 1.02710798	62.378	142.030	204.408	62.378	214.535	276.913
4.Current Period Cost	58.886	136.142	195.028	58.886	207.965	266.851
5.Incentive Basis (line 3 - line 4)	3.492	5.888		3.492	6.570	
6.Allowed Current Period Costs (Min of line 3 or 4)	58.886	136.142	195.028	58.886	207.965	266.851
7.Incentive Line 5 x Oper 50% Res 50%	1.746	2.944	4.690	1.746	3.285	5.031
8.Incentive - Line 4 x Oper 10% Res 3%	5.889	4.084	9.973	5.889	6.239	12.128
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.746	2.944	4.690	1.746	3.285	5.031
10.Final Incentive	1.746	2.944	4.690	1.746	3.285	5.031
11.Current Period Base: (6 + line 10)	60.632	139.086	199.718	60.632	211.250	271.882
12.Plus: Property Rate Component			23.910			23.910
13.Plus: ROE/Use Rate			0.091			0.091
14.Total Current Period Base			223.719			295.883
15.Pro prospective Rate: Line 11 x Inflation 1.05842055	64.174	147.211	211.386	64.174	223.591	287.766
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	64.174	147.211	211.386	64.174	223.591	287.766
19.Property Rate Component			23.910			23.910
20.ROE Component + ROE Interim Component			0.091			0.091
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			235.39			311.77
23.Medicaid Days		5,110			18,239	
24.Resident Days		5,110			18,239	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(7.14)			(9.27)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			249.24			323.49



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028500500 - 2015/07
RI:205.39 / NM:0.00

Provider Number: 028500500

**Naranja Group Home
 (Sunrise)**

Date: 7/24/2015

15190 S.W. 272nd Street
 Naranja, FL 33032

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>207.07</u>	<u>205.39</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2015</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028500500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Naranja Group Home (Sunrise)**
 Provider Number: 28500500
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 12

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	4,329	0	4,329
2. Operating Expenses component			
A. Administration			83,856
B. Plant Operation			46,674
C. Laundry			406
D. Housekeeping			3,281
E. Operating Expense Component & Per Diem	31.0042		134,217
3. Resident Care			
A. Dietary			34,712
B. Other			141,220
C. Nursing			0
D. Resident Care & Per Diem	40.6403		175,932
4. Prop Exp & Per Diem	8.9078		38,562
5. ROE/Use Per Diem	1.0351		4,481

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	2,164.50	0.00	2,164.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	400,926.00	0.00	400,926.00
5. Direct Care Expense Per Diem	92.6140	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	4,329	0	4,329
2. Additional Services	11,580	0	11,580
3. Additional Services Exp & Per Diem	2.6750	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	31.0042	0.0000	134,217
2. Resident Care Component	135.9293	0.0000	588,438
3. Property Cost Component	8.9078	0.0000	38,562
4. ROE/Use Allow Component	1.0351	0.0000	4,481
5. Total Cost Per Diem	176.8764	0.0000	765,698



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028500500 - 2015/07

RI: 205.39

NM: 0.00

Naranja Group Home (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	37.455	135.260	172.715	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01800606	38.129	137.696	175.825	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	38.399	138.670	177.069	0.000	0.000	0.000
4.Current Period Cost	31.004	135.929	166.934	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	7.395	2.741		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	31.004	135.929	166.934	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	3.697	1.370	5.068	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.100	4.078	7.178	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.100	1.370	4.471	0.000	0.000	0.000
10.Final Incentive	3.100	1.370	4.471	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	34.105	137.300	171.404	0.000	0.000	0.000
12.Plus: Property Rate Component			8.908			0.000
13.Plus: ROE/Use Rate			1.035			0.000
14.Total Current Period Base			181.347			0.000
15.Prospective Rate: Line 11 x Inflation 1.05214018	35.883	144.459	180.341	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	35.883	144.459	180.341	0.000	0.000	0.000
19.Property Rate Component			8.908			0.000
20.ROE Component + ROE Interim Component			1.035			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			190.28			0.00
23.Medicaid Days		4,329			0	
24.Resident Days		4,329			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(5.88)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			205.39			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028501300 - 2015/07
RI:308.00 / NM:387.07

Provider Number: 028501300

Sunrise - Main Facility

Date: 7/24/2015

9040 Sunset Drive

FYE: 6/30/2014

Miami, FL 33173

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>303.66</u>	<u>308.00</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>381.47</u>	<u>387.07</u>	<u>7/1/2015</u>

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u>	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> </u> X Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	<u> </u>

W. Rydell Samuel
 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028501300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Sunrise - Main Facility**
 Provider Number: 28501300
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 120

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	25,587	17,070	42,657
2. Operating Expenses component			
A. Administration			1,719,862
B. Plant Operation			1,012,385
C. Laundry			38,967
D. Housekeeping			175,297
E. Operating Expense Component & Per Diem	69.0745	69.0745	2,946,511
3. Resident Care			
A. Dietary			1,489,744
B. Other			1,077,865
C. Nursing			2,439,559
D. Resident Care & Per Diem	117.3821	117.3821	5,007,168
4. Prop Exp & Per Diem	11.9134	11.9134	508,192
5. ROE/Use Per Diem	1.5787	1.5787	67,344

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	12,793.50	17,070.00	29,863.50
3. Staffing Percent	0.43	0.57	1.00
4. Allocation of Direct Care	1,930,467.99	2,575,768.01	4,506,236.00
5. Direct Care Expense Per Diem	75.4472	150.8944	

C. Additional Services Expense

1. Medicaid Inpatient Days	25,587	17,070	42,657
2. Additional Services	364,570	243,220	607,790
3. Additional Services Exp & Per Diem	14.2483	14.2484	

D. Medicaid Per Diem Cost

1. Operating Component	69.0745	69.0745	2,946,511
2. Resident Care Component	207.0776	282.5249	10,121,194
3. Property Cost Component	11.9134	11.9134	508,192
4. ROE/Use Allow Component	1.5787	1.5787	67,344
5. Total Cost Per Diem	289.6442	365.0915	13,643,241



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028501300 - 2015/07

RI: 308.00

NM: 387.07

Sunrise - Main Facility

Ownership:Private

Incentive Rating: Ineligible from 07/18/2014 - 08/18/2014 Days Eligible: 333 of 365

Eligibility Factor : 91.23%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	65.954	195.795	261.749	65.954	271.202	337.156
2.Inflate Line 1 by Inflation Factor 1.01800606	67.142	199.320	266.462	67.142	276.085	343.227
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	67.617	200.730	268.347	67.617	278.039	345.655
4.Current Period Cost	69.075	207.078	276.152	69.075	282.525	351.599
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)	67.617	200.730	268.347	67.617	278.039	345.655
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 91.23%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	67.617	200.730	268.347	67.617	278.039	345.655
12.Plus: Property Rate Component			11.913			11.913
13.Plus: ROE/Use Rate			1.579			1.579
14.Total Current Period Base			281.839			359.148
15.Prospective Rate: Line 11 x Inflation 1.05214018	71.142	211.197	282.339	71.142	292.536	363.678
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	71.142	211.197	282.339	71.142	292.536	363.678
19.Property Rate Component			11.913			11.913
20.ROE Component + ROE Interim Component			1.579			1.579
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			295.83			377.17
23.Medicaid Days		25,587			17,070	
24.Resident Days		25,587			17,070	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(8.82)			(11.09)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			308.00			387.07



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028505600 - 2015/07
RI:293.31 / NM:446.77

Provider Number: 028505600

PARC Cottage

Date: 7/24/2015

3101 76th Way North
 St. Petersburg, FL 33710

FYE: 9/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>293.67</u>	<u>293.31</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>444.67</u>	<u>446.77</u>	<u>7/1/2015</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration

028505600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **PARC Cottage**
 Provider Number: 28505600
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 10/1/2013 - 9/30/2014
 Days In Reporting Period: 365
 Number of Beds: 16

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	3,327	2,512	5,839
2. Operating Expenses component			
A. Administration			288,307
B. Plant Operation			54,814
C. Laundry			6,755
D. Housekeeping			13,498
E. Operating Expense Component & Per Diem	62.2322	62.2322	363,374
3. Resident Care			
A. Dietary			102,882
B. Other			0
C. Nursing			137,057
D. Resident Care & Per Diem	41.0925	41.0925	239,939
4. Prop Exp & Per Diem	4.5672	4.5672	26,668
5. ROE/Use Per Diem	1.0492	1.0492	6,126

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,663.50	2,512.00	4,175.50
3. Staffing Percent	0.40	0.60	1.00
4. Allocation of Direct Care	556,780.28	840,776.72	1,397,557.00
5. Direct Care Expense Per Diem	167.3521	334.7041	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,327	2,512	5,839
2. Additional Services	39,464	29,797	69,261
3. Additional Services Exp & Per Diem	11.8617	11.8619	

D. Medicaid Per Diem Cost

1. Operating Component	62.2322	62.2322	363,374
2. Resident Care Component	220.3063	387.6585	1,706,757
3. Property Cost Component	4.5672	4.5672	26,668
4. ROE/Use Allow Component	1.0492	1.0492	6,126
5. Total Cost Per Diem	288.1549	455.5071	2,102,925



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028505600 - 2015/07

RI: 293.31

NM: 446.77

PARC Cottage

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2013	9/30/2014	Unaudited	201407
Prior Cost Report	10/1/2012	9/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	62.179	194.779	256.959	62.179	341.792	403.971
2.Inflate Line 1 by Inflation Factor 1.01839669	63.323	198.362	261.686	63.323	348.079	411.403
3.Line 1 X 1.4000 X Inflation Factor 1.02575537	63.781	199.796	263.577	63.781	350.595	414.375
4.Current Period Cost	62.232	220.306	282.539	62.232	387.659	449.891
5.Incentive Basis (line 3 - line 4)	1.549	0.000		1.549	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	62.232	199.796	262.028	62.232	350.595	412.827
7.Incentive Line 5 x Oper 50% Res 50%	0.774	0.000	0.774	0.774	0.000	0.774
8.Incentive - Line 4 x Oper 10% Res 3%	6.223	0.000	6.223	6.223	0.000	6.223
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.774	0.000	0.774	0.774	0.000	0.774
10.Final Incentive	0.774	0.000	0.774	0.774	0.000	0.774
11.Current Period Base: (6 + line 10)	63.006	199.796	262.802	63.006	350.595	413.601
12.Plus: Property Rate Component			4.567			4.567
13.Plus: ROE/Use Rate			1.049			1.049
14.Total Current Period Base			268.419			419.217
15.Prospective Rate: Line 11 x Inflation 1.04680761	65.956	209.148	275.103	65.956	367.005	432.961
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	65.956	209.148	275.103	65.956	367.005	432.961
19.Property Rate Component			4.567			4.567
20.ROE Component + ROE Interim Component			1.049			1.049
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			280.72			438.58
23.Medicaid Days		3,327			2,512	
24.Resident Days		3,327			2,512	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(8.40)			(12.80)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			293.31			446.77



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028512900 - 2015/07
RI:265.16 / NM:0.00

Provider Number: 028512900

MACtown, Inc.

Date: 7/24/2015

151 NE 62nd Street

FYE: 9/30/2014

Miami, FL 33138

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	271.13	265.16	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration

028512900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **MACtown, Inc.**
 Provider Number: 28512900
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 10/1/2013 - 9/30/2014
 Days In Reporting Period: 365
 Number of Beds: 56

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	20,114	0	20,114
2. Operating Expenses component			
A. Administration			766,599
B. Plant Operation			93,164
C. Laundry			0
D. Housekeeping			0
E. Operating Expense Component & Per Diem	42.7445		859,763
3. Resident Care			
A. Dietary			0
B. Other			0
C. Nursing			0
D. Resident Care & Per Diem	0.0000		0
4. Prop Exp & Per Diem	12.2289		245,973
5. ROE/Use Per Diem	0.2741		5,513

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	10,057.00	0.00	10,057.00
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	3,756,309.00	0.00	3,756,309.00
5. Direct Care Expense Per Diem	186.7510	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	20,114	0	20,114
2. Additional Services	0	0	0
3. Additional Services Exp & Per Diem	0.0000	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	42.7445	0.0000	859,763
2. Resident Care Component	186.7510	0.0000	3,756,309
3. Property Cost Component	12.2289	0.0000	245,973
4. ROE/Use Allow Component	0.2741	0.0000	5,513
5. Total Cost Per Diem	241.9985	0.0000	4,867,558



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028512900 - 2015/07

RI: 265.16

NM: 0.00

MACtown, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2013	9/30/2014	Unaudited	201407
Prior Cost Report	10/1/2012	9/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	35.298	194.586	229.885	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01839669	35.948	198.166	234.114	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02575537	36.208	199.598	235.806	0.000	0.000	0.000
4.Current Period Cost	42.745	186.751	229.496	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	12.847		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	36.208	186.751	222.959	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	6.424	6.424	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.603	5.603	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.603	5.603	0.000	0.000	0.000
10.Final Incentive	0.000	5.603	5.603	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	36.208	192.354	228.561	0.000	0.000	0.000
12.Plus: Property Rate Component			12.229			0.000
13.Plus: ROE/Use Rate			0.274			0.000
14.Total Current Period Base			241.064			0.000
15.Prospective Rate: Line 11 x Inflation 1.04680761	37.902	201.357	239.259	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	37.902	201.357	239.259	0.000	0.000	0.000
19.Property Rate Component			12.229			0.000
20.ROE Component + ROE Interim Component			0.274			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			251.76			0.00
23.Medicaid Days		20,114			0	
24.Resident Days		20,114			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(7.60)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			265.16			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028513700 - 2015/07
RI:282.07 / NM:333.13

Provider Number: 028513700

**New Horizons of NW Florida,
 Inc.**

Date: 7/24/2015

10050 Hillview Road
 Pensacola, FL 32514

FYE: 9/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>283.44</u>	<u>282.07</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>332.51</u>	<u>333.13</u>	<u>7/1/2015</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 07/2015 to 7/2015

028513700

Provider Name:	New Horizons of NW Florida, Inc.	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28513700	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	10/1/2013 - 9/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	30

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,128	8,395	10,523
2. Operating Expenses component			
A. Administration			730,303
B. Plant Operation			156,132
C. Laundry			41,051
D. Housekeeping			82,429
E. Operating Expense Component & Per Diem	95.9722	95.9722	1,009,915
3. Resident Care			
A. Dietary			265,606
B. Other			71,940
C. Nursing			486,519
D. Resident Care & Per Diem	78.3108	78.3108	824,065
4. Prop Exp & Per Diem	4.9853	4.9853	52,460
5. ROE/Use Per Diem	1.6838	1.6838	17,719

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,064.00	8,395.00	9,459.00
3. Staffing Percent	0.11	0.89	1.00
4. Allocation of Direct Care	121,752.12	960,628.88	1,082,381.00
5. Direct Care Expense Per Diem	57.2143	114.4287	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,128	8,395	10,523
2. Additional Services	56,965	158,975	215,940
3. Additional Services Exp & Per Diem	26.7693	18.9369	

D. Medicaid Per Diem Cost

1. Operating Component	95.9722	95.9722	1,009,915
2. Resident Care Component	162.2944	211.6764	2,122,386
3. Property Cost Component	4.9853	4.9853	52,460
4. ROE/Use Allow Component	1.6838	1.6838	17,719
5. Total Cost Per Diem	264.9357	314.3177	3,202,480



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028513700 - 2015/07

RI: 282.07

NM: 333.13

Rates Effective 07/01/2015 through 06/30/2016

New Horizons of NW Florida, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2013	9/30/2014	Unaudited	201407
Prior Cost Report	10/1/2012	9/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	81.492	169.624	251.117	81.492	217.393	298.886
2.Inflate Line 1 by Inflation Factor 1.01839669	82.991	172.745	255.736	82.991	221.393	304.384
3.Line 1 X 1.4000 X Inflation Factor 1.02575537	83.591	173.993	257.584	83.591	222.992	306.583
4.Current Period Cost	95.972	162.294	258.267	95.972	211.676	307.649
5.Incentive Basis (line 3 - line 4)	0.000	11.699		0.000	11.316	
6.Allowed Current Period Costs (Min of line 3 or 4)	83.591	162.294	245.886	83.591	211.676	295.268
7.Incentive Line 5 x Oper 50% Res 50%	0.000	5.849	5.849	0.000	5.658	5.658
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.869	4.869	0.000	6.350	6.350
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.869	4.869	0.000	5.658	5.658
10.Final Incentive	0.000	4.869	4.869	0.000	5.658	5.658
11.Current Period Base: (6 + line 10)	83.591	167.163	250.754	83.591	217.334	300.925
12.Plus: Property Rate Component			4.985			4.985
13.Plus: ROE/Use Rate			1.684			1.684
14.Total Current Period Base			257.423			307.595
15.Prospective Rate: Line 11 x Inflation 1.04680761	87.504	174.988	262.492	87.504	227.507	315.011
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	87.504	174.988	262.492	87.504	227.507	315.011
19.Property Rate Component			4.985			4.985
20.ROE Component + ROE Interim Component			1.684			1.684
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			269.16			321.68
23.Medicaid Days		2,128			8,395	
24.Resident Days		2,128			8,395	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(8.08)			(9.54)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			282.07			333.13



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028519600 - 2015/07
RI:336.61 / NM:0.00

Provider Number: 028519600

BARC Housing, Inc.

Date: 7/24/2015

10250 N.W. 53rd Street
 Sunrise, FL 33351

FYE: 9/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>333.48</u>	<u>336.61</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2015</u>

Rate Type:			
<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs	<input type="checkbox"/>	
Basis			
<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion	<input type="checkbox"/>	

RS
 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration

028519600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **BARC Housing, Inc.**
 Provider Number: 28519600
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 10/1/2013 - 9/30/2014
 Days In Reporting Period: 365
 Number of Beds: 36

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	12,721	0	12,721
2. Operating Expenses component			
A. Administration			929,636
B. Plant Operation			225,222
C. Laundry			4,493
D. Housekeeping			44,766
E. Operating Expense Component & Per Diem	94.6558		1,204,117
3. Resident Care			
A. Dietary			264,215
B. Other			488,718
C. Nursing			243,237
D. Resident Care & Per Diem	78.3091		996,170
4. Prop Exp & Per Diem	15.7531		200,395
5. ROE/Use Per Diem	0.1836		2,335

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	6,360.50	0.00	6,360.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	1,465,471.00	0.00	1,465,471.00
5. Direct Care Expense Per Diem	115.2009	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	12,721	0	12,721
2. Additional Services	129,789	0	129,789
3. Additional Services Exp & Per Diem	10.2027	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	94.6558	0.0000	1,204,117
2. Resident Care Component	203.7127	0.0000	2,591,430
3. Property Cost Component	15.7531	0.0000	200,395
4. ROE/Use Allow Component	0.1836	0.0000	2,335
5. Total Cost Per Diem	314.3052	0.0000	3,998,277



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028519600 - 2015/07

RI: 336.61

NM: 0.00

BARC Housing, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2013	9/30/2014	Unaudited	201407
Prior Cost Report	10/1/2012	9/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	93.377	195.251	288.629	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01839669	95.095	198.843	293.938	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02575537	95.782	200.280	296.062	0.000	0.000	0.000
4.Current Period Cost	94.656	203.713	298.369	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.127	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.656	200.280	294.936	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.563	0.000	0.563	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	9.466	0.000	9.466	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.563	0.000	0.563	0.000	0.000	0.000
10.Final Incentive	0.563	0.000	0.563	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	95.219	200.280	295.499	0.000	0.000	0.000
12.Plus: Property Rate Component			15.753			0.000
13.Plus: ROE/Use Rate			0.184			0.000
14.Total Current Period Base			311.436			0.000
15.Prospective Rate: Line 11 x Inflation 1.04680761	99.676	209.654	309.331	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	99.676	209.654	309.331	0.000	0.000	0.000
19.Property Rate Component			15.753			0.000
20.ROE Component + ROE Interim Component			0.184			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			325.27			0.00
23.Medicaid Days		12,721			0	
24.Resident Days		12,721			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.64)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			336.61			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028520000 - 2015/07
RI:234.34 / NM:316.07

Provider Number: 028520000

**Pensacola Developmental
 Center**

Date: 7/24/2015

One Villa Drive

FYE: 5/31/2014

Pensacola, FL 32506

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>228.74</u>	<u>234.34</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>310.03</u>	<u>316.07</u>	<u>7/1/2015</u>

Rate Type:			
<u>X</u>	Interim	<u>X</u>	Prospective
	<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
	<u> </u> X Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
	<u> </u> Settlement Based on Costs		
Basis			
<u> </u>	Budget	<u> </u>	Desk Audited Costs
<u> </u> X	Unaudited Costs	<u> </u>	Desk Audit - Interim Portion
<u> </u>	Field Audited Costs	<u> </u>	Desk Audit - Prospective Portion
<u> </u>	Field Audit - Interim Portion		

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

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Florida Agency For Health Care Administration

028520000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Pensacola Developmental Center	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28520000	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	63

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	9,941	12,723	22,664
2. Operating Expenses component			
A. Administration			630,862
B. Plant Operation			392,486
C. Laundry			3,850
D. Housekeeping			211,390
E. Operating Expense Component & Per Diem	54.6500	54.6500	1,238,588
3. Resident Care			
A. Dietary			364,277
B. Other			0
C. Nursing			713,306
D. Resident Care & Per Diem	47.5460	47.5460	1,077,583
4. Prop Exp & Per Diem	14.6850	14.6850	332,820
5. ROE/Use Per Diem	0.6166	0.6166	13,974

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	4,970.50	12,723.00	17,693.50
3. Staffing Percent	0.28	0.72	1.00
4. Allocation of Direct Care	784,599.04	2,008,339.96	2,792,939.00
5. Direct Care Expense Per Diem	78.9256	157.8511	

C. Additional Services Expense

1. Medicaid Inpatient Days	9,941	12,723	22,664
2. Additional Services	83,774	107,218	190,992
3. Additional Services Exp & Per Diem	8.4271	8.4271	

D. Medicaid Per Diem Cost

1. Operating Component	54.6500	54.6500	1,238,588
2. Resident Care Component	134.8987	213.8242	4,061,514
3. Property Cost Component	14.6850	14.6850	332,820
4. ROE/Use Allow Component	0.6166	0.6166	13,974
5. Total Cost Per Diem	204.8503	283.7758	5,646,896



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028520000 - 2015/07

RI: 234.34

NM: 316.07

Pensacola Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	52.364	133.990	186.354	52.364	212.624	264.988
2.Inflate Line 1 by Inflation Factor 1.01827004	53.321	136.438	189.759	53.321	216.508	269.829
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	53.703	137.417	191.120	53.703	218.062	271.766
4.Current Period Cost	54.650	134.899	189.549	54.650	213.824	268.474
5.Incentive Basis (line 3 - line 4)	0.000	2.519		0.000	4.238	
6.Allowed Current Period Costs (Min of line 3 or 4)	53.703	134.899	188.602	53.703	213.824	267.527
7.Incentive Line 5 x Oper 50% Res 50%	0.000	1.259	1.259	0.000	2.119	2.119
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.047	4.047	0.000	6.415	6.415
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.259	1.259	0.000	2.119	2.119
10.Final Incentive	0.000	1.259	1.259	0.000	2.119	2.119
11.Current Period Base: (6 + line 10)	53.703	136.158	189.861	53.703	215.943	269.647
12.Plus: Property Rate Component			14.685			14.685
13.Plus: ROE/Use Rate			0.617			0.617
14.Total Current Period Base			205.163			284.948
15.Prospective Rate: Line 11 x Inflation 1.05373859	56.589	143.475	200.064	56.589	227.548	284.137
16.Interim Rate Component: *	4.700	0.000	4.700	4.700	0.000	4.700
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	61.289	143.475	204.764	61.289	227.548	288.837
19.Property Rate Component			14.685			14.685
20.ROE Component + ROE Interim Component *			0.617			0.617
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			220.07			304.14
23.Medicaid Days			9,941			12,723
24.Resident Days			9,941			12,723
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.71)			(9.06)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			234.34			316.07

* See Attachment

Health Insurance IRR #265 - Pensacola Developmental Center- Provider #0285200-00
Other Interim Rate Analysis - ICF/IID Plan Section IV.G.
Effective Date 1/1/2015 - Rate Semester 7/1/2015

		Residential/Institutional (Level of Care 7)				
		Operating	Resident	Property	ROE	
Residential/Institutional IRR Effective 1/1/2015		\$ 4.70	Care	Component	Component	Totals
Description		Component	Component	Component	Component	
Prospective Rate (Line 15)		56.589	143.475	14.685	0.617	215.37
Prospective Rate w/o ROE		56.589	143.475	14.685	0.000	214.75
Allocation of IRR		4.700	0.000	0.000	0.000	4.70
Final Per Diem (Line 22)		61.289	143.475	14.685	0.617	220.07
L22. Final Per Diem Rate - LOC 7		220.07				
L26. Quality Assessment (20.99)		20.99				
L27. Less Rate Cut (0.027853567) (*Based on Bed Days)		(6.71)				
L28. Less Rate Freeze Amount (0%)		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		234.34				
		Non - Ambulatory/Medical (Level of Care 8, 9)				
		Operating	Resident	Property	ROE	
Non-Ambulatory/Medical IRR Effective 1/1/2015		\$ 4.70	Care	Component	Component	Totals
Description		Component	Component	Component	Component	
Prospective Rate (Line 15)		56.589	227.548	14.685	0.617	299.44
Prospective Rate w/o ROE		56.589	227.548	14.685	0.000	298.82
Allocation of IRR		4.700	0.000	0.000	0.000	4.70
Final Per Diem (Line 22)		61.289	227.548	14.685	0.617	304.14
L22. Final Per Diem Rate - LOC 8, 9		304.14				
L26. Quality Assessment (20.99)		20.99				
L27. Less Rate Cut (0.027853567) (*Based on Bed Days)		(9.06)				
L28. Less Rate Freeze Amount (0%)		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		316.07				



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028521800 - 2015/07
RI:311.45 / NM:389.11

Ann Storck Center, Inc.

Provider Number: 028521800

1790 S.W. 43rd Way
 Ft. Lauderdale, FL 33317

Date: 7/24/2015

FYE: 9/30/2013

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>318.05</u>	<u>311.45</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>396.96</u>	<u>389.11</u>	<u>7/1/2015</u>

Rate Type:			
<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs		

Basis			
<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

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 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Ann Storck Center

1790 S.W. 43RD WAY

Ft. Lauderdale, FL 33317

For Information only - No Change in rate



Florida Agency For Health Care Administration

028521800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name: **Ann Storck Center, Inc.**
 Provider Number: 28521800
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 10/1/2012 - 9/30/2013
 Days In Reporting Period: 365
 Number of Beds: 48

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	365	16,577	16,942
2. Operating Expenses component			
A. Administration			621,926
B. Plant Operation			417,371
C. Laundry			90,474
D. Housekeeping			124,751
E. Operating Expense Component & Per Diem	74.0480	74.0480	1,254,522
3. Resident Care			
A. Dietary			340,337
B. Other			0
C. Nursing			1,100,714
D. Resident Care & Per Diem	85.0579	85.0579	1,441,051
4. Prop Exp & Per Diem	10.6477	10.6477	180,394
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	182.50	16,577.00	16,759.50
3. Staffing Percent	0.01	0.99	1.00
4. Allocation of Direct Care	26,647.92	2,420,506.08	2,447,154.00
5. Direct Care Expense Per Diem	73.0080	146.0159	

C. Additional Services Expense

1. Medicaid Inpatient Days	365	16,577	16,942
2. Additional Services	11,769	534,514	546,283
3. Additional Services Exp & Per Diem	32.2438	32.2443	

D. Medicaid Per Diem Cost

1. Operating Component	74.0480	74.0480	1,254,522
2. Resident Care Component	190.3097	263.3181	4,434,488
3. Property Cost Component	10.6477	10.6477	180,394
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	275.0054	348.0138	5,869,404



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028521800 - 2015/07

RI: 311.45

NM: 389.11

Rates Effective 07/01/2015 through 06/30/2016

Ann Storck Center, Inc.

Ownership:Private

Incentive Rating: Ineligible from 08/14/2014 - 09/26/2014 Days Eligible: 321 of 365

Eligibility Factor : 87.95%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2012	9/30/2013	Unaudited	201407
Prior Cost Report	10/1/2011	9/30/2012	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	75.116	197.472	272.588	75.116	272.681	347.797
2.Inflate Line 1 by Inflation Factor 1.02154899	76.735	201.727	278.461	76.735	278.556	355.291
3.Line 1 X 1.4000 X Inflation Factor 1.03016859	77.382	203.429	280.811	77.382	280.907	358.289
4.Current Period Cost	74.048	190.310	264.358	74.048	263.318	337.366
5.Incentive Basis (line 3 - line 4)	3.334	13.119		3.334	17.589	
6.Allowed Current Period Costs (Min of line 3 or 4)	74.048	190.310	264.358	74.048	263.318	337.366
7.Incentive Line 5 x Oper 50% Res 50%	1.667	6.560	8.227	1.667	8.794	10.461
8.Incentive - Line 4 x Oper 10% Res 3%	7.405	5.709	13.114	7.405	7.900	15.304
9.Incentive - Min of Line 7,8 x Eligibility factor 87.95%	1.466	5.021	6.487	1.466	6.947	8.413
10.Final Incentive	1.466	5.021	6.487	1.466	6.947	8.413
11.Current Period Base: (6 + line 10)	75.514	195.331	270.845	75.514	270.265	345.779
12.Plus: Property Rate Component			10.648			10.648
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			281.493			356.427
15.Prospective Rate: Line 11 x Inflation 1.06606541	80.503	208.235	288.738	80.503	288.121	368.624
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	80.503	208.235	288.738	80.503	288.121	368.624
19.Property Rate Component			10.648			10.648
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			299.39			379.27
23.Medicaid Days		365			16,577	
24.Resident Days		365			16,577	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(8.92)			(11.15)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			311.45			389.11



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028522600 - 2015/07
RI:247.27 / NM:327.75

Provider Number: 028522600

Tallahassee Developmental Center

Date: 7/24/2015

455 Appleyard Drive
 Tallahassee, FL 32304

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>241.44</u>	<u>247.27</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>320.63</u>	<u>327.75</u>	<u>7/1/2015</u>

Rate Type:			
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective	
<input type="checkbox"/> Total Interim		<input checked="" type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component			<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs			
Basis			
<input type="checkbox"/> Budget		<input type="checkbox"/> Desk Audited Costs	
<input checked="" type="checkbox"/> X Unaudited Costs		<input type="checkbox"/> Desk Audit - Interim Portion	
<input type="checkbox"/> Field Audited Costs		<input type="checkbox"/> Desk Audit - Prospective Portion	
<input type="checkbox"/> Field Audit - Interim Portion			

TS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 DDMS

5050 Poplar Avenue Suite 2000 Suite 718
Memphis, TN 38157

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Florida Agency For Health Care Administration

028522600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Tallahassee Developmental Center	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28522600	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	63

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	3,538	13,949	17,487
2. Operating Expenses component			
A. Administration			700,649
B. Plant Operation			337,359
C. Laundry			5,525
D. Housekeeping			152,887
E. Operating Expense Component & Per Diem	68.4177	68.4177	1,196,420
3. Resident Care			
A. Dietary			406,397
B. Other			0
C. Nursing			746,315
D. Resident Care & Per Diem	65.9182	65.9182	1,152,712
4. Prop Exp & Per Diem	14.5333	14.5333	254,144
5. ROE/Use Per Diem	2.0608	2.0608	36,038

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,769.00	13,949.00	15,718.00
3. Staffing Percent	0.11	0.89	1.00
4. Allocation of Direct Care	306,970.70	2,420,539.31	2,727,510.00
5. Direct Care Expense Per Diem	86.7639	173.5278	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,538	13,949	17,487
2. Additional Services	41,153	162,245	203,398
3. Additional Services Exp & Per Diem	11.6317	11.6313	

D. Medicaid Per Diem Cost

1. Operating Component	68.4177	68.4177	1,196,420
2. Resident Care Component	164.3138	251.0773	4,083,620
3. Property Cost Component	14.5333	14.5333	254,144
4. ROE/Use Allow Component	2.0608	2.0608	36,038
5. Total Cost Per Diem	249.3256	336.0891	5,570,222



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028522600 - 2015/07

RI: 247.27

NM: 327.75

Tallahassee Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	55.596	144.991	200.588	55.596	221.595	277.192
2.Inflate Line 1 by Inflation Factor 1.01827004	56.612	147.640	204.252	56.612	225.644	282.256
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	57.018	148.700	205.718	57.018	227.263	284.282
4.Current Period Cost	68.418	164.314	232.732	68.418	251.077	319.495
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)	57.018	148.700	205.718	57.018	227.263	284.282
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: (6 + line 10)	57.018	148.700	205.718	57.018	227.263	284.282
12.Plus: Property Rate Component			14.533			14.533
13.Plus: ROE/Use Rate			2.061			2.061
14.Total Current Period Base			222.312			300.876
15.Prospective Rate: Line 11 x Inflation 1.05373859	60.082	156.691	216.773	60.082	239.476	299.558
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	60.082	156.691	216.773	60.082	239.476	299.558
19.Property Rate Component			14.533			14.533
20.ROE Component + ROE Interim Component			2.061			2.061
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			233.37			316.15
23.Medicaid Days			3,538			13,949
24.Resident Days			3,538			13,949
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(7.08)			(9.39)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			247.27			327.75



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028524200 - 2015/07
RI:239.23 / NM:335.89

Provider Number: 028524200

**Ft. Walton Beach
 Developmental Ctr.**

Date: 7/24/2015

1045 Mar Walt Drive

FYE: 5/31/2014

Ft. Walton Beach, FL 32547

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	236.17	239.23	7/1/2015
#8 Non-Ambulatory & #9 Medical	331.28	335.89	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

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 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

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Florida Agency For Health Care Administration

028524200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Ft. Walton Beach Developmental Ctr.	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28524200	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	63

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	14,249	7,768	22,017
2. Operating Expenses component			
A. Administration			706,576
B. Plant Operation			313,000
C. Laundry			3,646
D. Housekeeping			168,376
E. Operating Expense Component & Per Diem	54.1217	54.1217	1,191,598
3. Resident Care			
A. Dietary			376,753
B. Other			0
C. Nursing			651,048
D. Resident Care & Per Diem	46.6822	46.6822	1,027,801
4. Prop Exp & Per Diem	9.3903	9.3903	206,746
5. ROE/Use Per Diem	3.2537	3.2537	71,636

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	7,124.50	7,768.00	14,892.50
3. Staffing Percent	0.48	0.52	1.00
4. Allocation of Direct Care	1,345,192.68	1,466,693.32	2,811,886.00
5. Direct Care Expense Per Diem	94.4061	188.8122	

C. Additional Services Expense

1. Medicaid Inpatient Days	14,249	7,768	22,017
2. Additional Services	132,981	72,497	205,478
3. Additional Services Exp & Per Diem	9.3327	9.3328	

D. Medicaid Per Diem Cost

1. Operating Component	54.1217	54.1217	1,191,598
2. Resident Care Component	150.4210	244.8272	4,045,165
3. Property Cost Component	9.3903	9.3903	206,746
4. ROE/Use Allow Component	3.2537	3.2537	71,636
5. Total Cost Per Diem	217.1867	311.5929	5,515,145



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028524200 - 2015/07

RI: 239.23

NM: 335.89

Rates Effective 07/01/2015 through 06/30/2016

Ft. Walton Beach Developmental Ctr.

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	53.140	143.632	196.772	53.140	235.638	288.778
2.Inflate Line 1 by Inflation Factor 1.01827004	54.111	146.256	200.367	54.111	239.943	294.054
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	54.500	147.305	201.805	54.500	241.665	296.164
4.Current Period Cost	54.122	150.421	204.543	54.122	244.827	298.949
5.Incentive Basis (line 3 - line 4)	0.378	0.000		0.378	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	54.122	147.305	201.427	54.122	241.665	295.787
7.Incentive Line 5 x Oper 50% Res 50%	0.189	0.000	0.189	0.189	0.000	0.189
8.Incentive - Line 4 x Oper 10% Res 3%	5.412	0.000	5.412	5.412	0.000	5.412
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.189	0.000	0.189	0.189	0.000	0.189
10.Final Incentive	0.189	0.000	0.189	0.189	0.000	0.189
11.Current Period Base: (6 + line 10)	54.311	147.305	201.616	54.311	241.665	295.976
12.Plus: Property Rate Component			9.390			9.390
13.Plus: ROE/Use Rate			3.254			3.254
14.Total Current Period Base			214.260			308.620
15.Prospective Rate: Line 11 x Inflation 1.05373859	57.229	155.221	212.451	57.229	254.652	311.881
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	57.229	155.221	212.451	57.229	254.652	311.881
19.Property Rate Component			9.390			9.390
20.ROE Component + ROE Interim Component			3.254			3.254
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			225.09			324.52
23.Medicaid Days		14,249			7,768	
24.Resident Days		14,249			7,768	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.85)			(9.62)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			239.23			335.89



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028526900 - 2015/07
RI:234.98 / NM:310.09

Provider Number: 028526900

Panama City Developmental Center

Date: 7/24/2015

1407 Lincoln Drive P.O. Box 456
 Panama City, FL 32401

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>228.34</u>	<u>234.98</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>302.25</u>	<u>310.09</u>	<u>7/1/2015</u>

Rate Type:			
<u>X</u>	Interim	<u>X</u>	Prospective
	<u> </u> Total Interim	<u>X</u>	<u> </u> Total Prospective
	<u>X</u> Interim Component		<u> </u> Prospective Adjusted for New Cost
	<u> </u> Settlement Based on Costs		
Basis			
<u> </u>	Budget	<u> </u>	Desk Audited Costs
<u>X</u>	Unaudited Costs	<u> </u>	Desk Audit - Interim Portion
<u> </u>	Field Audited Costs	<u> </u>	Desk Audit - Prospective Portion
<u> </u>	Field Audit - Interim Portion		

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Medicaid Cost Reimbursement Analysis

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 07/2015 to 7/2015

028526900

Provider Name:	Panama City Developmental Center	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28526900	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	64

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,733	19,508	21,241
2. Operating Expenses component			
A. Administration			667,574
B. Plant Operation			388,780
C. Laundry			4,920
D. Housekeeping			168,546
E. Operating Expense Component & Per Diem	57.8984	57.8984	1,229,820
3. Resident Care			
A. Dietary			396,884
B. Other			0
C. Nursing			698,078
D. Resident Care & Per Diem	51.5495	51.5495	1,094,962
4. Prop Exp & Per Diem	13.8904	13.8904	295,046
5. ROE/Use Per Diem	1.3352	1.3352	28,362

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	866.50	19,508.00	20,374.50
3. Staffing Percent	0.04	0.96	1.00
4. Allocation of Direct Care	129,972.62	2,926,146.38	3,056,119.00
5. Direct Care Expense Per Diem	74.9986	149.9973	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,733	19,508	21,241
2. Additional Services	13,589	152,956	166,545
3. Additional Services Exp & Per Diem	7.8413	7.8407	

D. Medicaid Per Diem Cost

1. Operating Component	57.8984	57.8984	1,229,820
2. Resident Care Component	134.3894	209.3875	4,317,626
3. Property Cost Component	13.8904	13.8904	295,046
4. ROE/Use Allow Component	1.3352	1.3352	28,362
5. Total Cost Per Diem	207.5134	282.5115	5,870,854



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028526900 - 2015/07

RI: 234.98

NM: 310.09

Panama City Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	55.366	130.700	186.065	55.366	202.195	257.560
2.Inflate Line 1 by Inflation Factor 1.01827004	56.377	133.088	189.465	56.377	205.889	262.266
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	56.782	134.043	190.824	56.782	207.366	264.148
4.Current Period Cost	57.898	134.389	192.288	57.898	209.388	267.286
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	56.782	134.043	190.824	56.782	207.366	264.148
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: (6 + line 10)	56.782	134.043	190.824	56.782	207.366	264.148
12.Plus: Property Rate Component			13.890			13.890
13.Plus: ROE/Use Rate			1.335			1.335
14.Total Current Period Base			206.050			279.374
15.Prospective Rate: Line 11 x Inflation 1.05373859	59.833	141.246	201.079	59.833	218.510	278.343
16.Interim Rate Component: *	4.420	0.000	4.420	4.420	0.000	4.420
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	64.253	141.246	205.499	64.253	218.510	282.763
19.Property Rate Component			13.890			13.890
20.ROE Component + ROE Interim Component *			1.335			1.335
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			220.72			297.99
23.Medicaid Days		1,733			19,508	
24.Resident Days		1,733			19,508	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.73)			(8.88)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			234.98			310.09

* See Attachment

Health Insurance IRR #266 - Panama City Developmental Center- Provider #0285269-00
Other Interim Rate Analysis - ICF/IID Plan Section IV.G.
Effective Date 1/1/2015 - Rate Semester 7/1/2015

		Residential/Institutional (Level of Care 7)				
		Operating	Resident	Property	ROE	
Residential/Institutional IRR Effective 1/1/2015 \$ 4.42		Component	Care	Component	Component	Totals
Description			Component	Component	Component	
Prospective Rate (Line 15)		59.833	141.246	13.890	1.335	216.30
Prospective Rate w/o ROE		59.833	141.246	13.890	0.000	214.97
Allocation of IRR		4.420	0.000	0.000	0.000	4.42
Final Per Diem (Line 22)		64.253	141.246	13.890	1.335	220.72
L22. Final Per Diem Rate - LOC 7		220.72				
L26. Quality Assessment (20.99)		20.99				
L27. Less Rate Cut (0.027853567) (*Based on Bed Days)		(6.73)				
L28. Less Rate Freeze Amount (0%)		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		234.98				
		Non - Ambulatory/Medical (Level of Care 8, 9)				
		Operating	Resident	Property	ROE	
Non-Ambulatory/Medical IRR Effective 1/1/2015 \$ 4.42		Component	Care	Component	Component	Totals
Description			Component	Component	Component	
Prospective Rate (Line 15)		59.833	218.510	13.890	1.335	293.57
Prospective Rate w/o ROE		59.833	218.510	13.890	0.000	292.23
Allocation of IRR		4.420	0.000	0.000	0.000	4.42
Final Per Diem (Line 22)		64.253	218.510	13.890	1.335	297.99
L22. Final Per Diem Rate - LOC 8, 9		297.99				
L26. Quality Assessment (20.99)		20.99				
L27. Less Rate Cut (0.027853567) (*Based on Bed Days)		(8.88)				
L28. Less Rate Freeze Amount (0%)		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		310.09				



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028530700 - 2015/07
RI:209.67 / NM:280.09

**Hillsborough County
 Developmental Ctr**

14219 Bruce B Downs
 Boulevard
 Tampa, FL 33613

Provider Number: 028530700

Date: 7/24/2015

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	207.19	209.67	7/1/2015
#8 Non-Ambulatory & #9 Medical	276.48	280.09	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

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DPODS - DCF (4)

Home Office:

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Florida Agency For Health Care Administration

028530700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Hillsborough County Developmental Ctr** Cost Report Entered By : Pridgeon, Chantelle
 Provider Number: 28530700 Rate Semester : July, 2015
 Audit Status: Unaudited Cost Report : 6/1/2013 - 5/31/2014
 Date: 7/27/2015 Days In Reporting Period: 365
 Number of Beds: 64

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	4,540	18,155	22,695
2. Operating Expenses component			
A. Administration			641,783
B. Plant Operation			450,463
C. Laundry			4,368
D. Housekeeping			144,177
E. Operating Expense Component & Per Diem	54.6724	54.6724	1,240,791
3. Resident Care			
A. Dietary			371,261
B. Other			0
C. Nursing			746,051
D. Resident Care & Per Diem	49.2316	49.2316	1,117,312
4. Prop Exp & Per Diem	4.7602	4.7602	108,033
5. ROE/Use Per Diem	1.2864	1.2864	29,194

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	2,270.00	18,155.00	20,425.00
3. Staffing Percent	0.11	0.89	1.00
4. Allocation of Direct Care	324,675.35	2,596,687.65	2,921,363.00
5. Direct Care Expense Per Diem	71.5144	143.0288	

C. Additional Services Expense

1. Medicaid Inpatient Days	4,540	18,155	22,695
2. Additional Services	45,366	181,408	226,774
3. Additional Services Exp & Per Diem	9.9925	9.9922	

D. Medicaid Per Diem Cost

1. Operating Component	54.6724	54.6724	1,240,791
2. Resident Care Component	130.7385	202.2526	4,265,449
3. Property Cost Component	4.7602	4.7602	108,033
4. ROE/Use Allow Component	1.2864	1.2864	29,194
5. Total Cost Per Diem	191.4575	262.9716	5,643,467



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028530700 - 2015/07

RI: 209.67

NM: 280.09

Rates Effective 07/01/2015 through 06/30/2016

Hillsborough County Developmental Ctr

Ownership:Private

Incentive Rating: Ineligible from 12/05/2014 - 01/05/2015 Days Eligible: 333 of 365

Eligibility Factor : 91.23%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	50.700	123.860	174.560	50.700	190.889	241.589
2.Inflate Line 1 by Inflation Factor 1.01827004	51.626	126.123	177.749	51.626	194.377	246.003
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	51.996	127.028	179.025	51.996	195.772	247.768
4.Current Period Cost	54.672	130.739	185.411	54.672	202.253	256.925
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)	51.996	127.028	179.025	51.996	195.772	247.768
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 91.23%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	51.996	127.028	179.025	51.996	195.772	247.768
12.Plus: Property Rate Component			4.760			4.760
13.Plus: ROE/Use Rate			1.286			1.286
14.Total Current Period Base			185.071			253.815
15.Pro prospective Rate: Line 11 x Inflation 1.05373859	54.791	133.855	188.645	54.791	206.292	261.083
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	54.791	133.855	188.645	54.791	206.292	261.083
19.Property Rate Component			4.760			4.760
20.ROE Component + ROE Interim Component			1.286			1.286
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			194.69			267.13
23.Medicaid Days		4,540			18,155	
24.Resident Days		4,540			18,155	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.01)			(8.03)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			209.67			280.09



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028531500 - 2015/07
RI:353.92 / NM:430.38

Provider Number: 028531500

Woodhouse, Inc

Date: 7/24/2015

1001 N.E. 3rd Avenue
 Pompano Beach, FL 33060

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	350.66	353.92	7/1/2015
#8 Non-Ambulatory & #9 Medical	427.46	430.38	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

 ,

For Information only - No Change in rate



Florida Agency For Health Care Administration

028531500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Woodhouse, Inc**
 Provider Number: 28531500
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,825	6,639	8,464
2. Operating Expenses component			
A. Administration			535,100
B. Plant Operation			311,943
C. Laundry			69
D. Housekeeping			88,439
E. Operating Expense Component & Per Diem	110.5330	110.5330	935,551
3. Resident Care			
A. Dietary			228,656
B. Other			0
C. Nursing			484,236
D. Resident Care & Per Diem	84.2264	84.2264	712,892
4. Prop Exp & Per Diem	17.7460	17.7460	150,202
5. ROE/Use Per Diem	2.2166	2.2166	18,761

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	912.50	6,639.00	7,551.50
3. Staffing Percent	0.12	0.88	1.00
4. Allocation of Direct Care	133,581.59	971,888.41	1,105,470.00
5. Direct Care Expense Per Diem	73.1954	146.3908	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,825	6,639	8,464
2. Additional Services	83,640	304,269	387,909
3. Additional Services Exp & Per Diem	45.8301	45.8305	

D. Medicaid Per Diem Cost

1. Operating Component	110.5330	110.5330	935,551
2. Resident Care Component	203.2519	276.4477	2,206,271
3. Property Cost Component	17.7460	17.7460	150,202
4. ROE/Use Allow Component	2.2166	2.2166	18,761
5. Total Cost Per Diem	333.7475	406.9433	3,310,785



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028531500 - 2015/07

RI: 353.92

NM: 430.38

Woodhouse, Inc

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	100.948	198.943	299.891	100.948	273.366	374.313
2.Inflate Line 1 by Inflation Factor 1.01800606	102.765	202.525	305.290	102.765	278.288	381.053
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	103.492	203.958	307.450	103.492	280.257	383.749
4.Current Period Cost	110.533	203.252	313.785	110.533	276.448	386.981
5.Incentive Basis (line 3 - line 4)	0.000	0.706		0.000	3.809	
6.Allowed Current Period Costs (Min of line 3 or 4)	103.492	203.252	306.744	103.492	276.448	379.940
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.353	0.353	0.000	1.905	1.905
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.098	6.098	0.000	8.293	8.293
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.353	0.353	0.000	1.905	1.905
10.Final Incentive	0.000	0.353	0.353	0.000	1.905	1.905
11.Current Period Base: (6 + line 10)	103.492	203.605	307.097	103.492	278.352	381.845
12.Plus: Property Rate Component			17.746			17.746
13.Plus: ROE/Use Rate			2.217			2.217
14.Total Current Period Base			327.060			401.807
15.Pro prospective Rate: Line 11 x Inflation 1.05214018	108.888	214.221	323.109	108.888	292.866	401.754
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	108.888	214.221	323.109	108.888	292.866	401.754
19.Property Rate Component			17.746			17.746
20.ROE Component + ROE Interim Component			2.217			2.217
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			343.07			421.72
23.Medicaid Days		1,825			6,639	
24.Resident Days		1,825			6,639	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(10.14)			(12.33)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			353.92			430.38



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028533100 - 2015/07
RI:308.21 / NM:399.90

Provider Number: 028533100

Cape Coral Cluster (Sunrise)

Date: 7/24/2015

2821 Pine Island Road, S.W.

FYE: 6/30/2014

Cape Coral, FL 33991

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	303.20	308.21	7/1/2015
#8 Non-Ambulatory & #9 Medical	393.43	399.90	7/1/2015

Rate Type:			
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective	
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Basis			
<input type="checkbox"/> Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

028533100

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Cape Coral Cluster (Sunrise)**
 Provider Number: 28533100
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,234	7,146	8,380
2. Operating Expenses component			
A. Administration			439,256
B. Plant Operation			179,597
C. Laundry			417
D. Housekeeping			69,883
E. Operating Expense Component & Per Diem	82.2378	82.2378	689,153
3. Resident Care			
A. Dietary			117,307
B. Other			153,139
C. Nursing			470,585
D. Resident Care & Per Diem	88.4285	88.4285	741,031
4. Prop Exp & Per Diem	19.2944	19.2944	161,687
5. ROE/Use Per Diem	3.7535	3.7535	31,454

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	617.00	7,146.00	7,763.00
3. Staffing Percent	0.08	0.92	1.00
4. Allocation of Direct Care	105,725.33	1,224,494.67	1,330,220.00
5. Direct Care Expense Per Diem	85.6769	171.3539	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,234	7,146	8,380
2. Additional Services	13,791	79,865	93,656
3. Additional Services Exp & Per Diem	11.1759	11.1762	

D. Medicaid Per Diem Cost

1. Operating Component	82.2378	82.2378	689,153
2. Resident Care Component	185.2813	270.9586	2,164,907
3. Property Cost Component	19.2944	19.2944	161,687
4. ROE/Use Allow Component	3.7535	3.7535	31,454
5. Total Cost Per Diem	290.5670	376.2443	3,047,201



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028533100 - 2015/07

RI: 308.21

NM: 399.90

Cape Coral Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	76.691	176.401	253.092	76.691	263.840	340.531
2.Inflate Line 1 by Inflation Factor 1.01800606	78.072	179.577	257.649	78.072	268.591	346.663
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	78.624	180.847	259.472	78.624	270.491	349.115
4.Current Period Cost	82.238	185.281	267.519	82.238	270.959	353.196
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)	78.624	180.847	259.472	78.624	270.491	349.115
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: (6 + line 10)	78.624	180.847	259.472	78.624	270.491	349.115
12.Plus: Property Rate Component			19.294			19.294
13.Plus: ROE/Use Rate			3.754			3.754
14.Total Current Period Base			282.520			372.163
15.Prospective Rate: Line 11 x Inflation 1.05214018	82.724	190.277	273.001	82.724	284.594	367.318
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	82.724	190.277	273.001	82.724	284.594	367.318
19.Property Rate Component			19.294			19.294
20.ROE Component + ROE Interim Component			3.754			3.754
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			296.05			390.37
23.Medicaid Days		1,234			7,146	
24.Resident Days		1,234			7,146	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(8.83)			(11.46)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			308.21			399.90



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028535800 - 2015/07
RI:225.59 / NM:250.44

Provider Number: 028535800

Bayview - Lynn Haven

Date: 7/24/2015

700 W. 23rd Street Suite 52

FYE: 12/31/2012

Panama City, FL 32405

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	224.54	225.59	7/1/2015
#8 Non-Ambulatory & #9 Medical	249.17	250.44	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W
W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Residential CRF Inc.

1117 Central Ave

Connersville, IN 47331

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 10/2013 to 7/2015

028535800

Provider Name:	Bayview - Lynn Haven	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28535800	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	1/1/2012 - 12/31/2012
Date:	7/27/2015	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,158	672	1,830
2. Operating Expenses component			
A. Administration			81,297
B. Plant Operation			20,148
C. Laundry			0
D. Housekeeping			3,096
E. Operating Expense Component & Per Diem	57.1262	57.1262	104,541
3. Resident Care			
A. Dietary			9,955
B. Other			0
C. Nursing			15,721
D. Resident Care & Per Diem	14.0306	14.0306	25,676
4. Prop Exp & Per Diem	17.6787	17.6787	32,352
5. ROE/Use Per Diem	0.5710	0.5710	1,045

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	868.50	672.00	1,540.50
3. Staffing Percent	0.56	0.44	1.00
4. Allocation of Direct Care	79,624.06	61,608.94	141,233.00
5. Direct Care Expense Per Diem	68.7600	91.6800	

C. Additional Services Expense

1. Medicaid Inpatient Days	792	672	1,464
2. Additional Services	26,917	22,840	49,757
3. Additional Services Exp & Per Diem	33.9861	33.9881	

D. Medicaid Per Diem Cost

1. Operating Component	57.1262	57.1262	104,541
2. Resident Care Component	116.7767	139.6987	216,666
3. Property Cost Component	17.6787	17.6787	32,352
4. ROE/Use Allow Component	0.5710	0.5710	1,045
5. Total Cost Per Diem	192.1526	215.0746	354,604



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028535800 - 2015/07

RI: 225.59

NM: 250.44

Bayview - Lynn Haven

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2012	12/31/2012	Unaudited	201304
Prior Cost Report	1/1/2011	12/31/2011	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	56.632	123.116	179.748	56.632	146.214	202.847
2.Inflate Line 1 by Inflation Factor 1.02197006	57.876	125.821	183.697	57.876	149.427	207.303
3.Line 1 X 1.4000 X Inflation Factor 1.03075808	58.374	126.903	185.277	58.374	150.712	209.086
4.Current Period Cost	57.126	116.777	173.903	57.126	139.699	196.825
5.Incentive Basis (line 3 - line 4)	1.248	10.126		1.248	11.013	
6.Allowed Current Period Costs (Min of line 3 or 4)	57.126	116.777	173.903	57.126	139.699	196.825
7.Incentive Line 5 x Oper 50% Res 50%	0.624	5.063	5.687	0.624	5.506	6.130
8.Incentive - Line 4 x Oper 10% Res 3%	5.713	3.503	9.216	5.713	4.191	9.904
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.624	3.503	4.127	0.624	4.191	4.815
10.Final Incentive	0.624	3.503	4.127	0.624	4.191	4.815
11.Current Period Base: (6 + line 10)	57.750	120.280	178.030	57.750	143.890	201.640
12.Plus: Property Rate Component			17.679			17.679
13.Plus: ROE/Use Rate			0.571			0.571
14.Total Current Period Base			196.280			219.889
15.Prospective Rate: Line 11 x Inflation 1.08301429	62.544	130.265	192.809	62.544	155.835	218.379
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	62.544	130.265	192.809	62.544	155.835	218.379
19.Property Rate Component			17.679			17.679
20.ROE Component + ROE Interim Component			0.571			0.571
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			211.06			236.63
23.Medicaid Days		792			672	
24.Resident Days		1,158			672	
25.Medicaid Utilization		68.39%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.46)			(7.18)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			225.59			250.44



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028536600 - 2015/07
RI:237.45 / NM:268.35

Provider Number: 028536600

**Squire Court Community
 Home (Res-Care)**

Date: 7/24/2015

95 Squire Court
 Dunedin, FL 34698

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	248.14	237.45	7/1/2015
#8 Non-Ambulatory & #9 Medical	280.96	268.35	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

028536600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Squire Court Community Home (Res-Care)**
 Provider Number: 28536600
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,460	730	2,190
2. Operating Expenses component			
A. Administration			85,999
B. Plant Operation			22,517
C. Laundry			826
D. Housekeeping			2,808
E. Operating Expense Component & Per Diem	51.2100	51.2100	112,150
3. Resident Care			
A. Dietary			19,033
B. Other			0
C. Nursing			18,297
D. Resident Care & Per Diem	17.0457	17.0457	37,330
4. Prop Exp & Per Diem	12.5169	12.5169	27,412
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	0.60	0.40	1.00
4. Allocation of Direct Care	128,838.00	85,892.00	214,730.00
5. Direct Care Expense Per Diem	88.2452	117.6603	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	71,016	35,502	106,518
3. Additional Services Exp & Per Diem	48.6411	48.6329	

D. Medicaid Per Diem Cost

1. Operating Component	51.2100	51.2100	112,150
2. Resident Care Component	153.9320	183.3389	358,578
3. Property Cost Component	12.5169	12.5169	27,412
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	217.6589	247.0658	498,140



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028536600 - 2015/07

RI: 237.45

NM: 268.35

Rates Effective 07/01/2015 through 06/30/2016

Squire Court Community Home (Res-Care)

Ownership:Private

Incentive Rating: Ineligible from 02/03/2015 - 03/05/2015 Days Eligible: 334 of 365

Eligibility Factor : 91.51%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.107	165.633	206.741	41.107	197.434	238.541
2.Inflate Line 1 by Inflation Factor 1.01800606	41.848	168.616	210.463	41.848	200.989	242.836
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	42.144	169.809	211.952	42.144	202.411	244.554
4.Current Period Cost	51.210	153.932	205.142	51.210	183.339	234.549
5.Incentive Basis (line 3 - line 4)	0.000	15.877		0.000	19.072	
6.Allowed Current Period Costs (Min of line 3 or 4)	42.144	153.932	196.076	42.144	183.339	225.483
7.Incentive Line 5 x Oper 50% Res 50%	0.000	7.938	7.938	0.000	9.536	9.536
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.618	4.618	0.000	5.500	5.500
9.Incentive - Min of Line 7,8 x Eligibility factor 91.51%	0.000	4.226	4.226	0.000	5.033	5.033
10.Final Incentive	0.000	4.226	4.226	0.000	5.033	5.033
11.Current Period Base: (6 + line 10)	42.144	158.158	200.301	42.144	188.372	230.516
12.Plus: Property Rate Component			12.517			12.517
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			212.818			243.032
15.Prospective Rate: Line 11 x Inflation 1.05214018	44.341	166.404	210.745	44.341	198.194	242.535
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	44.341	166.404	210.745	44.341	198.194	242.535
19.Property Rate Component			12.517			12.517
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			223.26			255.05
23.Medicaid Days		1,460			730	
24.Resident Days		1,460			730	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.80)			(7.69)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			237.45			268.35



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028537400 - 2015/07
RI:258.06 / NM:0.00

Provider Number: 028537400

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

Date: 7/24/2015

3438 S.R. 580

FYE: 6/30/2014

Safety Harbor, FL 34695

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	281.42	258.06	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim		<u> </u> X Total Prospective
<u> </u> Interim Component		<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> </u> X Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

028537400

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Bayview Community Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28537400	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			90,985
B. Plant Operation			23,692
C. Laundry			501
D. Housekeeping			2,723
E. Operating Expense Component & Per Diem	53.8361		117,901
3. Resident Care			
A. Dietary			19,088
B. Other			0
C. Nursing			15,656
D. Resident Care & Per Diem	15.8648		34,744
4. Prop Exp & Per Diem	16.3096		35,718
5. ROE/Use Per Diem	0.0000		0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	232,213.00	0.00	232,213.00
5. Direct Care Expense Per Diem	106.0333	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	104,969	0	104,969
3. Additional Services Exp & Per Diem	47.9311	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	53.8361	0.0000	117,901
2. Resident Care Component	169.8292	0.0000	371,926
3. Property Cost Component	16.3096	0.0000	35,718
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	239.9749	0.0000	525,545



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028537400 - 2015/07

RI: 258.06

NM: 0.00

Bayview Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	45.291	166.791	212.082	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01800606	46.106	169.795	215.901	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	46.432	170.996	217.428	0.000	0.000	0.000
4.Current Period Cost	53.836	169.829	223.665	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	1.167		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	46.432	169.829	216.262	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.583	0.583	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.095	5.095	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.583	0.583	0.000	0.000	0.000
10.Final Incentive	0.000	0.583	0.583	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	46.432	170.413	216.845	0.000	0.000	0.000
12.Plus: Property Rate Component			16.310			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			233.154			0.000
15.Prospective Rate: Line 11 x Inflation 1.05214018	48.853	179.298	228.151	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	48.853	179.298	228.151	0.000	0.000	0.000
19.Property Rate Component			16.310			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			244.46			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(7.39)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			258.06			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028539100 - 2015/07
RI:398.31 / NM:479.64

Provider Number: 028539100

Hendricks

Date: 7/24/2015

2700 Atlantic Avenue
 Fernandina Beach, FL 32034

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	429.92	398.31	7/1/2015
#8 Non-Ambulatory & #9 Medical	522.65	479.64	7/1/2015

Rate Type:			
<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs		

Basis			
<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Care Centers of Nassau, LLC

95146 Hendricks Road

Fernandina Beach, FL 32034

For Information only - No Change in rate



Florida Agency For Health Care Administration

028539100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Hendricks**
 Provider Number: 28539100
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 6/1/2013 - 5/31/2014
 Days In Reporting Period: 365
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,304	7,367	8,671
2. Operating Expenses component			
A. Administration			669,779
B. Plant Operation			395,075
C. Laundry			49,134
D. Housekeeping			67,255
E. Operating Expense Component & Per Diem	136.2292	136.2292	1,181,243
3. Resident Care			
A. Dietary			246,848
B. Other			0
C. Nursing			343,578
D. Resident Care & Per Diem	68.0920	68.0920	590,426
4. Prop Exp & Per Diem	56.1645	56.1645	487,002
5. ROE/Use Per Diem	3.4766	3.4766	30,146

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	652.00	7,367.00	8,019.00
3. Staffing Percent	0.08	0.92	1.00
4. Allocation of Direct Care	100,774.13	1,138,654.87	1,239,429.00
5. Direct Care Expense Per Diem	77.2808	154.5615	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,304	7,367	8,671
2. Additional Services	31,734	179,280	211,014
3. Additional Services Exp & Per Diem	24.3359	24.3356	

D. Medicaid Per Diem Cost

1. Operating Component	136.2292	136.2292	1,181,243
2. Resident Care Component	169.7087	246.9891	2,040,869
3. Property Cost Component	56.1645	56.1645	487,002
4. ROE/Use Allow Component	3.4766	3.4766	30,146
5. Total Cost Per Diem	365.5790	442.8594	3,739,260



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028539100 - 2015/07

RI: 398.31

NM: 479.64

Hendricks

Ownership: Private

Incentive Rating: Ineligible from 09/05/2014 - 10/05/2014 Days Eligible: 334 of 365

Eligibility Factor : 91.51%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	136.471	199.546	336.017	136.471	289.252	425.723
2.Inflate Line 1 by Inflation Factor 1.01827004	138.964	203.192	342.156	138.964	294.537	433.501
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	139.961	204.650	344.612	139.961	296.651	436.612
4.Current Period Cost	136.229	169.709	305.938	136.229	246.989	383.218
5.Incentive Basis (line 3 - line 4)	3.732	34.941		3.732	49.661	
6.Allowed Current Period Costs (Min of line 3 or 4)	136.229	169.709	305.938	136.229	246.989	383.218
7.Incentive Line 5 x Oper 50% Res 50%	1.866	17.471	19.337	1.866	24.831	26.697
8.Incentive - Line 4 x Oper 10% Res 3%	13.623	5.091	18.714	13.623	7.410	21.033
9.Incentive - Min of Line 7,8 x Eligibility factor 91.51%	1.708	4.659	6.366	1.708	6.780	8.488
10.Final Incentive	1.708	4.659	6.366	1.708	6.780	8.488
11.Current Period Base: (6 + line 10)	137.937	174.368	312.304	137.937	253.769	391.706
12.Plus: Property Rate Component			56.165			56.165
13.Plus: ROE/Use Rate			3.477			3.477
14.Total Current Period Base			371.945			451.347
15.Propective Rate: Line 11 x Inflation 1.05373859	145.349	183.738	329.087	145.349	267.407	412.756
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	145.349	183.738	329.087	145.349	267.407	412.756
19.Property Rate Component			56.165			56.165
20.ROE Component + ROE Interim Component			3.477			3.477
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			388.73			472.40
23.Medicaid Days		1,304			7,367	
24.Resident Days		1,304			7,367	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(11.41)			(13.74)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			398.31			479.64



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028540400 - 2015/07
RI:200.30 / NM:218.09

Provider Number: 028540400

Seaview CRF, Inc.

Date: 7/24/2015

1204 West 13th Street
 Panama City, FL 32405

FYE: 12/31/2012

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	199.41	200.30	7/1/2015
#8 Non-Ambulatory & #9 Medical	217.04	218.09	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Residential CRF Inc.
 1117 Central Ave
 Connersville, IN 47331

For Information only - No Change in rate



Florida Agency For Health Care Administration

028540400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name: **Seaview CRF, Inc.**
 Provider Number: 28540400
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 1/1/2012 - 12/31/2012
 Days In Reporting Period: 366
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,466	728	2,194
2. Operating Expenses component			
A. Administration			114,146
B. Plant Operation			15,667
C. Laundry			0
D. Housekeeping			3,240
E. Operating Expense Component & Per Diem	60.6440	60.6440	133,053
3. Resident Care			
A. Dietary			10,109
B. Other			0
C. Nursing			18,176
D. Resident Care & Per Diem	12.8920	12.8920	28,285
4. Prop Exp & Per Diem	15.2138	15.2138	33,379
5. ROE/Use Per Diem	0.4175	0.4175	916

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,099.50	728.00	1,827.50
3. Staffing Percent	0.60	0.40	1.00
4. Allocation of Direct Care	72,162.10	47,779.90	119,942.00
5. Direct Care Expense Per Diem	49.2238	65.6317	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,466	728	2,194
2. Additional Services	40,502	20,113	60,615
3. Additional Services Exp & Per Diem	27.6276	27.6277	

D. Medicaid Per Diem Cost

1. Operating Component	60.6440	60.6440	133,053
2. Resident Care Component	89.7433	106.1515	208,842
3. Property Cost Component	15.2138	15.2138	33,379
4. ROE/Use Allow Component	0.4175	0.4175	916
5. Total Cost Per Diem	166.0186	182.4268	376,190



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028540400 - 2015/07

RI: 200.30

NM: 218.09

Seaview CRF, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2012	12/31/2012	Unaudited	201304
Prior Cost Report	1/1/2011	12/31/2011	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	65.334	104.439	169.773	65.334	123.845	189.179
2.Inflate Line 1 by Inflation Factor 1.02197006	66.770	106.733	173.503	66.770	126.566	193.335
3.Line 1 X 1.4000 X Inflation Factor 1.03075808	67.344	107.651	174.995	67.344	127.654	194.998
4.Current Period Cost	60.644	89.743	150.387	60.644	106.152	166.796
5.Incentive Basis (line 3 - line 4)	6.700	17.908		6.700	21.503	
6.Allowed Current Period Costs (Min of line 3 or 4)	60.644	89.743	150.387	60.644	106.152	166.796
7.Incentive Line 5 x Oper 50% Res 50%	3.350	8.954	12.304	3.350	10.751	14.101
8.Incentive - Line 4 x Oper 10% Res 3%	6.064	2.692	8.757	6.064	3.185	9.249
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.350	2.692	6.042	3.350	3.185	6.534
10.Final Incentive	3.350	2.692	6.042	3.350	3.185	6.534
11.Current Period Base: (6 + line 10)	63.994	92.436	156.429	63.994	109.336	173.330
12.Plus: Property Rate Component			15.214			15.214
13.Plus: ROE/Use Rate			0.418			0.418
14.Total Current Period Base			172.061			188.961
15.Prospective Rate: Line 11 x Inflation 1.08301429	69.306	100.109	169.415	69.306	118.412	187.719
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	69.306	100.109	169.415	69.306	118.412	187.719
19.Property Rate Component			15.214			15.214
20.ROE Component + ROE Interim Component			0.418			0.418
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			185.05			203.35
23.Medicaid Days		1,466			728	
24.Resident Days		1,466			728	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(5.74)			(6.25)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			200.30			218.09



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028541200 - 2015/07
RI:262.26 / NM:297.38

Provider Number: 028541200

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

Date: 7/24/2015

2281 Twin Lane Drive
 Dundedun, FL 34698

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>261.62</u>	<u>262.26</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>296.18</u>	<u>297.38</u>	<u>7/1/2015</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration

028541200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Twin Lane Community Home (Res-Care)** Cost Report Entered By : Pridgeon, Chantelle
 Provider Number: 28541200 Rate Semester : July, 2015
 Audit Status: Unaudited Cost Report : 7/1/2013 - 6/30/2014
 Date: 7/27/2015 Days In Reporting Period: 365
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	807	874	1,681
2. Operating Expenses component			
A. Administration			85,369
B. Plant Operation			21,786
C. Laundry			392
D. Housekeeping			2,280
E. Operating Expense Component & Per Diem	65.3343	65.3343	109,827
3. Resident Care			
A. Dietary			19,372
B. Other			0
C. Nursing			18,795
D. Resident Care & Per Diem	22.7049	22.7049	38,167
4. Prop Exp & Per Diem	16.9530	16.9530	28,498
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	605.25	874.00	1,479.25
3. Staffing Percent	0.41	0.59	1.00
4. Allocation of Direct Care	94,113.36	135,902.64	230,016.00
5. Direct Care Expense Per Diem	116.6213	155.4950	

C. Additional Services Expense

1. Medicaid Inpatient Days	807	874	1,681
2. Additional Services	40,566	43,930	84,496
3. Additional Services Exp & Per Diem	50.2677	50.2632	

D. Medicaid Per Diem Cost

1. Operating Component	65.3343	65.3343	109,827
2. Resident Care Component	189.5939	228.4631	352,679
3. Property Cost Component	16.9530	16.9530	28,498
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	271.8812	310.7504	491,004



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028541200 - 2015/07

RI: 262.26

NM: 297.38

Rates Effective 07/01/2015 through 06/30/2016

Twin Lane Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	42.791	172.137	214.927	42.791	205.628	248.419
2.Inflate Line 1 by Inflation Factor 1.01800606	43.561	175.236	218.797	43.561	209.331	252.892
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	43.869	176.476	220.345	43.869	210.812	254.681
4.Current Period Cost	65.334	189.594	254.928	65.334	228.463	293.797
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)	43.869	176.476	220.345	43.869	210.812	254.681
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: (6 + line 10)	43.869	176.476	220.345	43.869	210.812	254.681
12.Plus: Property Rate Component			16.953			16.953
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			237.298			271.634
15.Pro prospective Rate: Line 11 x Inflation 1.05214018	46.157	185.677	231.834	46.157	221.804	267.960
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	46.157	185.677	231.834	46.157	221.804	267.960
19.Property Rate Component			16.953			16.953
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			248.79			284.91
23.Medicaid Days		807			874	
24.Resident Days		807			874	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(7.51)			(8.52)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			262.26			297.38



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028547100 - 2015/07
RI:209.32 / NM:0.00

**62nd Place Grp Home #17
 (Sunrise)**

19963 N.W. 62nd Place
 Miami Lakes, FL 33015

Provider Number: 028547100

Date: 7/24/2015

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	227.38	209.32	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:			
<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs	<input type="checkbox"/>	

Basis			
<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028547100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	62nd Place Grp Home #17 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28547100	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,165	0	2,165
2. Operating Expenses component			
A. Administration			48,512
B. Plant Operation			32,862
C. Laundry			198
D. Housekeeping			2,041
E. Operating Expense Component & Per Diem	38.6203		83,613
3. Resident Care			
A. Dietary			21,377
B. Other			33,599
C. Nursing			(118)
D. Resident Care & Per Diem	25.3386		54,858
4. Prop Exp & Per Diem	15.4707		33,494
5. ROE/Use Per Diem	0.0517		112

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,623.75	0.00	1,623.75
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	214,453.00	0.00	214,453.00
5. Direct Care Expense Per Diem	99.0545	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,165	0	2,165
2. Additional Services	1,387	0	1,387
3. Additional Services Exp & Per Diem	0.6406	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	38.6203	0.0000	83,613
2. Resident Care Component	125.0337	0.0000	270,698
3. Property Cost Component	15.4707	0.0000	33,494
4. ROE/Use Allow Component	0.0517	0.0000	112
5. Total Cost Per Diem	179.1764	0.0000	387,917



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028547100 - 2015/07

RI: 209.32

NM: 0.00

62nd Place Grp Home #17 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	42.629	141.416	184.045	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01800606	43.396	143.963	187.359	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	43.704	144.981	188.685	0.000	0.000	0.000
4.Current Period Cost	38.620	125.034	163.654	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	5.083	19.947		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.620	125.034	163.654	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.542	9.974	12.515	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.862	3.751	7.613	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.542	3.751	6.293	0.000	0.000	0.000
10.Final Incentive	2.542	3.751	6.293	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	41.162	128.785	169.947	0.000	0.000	0.000
12.Plus: Property Rate Component			15.471			0.000
13.Plus: ROE/Use Rate			0.052			0.000
14.Total Current Period Base			185.469			0.000
15.Pro prospective Rate: Line 11 x Inflation 1.05214018	43.308	135.500	178.808	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	43.308	135.500	178.808	0.000	0.000	0.000
19.Property Rate Component			15.471			0.000
20.ROE Component + ROE Interim Component			0.052			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			194.33			0.00
23.Medicaid Days		2,165			0	
24.Resident Days		2,165			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.00)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			209.32			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028548000 - 2015/07
RI:228.40 / NM:267.89

Provider Number: 028548000

138th Court Grp Home #16
(Sunrise)

Date: 7/24/2015

3210 S.W. 138th Court

FYE: 6/30/2014

Miami, FL 33175

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	232.87	228.40	7/1/2015
#8 Non-Ambulatory & #9 Medical	271.73	267.89	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028548000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	138th Court Grp Home #16 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28548000	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,001	1,156	2,157
2. Operating Expenses component			
A. Administration			58,094
B. Plant Operation			19,284
C. Laundry			462
D. Housekeeping			971
E. Operating Expense Component & Per Diem	36.5373	36.5373	78,811
3. Resident Care			
A. Dietary			14,858
B. Other			28,571
C. Nursing			3,920
D. Resident Care & Per Diem	21.9513	21.9513	47,349
4. Prop Exp & Per Diem	16.2582	16.2582	35,069
5. ROE/Use Per Diem	0.2346	0.2346	506

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	750.75	1,156.00	1,906.75
3. Staffing Percent	0.39	0.61	1.00
4. Allocation of Direct Care	119,032.12	183,284.88	302,317.00
5. Direct Care Expense Per Diem	118.9132	158.5509	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,001	1,156	2,157
2. Additional Services	7,747	8,947	16,694
3. Additional Services Exp & Per Diem	7.7393	7.7396	

D. Medicaid Per Diem Cost

1. Operating Component	36.5373	36.5373	78,811
2. Resident Care Component	148.6038	188.2418	366,360
3. Property Cost Component	16.2582	16.2582	35,069
4. ROE/Use Allow Component	0.2346	0.2346	506
5. Total Cost Per Diem	201.6339	241.2719	480,746



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028548000 - 2015/07

RI: 228.40

NM: 267.89

138th Court Grp Home #16 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.427	144.532	185.960	41.427	182.189	223.616
2.Inflate Line 1 by Inflation Factor 1.01800606	42.173	147.135	189.308	42.173	185.469	227.642
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	42.471	148.176	190.647	42.471	186.782	229.253
4.Current Period Cost	36.537	148.604	185.141	36.537	188.242	224.779
5.Incentive Basis (line 3 - line 4)	5.934	0.000		5.934	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	36.537	148.176	184.713	36.537	186.782	223.319
7.Incentive Line 5 x Oper 50% Res 50%	2.967	0.000	2.967	2.967	0.000	2.967
8.Incentive - Line 4 x Oper 10% Res 3%	3.654	0.000	3.654	3.654	0.000	3.654
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.967	0.000	2.967	2.967	0.000	2.967
10.Final Incentive	2.967	0.000	2.967	2.967	0.000	2.967
11.Current Period Base: (6 + line 10)	39.504	148.176	187.680	39.504	186.782	226.286
12.Plus: Property Rate Component			16.258			16.258
13.Plus: ROE/Use Rate			0.235			0.235
14.Total Current Period Base			204.173			242.779
15.Pro prospective Rate: Line 11 x Inflation 1.05214018	41.564	155.902	197.466	41.564	196.520	238.085
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	41.564	155.902	197.466	41.564	196.520	238.085
19.Property Rate Component			16.258			16.258
20.ROE Component + ROE Interim Component			0.235			0.235
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			213.96			254.58
23.Medicaid Days		1,001			1,156	
24.Resident Days		1,001			1,156	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.54)			(7.68)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			228.40			267.89



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028552800 - 2015/07
RI:212.05 / NM:247.59

Provider Number: 028552800

**26th Terrace Grp Home #12
 (Sunrise)**

Date: 7/24/2015

1219 26th Terrace
 Cape Coral, FL 33904

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	210.32	212.05	7/1/2015
#8 Non-Ambulatory & #9 Medical	245.29	247.59	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028552800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	26th Terrace Grp Home #12 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28552800	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,460	730	2,190
2. Operating Expenses component			
A. Administration			71,244
B. Plant Operation			27,582
C. Laundry			380
D. Housekeeping			2,376
E. Operating Expense Component & Per Diem	46.3845	46.3845	101,582
3. Resident Care			
A. Dietary			17,838
B. Other			38,185
C. Nursing			11,725
D. Resident Care & Per Diem	30.9352	30.9352	67,748
4. Prop Exp & Per Diem	10.8772	10.8772	23,821
5. ROE/Use Per Diem	0.9795	0.9795	2,145

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	0.60	0.40	1.00
4. Allocation of Direct Care	160,582.80	107,055.20	267,638.00
5. Direct Care Expense Per Diem	109.9882	146.6510	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	9,864	4,931	14,795
3. Additional Services Exp & Per Diem	6.7562	6.7548	

D. Medicaid Per Diem Cost

1. Operating Component	46.3845	46.3845	101,582
2. Resident Care Component	147.6796	184.3410	350,181
3. Property Cost Component	10.8772	10.8772	23,821
4. ROE/Use Allow Component	0.9795	0.9795	2,145
5. Total Cost Per Diem	205.9208	242.5822	477,729



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028552800 - 2015/07

RI: 212.05

NM: 247.59

Rates Effective 07/01/2015 through 06/30/2016

26th Terrace Grp Home #12 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	43.382	128.385	171.767	43.382	162.276	205.658
2.Inflate Line 1 by Inflation Factor 1.01800606	44.163	130.697	174.860	44.163	165.198	209.361
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	44.476	131.621	176.097	44.476	166.366	210.842
4.Current Period Cost	46.385	147.680	194.064	46.385	184.341	230.726
5.Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6.Allowed Current Period Costs (Min of line 3 or 4)	44.476	131.621	176.097	44.476	166.366	210.842
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: (6 + line 10)	44.476	131.621	176.097	44.476	166.366	210.842
12.Plus: Property Rate Component			10.877			10.877
13.Plus: ROE/Use Rate			0.980			0.980
14.Total Current Period Base			187.954			222.699
15.Pro prospective Rate: Line 11 x Inflation 1.05214018	46.795	138.484	185.279	46.795	175.041	221.835
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	46.795	138.484	185.279	46.795	175.041	221.835
19.Property Rate Component			10.877			10.877
20.ROE Component + ROE Interim Component			0.980			0.980
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			197.14			233.69
23.Medicaid Days		1,460			730	
24.Resident Days		1,460			730	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.08)			(7.09)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			212.05			247.59



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028553600 - 2015/07
RI:303.98 / NM:352.04

Provider Number: 028553600

**Country Meadows Grp Home
 #13 (Sunrise)**

Date: 7/24/2015

1950 Country Meadows Circle
 Sarasota, FL 34235

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>307.59</u>	<u>303.98</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>355.87</u>	<u>352.04</u>	<u>7/1/2015</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028553600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Country Meadows Grp Home #13
(Sunrise)**
 Provider Number: 28553600
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,988	81	2,069
2. Operating Expenses component			
A. Administration			82,423
B. Plant Operation			39,141
C. Laundry			688
D. Housekeeping			3,564
E. Operating Expense Component & Per Diem	60.8101	60.8101	125,816
3. Resident Care			
A. Dietary			15,536
B. Other			54,789
C. Nursing			12,120
D. Resident Care & Per Diem	39.8478	39.8478	82,445
4. Prop Exp & Per Diem	17.0478	17.0478	35,272
5. ROE/Use Per Diem	0.3016	0.3016	624

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,491.00	81.00	1,572.00
3. Staffing Percent	0.95	0.05	1.00
4. Allocation of Direct Care	274,435.05	14,908.95	289,344.00
5. Direct Care Expense Per Diem	138.0458	184.0611	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,988	81	2,069
2. Additional Services	25,428	1,036	26,464
3. Additional Services Exp & Per Diem	12.7907	12.7901	

D. Medicaid Per Diem Cost

1. Operating Component	60.8101	60.8101	125,816
2. Resident Care Component	190.6843	236.6990	398,253
3. Property Cost Component	17.0478	17.0478	35,272
4. ROE/Use Allow Component	0.3016	0.3016	624
5. Total Cost Per Diem	268.8438	314.8585	559,965



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028553600 - 2015/07

RI: 303.98

NM: 352.04

Rates Effective 07/01/2015 through 06/30/2016

Country Meadows Grp Home #13 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.666	193.705	263.371	69.666	240.492	310.158
2.Inflate Line 1 by Inflation Factor 1.01800606	70.920	197.192	268.113	70.920	244.822	315.742
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	71.422	198.587	270.010	71.422	246.554	317.976
4.Current Period Cost	60.810	190.684	251.494	60.810	236.699	297.509
5.Incentive Basis (line 3 - line 4)	10.612	7.903		10.612	9.855	
6.Allowed Current Period Costs (Min of line 3 or 4)	60.810	190.684	251.494	60.810	236.699	297.509
7.Incentive Line 5 x Oper 50% Res 50%	5.306	3.952	9.258	5.306	4.928	10.234
8.Incentive - Line 4 x Oper 10% Res 3%	6.081	5.721	11.802	6.081	7.101	13.182
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.306	3.952	9.258	5.306	4.928	10.234
10.Final Incentive	5.306	3.952	9.258	5.306	4.928	10.234
11.Current Period Base: (6 + line 10)	66.116	194.636	260.752	66.116	241.627	307.743
12.Plus: Property Rate Component			17.048			17.048
13.Plus: ROE/Use Rate			0.302			0.302
14.Total Current Period Base			278.101			325.092
15.Pro prospective Rate: Line 11 x Inflation 1.05214018	69.563	204.784	274.348	69.563	254.225	323.788
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	69.563	204.784	274.348	69.563	254.225	323.788
19.Property Rate Component			17.048			17.048
20.ROE Component + ROE Interim Component			0.302			0.302
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			291.70			341.14
23.Medicaid Days		1,988			81	
24.Resident Days		1,988			81	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(8.71)			(10.09)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			303.98			352.04



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

02855200 - 2015/07
RI:203.74 / NM:223.60

Provider Number: 02855200

Gulfview

Date: 7/24/2015

2603 State Avenue
 Panama City, FL 32405

FYE: 12/31/2012

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>202.83</u>	<u>203.74</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>222.51</u>	<u>223.60</u>	<u>7/1/2015</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (4)
 Home Office:
 Residential CRF Inc.
 1117 Central Ave
 Connersville, IN 47331

For Information only - No Change in rate



Florida Agency For Health Care Administration

028555200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2015

Provider Name: **Gulfview**
 Provider Number: 28555200
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 1/1/2012 - 12/31/2012
 Days In Reporting Period: 366
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,065	1,098	2,163
2. Operating Expenses component			
A. Administration			100,794
B. Plant Operation			17,769
C. Laundry			0
D. Housekeeping			2,659
E. Operating Expense Component & Per Diem	56.0435	56.0435	121,222
3. Resident Care			
A. Dietary			10,695
B. Other			0
C. Nursing			17,978
D. Resident Care & Per Diem	13.2561	13.2561	28,673
4. Prop Exp & Per Diem	15.5312	15.5312	33,594
5. ROE/Use Per Diem	0.4623	0.4623	1,000

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	798.75	1,098.00	1,896.75
3. Staffing Percent	0.42	0.58	1.00
4. Allocation of Direct Care	58,516.47	80,439.54	138,956.00
5. Direct Care Expense Per Diem	54.9450	73.2601	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,065	1,098	2,163
2. Additional Services	30,452	31,396	61,848
3. Additional Services Exp & Per Diem	28.5934	28.5938	

D. Medicaid Per Diem Cost

1. Operating Component	56.0435	56.0435	121,222
2. Resident Care Component	96.7946	115.1100	229,477
3. Property Cost Component	15.5312	15.5312	33,594
4. ROE/Use Allow Component	0.4623	0.4623	1,000
5. Total Cost Per Diem	168.8316	187.1470	385,293



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/ID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028555200 - 2015/07

RI: 203.74

NM: 223.60

Gulfview

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2012	12/31/2012	Unaudited	201304
Prior Cost Report	1/1/2011	12/31/2011	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	61.396	104.823	166.219	61.396	125.219	186.614
2.Inflate Line 1 by Inflation Factor 1.02197006	62.744	107.126	169.871	62.744	127.970	190.714
3.Line 1 X 1.4000 X Inflation Factor 1.03075808	63.284	108.047	171.331	63.284	129.070	192.354
4.Current Period Cost	56.044	96.795	152.838	56.044	115.110	171.154
5.Incentive Basis (line 3 - line 4)	7.240	11.253		7.240	13.960	
6.Allowed Current Period Costs (Min of line 3 or 4)	56.044	96.795	152.838	56.044	115.110	171.154
7.Incentive Line 5 x Oper 50% Res 50%	3.620	5.626	9.247	3.620	6.980	10.600
8.incentive - Line 4 x Oper 10% Res 3%	5.604	2.904	8.508	5.604	3.453	9.058
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.620	2.904	6.524	3.620	3.453	7.074
10.Final Incentive	3.620	2.904	6.524	3.620	3.453	7.074
11.Current Period Base: (6 + line 10)	59.664	99.698	159.362	59.664	118.563	178.227
12.Plus: Property Rate Component			15.531			15.531
13.Plus: ROE/Use Rate			0.462			0.462
14.Total Current Period Base			175.356			194.221
15.Propective Rate: Line 11 x Inflation 1.08301429	64.617	107.975	172.591	64.617	128.406	193.022
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	64.617	107.975	172.591	64.617	128.406	193.022
19.Property Rate Component			15.531			15.531
20.ROE Component + ROE Interim Component			0.462			0.462
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			188.58			209.02
23.Medicaid Days		1,065			1,098	
24.Resident Days		1,065			1,098	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(5.84)			(6.41)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			203.74			223.60



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028557900 - 2015/07
RI:241.51 / NM:0.00

Provider Number: 028557900

148th Court Grp Home #20
(Sunrise)

Date: 7/24/2015

5436 S.W. 148th Court
 Miami, FL 33185

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	243.95	241.51	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028557900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	148th Court Grp Home #20 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28557900	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,002	0	2,002
2. Operating Expenses component			
A. Administration			52,369
B. Plant Operation			21,401
C. Laundry			844
D. Housekeeping			853
E. Operating Expense Component & Per Diem	37.6958		75,467
3. Resident Care			
A. Dietary			14,797
B. Other			58,832
C. Nursing			4,051
D. Resident Care & Per Diem	38.8012		77,680
4. Prop Exp & Per Diem	13.8976		27,823
5. ROE/Use Per Diem	0.0425		85

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,501.50	0.00	1,501.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	253,258.00	0.00	253,258.00
5. Direct Care Expense Per Diem	126.5025	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,002	0	2,002
2. Additional Services	7,826	0	7,826
3. Additional Services Exp & Per Diem	3.9091	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	37.6958	0.0000	75,467
2. Resident Care Component	169.2128	0.0000	338,764
3. Property Cost Component	13.8976	0.0000	27,823
4. ROE/Use Allow Component	0.0425	0.0000	85
5. Total Cost Per Diem	220.8487	0.0000	442,139



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028557900 - 2015/07

RI: 241.51

NM: 0.00

148th Court Grp Home #20 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	42.360	158.366	200.726	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01800606	43.123	161.217	204.340	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	43.428	162.358	205.786	0.000	0.000	0.000
4.Current Period Cost	37.696	169.213	206.909	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	5.732	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	37.696	162.358	200.054	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.866	0.000	2.866	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.770	0.000	3.770	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.866	0.000	2.866	0.000	0.000	0.000
10.Final Incentive	2.866	0.000	2.866	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	40.562	162.358	202.920	0.000	0.000	0.000
12.Plus: Property Rate Component			13.898			0.000
13.Plus: ROE/Use Rate			0.043			0.000
14.Total Current Period Base			216.860			0.000
15.Prospective Rate: Line 11 x Inflation 1.05214018	42.677	170.823	213.500	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	42.677	170.823	213.500	0.000	0.000	0.000
19.Property Rate Component			13.898			0.000
20.ROE Component + ROE Interim Component			0.043			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			227.44			0.00
23.Medicaid Days		2,002			0	
24.Resident Days		2,002			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.92)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			241.51			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028558700 - 2015/07
RI:219.97 / NM:0.00

Provider Number: 028558700

Sunrise Oakmont

Date: 7/24/2015

19420 W. Oakmont Drive
 Miami Lakes, FL 33015

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	226.73	219.97	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input checked="" type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028558700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,170	0	2,170
2. Operating Expenses component			
A. Administration			49,335
B. Plant Operation			30,950
C. Laundry			851
D. Housekeeping			1,850
E. Operating Expense Component & Per Diem	38.2424		82,986
3. Resident Care			
A. Dietary			21,670
B. Other			36,425
C. Nursing			0
D. Resident Care & Per Diem	26.7719		58,095
4. Prop Exp & Per Diem	16.0055		34,732
5. ROE/Use Per Diem	0.0894		194

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,627.50	0.00	1,627.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	233,325.00	0.00	233,325.00
5. Direct Care Expense Per Diem	107.5230	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,170	0	2,170
2. Additional Services	3,071	0	3,071
3. Additional Services Exp & Per Diem	1.4152	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	38.2424	0.0000	82,986
2. Resident Care Component	135.7101	0.0000	294,491
3. Property Cost Component	16.0055	0.0000	34,732
4. ROE/Use Allow Component	0.0894	0.0000	194
5. Total Cost Per Diem	190.0474	0.0000	412,403



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028558700 - 2015/07

RI: 219.97

NM: 0.00

Sunrise Oakmont

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.785	143.162	183.947	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01800606	41.519	145.740	187.259	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	41.813	146.771	188.584	0.000	0.000	0.000
4.Current Period Cost	38.242	135.710	173.953	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.571	11.061		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.242	135.710	173.953	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.785	5.530	7.316	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.824	4.071	7.896	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.785	4.071	5.857	0.000	0.000	0.000
10.Final Incentive	1.785	4.071	5.857	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	40.028	139.781	179.809	0.000	0.000	0.000
12.Plus: Property Rate Component			16.006			0.000
13.Plus: ROE/Use Rate			0.089			0.000
14.Total Current Period Base			195.904			0.000
15.Pro prospective Rate: Line 11 x Inflation 1.05214018	42.115	147.070	189.184	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	42.115	147.070	189.184	0.000	0.000	0.000
19.Property Rate Component			16.006			0.000
20.ROE Component + ROE Interim Component			0.089			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			205.28			0.00
23.Medicaid Days		2,170			0	
24.Resident Days		2,170			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.30)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			219.97			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028559500 - 2015/07
RI:226.27 / NM:0.00

Provider Number: 028559500

53rd Court Grp Home #9
(Sunrise)

Date: 7/24/2015

10228 S.W. 53rd Court
 Cooper City, FL 33328

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	228.73	226.27	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028559500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **53rd Court Grp Home #9 (Sunrise)**
 Provider Number: 28559500
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			55,845
B. Plant Operation			26,368
C. Laundry			762
D. Housekeeping			3,272
E. Operating Expense Component & Per Diem	39.3822		86,247
3. Resident Care			
A. Dietary			22,537
B. Other			46,342
C. Nursing			1,145
D. Resident Care & Per Diem	31.9744		70,024
4. Prop Exp & Per Diem	15.6699		34,317
5. ROE/Use Per Diem	0.3014		660

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	277,679.00	0.00	277,679.00
5. Direct Care Expense Per Diem	126.7941	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	1,406	0	1,406
3. Additional Services Exp & Per Diem	0.6420	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	39.3822	0.0000	86,247
2. Resident Care Component	159.4105	0.0000	349,109
3. Property Cost Component	15.6699	0.0000	34,317
4. ROE/Use Allow Component	0.3014	0.0000	660
5. Total Cost Per Diem	214.7640	0.0000	470,333



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028559500 - 2015/07

RI: 226.27

NM: 0.00

53rd Court Grp Home #9 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	43.389	140.612	184.001	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01800606	44.170	143.144	187.314	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	44.482	144.157	188.639	0.000	0.000	0.000
4.Current Period Cost	39.382	159.411	198.793	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	5.100	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	39.382	144.157	183.539	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.550	0.000	2.550	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.938	0.000	3.938	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.550	0.000	2.550	0.000	0.000	0.000
10.Final Incentive	2.550	0.000	2.550	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	41.932	144.157	186.089	0.000	0.000	0.000
12.Plus: Property Rate Component			15.670			0.000
13.Plus: ROE/Use Rate			0.301			0.000
14.Total Current Period Base			202.060			0.000
15.Prospective Rate: Line 11 x Inflation 1.05214018	44.119	151.673	195.792	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	44.119	151.673	195.792	0.000	0.000	0.000
19.Property Rate Component			15.670			0.000
20.ROE Component + ROE Interim Component			0.301			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			211.76			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.48)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			226.27			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028560900 - 2015/07
RI:224.64 / NM:0.00

Provider Number: 028560900

**55th Court Grp Home #15
(Sunrise)**

Date: 7/24/2015

8430 S.W. 55th Court
 Davie, FL 33320

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	225.39	224.64	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:			
<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs		

Basis			
<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028560900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **55th Court Grp Home #15 (Sunrise)**

Cost Report Entered By : Pridgeon, Chantelle

Provider Number: 28560900

Rate Semester : July, 2015

Audit Status: Unaudited

Cost Report : 7/1/2013 - 6/30/2014

Date: 7/27/2015

Days In Reporting Period: 365

Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			57,160
B. Plant Operation			22,869
C. Laundry			914
D. Housekeeping			2,405
E. Operating Expense Component & Per Diem	38.0584		83,348
3. Resident Care			
A. Dietary			19,535
B. Other			47,188
C. Nursing			(1,152)
D. Resident Care & Per Diem	29.9411		65,571
4. Prop Exp & Per Diem	9.5785		20,977
5. ROE/Use Per Diem	0.5708		1,250

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	258,019.00	0.00	258,019.00
5. Direct Care Expense Per Diem	117.8169	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	544	0	544
3. Additional Services Exp & Per Diem	0.2484	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	38.0584	0.0000	83,348
2. Resident Care Component	148.0064	0.0000	324,134
3. Property Cost Component	9.5785	0.0000	20,977
4. ROE/Use Allow Component	0.5708	0.0000	1,250
5. Total Cost Per Diem	196.2141	0.0000	429,709



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028560900 - 2015/07

RI: 224.64

NM: 0.00

55th Court Grp Home #15 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	42.133	147.082	189.215	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01800606	42.892	149.730	192.622	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	43.195	150.790	193.985	0.000	0.000	0.000
4.Current Period Cost	38.058	148.006	186.065	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	5.137	2.783		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.058	148.006	186.065	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.568	1.392	3.960	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.806	4.440	8.246	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.568	1.392	3.960	0.000	0.000	0.000
10.Final Incentive	2.568	1.392	3.960	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	40.627	149.398	190.025	0.000	0.000	0.000
12.Plus: Property Rate Component			9.579			0.000
13.Plus: ROE/Use Rate			0.571			0.000
14.Total Current Period Base			200.174			0.000
15.Pro prospective Rate: Line 11 x Inflation 1.05214018	42.745	157.188	199.933	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	42.745	157.188	199.933	0.000	0.000	0.000
19.Property Rate Component			9.579			0.000
20.ROE Component + ROE Interim Component			0.571			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			210.08			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.44)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			224.64			0.00



Florida Agency For Health Care Administration

028561700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Wentworth Drive Grp Home #18
(Sunrise)**
 Provider Number: 28561700
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 7/1/2013 - 6/30/2014
 Days In Reporting Period: 365
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,046	0	2,046
2. Operating Expenses component			
A. Administration			50,312
B. Plant Operation			25,401
C. Laundry			638
D. Housekeeping			1,873
E. Operating Expense Component & Per Diem	38.2326		78,224
3. Resident Care			
A. Dietary			20,699
B. Other			41,827
C. Nursing			117
D. Resident Care & Per Diem	30.6173		62,643
4. Prop Exp & Per Diem	16.4868		33,732
5. ROE/Use Per Diem	0.0000		0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,534.50	0.00	1,534.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	274,518.00	0.00	274,518.00
5. Direct Care Expense Per Diem	134.1730	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,046	0	2,046
2. Additional Services	1,091	0	1,091
3. Additional Services Exp & Per Diem	0.5332	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	38.2326	0.0000	78,224
2. Resident Care Component	165.3235	0.0000	338,252
3. Property Cost Component	16.4868	0.0000	33,732
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	220.0429	0.0000	450,208



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028561700 - 2015/07

RI: 238.39

NM: 0.00

Wentworth Drive Grp Home #18 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	38.310	154.796	193.106	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01800606	39.000	157.584	196.583	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	39.276	158.698	197.974	0.000	0.000	0.000
4.Current Period Cost	38.233	165.324	203.556	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.043	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.233	158.698	196.931	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.521	0.000	0.521	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.823	0.000	3.823	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.521	0.000	0.521	0.000	0.000	0.000
10.Final Incentive	0.521	0.000	0.521	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	38.754	158.698	197.453	0.000	0.000	0.000
12.Plus: Property Rate Component			16.487			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			213.939			0.000
15.Prospective Rate: Line 11 x Inflation 1.05214018	40.775	166.973	207.748	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	40.775	166.973	207.748	0.000	0.000	0.000
19.Property Rate Component			16.487			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			224.23			0.00
23.Medicaid Days		2,046			0	
24.Resident Days		2,046			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.83)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			238.39			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028565000 - 2015/07
RI:319.61 / NM:389.27

Provider Number: 028565000

Lakeview Court

Date: 7/24/2015

920 W. Kennedy Blvd
 Orlando, FL 32810

FYE: 11/30/2013

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	317.88	319.61	7/1/2015
#8 Non-Ambulatory & #9 Medical	386.93	389.27	7/1/2015

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Basis			
<u> </u> Budget		<u> </u> Desk Audited Costs	
<u> </u> X Unaudited Costs		<u> </u> Desk Audit - Interim Portion	
<u> </u> Field Audited Costs		<u> </u> Desk Audit - Prospective Portion	
<u> </u> Field Audit - Interim Portion			


 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

DSI

P.O. BOX 2064

Winter Park, FL 32790

For Information only - No Change in rate



Florida Agency For Health Care Administration

028565000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2014 to 7/2015

Provider Name: **Lakeview Court**
 Provider Number: 28565000
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 12/1/2012 - 11/30/2013
 Days In Reporting Period: 365
 Number of Beds: 64

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	11,151	11,684	22,835
2. Operating Expenses component			
A. Administration			1,328,160
B. Plant Operation			402,694
C. Laundry			41,481
D. Housekeeping			20,955
E. Operating Expense Component & Per Diem	78.5325	78.5325	1,793,290
3. Resident Care			
A. Dietary			576,106
B. Other			75,928
C. Nursing			768,500
D. Resident Care & Per Diem	62.2086	62.2086	1,420,534
4. Prop Exp & Per Diem	24.4168	24.4168	557,557
5. ROE/Use Per Diem	0.0451	0.0451	1,029

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	5,575.50	11,684.00	17,259.50
3. Staffing Percent	0.32	0.68	1.00
4. Allocation of Direct Care	736,091.66	1,542,551.34	2,278,643.00
5. Direct Care Expense Per Diem	66.0113	132.0225	

C. Additional Services Expense

1. Medicaid Inpatient Days	11,151	11,684	22,835
2. Additional Services	672,388	704,529	1,376,917
3. Additional Services Exp & Per Diem	60.2984	60.2986	

D. Medicaid Per Diem Cost

1. Operating Component	78.5325	78.5325	1,793,290
2. Resident Care Component	188.5183	254.5298	5,076,094
3. Property Cost Component	24.4168	24.4168	557,557
4. ROE/Use Allow Component	0.0451	0.0451	1,029
5. Total Cost Per Diem	291.5127	357.5241	7,427,970



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028565000 - 2015/07

RI: 319.61

NM: 389.27

Lakeview Court

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2012	11/30/2013	Unaudited	201404
Prior Cost Report	12/1/2011	11/30/2012	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	76.259	182.747	259.006	76.259	249.166	325.426
2.Inflate Line 1 by Inflation Factor 1.02074497	77.841	186.538	264.379	77.841	254.335	332.177
3.Line 1 X 1.4000 X Inflation Factor 1.02904296	78.474	188.054	266.529	78.474	256.403	334.877
4.Current Period Cost	78.533	188.518	267.051	78.533	254.530	333.062
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	1.873	
6.Allowed Current Period Costs (Min of line 3 or 4)	78.474	188.054	266.529	78.474	254.530	333.004
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.936	0.936
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	7.636	7.636
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.936	0.936
10 Final Incentive	0.000	0.000	0.000	0.000	0.936	0.936
11 Current Period Base: (6 + line 10)	78.474	188.054	266.529	78.474	255.466	333.940
12.Plus: Property Rate Component			24.417			24.417
13.Plus: ROE/Use Rate			0.045			0.045
14.Total Current Period Base			290.990			358.402
15.Prospective Rate: Line 11 x Inflation 1.06298459	83.417	199.899	283.316	83.417	271.557	354.974
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	83.417	199.899	283.316	83.417	271.557	354.974
19.Property Rate Component			24.417			24.417
20.ROE Component + ROE Interim Component			0.045			0.045
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			307.78			379.44
23.Medicaid Days		11,151			11,684	
24.Resident Days		11,151			11,684	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.16)			(11.15)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			319.61			389.27



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028566800 - 2015/07
RI:315.78 / NM:374.99

Provider Number: 028566800

Washington Square

Date: 7/24/2015

1401 North U.S. Highway 1
 Titusville, FL 32796

FYE: 11/30/2013

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	314.08	315.78	7/1/2015
#8 Non-Ambulatory & #9 Medical	372.76	374.99	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 DSI
 P.O. BOX 2064
 Winter Park, FL 32790

For Information only - No Change in rate



Florida Agency For Health Care Administration

028566800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2014 to 7/2015

Provider Name: **Washington Square**
 Provider Number: 28566800
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 12/1/2012 - 11/30/2013
 Days In Reporting Period: 365
 Number of Beds: 64

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	4,803	18,127	22,930
2. Operating Expenses component			
A. Administration			1,346,486
B. Plant Operation			323,666
C. Laundry			44,906
D. Housekeeping			27,608
E. Operating Expense Component & Per Diem	75.9994	75.9994	1,742,666
3. Resident Care			
A. Dietary			582,143
B. Other			91,597
C. Nursing			895,755
D. Resident Care & Per Diem	68.4472	68.4472	1,569,495
4. Prop Exp & Per Diem	23.7807	23.7807	545,291
5. ROE/Use Per Diem	0.0585	0.0585	1,341

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	2,401.50	18,127.00	20,528.50
3. Staffing Percent	0.12	0.88	1.00
4. Allocation of Direct Care	271,783.91	2,051,479.09	2,323,263.00
5. Direct Care Expense Per Diem	56.5863	113.1726	

C. Additional Services Expense

1. Medicaid Inpatient Days	4,803	18,127	22,930
2. Additional Services	271,577	1,024,958	1,296,535
3. Additional Services Exp & Per Diem	56.5432	56.5432	

D. Medicaid Per Diem Cost

1. Operating Component	75.9994	75.9994	1,742,666
2. Resident Care Component	181.5767	238.1630	5,189,293
3. Property Cost Component	23.7807	23.7807	545,291
4. ROE/Use Allow Component	0.0585	0.0585	1,341
5. Total Cost Per Diem	281.4153	338.0015	7,478,591



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028566800 - 2015/07

RI: 315.78

NM: 374.99

Washington Square

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2012	11/30/2013	Unaudited	201404
Prior Cost Report	12/1/2011	11/30/2012	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	77.523	184.125	261.648	77.523	240.496	318.019
2.Inflate Line 1 by Inflation Factor 1.02074497	79.131	187.945	267.076	79.131	245.485	324.616
3.Line 1 X 1.4000 X Inflation Factor 1.02904296	79.775	189.473	269.247	79.775	247.481	327.255
4.Current Period Cost	75.999	181.577	257.576	75.999	238.163	314.162
5.Incentive Basis (line 3 - line 4)	3.775	7.896		3.775	9.318	
6.Allowed Current Period Costs (Min of line 3 or 4)	75.999	181.577	257.576	75.999	238.163	314.162
7.Incentive Line 5 x Oper 50% Res 50%	1.888	3.948	5.836	1.888	4.659	6.546
8.Incentive - Line 4 x Oper 10% Res 3%	7.600	5.447	13.047	7.600	7.145	14.745
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.888	3.948	5.836	1.888	4.659	6.546
10 Final Incentive	1.888	3.948	5.836	1.888	4.659	6.546
11.Current Period Base: (6 + line 10)	77.887	185.525	263.412	77.887	242.822	320.709
12.Plus: Property Rate Component			23.781			23.781
13.Plus: ROE/Use Rate			0.059			0.059
14.Total Current Period Base			287.251			344.548
15 Prospective Rate: Line 11 x Inflation 1.06298459	82.793	197.210	280.003	82.793	258.116	340.909
16 Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	82.793	197.210	280.003	82.793	258.116	340.909
19.Property Rate Component			23.781			23.781
20.ROE Component + ROE Interim Component			0.059			0.059
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			303.84			364.75
23.Medicaid Days		4,803			18,127	
24.Resident Days		4,803			18,127	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.05)			(10.74)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			315.78			374.99



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028567600 - 2015/07
RI:309.02 / NM:366.48

Provider Number: 028567600

Howell Branch Court

Date: 7/24/2015

3664 Howell Branch Road

FYE: 11/30/2013

Winter Park, FL 32792

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>307.37</u>	<u>309.02</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>364.32</u>	<u>366.48</u>	<u>7/1/2015</u>

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> </u> X Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	<u> </u>

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

DSI

P.O. BOX 2064

Winter Park, FL 32790

 For Information only - No Change in rate



Florida Agency For Health Care Administration

028567600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2014 to 7/2015

Provider Name: **Howell Branch Court**
 Provider Number: 28567600
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 12/1/2012 - 11/30/2013
 Days In Reporting Period: 365
 Number of Beds: 64

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	3,499	19,631	23,130
2. Operating Expenses component			
A. Administration			1,293,069
B. Plant Operation			368,531
C. Laundry			41,464
D. Housekeeping			23,198
E. Operating Expense Component & Per Diem	74.6330	74.6330	1,726,262
3. Resident Care			
A. Dietary			571,653
B. Other			69,160
C. Nursing			838,697
D. Resident Care & Per Diem	63.9650	63.9650	1,479,510
4. Prop Exp & Per Diem	23.7346	23.7346	548,981
5. ROE/Use Per Diem	0.0295	0.0295	682

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,749.50	19,631.00	21,380.50
3. Staffing Percent	0.08	0.92	1.00
4. Allocation of Direct Care	192,331.18	2,158,132.82	2,350,464.00
5. Direct Care Expense Per Diem	54.9675	109.9349	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,499	19,631	23,130
2. Additional Services	213,735	1,199,155	1,412,890
3. Additional Services Exp & Per Diem	61.0846	61.0848	

D. Medicaid Per Diem Cost

1. Operating Component	74.6330	74.6330	1,726,262
2. Resident Care Component	180.0170	234.9847	5,242,864
3. Property Cost Component	23.7346	23.7346	548,981
4. ROE/Use Allow Component	0.0295	0.0295	682
5. Total Cost Per Diem	278.4141	333.3818	7,518,789



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/ID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028567600 - 2015/07

RI: 309.02

NM: 366.48

Howell Branch Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2012	11/30/2013	Unaudited	201404
Prior Cost Report	12/1/2011	11/30/2012	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	73.786	178.113	251.899	73.786	232.771	306.557
2.Inflate Line 1 by Inflation Factor 1.02074497	75.316	181.808	257.125	75.316	237.600	312.917
3.Line 1 X 1.4000 X Inflation Factor 1.02904296	75.929	183.286	259.215	75.929	239.532	315.460
4.Current Period Cost	74.633	180.017	254.650	74.633	234.985	309.618
5.Incentive Basis (line 3 - line 4)	1.296	3.269		1.296	4.547	
6.Allowed Current Period Costs (Min of line 3 or 4)	74.633	180.017	254.650	74.633	234.985	309.618
7.Incentive Line 5 x Oper 50% Res 50%	0.648	1.635	2.282	0.648	2.273	2.921
8.Incentive - Line 4 x Oper 10% Res 3%	7.463	5.401	12.864	7.463	7.050	14.513
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.648	1.635	2.282	0.648	2.273	2.921
10.Final Incentive	0.648	1.635	2.282	0.648	2.273	2.921
11.Current Period Base: (6 + line 10)	75.281	181.652	256.932	75.281	237.258	312.539
12.Plus: Property Rate Component			23.735			23.735
13.Plus: ROE/Use Rate			0.030			0.030
14.Total Current Period Base			280.696			336.303
15.Prospective Rate: Line 11 x Inflation 1.06298459	80.022	193.093	273.115	80.022	252.202	332.224
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	80.022	193.093	273.115	80.022	252.202	332.224
19.Property Rate Component			23.735			23.735
20.ROE Component + ROE Interim Component			0.030			0.030
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			296.88			355.99
23.Medicaid Days		3,499			19,631	
24.Resident Days		3,499			19,631	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(8.85)			(10.50)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			309.02			366.48



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028568400 - 2015/07
RI:242.04 / NM:0.00

Provider Number: 028568400

Sunrise 157th Terrace

Date: 7/24/2015

9790 S. W. 157th Terrace

FYE: 6/30/2014

Miami, FL 33157

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>247.40</u>	<u>242.04</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2015</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration

028568400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Sunrise 157th Terrace**

Cost Report Entered By : Pridgeon, Chantelle

Provider Number: 28568400

Rate Semester : July, 2015

Audit Status: Unaudited

Cost Report : 7/1/2013 - 6/30/2014

Date: 7/27/2015

Days In Reporting Period: 365

Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			51,104
B. Plant Operation			23,660
C. Laundry			996
D. Housekeeping			373
E. Operating Expense Component & Per Diem	34.7639		76,133
3. Resident Care			
A. Dietary			15,189
B. Other			67,801
C. Nursing			362
D. Resident Care & Per Diem	38.0603		83,352
4. Prop Exp & Per Diem	14.2822		31,278
5. ROE/Use Per Diem	1.8187		3,983

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	253,026.00	0.00	253,026.00
5. Direct Care Expense Per Diem	115.5370	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	12,072	0	12,072
3. Additional Services Exp & Per Diem	5.5123	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	34.7639	0.0000	76,133
2. Resident Care Component	159.1096	0.0000	348,450
3. Property Cost Component	14.2822	0.0000	31,278
4. ROE/Use Allow Component	1.8187	0.0000	3,983
5. Total Cost Per Diem	209.9744	0.0000	459,844



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028568400 - 2015/07

RI: 242.04

NM: 0.00

Rates Effective 07/01/2015 through 06/30/2016

Sunrise 157th Terrace

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	39.255	165.855	205.110	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01800606	39.962	168.841	208.803	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	40.245	170.036	210.281	0.000	0.000	0.000
4.Current Period Cost	34.764	159.110	193.874	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	5.481	10.926		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	34.764	159.110	193.874	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.740	5.463	8.204	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.476	4.773	8.250	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.740	4.773	7.514	0.000	0.000	0.000
10.Final Incentive	2.740	4.773	7.514	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	37.504	163.883	201.387	0.000	0.000	0.000
12.Plus: Property Rate Component			14.282			0.000
13.Plus: ROE/Use Rate			1.819			0.000
14.Total Current Period Base			217.488			0.000
15.Pro prospective Rate: Line 11 x Inflation 1.05214018	39.460	172.428	211.888	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	39.460	172.428	211.888	0.000	0.000	0.000
19.Property Rate Component			14.282			0.000
20.ROE Component + ROE Interim Component			1.819			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			227.99			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.93)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			242.04			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028569200 - 2015/07
RI:279.98 / NM:326.26

**145th Street Group Home
 (Sunrise)**

14935 S.W. 145th Street
 Miami, Fl 33196

Provider Number: 028569200

Date: 7/24/2015

FYE: 6/30/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	296.13	279.98	7/1/2015
#8 Non-Ambulatory & #9 Medical	341.61	326.26	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

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 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

028569200

Rate Period(s) 07/2015 to 7/2015

Provider Name:	145th Street Group Home (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28569200	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	7/1/2013 - 6/30/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	365	1,697	2,062
2. Operating Expenses component			
A. Administration			64,683
B. Plant Operation			32,207
C. Laundry			591
D. Housekeeping			2,487
E. Operating Expense Component & Per Diem	48.4811	48.4811	99,968
3. Resident Care			
A. Dietary			14,924
B. Other			57,566
C. Nursing			4,929
D. Resident Care & Per Diem	37.5456	37.5456	77,419
4. Prop Exp & Per Diem	18.2037	18.2037	37,536
5. ROE/Use Per Diem	2.3579	2.3579	4,862

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,697.00	1,970.75
3. Staffing Percent	0.14	0.86	1.00
4. Allocation of Direct Care	48,635.06	301,492.94	350,128.00
5. Direct Care Expense Per Diem	133.2467	177.6623	

C. Additional Services Expense

1. Medicaid Inpatient Days	365	1,697	2,062
2. Additional Services	1,770	8,236	10,006
3. Additional Services Exp & Per Diem	4.8493	4.8533	

D. Medicaid Per Diem Cost

1. Operating Component	48.4811	48.4811	99,968
2. Resident Care Component	175.6416	220.0612	437,553
3. Property Cost Component	18.2037	18.2037	37,536
4. ROE/Use Allow Component	2.3579	2.3579	4,862
5. Total Cost Per Diem	244.6843	289.1039	579,919



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028569200 - 2015/07

RI: 279.98

NM: 326.26

Rates Effective 07/01/2015 through 06/30/2016

145th Street Group Home (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	57.220	182.452	239.672	57.220	226.532	283.752
2.Inflate Line 1 by Inflation Factor 1.01800606	58.250	185.737	243.987	58.250	230.611	288.862
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	58.663	187.051	245.713	58.663	232.243	290.905
4.Current Period Cost	48.481	175.642	224.123	48.481	220.061	268.542
5.Incentive Basis (line 3 - line 4)	10.181	11.409		10.181	12.182	
6.Allowed Current Period Costs (Min of line 3 or 4)	48.481	175.642	224.123	48.481	220.061	268.542
7.Incentive Line 5 x Oper 50% Res 50%	5.091	5.705	10.795	5.091	6.091	11.181
8.Incentive - Line 4 x Oper 10% Res 3%	4.848	5.269	10.117	4.848	6.602	11.450
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.848	5.269	10.117	4.848	6.091	10.939
10.Final Incentive	4.848	5.269	10.117	4.848	6.091	10.939
11.Current Period Base: (6 + line 10)	53.329	180.911	234.240	53.329	226.152	279.481
12.Plus: Property Rate Component			18.204			18.204
13.Plus: ROE/Use Rate			2.358			2.358
14.Total Current Period Base			254.802			300.043
15.Prospective Rate: Line 11 x Inflation 1.05214018	56.110	190.344	246.453	56.110	237.944	294.053
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	56.110	190.344	246.453	56.110	237.944	294.053
19.Property Rate Component			18.204			18.204
20.ROE Component + ROE Interim Component			2.358			2.358
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			267.01			314.61
23.Medicaid Days		365			1,697	
24.Resident Days		365			1,697	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(8.02)			(9.35)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			279.98			326.26



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031256800 - 2015/07
RI:378.39 / NM:431.38

Provider Number: 031256800

Avon Park Cluster (Mentor)

Date: 7/24/2015

55 East College Drive
 Avon Park, FL 33825

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	377.39	378.39	7/1/2015
#8 Non-Ambulatory & #9 Medical	461.94	431.38	7/1/2015

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs			

Basis			
<u> </u> Budget		<u> </u> Desk Audited Costs	
<u> </u> X Unaudited Costs		<u> </u> Desk Audit - Interim Portion	
<u> </u> Field Audited Costs		<u> </u> Desk Audit - Prospective Portion	
<u> </u> Field Audit - Interim Portion			

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Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

031256800

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Avon Park Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31256800	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,671	8,671
2. Operating Expenses component			
A. Administration			633,891
B. Plant Operation			222,919
C. Laundry			0
D. Housekeeping			113,454
E. Operating Expense Component & Per Diem	111.8976	111.8976	970,264
3. Resident Care			
A. Dietary			145,280
B. Other			0
C. Nursing			991,943
D. Resident Care & Per Diem	131.1525	131.1525	1,137,223
4. Prop Exp & Per Diem	8.9422	8.9422	77,538
5. ROE/Use Per Diem	0.5825	0.5825	5,051

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,671.00	8,671.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,044,064.00	1,044,064.00
5. Direct Care Expense Per Diem	60.2044	120.4087	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,671	8,671
2. Additional Services	0	228,806	228,806
3. Additional Services Exp & Per Diem	26.3875	26.3875	

D. Medicaid Per Diem Cost

1. Operating Component	111.8976	111.8976	970,264
2. Resident Care Component	217.7444	277.9487	2,410,093
3. Property Cost Component	8.9422	8.9422	77,538
4. ROE/Use Allow Component	0.5825	0.5825	5,051
5. Total Cost Per Diem	339.1667	399.3710	3,462,946



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

031256800 - 2015/07

RI: 378.39

NM: 431.38

Rates Effective 07/01/2015 through 06/30/2016

Avon Park Cluster (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	103.219	225.344	328.563	103.219	313.024	416.244
2.Inflate Line 1 by Inflation Factor 1.01827004	105.105	229.461	334.566	105.105	318.743	423.848
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	105.860	231.108	336.967	105.860	321.031	426.890
4.Current Period Cost	111.898	217.744	329.642	111.898	277.949	389.846
5.Incentive Basis (line 3 - line 4)	0.000	13.363		0.000	43.082	
6.Allowed Current Period Costs (Min of line 3 or 4)	105.860	217.744	323.604	105.860	277.949	383.808
7.Incentive Line 5 x Oper 50% Res 50%	0.000	6.682	6.682	0.000	21.541	21.541
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.532	6.532	0.000	8.338	8.338
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.532	6.532	0.000	8.338	8.338
10.Final Incentive	0.000	6.532	6.532	0.000	8.338	8.338
11.Current Period Base: (6 + line 10)	105.860	224.277	330.136	105.860	286.287	392.147
12.Plus: Property Rate Component			8.942			8.942
13.Plus: ROE/Use Rate			0.583			0.583
14.Total Current Period Base			339.661			401.671
15.Prospective Rate: Line 11 x Inflation 1.05373859	111.548	236.329	347.877	111.548	301.672	413.220
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	111.548	236.329	347.877	111.548	301.672	413.220
19.Property Rate Component			8.942			8.942
20.ROE Component + ROE Interim Component			0.583			0.583
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			357.40			422.74
23.Medicaid Days		0			8,671	
24.Resident Days		0			8,671	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(12.36)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			378.39			431.38



Florida Agency For Health Care Administration

031257600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Eagle Watch Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31257600	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,531	6,213	8,744
2. Operating Expenses component			
A. Administration			626,333
B. Plant Operation			161,964
C. Laundry			0
D. Housekeeping			86,338
E. Operating Expense Component & Per Diem	100.0269	100.0269	874,635
3. Resident Care			
A. Dietary			220,637
B. Other			0
C. Nursing			657,123
D. Resident Care & Per Diem	100.3843	100.3843	877,760
4. Prop Exp & Per Diem	11.4999	11.4999	100,555
5. ROE/Use Per Diem	1.0336	1.0336	9,038

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,265.50	6,213.00	7,478.50
3. Staffing Percent	0.17	0.83	1.00
4. Allocation of Direct Care	220,723.61	1,083,647.39	1,304,371.00
5. Direct Care Expense Per Diem	87.2081	174.4161	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,531	6,213	8,744
2. Additional Services	54,188	133,015	187,203
3. Additional Services Exp & Per Diem	21.4097	21.4091	

D. Medicaid Per Diem Cost

1. Operating Component	100.0269	100.0269	874,635
2. Resident Care Component	209.0021	296.2095	2,369,334
3. Property Cost Component	11.4999	11.4999	100,555
4. ROE/Use Allow Component	1.0336	1.0336	9,038
5. Total Cost Per Diem	321.5625	408.7699	3,353,562



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

031257600 - 2015/07

RI: 380.56

NM: 472.28

Eagle Watch Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 07/31/2014 - 09/07/2014 Days Eligible: 326 of 365

Eligibility Factor : 89.32%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	97.483	231.364	328.847	97.483	331.154	428.637
2.Inflate Line 1 by Inflation Factor 1.01827004	99.264	235.591	334.855	99.264	337.204	436.468
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	99.976	237.281	337.258	99.976	339.624	439.600
4.Current Period Cost	100.027	209.002	309.029	100.027	296.210	396.236
5.Incentive Basis (line 3 - line 4)	0.000	28.279		0.000	43.414	
6.Allowed Current Period Costs (Min of line 3 or 4)	99.976	209.002	308.978	99.976	296.210	396.186
7.Incentive Line 5 x Oper 50% Res 50%	0.000	14.140	14.140	0.000	21.707	21.707
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.270	6.270	0.000	8.886	8.886
9.Incentive - Min of Line 7,8 x Eligibility factor 89.32%	0.000	5.600	5.600	0.000	7.937	7.937
10.Final Incentive	0.000	5.600	5.600	0.000	7.937	7.937
11.Current Period Base: (6 + line 10)	99.976	214.602	314.579	99.976	304.146	404.123
12.Plus: Property Rate Component			11.500			11.500
13.Plus: ROE/Use Rate			1.034			1.034
14.Total Current Period Base			327.112			416.656
15.Prospective Rate: Line 11 x Inflation 1.05373859	105.349	226.135	331.484	105.349	320.491	425.840
16.Interim Rate Component: *	0.000	26.453	26.453	0.000	26.453	26.453
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	105.349	252.588	357.936	105.349	346.944	452.292
19.Property Rate Component			11.500			11.500
20.ROE Component + ROE Interim Component *			1.034			1.034
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			370.47			464.83
23.Medicaid Days		2,531			6,213	
24.Resident Days		2,531			6,213	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(10.90)			(13.53)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			380.56			472.28

* See Attachment

**Health Insurance IRR #267 - Eagle Watch Cluster (Mentor)- Provider #0312576-00
Other Interim Rate Analysis - ICF/IID Plan Section IV.G.
Effective Date 1/1/2015 - Rate Semester 7/1/2015**

		Residential/Institutional (Level of Care 7)				
		Operating	Resident	Property	ROE	
Residential/Institutional IRR Effective 1/1/2015 \$ 26.45		Component	Care	Component	Component	Totals
Description						
Prospective Rate (Line 15)		105.349	226.135	11.500	1.034	344.02
Prospective Rate w/o ROE		105.349	226.135	11.500	0.000	342.98
Allocation of IRR		0.000	26.453	0.000	0.000	26.45
Final Per Diem (Line 22)		105.349	252.588	11.500	1.034	370.47
L22. Final Per Diem Rate - LOC 7		370.47				
L26. Quality Assessment (20.99)		20.99				
L27. Less Rate Cut (0.027853567) (*Based on Bed Days)		(10.90)				
L28. Less Rate Freeze Amount (0%)		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		380.56				
		Non - Ambulatory/Medical (Level of Care 8, 9)				
		Operating	Resident	Property	ROE	
Non-Ambulatory/Medical IRR Effective 1/1/2015 \$ 26.45		Component	Care	Component	Component	Totals
Description						
Prospective Rate (Line 15)		105.349	320.491	11.500	1.034	438.37
Prospective Rate w/o ROE		105.349	320.491	11.500	0.000	437.34
Allocation of IRR		0.000	26.453	0.000	0.000	26.45
Final Per Diem (Line 22)		105.349	346.944	11.500	1.034	464.83
L22. Final Per Diem Rate - LOC 8, 9		464.83				
L26. Quality Assessment (20.99)		20.99				
L27. Less Rate Cut (0.027853567) (*Based on Bed Days)		(13.53)				
L28. Less Rate Freeze Amount (0%)		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		472.28				



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031258400 - 2015/07
RI:363.85 / NM:458.15

Provider Number: 031258400

Point West Cluster (Mentor)

Date: 7/24/2015

4550 Ricker Road
 Jacksonville, FL 32210

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	366.88	363.85	7/1/2015
#8 Non-Ambulatory & #9 Medical	465.82	458.15	7/1/2015

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> </u> X Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	<u> </u>

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration

031258400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Point West Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31258400	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	925	7,312	8,237
2. Operating Expenses component			
A. Administration			629,780
B. Plant Operation			211,766
C. Laundry			0
D. Housekeeping			85,401
E. Operating Expense Component & Per Diem	112.5345	112.5345	926,947
3. Resident Care			
A. Dietary			157,958
B. Other			0
C. Nursing			670,656
D. Resident Care & Per Diem	100.5966	100.5966	828,614
4. Prop Exp & Per Diem	10.3465	10.3465	85,224
5. ROE/Use Per Diem	1.6383	1.6383	13,495

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	462.50	7,312.00	7,774.50
3. Staffing Percent	0.06	0.94	1.00
4. Allocation of Direct Care	83,037.81	1,312,805.19	1,395,843.00
5. Direct Care Expense Per Diem	89.7706	179.5412	

C. Additional Services Expense

1. Medicaid Inpatient Days	925	7,312	8,237
2. Additional Services	21,600	170,746	192,346
3. Additional Services Exp & Per Diem	23.3514	23.3515	

D. Medicaid Per Diem Cost

1. Operating Component	112.5345	112.5345	926,947
2. Resident Care Component	213.7186	303.4893	2,416,803
3. Property Cost Component	10.3465	10.3465	85,224
4. ROE/Use Allow Component	1.6383	1.6383	13,495
5. Total Cost Per Diem	338.2379	428.0086	3,442,469



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

031258400 - 2015/07

RI: 363.85

NM: 458.15

Rates Effective 07/01/2015 through 06/30/2016

Point West Cluster (Mentor)

Ownership: Private

Incentive Rating: Ineligible from 05/01/2014 - 07/02/2014, 01/08/2015 - 02/06/2015 Days Eligible: 272 of 365

Eligibility Factor : 74.52%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	103.038	220.157	323.195	103.038	315.863	418.902
2.Inflate Line 1 by Inflation Factor 1.01827004	104.921	224.179	329.100	104.921	321.634	426.555
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	105.674	225.788	331.462	105.674	323.942	429.616
4.Current Period Cost	112.535	213.719	326.253	112.535	303.489	416.024
5.Incentive Basis (line 3 - line 4)	0.000	12.070		0.000	20.453	
6.Allowed Current Period Costs (Min of line 3 or 4)	105.674	213.719	319.392	105.674	303.489	409.163
7.Incentive Line 5 x Oper 50% Res 50%	0.000	6.035	6.035	0.000	10.227	10.227
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.412	6.412	0.000	9.105	9.105
9.Incentive - Min of Line 7,8 x Eligibility factor 74.52%	0.000	4.497	4.497	0.000	6.785	6.785
10.Final Incentive	0.000	4.497	4.497	0.000	6.785	6.785
11.Current Period Base: (6 + line 10)	105.674	218.216	323.890	105.674	310.274	415.948
12.Plus: Property Rate Component			10.347			10.347
13.Plus: ROE/Use Rate			1.638			1.638
14.Total Current Period Base			335.874			427.933
15.Prospective Rate: Line 11 x Inflation 1.05373859	111.353	229.942	341.295	111.353	326.948	438.300
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	111.353	229.942	341.295	111.353	326.948	438.300
19.Property Rate Component			10.347			10.347
20.ROE Component + ROE Interim Component			1.638			1.638
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			353.28			450.29
23.Medicaid Days		925			7,312	
24.Resident Days		925			7,312	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(10.42)			(13.13)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			363.85			458.15



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031259200 - 2015/07
RI:338.34 / NM:418.37

Provider Number: 031259200

Hodges Cluster (Mentor)

Date: 7/24/2015

3615 Hodges Boulevard
 Jacksonville, FL 32224

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	368.48	338.34	7/1/2015
#8 Non-Ambulatory & #9 Medical	460.09	418.37	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/>

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

031259200

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Hodges Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31259200	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	365	8,029	8,394
2. Operating Expenses component			
A. Administration			710,446
B. Plant Operation			223,379
C. Laundry			0
D. Housekeeping			81,868
E. Operating Expense Component & Per Diem	121.0023	121.0023	1,015,693
3. Resident Care			
A. Dietary			100,508
B. Other			0
C. Nursing			764,682
D. Resident Care & Per Diem	103.0724	103.0724	865,190
4. Prop Exp & Per Diem	9.1853	9.1853	77,101
5. ROE/Use Per Diem	2.0658	2.0658	17,340

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	182.50	8,029.00	8,211.50
3. Staffing Percent	0.02	0.98	1.00
4. Allocation of Direct Care	27,959.90	1,230,082.10	1,258,042.00
5. Direct Care Expense Per Diem	76.6025	153.2049	

C. Additional Services Expense

1. Medicaid Inpatient Days	365	8,029	8,394
2. Additional Services	4,447	97,813	102,260
3. Additional Services Exp & Per Diem	12.1836	12.1825	

D. Medicaid Per Diem Cost

1. Operating Component	121.0023	121.0023	1,015,693
2. Resident Care Component	191.8585	268.4598	2,225,492
3. Property Cost Component	9.1853	9.1853	77,101
4. ROE/Use Allow Component	2.0658	2.0658	17,340
5. Total Cost Per Diem	324.1119	400.7132	3,335,626



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

031259200 - 2015/07

RI: 338.34

NM: 418.37

Rates Effective 07/01/2015 through 06/30/2016

Hodges Cluster (Mentor)

Ownership: Private

Incentive Rating: Ineligible from 07/01/2014 - 10/01/2014, 04/03/2014 - 05/01/2014 Days Eligible: 243 of 365

Eligibility Factor : 66.58%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	101.401	224.621	326.023	101.401	313.240	414.642
2.Inflate Line 1 by Inflation Factor 1.01827004	103.254	228.725	331.979	103.254	318.963	422.217
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	103.995	230.366	334.361	103.995	321.252	425.248
4.Current Period Cost	121.002	191.859	312.861	121.002	268.460	389.462
5.Incentive Basis (line 3 - line 4)	0.000	38.508		0.000	52.793	
6.Allowed Current Period Costs (Min of line 3 or 4)	103.995	191.859	295.854	103.995	268.460	372.455
7.Incentive Line 5 x Oper 50% Res 50%	0.000	19.254	19.254	0.000	26.396	26.396
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.756	5.756	0.000	8.054	8.054
9.Incentive - Min of Line 7,8 x Eligibility factor 66.58%	0.000	3.832	3.832	0.000	5.362	5.362
10.Final Incentive	0.000	3.832	3.832	0.000	5.362	5.362
11.Current Period Base: (6 + line 10)	103.995	195.690	299.685	103.995	273.822	377.817
12.Plus: Property Rate Component			9.185			9.185
13.Plus: ROE/Use Rate			2.066			2.066
14.Total Current Period Base			310.937			389.068
15.Prospective Rate: Line 11 x Inflation 1.05373859	109.584	206.207	315.790	109.584	288.536	398.120
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	109.584	206.207	315.790	109.584	288.536	398.120
19.Property Rate Component			9.185			9.185
20.ROE Component + ROE Interim Component			2.066			2.066
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			327.04			409.37
23.Medicaid Days		365			8,029	
24.Resident Days		365			8,029	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.69)			(11.99)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			338.34			418.37



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031260600 - 2015/07
RI:336.80 / NM:412.23

Provider Number: 031260600

Kinkaid Cluster (Mentor)

Date: 7/24/2015

5808 Kinkaid Road
 Jacksonville, FL 32244

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	354.89	336.80	7/1/2015
#8 Non-Ambulatory & #9 Medical	444.33	412.23	7/1/2015

Rate Type:			
<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs	<input type="checkbox"/>	
Basis			
<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion	<input type="checkbox"/>	

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

031260600

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Kinkaid Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31260600	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,095	7,551	8,646
2. Operating Expenses component			
A. Administration			588,835
B. Plant Operation			204,271
C. Laundry			0
D. Housekeeping			97,077
E. Operating Expense Component & Per Diem	102.9589	102.9589	890,183
3. Resident Care			
A. Dietary			174,263
B. Other			0
C. Nursing			636,316
D. Resident Care & Per Diem	93.7519	93.7519	810,579
4. Prop Exp & Per Diem	12.3355	12.3355	106,653
5. ROE/Use Per Diem	2.0509	2.0509	17,732

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	547.50	7,551.00	8,098.50
3. Staffing Percent	0.07	0.93	1.00
4. Allocation of Direct Care	78,483.38	1,082,425.62	1,160,909.00
5. Direct Care Expense Per Diem	71.6743	143.3486	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,095	7,551	8,646
2. Additional Services	24,901	171,717	196,618
3. Additional Services Exp & Per Diem	22.7406	22.7410	

D. Medicaid Per Diem Cost

1. Operating Component	102.9589	102.9589	890,183
2. Resident Care Component	188.1668	259.8415	2,168,106
3. Property Cost Component	12.3355	12.3355	106,653
4. ROE/Use Allow Component	2.0509	2.0509	17,732
5. Total Cost Per Diem	305.5121	377.1868	3,182,674



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

031260600 - 2015/07

RI: 336.80

NM: 412.23

Kinkaid Cluster (Mentor)

Ownership: Private

Incentive Rating: Ineligible from 12/30/2014 - 01/30/2015 Days Eligible: 333 of 365

Eligibility Factor : 91.23%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	99.353	210.630	309.984	99.353	297.150	396.503
2.Inflate Line 1 by Inflation Factor 1.01827004	101.168	214.479	315.647	101.168	302.579	403.748
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	101.895	216.018	317.912	101.895	304.751	406.645
4.Current Period Cost	102.959	188.167	291.126	102.959	259.842	362.800
5.Incentive Basis (line 3 - line 4)	0.000	27.851		0.000	44.909	
6.Allowed Current Period Costs (Min of line 3 or 4)	101.895	188.167	290.061	101.895	259.842	361.736
7.Incentive Line 5 x Oper 50% Res 50%	0.000	13.926	13.926	0.000	22.455	22.455
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.645	5.645	0.000	7.795	7.795
9.Incentive - Min of Line 7,8 x Eligibility factor 91.23%	0.000	5.150	5.150	0.000	7.112	7.112
10.Final Incentive	0.000	5.150	5.150	0.000	7.112	7.112
11.Current Period Base: (6 + line 10)	101.895	193.317	295.211	101.895	266.953	368.848
12.Plus: Property Rate Component			12.336			12.336
13.Plus: ROE/Use Rate			2.051			2.051
14.Total Current Period Base			309.598			383.234
15.Prospective Rate: Line 11 x Inflation 1.05373859	107.370	203.705	311.076	107.370	281.299	388.669
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	107.370	203.705	311.076	107.370	281.299	388.669
19.Property Rate Component			12.336			12.336
20.ROE Component + ROE Interim Component			2.051			2.051
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			325.46			403.06
23.Medicaid Days		1,095			7,551	
24.Resident Days		1,095			7,551	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(9.65)			(11.81)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			336.80			412.23



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031261400 - 2015/07
RI:368.98 / NM:435.69

Provider Number: 031261400

**Flamingo Drive Cluster
 (Mentor)**

Date: 7/24/2015

1285 Flamingo Drive
 Lantana, FL 33462

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	378.64	368.98	7/1/2015
#8 Non-Ambulatory & #9 Medical	454.30	435.69	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

031261400

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Flamingo Drive Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31261400	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,328	8,328
2. Operating Expenses component			
A. Administration			607,911
B. Plant Operation			284,623
C. Laundry			0
D. Housekeeping			46,097
E. Operating Expense Component & Per Diem	112.7079	112.7079	938,631
3. Resident Care			
A. Dietary			105,806
B. Other			0
C. Nursing			765,386
D. Resident Care & Per Diem	104.6100	104.6100	871,192
4. Prop Exp & Per Diem	11.1514	11.1514	92,869
5. ROE/Use Per Diem	3.6206	3.6206	30,152

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,328.00	8,328.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,215,299.00	1,215,299.00
5. Direct Care Expense Per Diem	72.9647	145.9293	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,328	8,328
2. Additional Services	0	238,317	238,317
3. Additional Services Exp & Per Diem	28.6164	28.6164	

D. Medicaid Per Diem Cost

1. Operating Component	112.7079	112.7079	938,631
2. Resident Care Component	206.1911	279.1557	2,324,808
3. Property Cost Component	11.1514	11.1514	92,869
4. ROE/Use Allow Component	3.6206	3.6206	30,152
5. Total Cost Per Diem	333.6710	406.6356	3,386,460



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

031261400 - 2015/07

RI: 368.98

NM: 435.69

Rates Effective 07/01/2015 through 06/30/2016

Flamingo Drive Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	101.261	225.949	327.210	101.261	305.054	406.315
2.Inflate Line 1 by Inflation Factor 1.01827004	103.111	230.077	333.188	103.111	310.628	413.739
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	103.851	231.728	335.580	103.851	312.857	416.708
4.Current Period Cost	112.708	206.191	318.899	112.708	279.156	391.864
5.Incentive Basis (line 3 - line 4)	0.000	25.537		0.000	33.701	
6.Allowed Current Period Costs (Min of line 3 or 4)	103.851	206.191	310.042	103.851	279.156	383.007
7.Incentive Line 5 x Oper 50% Res 50%	0.000	12.769	12.769	0.000	16.851	16.851
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.186	6.186	0.000	8.375	8.375
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.186	6.186	0.000	8.375	8.375
10.Final Incentive	0.000	6.186	6.186	0.000	8.375	8.375
11.Current Period Base: (6 + line 10)	103.851	212.377	316.228	103.851	287.530	391.382
12.Plus: Property Rate Component			11.151			11.151
13.Plus: ROE/Use Rate			3.621			3.621
14.Total Current Period Base			331.000			406.154
15.Pro prospective Rate: Line 11 x Inflation 1.05373859	109.432	223.790	333.222	109.432	302.982	412.414
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	109.432	223.790	333.222	109.432	302.982	412.414
19.Property Rate Component			11.151			11.151
20.ROE Component + ROE Interim Component			3.621			3.621
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			347.99			427.19
23.Medicaid Days		0			8,328	
24.Resident Days		0			8,328	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(12.48)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			368.98			435.69



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031262200 - 2015/07
RI:362.38 / NM:0.00

Provider Number: 031262200

**Barranger Group Home
 (Mentor)**

Date: 7/24/2015

9513 Barranger Drive
 Pensacola, FL 32514

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	307.64	362.38	7/1/2015
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2015

Rate Type:

<input checked="" type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input checked="" type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 07/2015 to 7/2015

031262200

Provider Name:	Barranger Group Home (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31262200	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,115	0	2,115
2. Operating Expenses component			
A. Administration			103,175
B. Plant Operation			41,986
C. Laundry			0
D. Housekeeping			3,165
E. Operating Expense Component & Per Diem	70.1305		148,326
3. Resident Care			
A. Dietary			19,295
B. Other			0
C. Nursing			30,535
D. Resident Care & Per Diem	23.5603		49,830
4. Prop Exp & Per Diem	18.2927		38,689
5. ROE/Use Per Diem	0.0000		0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2.Total Staffing Required	1,586.25	0.00	1,586.25
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	319,220.00	0.00	319,220.00
5. Direct Care Expense Per Diem	150.9314	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,115	0	2,115
2. Additional Services	18,453	0	18,453
3. Additional Services Exp & Per Diem	8.7248	0.0000	

D. Medicaid Per Diem Cost

1.Operating Component	70.1305	0.0000	148,326
2. Resident Care Component	183.2165	0.0000	387,503
3. Property Cost Component	18.2927	0.0000	38,689
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	271.6397	0.0000	574,518



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

031262200 - 2015/07

RI: 362.38

NM: 0.00

Rates Effective 07/01/2015 through 06/30/2016

Barranger Group Home (Mentor)

Ownership: Private

Incentive Rating: Ineligible from 02/05/2015 - 03/31/2015 Days Eligible: 310 of 365

Eligibility Factor : 84.93%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	66.723	191.492	258.215	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01827004	67.942	194.990	262.933	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	68.430	196.390	264.820	0.000	0.000	0.000
4.Current Period Cost	70.131	183.217	253.347	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	13.173		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	68.430	183.217	251.646	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	6.587	6.587	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.496	5.496	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 84.93%	0.000	4.668	4.668	0.000	0.000	0.000
10.Final Incentive	0.000	4.668	4.668	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	68.430	187.885	256.315	0.000	0.000	0.000
12.Plus: Property Rate Component			18.293			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			274.607			0.000
15.Prospective Rate: Line 11 x Inflation 1.05373859	72.107	197.981	270.089	0.000	0.000	0.000
16.Interim Rate Component: *	0.000	63.390	63.390	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	72.107	261.371	333.479	0.000	0.000	0.000
19.Property Rate Component			18.293			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			351.77			0.00
23.Medicaid Days		2,115			0	
24.Resident Days		2,115			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(10.38)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			362.38			0.00

* See Attachment

Staffing IRR #264 - Barranger Group Home (Mentor)- Provider #0312622-00
Staffing Interim Rate Analysis - ICF/IID Plan Section IV.G.
Effective Date 11/1/2014 - Rate Semester 7/1/2015

		Residential/Institutional (Level of Care 7)				
Residential/Institutional IRR Effective 11/1/2014 \$ 63.39		Operating	Resident	Property	ROE	
Description		Component	Care	Component	Component	Totals
Prospective Rate (Line 15)		72.107	197.981	18.293	0.000	288.38
Prospective Rate w/o ROE		72.107	197.981	18.293	0.000	288.38
Allocation of IRR		0.000	63.390	0.000	0.000	63.39
Final Per Diem (Line 22)		72.107	261.371	18.293	0.000	351.77
L22. Final Per Diem Rate - LOC 7		351.77				
L26. Quality Assessment (20.99)		20.99				
L27. Less Rate Cut (0.027853567) (*Based on Bed Days)		(10.38)				
L28. Less Rate Freeze Amount (0%)		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		362.38				
		Non - Ambulatory/Medical (Level of Care 8, 9)				
Non-Ambulatory/Medical IRR Effective 11/1/2014 \$ 0.00		Operating	Resident	Property	ROE	
Description		Component	Care	Component	Component	Totals
Prospective Rate (Line 15)		0.000	0.000	0.000	0.000	0.00
Prospective Rate w/o ROE		0.000	0.000	0.000	0.000	0.00
Allocation of IRR		0.000	0.000	0.000	0.000	0.00
Final Per Diem (Line 22)		0.000	0.000	0.000	0.000	0.00
L22. Final Per Diem Rate - LOC 8, 9		0.00				
L26. Quality Assessment (20.99)		0.00				
L27. Less Rate Cut (0.027853567) (*Based on Bed Days)		0.00				
L28. Less Rate Freeze Amount (0%)		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		0.00				



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031263100 - 2015/07
RI:258.88 / NM:0.00

Provider Number: 031263100

**Greenridge Group Home
(Mentor)**

Date: 7/24/2015

222 Greenridge Road
 Pensacola, FL 32514

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>284.85</u>	<u>258.88</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2015</u>

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs			
Basis			
<u> </u> Budget		<u> </u> Desk Audited Costs	
<u> </u> X Unaudited Costs		<u> </u> Desk Audit - Interim Portion	
<u> </u> Field Audited Costs		<u> </u> Desk Audit - Prospective Portion	
<u> </u> Field Audit - Interim Portion			

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

031263100

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Greenridge Group Home (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31263100	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,173	0	2,173
2. Operating Expenses component			
A. Administration			93,985
B. Plant Operation			51,022
C. Laundry			0
D. Housekeeping			2,572
E. Operating Expense Component & Per Diem	67.9149		147,579
3. Resident Care			
A. Dietary			18,966
B. Other			0
C. Nursing			13,677
D. Resident Care & Per Diem	15.0221		32,643
4. Prop Exp & Per Diem	14.9581		32,504
5. ROE/Use Per Diem	0.0000		0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,629.75	0.00	1,629.75
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	274,713.00	0.00	274,713.00
5. Direct Care Expense Per Diem	126.4211	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,173	0	2,173
2. Additional Services	17,858	0	17,858
3. Additional Services Exp & Per Diem	8.2181	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	67.9149	0.0000	147,579
2. Resident Care Component	149.6613	0.0000	325,214
3. Property Cost Component	14.9581	0.0000	32,504
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	232.5343	0.0000	505,297



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

031263100 - 2015/07

RI: 258.88

NM: 0.00

Rates Effective 07/01/2015 through 06/30/2016

Greenridge Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	62.847	178.053	240.900	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01827004	63.996	181.306	245.301	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	64.455	182.607	247.062	0.000	0.000	0.000
4.Current Period Cost	67.915	149.661	217.576	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	32.946		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	64.455	149.661	214.116	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	16.473	16.473	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.490	4.490	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.490	4.490	0.000	0.000	0.000
10.Final Incentive	0.000	4.490	4.490	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	64.455	154.151	218.606	0.000	0.000	0.000
12.Plus: Property Rate Component			14.958			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			233.564			0.000
15.Pro prospective Rate: Line 11 x Inflation 1.05373859	67.919	162.435	230.354	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	67.919	162.435	230.354	0.000	0.000	0.000
19.Property Rate Component			14.958			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			245.31			0.00
23.Medicaid Days		2,173			0	
24.Resident Days		2,173			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(7.42)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			258.88			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031264900 - 2015/07
RI:348.82 / NM:408.89

Provider Number: 031264900

Pensacola Cluster (Mentor)

Date: 7/24/2015

9460 S. University Parkway
 Pensacola, FL 32515

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	368.28	348.82	7/1/2015
#8 Non-Ambulatory & #9 Medical	440.74	408.89	7/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 07/2015 to 7/2015

031264900

Provider Name:	Pensacola Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31264900	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,522	8,522
2. Operating Expenses component			
A. Administration			553,371
B. Plant Operation			318,248
C. Laundry			0
D. Housekeeping			93,240
E. Operating Expense Component & Per Diem	113.2198	113.2198	964,859
3. Resident Care			
A. Dietary			131,177
B. Other			0
C. Nursing			720,363
D. Resident Care & Per Diem	99.9226	99.9226	851,540
4. Prop Exp & Per Diem	6.8534	6.8534	58,405
5. ROE/Use Per Diem	1.0812	1.0812	9,214

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,522.00	8,522.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,130,308.00	1,130,308.00
5. Direct Care Expense Per Diem	66.3171	132.6341	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,522	8,522
2. Additional Services	0	187,291	187,291
3. Additional Services Exp & Per Diem	21.9774	21.9774	

D. Medicaid Per Diem Cost

1. Operating Component	113.2198	113.2198	964,859
2. Resident Care Component	188.2171	254.5341	2,169,139
3. Property Cost Component	6.8534	6.8534	58,405
4. ROE/Use Allow Component	1.0812	1.0812	9,214
5. Total Cost Per Diem	309.3715	375.6885	3,201,617



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

031264900 - 2015/07

RI: 348.82

NM: 408.89

Rates Effective 07/01/2015 through 06/30/2016

Pensacola Cluster (Mentor)

Ownership: Private

Incentive Rating: Ineligible from 02/12/2015 - 03/16/2015 Days Eligible: 332 of 365

Eligibility Factor : 90.96%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	107.479	214.584	322.063	107.479	290.434	397.914
2.Inflate Line 1 by Inflation Factor 1.01827004	109.443	218.504	327.947	109.443	295.740	405.183
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	110.228	220.072	330.300	110.228	297.863	408.091
4.Current Period Cost	113.220	188.217	301.437	113.220	254.534	367.754
5.Incentive Basis (line 3 - line 4)	0.000	31.855		0.000	43.329	
6.Allowed Current Period Costs (Min of line 3 or 4)	110.228	188.217	298.445	110.228	254.534	364.762
7.Incentive Line 5 x Oper 50% Res 50%	0.000	15.928	15.928	0.000	21.664	21.664
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.647	5.647	0.000	7.636	7.636
9.Incentive - Min of Line 7,8 x Eligibility factor 90.96%	0.000	5.136	5.136	0.000	6.946	6.946
10.Final Incentive	0.000	5.136	5.136	0.000	6.946	6.946
11.Current Period Base: (6 + line 10)	110.228	193.353	303.581	110.228	261.480	371.708
12.Plus: Property Rate Component			6.853			6.853
13.Plus: ROE/Use Rate			1.081			1.081
14.Total Current Period Base			311.516			379.643
15.Prospective Rate: Line 11 x Inflation 1.05373859	116.152	203.744	319.895	116.152	275.531	391.683
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	116.152	203.744	319.895	116.152	275.531	391.683
19.Property Rate Component			6.853			6.853
20.ROE Component + ROE Interim Component			1.081			1.081
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			327.83			399.62
23.Medicaid Days		0			8,522	
24.Resident Days		0			8,522	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			0.00			(11.72)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			348.82			408.89



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031265700 - 2015/07
RI:272.91 / NM:0.00

Provider Number: 031265700

**Caprona Group Home
(Mentor)**

Date: 7/24/2015

111 N.E Caprona Avenue
 Port St. Lucie, FL 34983

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>330.17</u>	<u>272.91</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2015</u>

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> </u> X Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	<u> </u>

 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa, FL 33619

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

031265700

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Caprona Group Home (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31265700	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			89,098
B. Plant Operation			42,117
C. Laundry			0
D. Housekeeping			5,093
E. Operating Expense Component & Per Diem	62.2411		136,308
3. Resident Care			
A. Dietary			24,006
B. Other			0
C. Nursing			58,105
D. Resident Care & Per Diem	37.4936		82,111
4. Prop Exp & Per Diem	19.4890		42,681
5. ROE/Use Per Diem	0.0000		0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	235,559.00	0.00	235,559.00
5. Direct Care Expense Per Diem	107.5612	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	21,539	0	21,539
3. Additional Services Exp & Per Diem	9.8352	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	62.2411	0.0000	136,308
2. Resident Care Component	154.8900	0.0000	339,209
3. Property Cost Component	19.4890	0.0000	42,681
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	236.6201	0.0000	518,198



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

031265700 - 2015/07

RI: 272.91

NM: 0.00

Rates Effective 07/01/2015 through 06/30/2016

Caprona Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	73.846	204.222	278.068	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01827004	75.195	207.953	283.149	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	75.735	209.446	285.181	0.000	0.000	0.000
4.Current Period Cost	62.241	154.890	217.131	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	13.494	54.556		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	62.241	154.890	217.131	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	6.747	27.278	34.025	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	6.224	4.647	10.871	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.224	4.647	10.871	0.000	0.000	0.000
10.Final Incentive	6.224	4.647	10.871	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	68.465	159.537	228.002	0.000	0.000	0.000
12.Plus: Property Rate Component			19.489			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			247.491			0.000
15.Prospective Rate: Line 11 x Inflation 1.05373859	72.144	168.110	240.254	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	72.144	168.110	240.254	0.000	0.000	0.000
19.Property Rate Component			19.489			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			259.74			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(7.82)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			272.91			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031266500 - 2015/07
RI:211.05 / NM:242.19

Provider Number: 031266500

**Rich Street Group Home
 (Mentor)**

Date: 7/24/2015

2318 S.E. Rich Street
 Port St. Lucie, FL 34984

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>210.87</u>	<u>211.05</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>241.51</u>	<u>242.19</u>	<u>7/1/2015</u>

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> </u> X Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	<u> </u>

W. Rydell Samuel
 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration

031266500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name:	Rich Street Group Home (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31266500	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,064	967	2,031
2. Operating Expenses component			
A. Administration			72,080
B. Plant Operation			31,817
C. Laundry			0
D. Housekeeping			5,105
E. Operating Expense Component & Per Diem	53.6691	53.6691	109,002
3. Resident Care			
A. Dietary			23,841
B. Other			0
C. Nursing			20,014
D. Resident Care & Per Diem	21.5928	21.5928	43,855
4. Prop Exp & Per Diem	17.9212	17.9212	36,398
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	798.00	967.00	1,765.00
3. Staffing Percent	0.45	0.55	1.00
4. Allocation of Direct Care	98,040.52	118,803.48	216,844.00
5. Direct Care Expense Per Diem	92.1433	122.8578	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,064	967	2,031
2. Additional Services	12,097	10,995	23,092
3. Additional Services Exp & Per Diem	11.3694	11.3702	

D. Medicaid Per Diem Cost

1. Operating Component	53.6691	53.6691	109,002
2. Resident Care Component	125.1055	155.8208	283,791
3. Property Cost Component	17.9212	17.9212	36,398
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	196.6958	227.4111	429,191



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

031266500 - 2015/07

RI: 211.05

NM: 242.19

Rich Street Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	46.544	118.335	164.878	46.544	147.978	194.521
2.Inflate Line 1 by Inflation Factor 1.01827004	47.394	120.497	167.891	47.394	150.681	198.075
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	47.734	121.362	169.096	47.734	151.762	199.497
4.Current Period Cost	53.669	125.106	178.775	53.669	155.821	209.490
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)	47.734	121.362	169.096	47.734	151.762	199.497
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: (6 + line 10)	47.734	121.362	169.096	47.734	151.762	199.497
12.Plus: Property Rate Component			17.921			17.921
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			187.017			217.418
15.Prospective Rate: Line 11 x Inflation 1.05373859	50.299	127.883	178.183	50.299	159.918	210.217
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	50.299	127.883	178.183	50.299	159.918	210.217
19.Property Rate Component			17.921			17.921
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			196.10			228.14
23.Medicaid Days		1,064			967	
24.Resident Days		1,064			967	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(6.05)			(6.94)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			211.05			242.19



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031267300 - 2015/07
RI:306.06 / NM:373.76

Provider Number: 031267300

Date: 7/24/2015

FYE: 5/31/2014

Audit Status: Unaudited

Sandpiper Cluster (Mentor)

1000 East 14th Street
 Stuart, FL 33496

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	312.68	306.06	7/1/2015
#8 Non-Ambulatory & #9 Medical	384.27	373.76	7/1/2015

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs			

Basis			
<u> </u> Budget		<u> </u> Desk Audited Costs	
<u> </u> X Unaudited Costs		<u> </u> Desk Audit - Interim Portion	
<u> </u> Field Audited Costs		<u> </u> Desk Audit - Prospective Portion	
<u> </u> Field Audit - Interim Portion			

RS
 W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

 For Information only - No Change in rate



Florida Agency For Health Care Administration

031267300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Sandpiper Cluster (Mentor)**
 Provider Number: 31267300
 Audit Status: Unaudited
 Date: 7/27/2015

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2015
 Cost Report : 6/1/2013 - 5/31/2014
 Days In Reporting Period: 365
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,460	7,267	8,727
2. Operating Expenses component			
A. Administration			519,598
B. Plant Operation			172,301
C. Laundry			0
D. Housekeeping			57,252
E. Operating Expense Component & Per Diem	85.8429	85.8429	749,151
3. Resident Care			
A. Dietary			161,069
B. Other			0
C. Nursing			710,004
D. Resident Care & Per Diem	99.8136	99.8136	871,073
4. Prop Exp & Per Diem	12.3306	12.3306	107,609
5. ROE/Use Per Diem	0.6378	0.6378	5,566

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	730.00	7,267.00	7,997.00
3. Staffing Percent	0.09	0.91	1.00
4. Allocation of Direct Care	93,681.90	932,584.10	1,026,266.00
5. Direct Care Expense Per Diem	64.1657	128.3314	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,460	7,267	8,727
2. Additional Services	27,293	135,843	163,136
3. Additional Services Exp & Per Diem	18.6938	18.6931	

D. Medicaid Per Diem Cost

1. Operating Component	85.8429	85.8429	749,151
2. Resident Care Component	182.6731	246.8381	2,060,475
3. Property Cost Component	12.3306	12.3306	107,609
4. ROE/Use Allow Component	0.6378	0.6378	5,566
5. Total Cost Per Diem	281.4844	345.6494	2,922,801



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

031267300 - 2015/07

RI: 306.06

NM: 373.76

Rates Effective 07/01/2015 through 06/30/2016

Sandpiper Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	76.437	193.503	269.940	76.437	262.764	339.201
2.Inflate Line 1 by Inflation Factor 1.01827004	77.834	197.038	274.872	77.834	267.564	345.398
3.Line 1 X 1.4000 X Inflation Factor 1.02557806	78.392	198.453	276.845	78.392	269.485	347.877
4.Current Period Cost	85.843	182.673	268.516	85.843	246.838	332.681
5.Incentive Basis (line 3 - line 4)	0.000	15.779		0.000	22.646	
6.Allowed Current Period Costs (Min of line 3 or 4)	78.392	182.673	261.065	78.392	246.838	325.230
7.Incentive Line 5 x Oper 50% Res 50%	0.000	7.890	7.890	0.000	11.323	11.323
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.480	5.480	0.000	7.405	7.405
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.480	5.480	0.000	7.405	7.405
10.Final Incentive	0.000	5.480	5.480	0.000	7.405	7.405
11.Current Period Base: (6 + line 10)	78.392	188.153	266.546	78.392	254.243	332.636
12.Plus: Property Rate Component			12.331			12.331
13.Plus: ROE/Use Rate			0.638			0.638
14.Total Current Period Base			279.514			345.604
15.Prospective Rate: Line 11 x Inflation 1.05373859	82.605	198.264	280.869	82.605	267.906	350.511
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	82.605	198.264	280.869	82.605	267.906	350.511
19.Property Rate Component			12.331			12.331
20.ROE Component + ROE Interim Component			0.638			0.638
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			293.84			363.48
23.Medicaid Days		1,460			7,267	
24.Resident Days		1,460			7,267	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (20.99)			20.99			20.99
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(8.77)			(10.71)
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			306.06			373.76



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031345900 - 2015/07
RI:388.88 / NM:0.00

Provider Number: 031345900

Date: 7/24/2015

New Horizons Village

1275 N. Rainbow Loop

Lecanto, FL 34461

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>385.64</u>	<u>388.88</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2015</u>

Rate Type:			
<u>X</u>	Interim	<u> </u>	Prospective
<u> </u>	Total Interim	<u> </u>	Total Prospective
<u> </u>	Interim Component	<u> </u>	Prospective Adjusted for New Cost
<u> </u>	<u>X</u> Settlement Based on Costs	<u> </u>	

Basis			
<u> </u>	Budget	<u> </u>	Desk Audited Costs
<u>X</u>	Unaudited Costs	<u> </u>	Desk Audit - Interim Portion
<u> </u>	Field Audited Costs	<u> </u>	Desk Audit - Prospective Portion
<u> </u>	Field Audit - Interim Portion	<u> </u>	


 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 07/2015 to 7/2015

031345900

Provider Name:	New Horizons Village	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31345900	Rate Semester :	July, 2015
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	7/27/2015	Days In Reporting Period:	365
		Number of Beds:	48

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	17,407	0	17,407
2. Operating Expenses component			
A. Administration			971,505
B. Plant Operation			532,237
C. Laundry			39,622
D. Housekeeping			272,698
E. Operating Expense Component & Per Diem	104.3294		1,816,062
3. Resident Care			
A. Dietary			509,033
B. Other			0
C. Nursing			571,087
D. Resident Care & Per Diem	62.0509		1,080,120
4. Prop Exp & Per Diem	27.8542		484,858
5. ROE/Use Per Diem	1.1849		20,625

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	8,703.50	0.00	8,703.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	2,315,129.00	0.00	2,315,129.00
5. Direct Care Expense Per Diem	132.9999	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	17,407	0	17,407
2. Additional Services	490,369	0	490,369
3. Additional Services Exp & Per Diem	28.1708	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	104.3294	0.0000	1,816,062
2. Resident Care Component	223.2216	0.0000	3,885,618
3. Property Cost Component	27.8542	0.0000	484,858
4. ROE/Use Allow Component	1.1849	0.0000	20,625
5. Total Cost Per Diem	356.5901	0.0000	6,207,163



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

031345900 - 2015/07

RI: 388.88

NM: 0.00

New Horizons Village

Ownership: Private

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2013	5/31/2014	Unaudited	201407
Prior Cost Report	6/1/2012	5/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	102.878	213.211	316.090	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01827004 *	104.758	225.980	330.738	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02557806 *	105.510	227.538	333.048	0.000	0.000	0.000
4.Current Period Cost *	104.329	226.919	331.248	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.180	0.619		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	104.329	226.919	331.248	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.590	0.310	0.900	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	10.433	6.808	17.241	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.590	0.310	0.900	0.000	0.000	0.000
10.Final Incentive	0.590	0.310	0.900	0.000	0.000	0.000
11.Current Period Base: (6 + line 10)	104.920	227.228	332.148	0.000	0.000	0.000
12.Plus: Property Rate Component			27.854			0.000
13.Plus: ROE/Use Rate			1.185			0.000
14.Total Current Period Base			361.187			0.000
15.Prospective Rate: Line 11 x Inflation 1.05373859	110.558	239.439	349.997	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	110.558	239.439	349.997	0.000	0.000	0.000
19.Property Rate Component			27.854			0.000
20.ROE Component + ROE Interim Component *			1.185			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			379.04			0.00
23.Medicaid Days		17,407			0	
24.Resident Days		17,407			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (20.99)			20.99			0.00
27.Less Rate Cut (0.027853567) (*Based on Bed Days)			(11.14)			0.00
28.Less Rate Freeze Amount (0%)			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			388.88			0.00

* See Attachment

ICF/IID

Interim Rate Calculation (L1 L2 L3) - @ 7/1/2015 Rate Semester

New Horizons Village/Provider #031345900
Adjustment to Prior Period Cost (L1, L2, L3)
Workers' Comp Worker's Comp IRR #247 - Effective 11/1/2013
Status: COST SETTLEMENT

B @ 7/1/2015 Residential Institutional	1 (L1) Prior Period Allow Base Plus Incentives Excl IRR	2 IRR 7/1/2015	3 (L2) Inflate Col 8 By Factor 1.01827004 IRR @ 7/1/2015 (Col.9)	4 (L3) Factor in Col 10 X 1.4000 X Col8 1.02557806 IRR @ 7/1/2015 (Col.9)
Operating	102.8783	0.000	104.758	105.510
Resident Care	213.2114	8.873	225.980	227.538
Total	316.090	8.873	330.738	333.048
N-A/Medical				
Operating	0.0000	0.000	0.000	0.000
Resident Care	0.0000	0.000	0.000	0.000
Total	0.000	0.000	0.000	0.000

New Horizons Village Provider # 0313459-00 , Worker's Comp IRR #247 Cost Settlement - Worker's Comp IRR #247 Effective - 11/1/2013	ADJUSTMENT OF CURRENT PERIOD COST - CALCULATION OF L4,L21 @7/1/2015 RS					
Calculation of L4	Residential/Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	104.329	223.222	327.551	0.000	0.000	0.000
B. Cost Settlement for IRR Effective 11/1/2013	0.000	8.873	8.873	0.000	0.000	0.000
C. Prorated CS IRR eff 11/1/2013 - 5/12 of IRR comp.	0.000	3.697	3.697	0.000	0.000	0.000
D. Grossed Up Current Period (Line A plus Line C)	104.329	226.919	331.248	0.000	0.000	0.000

PROPERTY COMPONENT Calculation of L21 - 5/12 of IRR comp.	
Property Interim Rate Component	0.0000
Grossed Up Property Interim Rate Component	0.0000

ROE COMPONENT Calculation of L20 - 5/12 of IRR comp.	
ROE Interim Rate Component	0.0000
Grossed Up ROE Interim Rate Component	0.0000